



Opioid Operational Command Center Operational Period

Approval

OOCC Director

Clay B. Stamp

Date 10/24/2017

Operational Period	Start	Monday, October 23, 2017 at 00:00 hours
	End	Monday, November 20, 2017 at 23:59 hours

Operational Period Objectives

Response Goal 1: Prevent new cases of opioid addiction and misuse

Objective: Increase participation in the Prescription Drug Monitoring Program (PDMP). [1.1]

Tasks:

Task	Deadline	Responsible Entity
Work with CRISP to track prescribers who need to register in PDMP	11/20	Health and Medical
Increase awareness of among prescribers through professional Boards and member organizations.	11/20	Health and Medical
OCSA working to reach out to new/renewing CDS licensees if they have not registered in PDMP	11/20	Health and Medical
Conduct outreach via letters to notify prescribers of enforced PDMP enrollment deadline of July 1, 2017	11/20	Health and Medical

Objective: Improve education for healthcare providers on appropriate opioid and naloxone prescribing and dispensing. [1.1]

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Tasks:

Task	Deadline	Responsible Entity
Continue to engage healthcare providers in opportunities for continuing education around appropriate opioid and Naloxone prescribing and dispensing.	11/20	OCC Leadership
Discuss actions to expand authority for all emergency medical responders to administer naloxone	11/20	Health and Medical

Objective: Implement a statewide healthcare provider awareness campaign that provides basic information about the opioid addiction and overdose epidemic; opioid benefits, risks and risk mitigation strategies; and behavioral health screening and treatment. [1.1]

Tasks:

Task	Deadline	Responsible Entity
Promote Maryland Addiction Consultation Service to support buprenorphine prescribers through a warm line, which launched on October 16, 2017	11/20	Health and Medical

Objective: Integrate curriculum into higher education coursework to instill the future health, safety, law enforcement, social services, education, emergency management, and public administration workforce with the skills needed to address the opioid crisis. [1.1, 1.3, 1.4, 1.5]

Tasks:

Task	Deadline	Responsible Entity
Contact all postsecondary institutions to convey information on new legislation	11/20	Education
Support and help to coordinate efforts between postsecondary institutions and OITs	11/20	Education
Send out a letter to the Presidents of higher education institutions highlighting all opioid-related legislation and the request for information detailing an inventory of activities	11/20	Education
Continue to collect inventory of higher education campus activities addressing the opioid epidemic.	11/20	Education

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Field questions from higher education institutions regarding new legislation, Start Talking Maryland Act	11/20	Education
Provide requested follow-up information and ongoing coordination for Academic Deans and Directors following the meeting that took place on 7/25/17.	11/20	Education
Academic Deans and Directors follow-up meeting will occur in November 2017	11/20	Education

Objective: Increase the number of schools that provide evidence-based opioid and substance abuse prevention education and programming. [1.3, 1.4]

Tasks:

Task	Deadline	Responsible Entity
Compile report following the Start Talking Maryland Act work group meeting for final recommendation of criteria on substance abuse programs in schools	11/20	Education
Present Start Talking Maryland Act work group meeting for final report recommendations to the Maryland General Assembly	12/1	Education
Establish workgroup for the creation of an online training module that will be administered to those teaching drug addiction and prevention education	11/20	Education
Follow-up on measures to capture number of individuals trained and certified following approval of MSDE certification office for continuing education credit for the online training module	11/20	Education
Incorporate facts regarding safe storage/disposal of prescription drugs into Heroin and Opioid Awareness and Prevention Toolkit.	11/20	Education

Response Goal 2: Improve early identification and intervention of opioid addiction

Objective: Develop proposals to expand the programs reviewed to other jurisdictions, if appropriate, including recovery schools. [2.3]

Tasks:

Task	Deadline	Responsible Entity
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MSDE working with Local Education Agency (LEA) to support Regional Recovery School Efforts and implement OOCC Spend plan and establish performance measures, as appropriate	11/20	Education
Working to connect mentor programs with interested LEAs.	11/20	Education

Objective: Increase availability of peer recovery support services providing rapid intervention and referral to treatment.

[2.4]

Tasks:

Task	Deadline	Responsible Entity
Review current job classes to see if peer recovery support services can be incorporated	11/20	Health and Medical
Fund local OIT Grant projects to support expansion of Peer Recovery Support Specialist services (12 out of 24 jurisdictions have projects that address this need; preliminary count)	11/20	OOCC Leadership / Finance / Admin

Objective: EMS overdose information will be shared with local jurisdiction Health Departments for the purposes of connecting high-risk individuals with substance abuse treatment services. [2.4]

Tasks:

Task	Deadline	Responsible Entity
OOCC and MIEMSS will continue to work toward clarifying legal concerns and encouraging EMS data sharing with local Health Departments for the purposes of connecting overdose patients with treatment services.	11/20	OOCC Leadership

Objective: Standardize care across all 49 acute care hospital emergency departments for patients who present with an overdose. Standardized care will include screening, immediate intervention, and referral to treatment. [2.4]

Tasks:

Task	Deadline	Responsible Entity
Collect current ED overdose case protocols	12/31	Health and Medical
Bring together a group currently implementing best practice protocols to create a model protocol	12/31	Health and Medical

Objective: Increase access to screening, brief, intervention and referral to treatment (SBIRT) in hospital Emergency Departments. [2.2]

Tasks:

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Task	Deadline	Responsible Entity
MDH-BHA and MHA will direct OCCC funds to implement SBIRT and Peer Recovery Specialist pilot programs in five hospitals across Maryland.	11/20	Health & Medical

Objective: Support and standardize referral and linkage to treatment of repeat non-fatal overdose victims identified by law enforcement partners. [2.4]

Tasks:

Task	Deadline	Responsible Entity
Hold coordination meetings with GOCCP and MDH	11/20	Public Safety ,MDH and GOCCP

Objective: Promote rapid intervention and referral to treatment and recovery support services upon contact with law enforcement. [2.4]

Tasks:

Task	Deadline	Responsible Entity
Develop proposal for expansion of law enforcement diversion programs in coordination with MSP, GOCCP and MDH.	11/20	MSP with assistance from GOCCP and MDH

Objective: Promote rapid intervention and referral to treatment and recovery support services upon contact with EMS. [2.4]

Tasks:

Task	Deadline	Responsible Entity
Distribute approved proposal to support a portion of naloxone stockpile funding distributed towards EMS agencies, including targeted jurisdictions based on need	11/20	Health and Medical
Develop and distribute special newsletter on opioid-related issues important for EMS professionals e.g. appropriate PPE use; First Responder guidance; etc	11/20	Health and Medical
Pursue opportunities to educate EMS agencies around legal aspects of sharing EMS data with local health authorities	11/20	Health and Medical

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Distribute translated (Spanish and braille) business-sized referral cards, developed by MIEMSS, into Spanish and braille to all local LDSS offices, as appropriate	11/20	Social Services & Health and Medical
Investigate possibility of translating business-sized referral cards into additional languages for top-8 maryland demographics e.g Chinese, French, Haitian Creole, Korean, Russian, Spanish, Tagalog, and Vietnamese	11/20	Health and Medical
Purchase additional 12,500 referral cards for MIEMSS to distribute to overdose victims/family members (English only for now)	11/20	Health and Medical

Objective: Promote rapid intervention and referral to treatment and recovery support services upon contact with social services. [2.4]

Tasks:

Task	Deadline	Responsible Entity
Analyze Maryland VOAD (Voluntary Liaisons Active in Disaster) workshop (held on 9.11) discussion and results for use with efforts to engage non-government community	11/20	Social Services
Distribute Maryland VOAD workshop materials to partners as requested	11/20	Social Services
Develop pre-packaged communication materials for distribution to VOAD partners on OOC-related resources	11/20	Social Services

Response Goal 3: Expand access to services that support recovery and prevent death and disease progression

Objective: Support and standardize detention center and correctional facility provision of opioid treatment services. Services will include interdiction of opioids entering the facility, screening for substance abuse, referral to treatment, and provision of best practices treatment. [3.5]

Tasks:

Task	Deadline	Responsible Entity
Hold coordination meetings with DPSCS	TBD	Public Safety
MDH-BHA, MCAA, DPSCS, and OOC to develop a proposal for OOC funds to support screening, intervention, and referral to treatment in the criminal justice system.	11/20	Health and Medical, Public Safety



Objective: Implement standardized protocol for parole and probation staff to identify individuals with opioid use disorder and incentivize participation in treatment programs. [3.5]

Tasks:

Task	Deadline	Responsible Entity
DPSCS waiting for approval on existing protocol for parole and probation staff to identify individuals with opioid use disorder and incentivize participation in treatment programs.	11/20	MSP with DPSCS assistance

Objective: Increase access to naloxone. Particular areas of focus include EMS, law enforcement, hospitals, and schools. [3.2, 3.3]

Tasks:

Task	Deadline	Responsible Entity
MIEMSS to develop a proposal to utilize OOCF funds to support EMS naloxone in high-need financially-strained jurisdictions.	11/20	Health and Medical
DGS to reach out to the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) for details on the proposed centralized naloxone/naltrexone purchasing model and the cost benefits it could entail. Responses will be shared with MIEMSS, MDH-BHA, and OOCF partners for next steps.	11/20	Health and Medical (DGS)
Following receipt of DGS MMCAP responses, MDH-BHA will reach out to local health departments to assess interest in a centralized purchasing model.	11/20	Health and Medical
Following receipt of DGS MMCAP responses, MIEMSS will reach out to local health departments to assess interest in a centralized purchasing model.	11/20	Health and Medical
Initiate discussion with pharmaceutical developer to explore naloxone cost reduction options (OOCF, DGS, MDH, MIEMSS).	10/24	OOCF Leadership/Health and Medical/DGS

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Objective: Remove financial barriers to accessing treatment services. [3.1]

Tasks:

Task	Deadline	Responsible Entity
Fund local OIT Grant projects to support funding of treatment and recovery services to close gaps when other options (Beacon, Medicaid, insurance) are not available.	11/20	OOC Leadership/Health & Medical
Provide education and outreach to treatment and recovery service providers to encourage them to accept uninsured/underinsured patients who are eligible for coverage (Beacon, Medicaid, etc.)	11/20	Health and Medical

Objective: Develop a network of 24/7 substance use crisis centers providing medical stabilization, withdraw management, behavioral health assessment, peer recovery coaching, overdose education and naloxone dispensing, initiation of medication-assisted treatment and fast-track referral to ongoing treatment and recovery support services in the community. [3.1]

Tasks:

MDH-BHA and Behavioral Health Systems Baltimore working to select vendor and finalize budget for development of crisis stabilization center. Operations anticipated to begin April, 2018.	TBD	Health and Medical
Behavioral Health Advisory Council to release its Strategic Plan for the Crisis Treatment Center - per legislation, the center must be established in accordance with guidelines issued by the Council	12/1	Health and Medical
MDH-BHA will release funds to the 4 selected jurisdictions who were awarded funding to expand level 3.7D crisis residential services so that implementation can begin at the local level	TBD	Health and Medical

Objective: Expand access to level 3.1 treatment beds. [3.1]

Tasks:

MDH-BHA will release funds to the 6 selected jurisdictions who were awarded funding to expand level 3.1 residential treatment so that implementation can begin at the local level	TBD	Health and Medical
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Objective: Improve Crisis Hotline services to provide 24/7 opioid addiction support and referral to treatment. [3.1]

Tasks:

Task	Deadline	Responsible Entity
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Develop/and or update screening tools for distribution to crisis hotline staff	11/20	Health and Medical
Develop training plans for use of updated screening tools for crisis hotline staff	11/20	Health and Medical

Objective: Increase access to syringe services programs. [3.3]

Tasks:

Task	Deadline	Responsible Entity
Support those jurisdictions with program(s) in operation or approved for implementation of SSP (currently includes Baltimore City and Baltimore County)	11/20	Health and Medical
Support those jurisdictions completing their capacity application (currently includes St. Marys)	11/20	Health and Medical
Support those jurisdictions currently developing applications for implementation of SSP (currently includes Washington, Frederick, Howard, Anne Arundel, Prince Georges, and Cecil)	11/20	Health and Medical

Objective: Support criminal sentencing that requires or incentivizes addiction treatment for offenders with opioid addictions. Applies to drug-related offenses and crimes where opioid addiction may have been a contributing factor. [3.3]

Tasks:

Task	Deadline	Responsible Entity
No tasks reported for the Operational Period. Task development in process		

Objective: A program exists to support Medication Assisted Treatment upon release from a correctional facility. [3.5]

Tasks:

Task	Deadline	Responsible Entity
Collect data from previously funded MD Medication Assisted Treatment Reentry Programs to evaluate program success (total of eleven detention center locations)	11/20	Public Safety
Compile a list of those eleven (11) funded detention centers that indicated interest to continue MAT programs in their facilities	11/20	Public Safety

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Develop proposal for detention centers to receive continued funding for MD MAT Reentry Programs based on evaluation data and identified interest	11/20	Public Safety
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Objective: Implement a statewide training and technical assistance program for local law enforcement agencies on implementing pre-booking diversion strategies for low-level drug-involved offenders (e.g. Seattle’s Law Enforcement Assisted Diversion) [3.5]

Tasks:

Task	Deadline	Responsible Entity
Coordination meeting with MDH-SSP, GOCCP, MSP, and law enforcement partners to discuss expansion of law enforcement diversion training.	11/20	Health and Medical Public Safety

Response Goal 4: Enhance data collection, sharing, and analysis to improve understanding of and response to the opioid epidemic

Objective: Develop reporting mechanisms to communicate overdose-related statistics to State and local response partners. Reporting mechanisms will include locally-relevant information on overdose frequency, fatal overdose frequency, trends over time, opioid substances of concern, response performance indicators, and alerts to overdose spikes. [4.1, 4.2]

Tasks:

Task	Deadline	Responsible Entity
Coordinate creation of standing automated report format of eMEDS confidential health information to DHMH and then to local health departments	11/20	Planning- Data Unit

OOCC Process Goal: Provide OOCC recurring written reports to inform stakeholders of progress

Objective: Develop and share Opioid Intervention Team (OIT) Situation Reports and Overview to track progress, identify gaps, and target OOCC efforts. OIT Status Reports will be shared monthly with local jurisdictions, OOCC team members, the Inter-Agency Council, and the Office of the Governor.

Tasks:

Task	Deadline	Responsible Entity
Collect and analyze results of the OIT Situation Report	11/20	Local Liaison Branch

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Develop OIT Situation Report Statewide Overview	11/20	Local Liaison Branch
Share results of OIT Situation Report Overview with local and State stakeholders	11/20	Local Liaison Branch

OOCC Process Goal: Coordinate State Agency response efforts

Task	Deadline	Responsible Entity
Beyond those mentioned in other objectives, no additional tasks reported for this Operational Period.		Operations Section

OOCC Process Goal: Provide support for local Opioid Intervention Team efforts

Task	Deadline	Responsible Entity
Beyond those mentioned in other objectives, no additional tasks reported for this Operational Period.		Local Liaison

OOCC Process Goal: Oversee funding for OOCC efforts

Objective: Develop, approve, and implement OOCC budget and spend plan to support OOCC operations.

Tasks:

Task	Deadline	Responsible Entity
Compile personnel tracker submissions and provide to OOCC Command and General Staff	11/20	Finance/Admin
Update and distribute the October tracking form	11/20	Finance/Admin

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Review proposal for Recovery Schools as a spend plan item for any budgetary needs	11/20	Finance/Admin
Develop the OCCC Procurement Plan	11/20	Finance/Admin
Collaborating with GOCCP to support MD MAT Re-Entry Program budgetary needs	11/20	Finance/Admin
Collaborating with University of Baltimore to support MDH funds transfer for law enforcement supplementary needs needs	11/20	Finance/Admin
Implement the OCCC Spend Plan and approve OIT Grant applications which include local funding for prescriber education.	11/20	Finance/Admin
Implement the OCCC Spend Plan and approve OIT Grant applications which include local funding for student and parent education programs.	11/20	Finance/Admin

Objective: Develop and oversee processes for local jurisdiction Opioid Intervention Teams to access State funds to implement response projects.

Tasks:

Task	Deadline	Responsible Entity
Hold follow up conference calls with jurisdictions as needed	11/20	Finance/Admin
Submission wrap-up meetings with BHA staff, including grant oversight to confirm roles and responsibilities	11/20	Finance/Admin
Develop composite report showing jurisdiction OIT project category distribution	11/20	Planning - Data Unit
Investigate technological solutions for collecting and tracking OIT Grant performance measures.	11/20	OCCC Leadership, Finance/Admin, Health and Medical (MDH-BHA)
Compile and organize first-quarter reporting from OIT Grant recipients.	11/20	Health and Medical (MDH-BHA), OCCC Leadership,

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		Finance/Admin
Continue to follow-up with MDH headquarters regarding distribution of funds to approved OIT recipients	11/20	Health and Medical (MDH-BHA), OOCC Leadership, Finance/Admi

OOCC Process Goal: Share information with the public to inform them about the opioid crisis and the State’s response efforts

Objective: Promote coordinated public messaging on the opioid crisis response through the traditional media, social media platforms, and the beforeitstoolatemd.org website.

Tasks:

Task	Deadline	Responsible Entity
Launch OOCC internal SharePoint website	11/20	JIS/Communications
Finalize public awareness campaign	11/20	JIS/Communications

OOCC Process Goal: Share information with State and local response partners that supports response efforts

Objective: Develop webinar presentations highlighting opioid response initiatives. Webinars will be shared with State and local jurisdiction response partners.

Tasks:

Task	Deadline	Responsible Entity
Schedule OOCC WebEX presentations to State and local partners outside of Operational Period Briefings for first 6 months of 2018	11/20	Planning Section
Coordinate OOCC webinar logistics meetings as needed	11/20	Planning Section
Develop and send email with webinar follow-up materials, including final presentation, follow-up questions and answers, post-webinar evaluation, and any other materials as requested	11/20	Planning Section
Record and post OOCC webinar recordings to back-end of beforeitstoolate website	11/20	Planning Section

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Develop post-webinar evaluation survey	11/20	Planning Section
Analyze post-webinar evaluation results for ongoing information sharing improvement process	11/20	Planning Section
Archive all presentation materials in the Communications Webinar google drive folder, including presenter bio; presentation slides; registration/ attendee final count; follow-up questions & answers; and post-webinar evaluation	11/20	Planning Section

Objective: Develop informational products and platforms for response partners that support collaboration and sharing of promising practices.

Tasks:

Task	Deadline	Responsible Entity
Identify jurisdiction points of contacts for each of the identified promising practices	11/20	OCC Local Liaison Branch
Contact local points of contact to gather information on identified promising practices and write up a short profile for each practice	11/20	OCC Intern
Publish and share promising practices profiles with local jurisdictions and other partners as appropriate	11/20	Communications

Objective: Support State and local agency efforts to inform and engage their employees on the opioid response.

Tasks:

Task	Deadline	Responsible Entity
Package the materials used for the DHMH Townhall and video from the Townhall for state agency partners to use to engage their employees	11/20	Health and Medical
Identify and collect OCC State-agency employee education and awareness materials to develop a toolkit, e.g. including packaged materials used for the DHMH Townhall and video from the Townhall for state agency partners to use to engage their employees.	11/20	Operations Section Chief

Objective: Develop and implement the OCC Communications Strategy to establish defined communication processes between the OCC, the public, and State and local response partners.

Tasks:

Task	Deadline	Responsible Entity
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Internal review of communications plan for internal and external stakeholders	11/20	JIS/Communications & Planning Section
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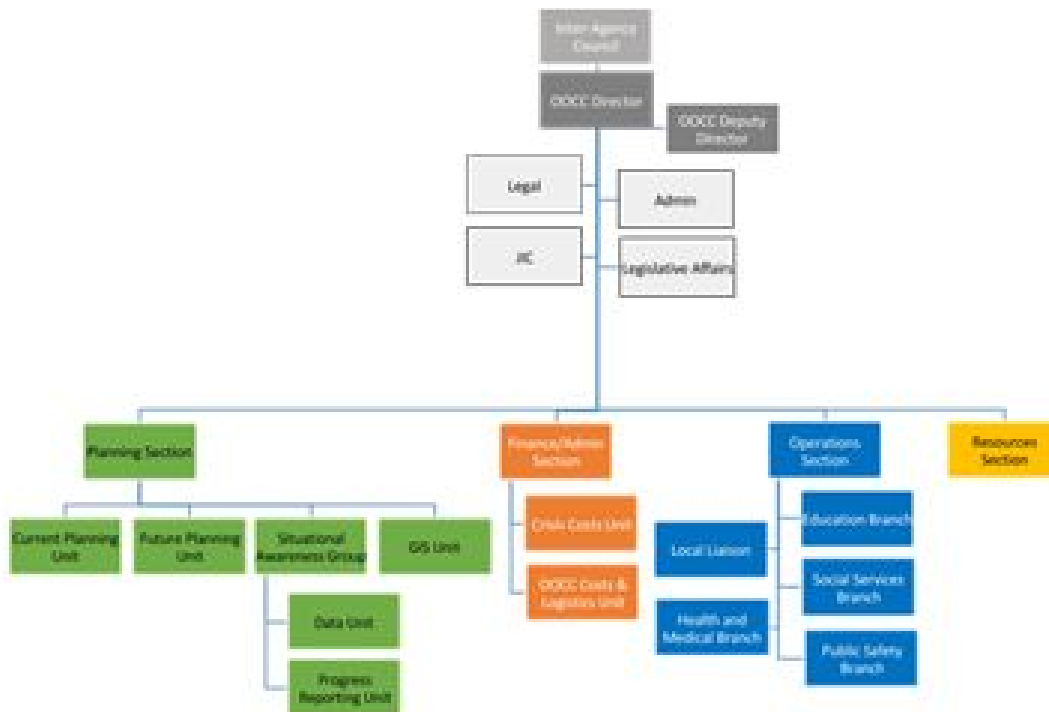
Additional OCCC strategic planning

Objective: Complete Agency-specific heroin and opioid coordination plan, including identifying their agency opioid-related objectives for FY18 and performance measures for each self-identified objective.

-Tasks:

Task	Deadline	Responsible Entity
Follow-up with Agency-lead POCs to confirm progress on Coordination Plan	11/20	Planning Section
Utilize the statewide Agency-specific Coordination Plan (including established goals, objectives, and measures) for progress reporting moving forward	11/20	Planning Section

O OCC Organizational Structure



Staffing List and Contact Information

Command and General Staff

Position	Lead Agency	Name
O OCC Director	O OCC	Clay Stamp
O OCC Deputy Director	O OCC	Birch Barron
Admin Support	MEMA	Wilson Low
Legislative Affairs	Governor's Legislative Office	Chris Shank
Communications Director	O OCC	Katie Kuehn
Legal	Governor's Office of Legal Counsel	Bob Scholz, Courtney Highsmith

Planning Section

Position	Lead Agency	Name
Planning Section Chief	MDH	Jessica Goodell
Current Planning Unit	MDH	Genevieve Polk
Situational Awareness Group – Data Unit	GOCCP	Angelina Guarino
Situational Awareness Group – Data Unit	MDH	Michael Baier
Situational Awareness Group – Progress Reporting Unit	MDH	Smita Sarkar
Future Planning Unit	MEMA	Kyle Overly
GIS Unit	MEMA	MEMA GIS Unit

Finance Section

Position	Lead Agency	Name
Finance/Admin Section Chief	DBM	Nick Napolitano
Center Costs & Logistics Unit	MEMA	Donald Lumpkins
Crisis Costs Unit	DBM	Nick Napolitano

Operations Section

Position	Lead Agency	Agency	Name
Operations Section Chief		MEMA	Jeremy Scheinker
Social Services Branch	Lead	DHR	Bethany Brown
Health and Medical Branch	Lead	MDH	Sara Barra
	Support	MIEMSS	Randy Linthicum
	Support	MIA	Joy Hatchette
Public Safety Branch	Lead	MSP	Jeffrey Kloiber
	Support	DPSCS	Zola Rowlette and/or Latawyna Stallworth

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	Support	DJS	Terrence Proctor
Education Branch	Lead	MSDE	Reginald Burke
	Support	MHEC	Emily Dow
Local Liaison Branch	Lead	MEMA	John Dulina and/or Terry Thompson
	Support	Baltimore Regional IMT	John Scholz