



Opioid Operational Command Center Operational Period

Approval

OOCC Director Clay B Stamp Date 9.25.2017

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|---------------------------|--------------|---|
| Operational Period | Start | Monday, September 25, 2017 at 00:00 hours |
| | End | Monday, October 23, 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 | 10/23 | Health and Medical |
| Increase awareness of among prescribers through professional Boards and member organizations. | 10/23 | Health and Medical |
| OCSA working to reach out to new/renewing CDS licensees if they have not registered in PDMP | 10/23 | Health and Medical |
| Conduct outreach via letters to notify prescribers of enforced PDMP enrollment deadline of July 1, 2017 | 10/23 | Health and Medical |

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| Discuss development of PDMP enrollment plan to reach 100% compliance | 10/23 | Health and Medical |
|--|-------|--------------------|

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

Tasks:

| Task | Deadline | Responsible Entity |
|--|----------|--------------------|
| Continue to engage healthcare providers in opportunities for continuing education around appropriate opioid and Naloxone prescribing and dispensing. | 10/23 | O OCC Leadership |

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 |
|---|----------|--------------------|
| 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 | 10/23 | Education |
| Field questions from higher education institutions regarding new legislation, Start Talking Maryland Act | 10/23 | Education |
| Continue to collect inventory of campus activities addressing the opioid epidemic. | 10/23 | Education |
| Provide requested follow-up information and ongoing coordination for Academic Deans and Directors following the meeting that took place on 7/25/17. | 10/23 | Education |

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

Tasks:

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| 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 | 10/23 | Education |
| Present report recommendations to the State Board of Education | 10/23 | Education |
| Establish workgroup for the creation of an online training module that will be administered to those teaching drug addiction and prevention education | 10/23 | Education |
| Apply to MSDE certification office for continuing education credit for those who complete the online training module | 10/23 | Education |
| Review existing fact sheets regarding safe storage/disposal of prescription drugs | 10/23 | Health and Medical |

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 |
|--|----------|--------------------|
| MSDE is considering supporting a local education agency (LEA) to develop a recovery school/program model by the end of the month | 9/30 | Education |

Objective: Increase availability of peer recovery support services providing rapid intervention and referral to treatment. [2.4]

Tasks:

| Task | Deadline | Responsible Entity |
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| Continue to evaluate & streamline hiring process for Peer Recovery Support Specialists by local health departments as services are incorporated in the Community Health Outreach Worker job classification | 10/23 | 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) | 10/23 | 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 will collect and share data identifying which jurisdictions need support and what obstacles have been identified. | 9/15 | OOCC Leadership |
| In an upcoming newsletter, MIEMSS will clarify legal concerns regarding sharing EMS data with local Health Departments. 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. | 9/30 | 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 | 10/23 | Health and Medical |
| Bring together a group currently implementing best practice protocols to create a model protocol | 10/23 | Health and Medical |

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

Tasks:

| Task | Deadline | Responsible Entity |
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| MDH-BHA and MHA will direct OOC funds to implement SBIRT and Peer Recovery Specialist pilot programs in five hospitals across Maryland. | 10/23 | 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 | 10/23 | 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 |
|-------------------------------------|----------|--------------------|
| No tasks for this reporting period. | | |

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

Tasks:

| Task | Deadline | Responsible Entity |
|--|----------|--------------------|
| Develop proposal to support a portion of naloxone stockpile funding distributed towards EMS agencies, including targeted jurisdictions based on need | 10/23 | 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 | 10/23 | Health and Medical |
| Pursue opportunities to educate EMS agencies around legal aspects of sharing EMS data with local health authorities | 10/23 | Health and Medical |

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| Translate business-sized referral cards, developed by MIEMSS, into spanish and braille for distribution to all local LDSS offices | 10/23 | Social Services & 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 | 10/23 | Social Services |
| Distribute Maryland VOAD workshop materials to partners as requested | 10/23 | Social Services |
| Develop pre-packaged communication materials for distribution to VOAD partners on OOCC-related resources | 10/23 | Social Services |
| The Social Services Branch continues monthly conference calls, and continues to build out its resource sharing documentation in order to support front-line workers, and to provide them with any referral support resources available to promote rapid support services. | 10/23 | 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 |
|---|----------|-----------------------------------|
| BHA will draft proposal for using spend plan money on interventions in detention centers and local correctional facilities. | TBD | Health and Medical |
| MDH-BHA, MCAA, DPSCS, and OOCC to develop a proposal for OOCC funds to support screening, intervention, and referral to treatment in detention centers and local correctional facilities. | 10/23 | Health and Medical, Public Safety |

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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. | 10/23 | Public Safety |

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 |
|--|----------|--------------------------|
| State Superintendent to send out finalized Naloxone FAQ document to all 24 local superintendents for distribution to schools [Partners: MSDE, MDH] | 9/29 | Education |
| MIEMSS to develop a proposal to utilize OOC funds to support EMS naloxone in high-need financially-strained jurisdictions. | 10/23 | 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 OOC partners for next steps. | 10/23 | 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. | 10/23 | 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. | 10/23 | Health and Medical |

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

Tasks:

| Task | Deadline | Responsible Entity |
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| 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. | 10/23 | 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.) | 10/23 | Health and Medical |

Objective: Develop a network of 24/7 substance use crisis centers providing medical stabilization, withdrawal 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 |
|---|-----|--------------------|

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 training plans for use of updated screening tools for crisis hotline staff | 10/23 | Health and Medical |
| Develop/and or update screening tools for distribution to 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) | 10/23 | Health and Medical |
| Support those jurisdictions completing their capacity application (currently includes St. Mary's) | 10/23 | Health and Medical |
| Support those jurisdictions currently developing applications for implementation of SSP (currently includes Washington, Frederick, Howard, Anne Arundel, Prince Georges, and Cecil) | 10/23 | 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 |
|---|----------|--|
| "Structural coordination" meeting held at the administrative office of the courts with four judges (Chief Judge of the District Court of Md and Drug Court Judges) and staff to discuss opportunities. This was an initial effort to identify opportunities to impact the epidemic from their unique and well informed positions which can possibly result in the development of operationally OCCC coordinated objectives. | TBD | Public Safety and Office of the Courts |

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

Tasks:

| Task | Deadline | Responsible Entity |
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| Collect data from previously funded MD Medication Assisted Treatment Reentry Programs to evaluate program success (total of eleven detention center locations) | 10/23 | Public Safety |
| Compile a list of those eleven (11) funded detention centers that indicated interest to continue MAT programs in their facilities | 10/23 | Public Safety |
| Develop proposal for detention centers to receive continued funding for MD MAT Reentry Programs based on evaluation data and identified interest | 10/23 | Public Safety |

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. | 10/23 | 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 | 10/23 | Planning- Data Unit |
| Support Maryland Opioid Surveillance System Improvement Project re-submission package to CDC | 10/23 | 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 | 10/23 | Local Liaison Branch |
| Develop OIT Situation Report Statewide Overview | 10/23 | Local Liaison Branch |
| Share results of OIT Situation Report Overview with local and State stakeholders | 10/23 | Local Liaison Branch |

OOCC Process Goal: Coordinate State Agency response efforts

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

| Task | Deadline | Responsible Entity |
|---|----------|--------------------|
| No tasks reported for the Operational Period. Task development in process | | Local Liaison |

OOCC Process Goal: Oversee funding for OOCC efforts

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

Tasks:

| Task | Deadline | Responsible Entity |
|--|----------|--------------------|
| Compile personnel tracker submissions and provide to OCCC Command and General Staff | 10/23 | Finance/Admin |
| Update and distribute the October tracking form | 10/23 | Finance/Admin |
| Review proposal for Recovery Schools as a spend plan item for any budgetary needs | 10/23 | Finance/Admin |
| Develop the OCCC Procurement Plan | 10/23 | Finance/Admin |
| Collaborating with GOCCP to support MD MAT Re-Entry Program budgetary needs | 10/23 | Finance/Admin |
| Collaborating with University of Baltimore to support MDH funds transfer for law enforcement supplementary needs needs | 10/23 | 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 | 10/23 | Finance/Admin |
| Submission wrap-up meetings with BHA staff, including grant oversight to confirm roles and responsibilities | 10/23 | Finance/Admin |
| Develop composite report showing jurisdiction OIT project category distribution | 10/23 | Planning - Data Unit |

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| Investigate technological solutions for collecting and tracking OIT Grant performance measures. | 9/28 | OOCC Leadership, Finance/Admin, Health and Medical (MDH-BHA) |
| Collect first-quarter reporting from OIT Grant recipients. | 10/23 | Health and Medical (MDH-BHA), OOCC Leadership, Finance/Admin |
| Continue to follow-up with MDH headquarters regarding distribution of funds to approved OIT recipients | 10/23 | 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 | 10/23 | JIS/Communications |
| Create series of videos for health professionals and educators on the “Before it’s too late” website | 9/5 | JIS/Communications |
| Finalize public awareness campaign | 10/31 | JIS/Communications |
| Develop an opioid prevention toolkit for teachers, students, and parents, including a video with Secretary Salmon. The toolkit is a revision of a Governor’s task force recommendation. The Toolkit is being reviewed by MSDE senior leadership and will be available on the MSDE website in a October. | 10/23 | JIS/Communications |

OCC 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 |
|--|----------|--------------------|
| Scheduled OCC WebEX presentations to State and local partners outside of Operational Period Briefings including but not limited to legislative updates, crisis hotline and education. 8/30 webinar on the Crisis Hotline. | 10/23 | Planning Section |
| Develop OCC webinar protocol | 10/23 | Planning Section |
| Coordinate OCC webinar logistics meetings as needed | 10/23 | 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 | 10/23 | Planning Section |
| Record and post OCC webinar recordings to back-end of beforeitstoolate website | 10/23 | Planning Section |
| Develop post-webinar evaluation survey | 10/23 | Planning Section |
| Analyze post-webinar evaluation results for ongoing information sharing improvement process | 10/23 | 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 | 10/23 | 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 | 10/23 | OCC Local Liaison Branch |

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| Contact local points of contact to gather information on identified promising practices and write up a short profile for each practice | 10/23 | OCC Intern |
| Publish and share promising practices profiles with local jurisdictions and other partners as appropriate | 10/23 | 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 | 10/23 | 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. | 10/23 | 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 |
|---|----------|---------------------------------------|
| Internal review of communications plan for internal and external stakeholders | 10/23 | JIS/Communications & Planning Section |

Additional OCC strategic planning

Objective: Implement transition strategy that shifts the OCC from crisis management to project management phase.

-Tasks:

| Task | Deadline | Responsible Entity |
|--|----------|--------------------|
| Continue development of OCC-specific objectives and tasks to guide the transition from the crisis management phase to a more sustainable project | 10/23 | Planning Section |

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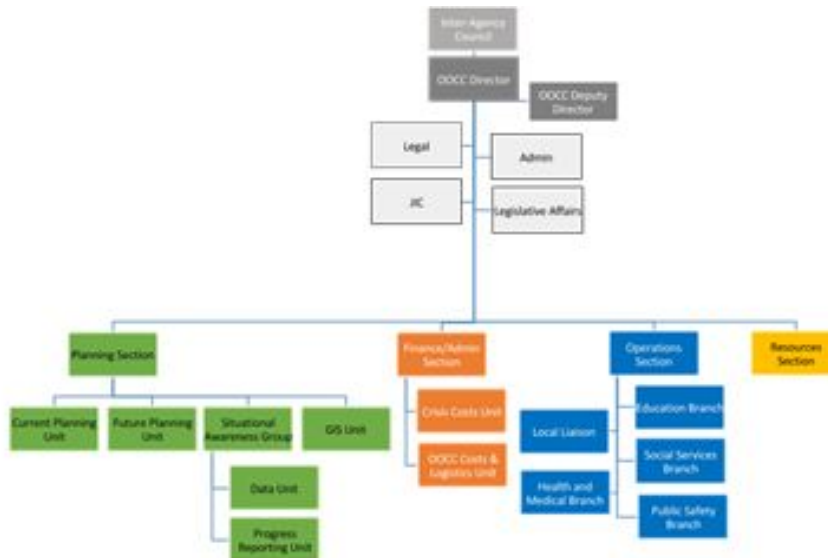
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| management model | | |
| Collect defined roles and responsibilities from OOCC Sections and corresponding branches/ units | 10/23 | Planning Section |
| Discuss staffing plan to align with the transition objectives and tasks | 10/23 | Planning Section |
| Develop OOCC Staffing proposal draft, including updated organizational chart, staff position summary, job descriptions, and position outcomes; use persone time tracker to approximate justification | 10/23 | Planning Section |
| Finalize the year-1 project management work plan and structure with clear roles for State and local agencies | 10/23 | Planning Section |

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 |
|---|----------|--------------------|
| Develop Coordination Plan Guidance 1-pager for agencies filling out their Coordination Plans | 10/23 | Planning Section |
| Share Agency-Specific Coordination Plan template to be shared with each agency for completion (Tier 1 folder is top priority agencies): | 10/23 | Planning Section |
| Follow-up with Agency-lead POCs to confirm progress on Coordination Plan | 10/23 | Planning Section |
| Utilize the statewide Agency-specific Coordination Plan (including established goals, objectives, and measures) for progress reporting moving forward | 10/23 | Planning Section |

OOCC Organizational Structure



Staffing List and Contact Information

Command and General Staff

| Position | Lead Agency | Name |
|--------------------------------|-------------------------------|-----------------|
| OOCC Director | OOCC | Clay Stamp |
| OOCC Deputy Director | OOCC | Birch Barron |
| Admin Support | MEMA | Lydia Simonaire |
| Legislative Affairs | Governor's Legislative Office | Chris Shank |
| Communications Director | OOCC | Katie Kuehn |
| Legal | DHMH | Linda Bethman |

| Position | Lead Agency | Name |
|-------------------------------|-------------|-----------------|
| Planning Section Chief | DHMH | Jessica Goodell |

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| Current Planning Unit | DHMH | Genevieve Polk |
| Situational Awareness Group – Data Unit | GOCCP | Angelina Guarino |
| Situational Awareness Group – Data Unit | DHMH | Michael Baier |
| Situational Awareness Group – Progress Reporting Unit | DHMH | Smita Sarkar |
| Future Planning Unit | MEMA | Kyle Overly |
| GIS Unit | MEMA | MEMA GIS Unit |

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

| Position | Lead Agency | Agency | Name |
|----------------------------------|--------------------|---------------|--|
| Operations Section Chief | | MEMA | John Broaddus Jr. |
| Social Services Branch | Lead | DHR | Bethany Brown |
| Health and Medical Branch | Lead | DHMH | Sara Barra |
| | Support | MIEMSS | Randy Linthicum |
| | Support | MIA | Joy Hatchette |
| Public Safety Branch | Lead | MSP | Michael Parker |
| | 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 |