



# 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:** May 26, 2017

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## **Completed Action Items (May 18, 2017 - May 24, 2017):**

- On 5/19/2017 –
  - Facilitated broad distribution of information shared by Maryland State Police regarding false oxycodone tablets containing fentanyl to State and local partners
  - Compiled and synthesized Opioid Intervention Team Situation Reports (23 out of 24) from across Maryland to describe promising practices and lessons learned in their jurisdictions
  - Completed analysis of naloxone administration trends by EMS providers statewide and broadly shared to partners via the [Office of Preparedness Public Health Situational Awareness Report](#) [Partners: DHMH, MIEMSS]
- On 5/22/2017 - Presented draft OOCC Plan and corresponding Spend Plan to Lieutenant Governor
- On 5/23/2017 - Proposed & approved statewide EMS fields to capture overdose-related information in the State patient care reporting system (eMeds) to MIEMSS Steering Committee members

## **Planned Actions Items (May 24, 2017 - May 31, 2017):**

- On 5/26/2017 - Convene roundtable with federal, state, and local law enforcement leaders to discuss strategic initiatives hosted by HIDTA
- On 5/30/2017 - Conduct OOCC Planning Development workshop at the 2017 MEMA Symposium to receive feedback and comment on the OOCC Strategic Plan from local partners perspective
- Draft Communications Plan to distribute alerts on immediate issues
- Receive survey results from the Maryland Hospital Association regarding the standardization of ED discharge protocols to incorporate substance use



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disorder screening, naloxone dispensing, and direct referral to treatment

## **OOCC Coordinated meetings**

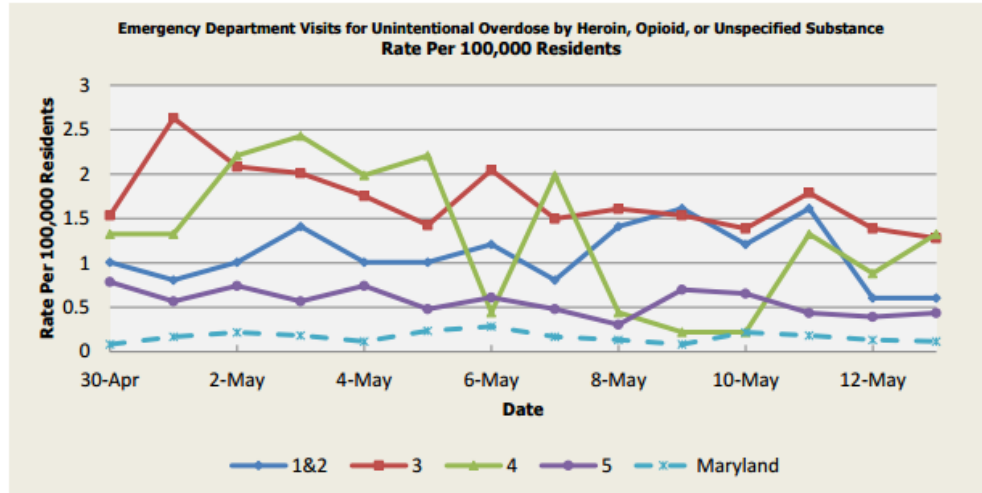
The OOCC continues the mobilization phase (0 - 120 days) to engage partners at the state and local level working on heroin and opioid-related initiatives, including but not limited to the following meetings:

- On 5/18 & 5/19/2017 - Coordinated multiple OOCC Work Plan Development meetings to align funding streams and the OOCC planning process, including but not limited to the HOPE Act and Substance Abuse and Mental Health Services Administration Cures grant, for submission to the Lt Governor for review
- On 5/19/2017 - Convened partners to develop Maryland Opioid Addiction Indicators dashboard to be shared via “Before It’s Too Late” website audiences [Partners: DHMH, DoIT]
- On 5/22/2017 - Convened Interagency Council via conference call [17 individuals] to provide progress updates and discuss benchmarks and targets [Partners in attendance: DHMH, OOCC, MIEMSS, Grants, GOHS, GOV, DJS, MSDE, DHR, MSP, MEMA, DoIT, National Guard]
- On 5/24/2017 - Participated in a conference call with Health Officers to discuss local needs
- On 5/24/2017 - Met with DHMH Data Analyst assigned to the OOCC
- On 5/24/2017 - Attended Worcester County’s OIT Meeting
- OOCC Director continues to have direct dialogue with local efforts and persons-impacted across the state to identify best practices/ lessons learned and coordination of efforts for future support

## Public Health Preparedness and Situational Awareness Report: #2017:19 Reporting for the week ending 5/13/17 (MMWR Week #19)

### SYNDROMIC OVERDOSE SURVEILLANCE

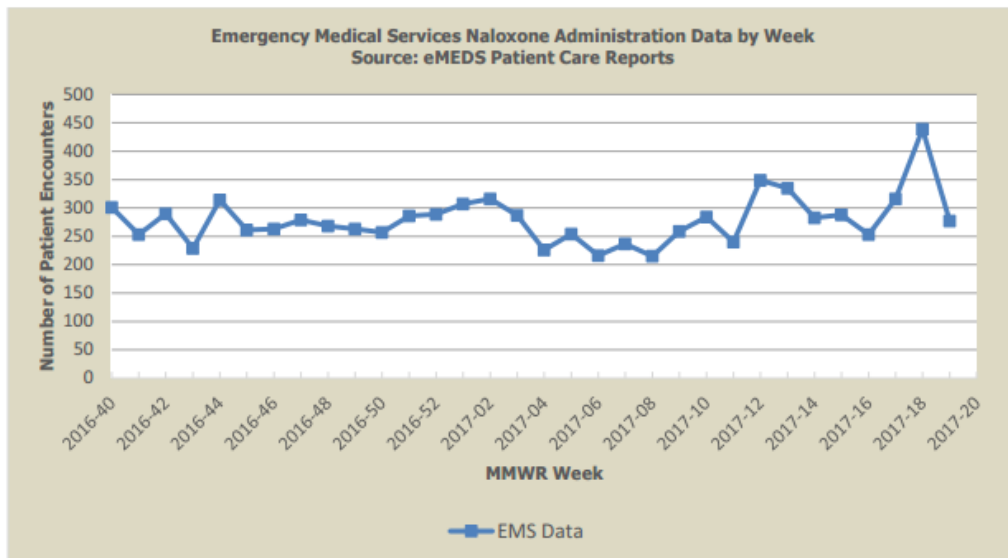
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose 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*	0.33	0.42	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.