

# The Overdose Response Strategy

2018 ANNUAL REPORT



*A public health-public safety partnership  
to reduce overdoses and save lives*

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## Executive Summary

The Overdose Response Strategy (ORS) is an unprecedented public health-public safety partnership between the High Intensity Drug Trafficking Area (HIDTA) program and the U.S. Centers for Disease Control and Prevention (CDC), with the mission of reducing rates of fatal and non-fatal overdose.

The cross-disciplinary ORS initiative supports collaboration between public safety and public health agencies at the federal, state and local levels. The ORS adopts a four-pronged approach for addressing overdose: law enforcement; response; treatment and recovery; and prevention. This report briefly describes the current state of the opioid epidemic and outlines the strategies employed by the ORS in 2018 to combat this epidemic. The report also demonstrates the ORS' readiness to address other emerging drug threats, such as stimulants.

In 2018, the ORS expanded its partnerships for the fourth consecutive year. The initiative now includes 11 HIDTA programs spanning 24 states and the District of Columbia. Each of these states receives funding for a team of two dedicated professionals: a Drug Intelligence Officer (DIO) and a Public Health Analyst (PHA). These DIOs and PHAs work with state and local agencies to improve data sharing related to drug overdose, as well as criminal intelligence and arrest information. They also support the development and implementation of new, innovative projects that support the ORS' strategic directions.

During the second half of 2018, the PHAs, DIOs, and a team overseen by experts at the CDC worked together to conduct the "Linkage to Care" Cornerstone project. The project assessed five types of linkage to care programs at the intersection of public health and public safety across the ORS states. The project will result in a final report that provides guidance on the implementation and evaluation of these novel linkage to care programs.

In 2018, the CDC increased its investment in the ORS by providing a total of \$4 million to support 18 public health and-public safety interventions at the local level. These pilot projects were designed to enhance the portfolio of evidence-based approaches that address the overdose epidemic. The ORS provided technical and scientific expertise during the selection of the award recipients, and the CDC ORS team provided evaluation and program implementation expertise to five of the projects funded in ORS states.

Much of the ORS' work is conducted at the local level, and that work varies broadly among jurisdictions. This report is not an exhaustive catalog of every ORS effort or success, but instead illustrates, through selected examples, the scope of the work undertaken by the ORS.

## The Overdose Epidemic

For the first time in U.S. history, the leading cause of deaths—vehicle crashes—was surpassed by opioid overdoses.<sup>i</sup> Americans now have a 1 in 96 chance of dying from an opioid overdose, and more than 130 Americans die from opioid overdose every day.<sup>ii</sup> Among the 70,237 drug overdose deaths in 2017, 67.8% involved an opioid<sup>iii</sup> and the rate of drug overdose deaths involving synthetic opioids other than methadone (such as fentanyl, fentanyl analogs, and tramadol) increased by 45% between 2016 and 2017.<sup>iv</sup>

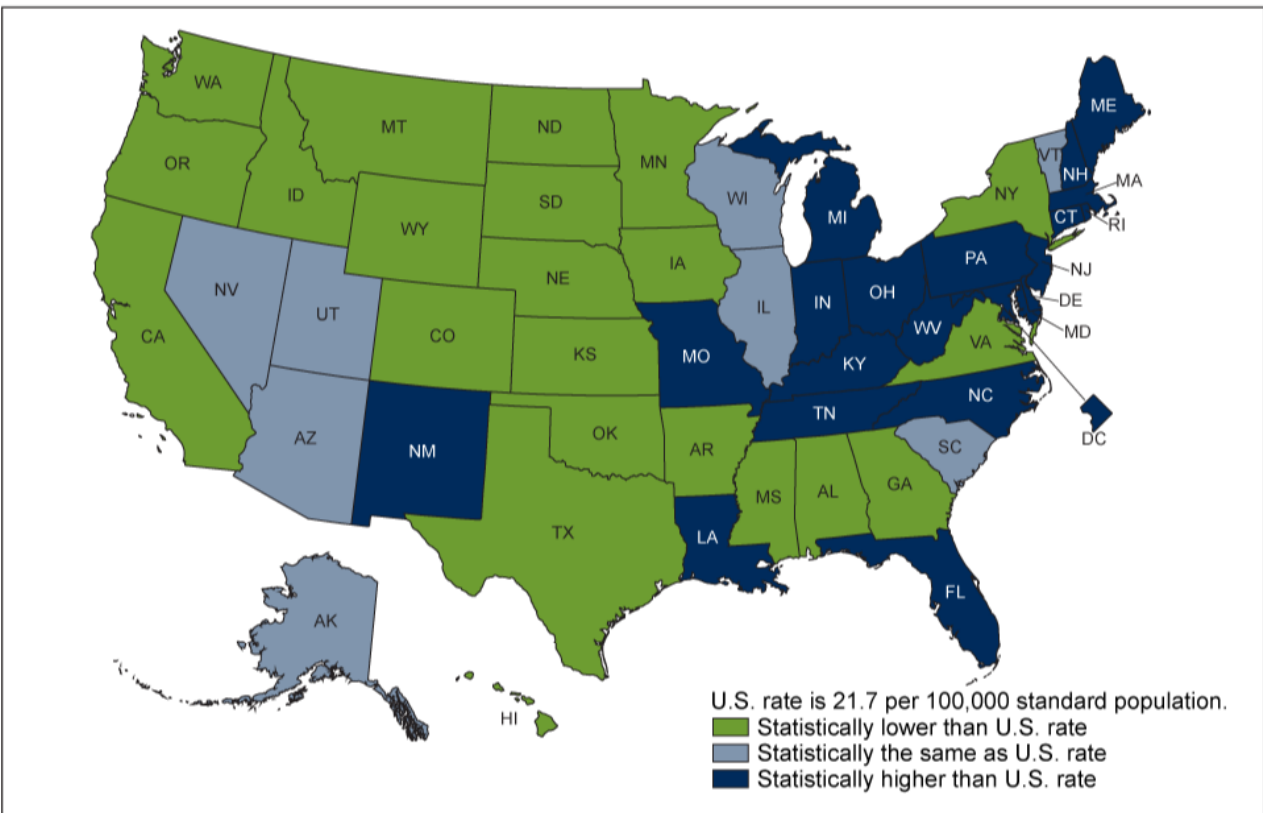
From 2016 to 2017, deaths involving synthetic opioids increased across all demographic categories. The highest death rate was in males aged 25-44 years and the largest relative increases occurred among Black people and American Indian/Alaska Natives. While five states observed significant decreases in heroin-involved overdose deaths, 23 states and DC experienced significant increases in synthetic opioid-involved overdose death rates, including eight states west of the Mississippi River. The largest relative rate increases occurred in Arizona (122%), North Carolina (112.9%) and Oregon (90.9%).<sup>v</sup> West Virginia, Ohio, and Pennsylvania had the highest observed drug overdose death rates in 2017.<sup>vi</sup>

While the opioid epidemic justifiably dominates national and state priorities, cocaine and psychostimulants still deserve focus and attention. From 2015 to 2016, overdose deaths involving cocaine and psychostimulants increased by 52.4% and 33.3%, respectively.<sup>vii</sup> Deaths from cocaine sharply increased from 2011 to 2016, increasing by 18% each year. Cocaine was the second-or third-most common cause of overdose deaths each year. Similarly, the number of overdose deaths involving methamphetamine increased from 1,887 in 2011 to 6,762 in 2016 (a 350% increase).<sup>viii</sup>

According to the Drug Enforcement Administration (DEA), Mexican transnational criminal organizations (TCOs) have increased the production and trafficking of methamphetamine, therefore, lowering its domestic price point while increasing its presence and purity throughout the United States.<sup>ix</sup> The threat of methamphetamine is particularly high in the Pacific, Southwest and West regions of the United States, but it is increasingly available on the East Coast.<sup>x</sup> Similarly, the DEA notes that increased coca plant cultivation in South America has contributed to the global rise in cocaine production, leading to heightened purities.<sup>xi</sup>

Poly-drug use introduces additional challenges to the overdose crisis because it increases the risk of overdose, particularly with the introduction of fentanyl into the cocaine and methamphetamine supply. In 2016, nearly 40% of all cocaine overdose deaths involved a synthetic opioid, such as fentanyl.<sup>xii</sup> Most overdose deaths involve more than one drug; for example, 96% of individuals who overdosed on benzodiazepines had other drugs in their

system. Nearly 70% of fatal fentanyl-related overdoses and 71% of fatal heroin overdoses involved more than one drug.<sup>xiii</sup>



NOTES: Deaths are classified using the *International Classification of Diseases, 10th Revision*. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 3 at: [https://www.cdc.gov/nchs/data/databriefs/db329\\_tables-508.pdf#3](https://www.cdc.gov/nchs/data/databriefs/db329_tables-508.pdf#3). SOURCE: NCHS, National Vital Statistics System, Mortality.

FIGURE 1: AGE-ADJUSTED DRUG OVERDOSE RATES, BY STATE: UNITED STATES, 2017

## The Federal Response to the Overdose Epidemic

Given the enormity of this national crisis, collaboration across agencies is essential. Each sector of government has a role to play—whether implementing prevention activities, providing treatment to individuals with opioid use disorder, identifying and disrupting the flow of illicit opioids into and across the country, or advancing research to increase our knowledge on promising practices.

In March 2017, President Trump established the President’s Commission on Combating Drug Addiction and the Opioid Crisis and charged it with the mission “to study the scope and effectiveness of the Federal response to drug addiction and the opioid crisis and to make recommendations to the President for improving that response.”<sup>xiv</sup>

The Commission’s final draft report was released in November 2017. The report<sup>xv</sup> listed 56 distinct recommendations, including: providing block grant federal funding for opioid-related and substance use disorder-related activities to states; expanding federal drug courts; devising new law enforcement strategies to reduce the illicit opioid supply; expanding prescription drug monitoring programs to include a data-sharing hub with the Department of Justice; providing more resources to hospital and recovery organizations to expand the use of recovery coaches, especially in hard-hit areas; and improving coordination between all federal programs and agencies that target the opioid crisis.

In January 2019, the White House released the Administration’s *National Drug Control Strategy*, which established the President’s priorities for addressing the challenge of drug trafficking and use. The *Strategy* consists of three interrelated elements designed to build and foster a stronger, healthier, and drug-free society: prevention, treatment and recovery, and reducing the availability of drugs in America. As stated in the *Strategy*:

*“The single and most important criterion of success is saving American lives, and achieving that objective requires the Federal government to work with partners at the state, local, and tribal levels; the healthcare sector; industry, foreign partners; and every concerned American citizen to advance our Nation’s efforts to promote and maintain healthy lifestyles, and help build and grow safe communities free from the scourge of drug use and addiction.”<sup>xvi</sup>*

## Overview of the Overdose Response Strategy (ORS)

The Overdose Response Strategy (ORS) is, at its core, an example of this cross-agency, interdisciplinary collaboration with a single mission of reducing overdose deaths and saving lives. The ORS has evolved since its inception in 2015 from five HIDTAs covering 15 states and Washington, DC, to 11 HIDTAs covering 24 states and DC. As of 2017, the ORS also includes a robust and dynamic partnership with the Centers for Disease Control and Prevention (CDC), truly embodying its goal of a public health and public safety partnership at the federal, state and local levels. The ORS has evolved not only in the number of states and partners involved, but also in name. In response to the ever-evolving drug overdose epidemic, the ORS re-branded in 2018 from the Heroin Response Strategy to the Opioid Response Strategy, and now to the Overdose Response Strategy. This name change reflects the program’s desire to remain sufficiently flexible to respond to the latest drug overdose threat, from opioids to illicitly manufactured fentanyl and fentanyl analogues, to the growing threat of cocaine and psychostimulants.

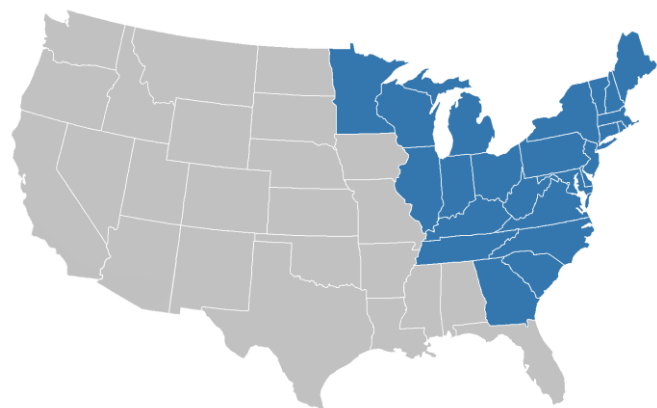


FIGURE 2: THE OVERDOSE RESPONSE STRATEGY, 2018

In 2018, the ORS spanned the New England, New York/New Jersey, Liberty Mid-Atlantic, Ohio, Michigan, Appalachia, Washington/Baltimore, Atlanta/C Carolinas, Indiana, Chicago and North Central HIDTAs. The ORS encompassed Connecticut, Delaware, the District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia and Wisconsin.

The ORS's mission is to help communities reduce drug overdose incidents by improving information sharing across agencies and supporting and implementing evidence-based strategies across participating states. The ORS has adopted four strategic directions that shape the boundaries of ORS work and provide a "roadmap" for achieving the ORS mission of reducing overdose rates. These strategic directions are: (1) law enforcement; (2) response; (3) treatment and recovery; and (4) prevention.

## ORS State Teams

State Teams, comprised of one Drug Intelligence Officer (DIO) and one Public Health Analyst (PHA) in each ORS state, serve as the foundation of the ORS. DIOs and PHAs are responsible for helping to increase communication, data flow, and intelligence sharing between public safety and public health sectors within and across ORS states and beyond.

*"State and major urban area fusion centers, the High Intensity Drug Trafficking Areas (HIDTA) Program, and Regional Information Sharing Systems (RISS) Centers are some of the key field-based information sharing, analytic, and investigative entities. [These entities] leverage the capability to enable inter-jurisdictional and multidisciplinary information sharing, and facilitate collaboration among federal, state, and local public safety partners to address both local and national threats. It is sensible to evaluate how investments in the national information sharing environment could be used to support public health and public safety information sharing and collaboration at all levels of government."*

—Report from the President's Commission on Combating Drug Addiction and the Opioid Crisis

## Public Health Analysts (PHAs)

PHAs work with numerous key public health agencies and non-governmental (e.g., treatment and prevention) organizations to increase interagency data sharing. PHAs are strategically embedded into teams that are responsible for building interagency collaboration or increasing data access around overdose within their state such as state health departments, local health departments, fusion centers, medical examiners' offices, universities, HIDTA Investigative Support Centers, and prosecutor's offices. In collaboration with their DIO counterparts, PHAs are uniquely positioned to serve as liaisons between public health and public safety.

PHAs' responsibilities and tasks vary among states due to the nature of the drug epidemic in their particular area of responsibility; however, PHA efforts across the ORS in 2018 were focused primarily on four areas:

1. Promoting and supporting data sharing systems that allow public health, law enforcement, and others to respond quickly and effectively to prevent overdose.
2. Promoting and supporting strategic, evidence-based responses to generate immediate reductions in the number of overdose-related fatalities.
3. Promoting and supporting the design, implementation and evaluation of novel and promising strategies at the intersection of public health and public safety that aim to reduce overdose.
4. Promoting and supporting efforts to prevent opioid misuse and overdose.

### **Promoting and Supporting Data Sharing Systems for Quick and Effective Response**

PHAs often fill a critical role in enhancing statewide overdose reporting systems. The accuracy and availability of this data are crucial to understand and address a rapidly evolving overdose epidemic. Many state and federal agencies have prioritized investments to improve collection and analysis of overdose data. ORS PHAs support these agencies by improving the quality of opioid overdose data management and analysis in their state.

One way that PHAs accomplish this is by developing reports on a monthly or quarterly basis to highlight trends in substance use and fatal or non-fatal overdoses in their jurisdiction. These reports help state and regional partners understand the threats in their area and respond promptly to changes in that environment.

Since most PHAs are well-connected with public policy, prevention, treatment, and public health agencies within their state, they are often able to integrate independent datasets from these otherwise disconnected agencies, thus creating a more complete picture of substance use-related trends within their state. Through the establishment of Memorandums of Understanding (MOUs) or data sharing agreements with various public health and public safety entities, PHAs help build sustainable information sharing infrastructures.

From January 1<sup>st</sup> to December 31<sup>st</sup>, 2018, the ORS developed and disseminated **203 actionable intelligence reports containing drug use and overdose trends** to public health and public safety partners.



## Promoting and Supporting Evidence-Based Responses

PHAs work together with their state's DIO and local partners to ensure the adoption of evidence-based practices. Through the ORS partnership with the CDC, PHAs and DIOs can share important information with their community partners about best practices for reducing overdoses, including those identified in the CDC's *Evidence Based Strategies for Preventing Opioid Overdose: What's Working in the United States*. This is particularly important as the nation's overdose epidemic continues to evolve and new research is released about the effectiveness of various interventions.

While PHAs are able to draw on the expertise and scientific knowledge of the CDC, they play an essential role in adapting evidence-based interventions to fit their communities. Drug use patterns, agency capacity, and resource availability differ widely from state to state, and PHAs are well-positioned to think strategically about the feasibility of interventions supported by the CDC.

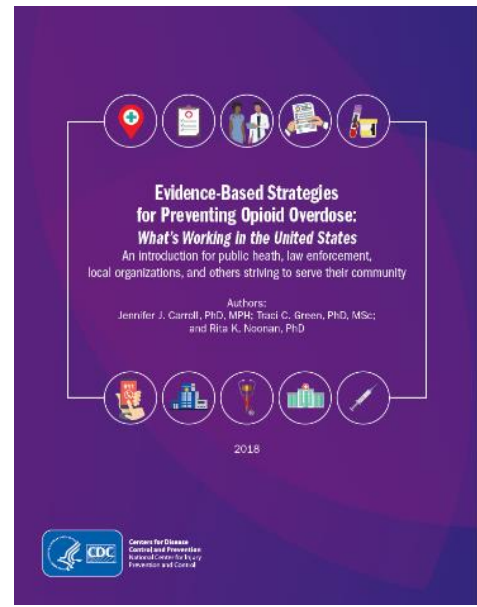


FIGURE 3: EVIDENCE-BASED STRATEGIES FOR PREVENTION OPIOID OVERDOSE, CDC

## Designing, Implementing and Evaluating Novel or Promising Strategies

ORS teams work with local and state partners to collect evidence for interventions at the intersection of public health and public safety. For example, some PHAs support post-overdose outreach programs as an intervention strategy. In these programs, peer navigators, clinical social workers, law enforcement officers, or others meet with people who have experienced a non-fatal overdose and offer them naloxone, treatment referrals, and other services (e.g., housing, medical services). PHAs may support post-overdose outreach programs by sharing best practices from other jurisdictions, developing evaluation plans, and identifying potential funding opportunities.

Additionally, PHAs, in partnership with their DIO counterparts, are integral in the development and implementation of overdose response protocols within their state. Through collaboration with first responders, prosecutors, treatment providers, and other key agencies, PHAs support projects that seek to create more efficient and effective systems for responding to overdose incidents and connecting overdose victims to care.

## Preventing Drug Misuse and Overdose

PHAs work with their state's DIO and local coalitions to prevent drug misuse. Through partnerships with Drug Free Communities and other local coalitions, PHA and DIO teams support efforts to educate people about the risks associated with drug use. Some PHAs are also involved in efforts to reach young people through high school athletic programs and on college campuses. PHAs often support these programs by providing information about drug use and overdose trends in their jurisdiction.

## Drug Intelligence Officers (DIOs)

DIOs are retired law enforcement officers with extensive experience investigating drug trafficking organizations (DTOs) in their assigned state. DIOs fill a critical gap in intelligence sharing by reporting cross-jurisdictional links, communicating interstate intelligence, relaying case referrals between agencies, and developing timely intelligence reports for law enforcement audiences. Some DIOs are assigned to the HIDTA Investigative Support Center or to a fusion center in their state, and many DIOs spend a significant amount of time meeting with local law enforcement agencies and community groups to build relationships and increase awareness of the resources that HIDTAs and the ORS can offer.

Drug trafficking organizations operate across regions without regard for jurisdictional boundaries and dismantling them requires the collaboration of partners spanning various states. The ORS brings an innovative approach to current law enforcement models, one that is designed to yield smarter responses to expansive and increasingly sophisticated drug trafficking and distribution threats. The DIO serves as a communication point within the state for reporting cross-jurisdictional drug trafficking links, disseminating interstate drug intelligence, making case referrals, and enhancing drug investigations. The DIO Network relies heavily on each DIO's extensive law enforcement experience and contacts throughout their state.

Essential to the DIOs' intelligence sharing work is the transmission of Felony Arrest Notifications (FANs). DIOs track and relay drug-related felony arrests of out-of-state residents and report this information to the individual's home law enforcement agency, and any other law enforcement agencies with a vested interest in the information. These FANs are also shared with the Organized Crime Drug Enforcement Task Force (OCDEFT) Fusion Center. DIOs receive information about felony drug arrests from multiple sources, including a central state repository, law enforcement agencies throughout the state, intelligence bulletins, and open source information (e.g., news articles). This information is used to connect the arresting agency to the appropriate out-of-state and in-state entities to expedite information and intelligence sharing that otherwise would not happen, and to facilitate law enforcement responses.

From January 1<sup>st</sup> to December 31<sup>st</sup>, 2018, the ORS DIOs transmitted **17,329 notifications** to police departments that an individual who lives in their jurisdiction was arrested elsewhere on felony drug charges.

FANs transmitted by DIOs can have a significant impact on case investigations. By connecting agencies that may have disparate information about an individual or group, individual arrests can lead to more significant drug trafficking and criminal case investigations.

In addition to FANs and targeting DTOs, DIOs offer critical support to a range of criminal investigations. Across law enforcement networks, DIOs can share information and intelligence gathered from investigative tools such as license plate readers, facial recognition databases, phone record databases, or Division of Motor Vehicle photo records. DIOs often find that the information they pass along is connected to a larger case and helps to further enhance that case. In compliance with Congressional direction, a FAN database is now actively sharing the arrest of “hidden traffickers” with the OCDEFT Fusion Center to ensure seamless and auditable information sharing.

Since the inception of the ORS in 2015, the DIOs, through their network of law enforcement and forensic laboratory contacts, have become a key information source for the HIDTAs about public safety and public health concerns regarding newly emerging drug threats, narcotic analogs, and compounds. DIOs form an early warning network of new trends and threats for HIDTA’s public safety and public health partners.

The DIOs are increasingly leveraging relationships not only with their public health counterparts, but also with analysts from the HIDTA National Emerging Threats Initiative and the Domestic Highway Enforcement Initiative. A key role for the recently filled ORS Public Safety Policy Analyst position will be collaboration with the analysts from those other HIDTA national initiatives to ensure bi-directional information sharing with communities and community organizations served by the ORS.

DIOs work with their PHA counterparts to overlay law enforcement intelligence data about trends in the illicit drug market with public health data about overdose morbidity and mortality, prescription drug monitoring, and other indicators, to provide a more robust picture of local and regional drug threats.

## **The Role of the ORS in Combatting the Overdose Epidemic**

The ORS builds upon existing public health and public safety infrastructures to create strong, lasting information sharing systems, response initiatives, and other innovations to combat the opioid epidemic.

In 2018, the ORS demonstrated its value by:

1. Improving drug-related data
2. Identifying drug trafficking organizations (DTOs) through intelligence sharing
3. Developing overdose response protocols

## Improving Drug-Related Data

Access to timely, accurate information about the drug market and the populations most at risk for overdose is essential to develop and implement effective overdose prevention strategies. Some key functions of the ORS state teams are improving the information that is available to key stakeholders, embedding PHAs in agencies that own and manage important datasets, and ensuring that these data are made available to relevant leadership throughout the state and country, when possible. In 2018, PHAs and DIOs enhanced drug-related data by: improving public health data collection systems, promoting data-sharing and data integration, and increasing timely and accurate information sharing about drug markets.

### Improving Overdose Data Collection

High-quality, timely collection of drug overdose death data is essential to identify at-risk populations and establish effective responses. In recent years, Federal agencies have made significant investments to improve existing surveillance systems and develop new strategies to understand the constantly evolving drug environment. ORS PHAs and DIOs add significant value in many ORS states by supporting the public health data collection tools aimed at better understanding and communicating drug use and overdose.

In New York State, the PHA, assigned to the Public Health Information Group (PHIG), has worked collaboratively with other opioid surveillance staff in the PHIG and the Bureau of Emergency Medical Services (BEMS) at the New York State Department of Health (NYSDOH) on improving analyses and the use of electronic pre-hospital care report (e-PCR) data to generate statistics on naloxone administration reports. Using SAS (a statistical software program), the team developed a method to automate the data cleaning and deduplication of records, due to EMS agency tiered response, to create a faster and more consistent approach for generating naloxone administration encounter statistics. This work has incorporated a new major data source for routine surveillance to help inform local response to overdose. This joint effort produces counts of naloxone administration encounters by county, published in the NYSDOH County Opioid Quarterly Reports. Additionally, these encounter data were described in the 2018 New York State Opioid Annual Report<sup>xvii</sup> by incident location, month of year, day of week, and trends over time for 2015-2017. Further plans of this successful collaboration include the incorporation of naloxone encounter data into the newly released New York State Opioid Data Dashboard, which provides helpful visualizations of the data.

In 2018, the North Carolina PHA developed and disseminated monthly opioid overdose data reports<sup>xviii</sup> to approximately 1,500 state stakeholders, including public health and public safety leaders. The reports, created in collaboration with the North Carolina Department of Health and Human Services, displayed statewide, monthly opioid overdose emergency department visits, including heat maps of both opioid and heroin involved emergency department visits. In the last year, the data from these reports were highlighted several times in local media reports; <sup>xix</sup> discussed on the local NPR station WUNC<sup>xx</sup>, and were the primary source of overdose data used by four local drug overdose prevention coalitions.

## Promoting Data Sharing and Integration of Multiple Data Sets

The overdose epidemic in the U.S. crosscuts many sectors, and information about the burden of overdose is often housed within many agencies and organizations that do not traditionally engage in regular data sharing. In 2018, many ORS states focused on strategies to improve data sharing infrastructures to increase collaboration across state and local agencies.

In collaboration with the New Jersey Department of Health, the New Jersey PHA assessed policies in other states that helped facilitate data sharing about drug use and overdose. This analysis contained a review of three mechanisms to improve opioid related data-sharing: legislation, executive action, and voluntary collaboration. The Director of Population Health for the New Jersey Department of Health then presented the recommendations and findings from this policy analysis during the New Jersey Governor's Interagency Workgroup meeting. The recommendations put forward by the Department of Health, based on the findings from the PHA's analysis, are under consideration by political leadership in the state.

In October of 2018, the Maine PHA and DIO met with state leadership from the Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the DEA to discuss the possibility of a statewide rollout of ODMAP, a near real-time suspected overdose data collection system, to improve access to naloxone administration and overdose data. Because of these meetings, a statewide rollout of ODMAP was integrated into multiple federal grants and is currently being implemented statewide. The PHA and DIO continue to serve as key advisers on this project in 2019.

The Ohio PHA provides county leadership with information on the overdose burden and drug environment by creating in-depth community profiles that draw from multiple state and federal data sources. These community profiles include:

- Overdose fatality data from CDC WONDER and the Ohio Department of Health, Bureau of Vital Statistics;
- Prescription and commercial sale of controlled substances data from the Ohio Board of Pharmacy's Ohio Automated Rx Reporting System and the Automation of Reports and Consolidated Orders System (ARCOS);
- Substance use treatment availability data from The National Survey of Substance Abuse Treatment Services (N-SSATS).

In 2018, the Ohio PHA produced county profiles for six counties across the state: Stark, Ross, Lorain, Trumbull, Franklin, and Marion. By integrating data from multiple sources, these reports give local leadership a clear picture of the overdose burden in their communities and help to inform policy and decision-making.

## Increasing timely, accurate information about drug threats

As the drug threat continues to change, many states are piloting new ways to collect and share information on the evolving drug market. The ORS has prioritized these innovative projects as

a way to ensure that public health and public safety agencies have as much information as possible about the market in their state and regions.

In recent years, Massachusetts has experienced exceptionally high increases in overdoses, primarily driven by fentanyl. As a result, the Massachusetts PHA collaborated with a team at Boston Medical Center led by Dr. Traci Green and the Massachusetts Department of Public Health on the Rapid Assessment of Consumer Knowledge (RACK) Study. This study is designed to collect information from active drug users—the population with the greatest burden of overdose—to provide important insights on the fentanyl crisis and opportunities for overdose and misuse prevention and response. The RACK study uses mixed-methods design and focuses on measuring emerging trends in opioid use. The study also assesses how state policies affect access to naloxone, 9-1-1 help seeking, perceptions of law enforcement, and perceived access to and availability of prescription pain medications.

In 2017, the Massachusetts PHA supported the implementation of a pilot rapid assessment project in the city of Lowell and, following this project's success, continued to assist in implementing rapid assessments throughout 2018 and 2019 in Quincy, Cape Cod, Springfield and Chicopee, and the NorthShore communities of Lynn, Peabody and Salem. Activities included conducting surveys and interviews in the field with people who have used drugs in the last 30 days and assisting with presentations of findings to the community. Because of this partnership, the Massachusetts Department of Public Health has been able to assess the impact of policy responses, such as the Good Samaritan Act and opioid prescribing restrictions, on communities and individuals at significantly heightened risk of overdose.

In Rhode Island, the ORS PHA and DIO began a collaboration with the Rhode Island Department of Health Drug Chemistry Laboratory to compile and analyze data on substances seized by law enforcement agencies in the state. In close collaboration with leadership from the state laboratories, they conducted a proof of concept analysis of Rhode Island Forensic Drug Seizure data to show the value of conducting larger scale frequency analyses of cocaine, heroin, and/or fentanyl that are found in combination at the level of the individual exhibit within drug case files. Based on the findings from their preliminary analysis, the Rhode Island Department of Health requested the expansion of the project to include all seizures for calendar year 2018. These data have the potential to shed important light on the prevalence of both contamination and intentional mixing within the drug market in Rhode Island.

## Identifying Drug Trafficking Organizations (DTOs)

In 2018, DIOs routinely shared intelligence with partner agencies through the FAN system and other HIDTA intelligence products. The FAN program disseminates DTO member identification and activity, for local or multistate DTOs, to local, state and federal law enforcement agencies to improve interagency communication and information sharing.

### Intelligence Sharing

The Massachusetts DIO found that a local agency arrested an individual on felony drug charges after a search warrant was completed. Although the arrest occurred in Massachusetts, the arrested individual lived in Michigan. Therefore, the Massachusetts DIO

sent this FAN to the Michigan DIO, prompting the Michigan HIDTA's Southwest Enforcement Team (SWET) to open an investigation into an international DTO, who was operating within the state. The investigation found that members of this DTO were recruiting individuals from the Dominican Republic, obtaining fraudulent identifications, and employing individuals to traffic illegal drugs to other states. During the investigation, SWET partnered with the United States Attorney's Office, the DEA, Homeland Security Investigations (HSI), and the Boston Regional Intelligence Center, which resulted in 23 federal indictments in late 2018.

In 2018, the DIO in North Carolina received information from the local sheriff and other local agencies about a medical office that was involved in the distribution of illicit substances. This information was forwarded to the DEA diversion team within the state, which used the information in an investigation. Two individuals were arrested on multiple felony charges relating to the distribution of illicit and illegal substances.<sup>xxi</sup>

The Vermont DIO successfully collaborated with Bennington, Vermont PD to provide valuable information about illicit drug operations involving numerous individuals and vehicles. Although the information provided by the Vermont DIO was a small part of the intelligence gathered, it connected investigators to the sources and locations of illicit drug operations. With the information shared, a web of individuals involved in the illicit drug activities in the community is now available to local authorities for further investigations.

### Assisting in Cases

The West Virginia DIO provided the Michigan DIO with warrants from three cases for suspects involved in homicides or shootings that occurred in West Virginia. The suspects were from the Detroit metropolitan area. Agencies in West Virginia had not yet contacted federal authorities, but the information was shared via the DIO network to the Detroit Fugitive Apprehension Team (DFAT), a HIDTA initiative headed by the US Marshals Service. This team apprehended two suspects and recovered weapons. Both suspects were extradited to West Virginia in 2018 and are awaiting trial for murder charges.

### Overdose Response

PHAs and DIOs support the development and implementation of systems, tools and protocols that allow for rapid detection of and response to spikes or clusters of overdoses in communities. Through ODMAP or other data collection platforms, many communities now have the ability to identify and respond to suspected overdose spikes in near real-time. PHAs and DIOs bring public health and public safety partners to the table to develop coordinated responses for appropriate deployment of resources and timely communication across both sectors. As part of their role in helping communities respond to overdose, PHAs and DIOs may also assist in the development of programs that link at-risk populations to care and treatment services for opioid use disorder or find novel ways to support first responders in communities hardest hit by the opioid epidemic.

## Alerting Communities to Spikes in Overdose

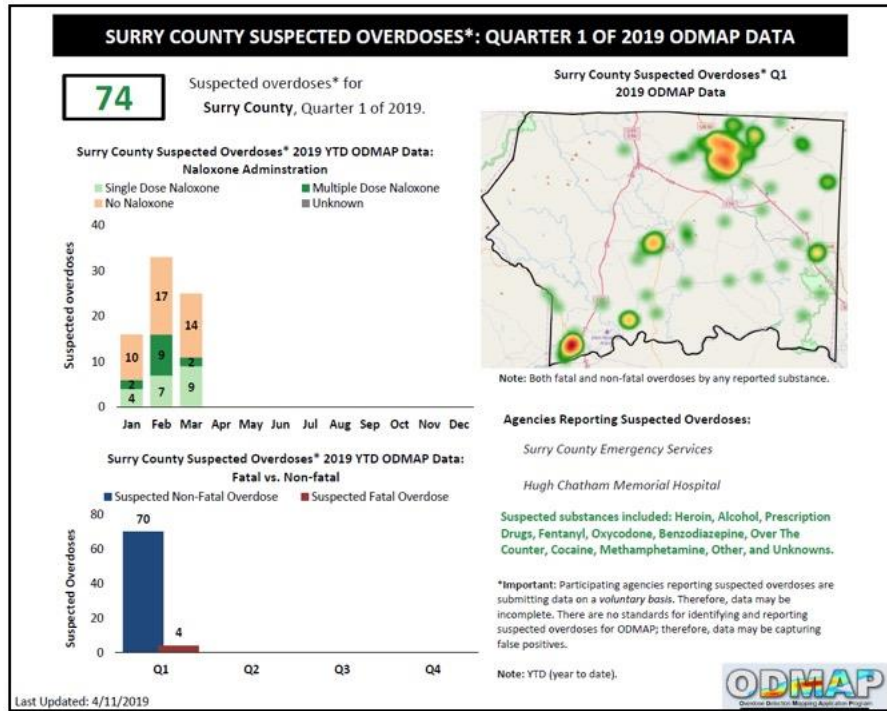
The Georgia PHA and DIO, in partnership with the Georgia Department of Public Health (DPH) and the Georgia Bureau of Investigation/Georgia Sharing Information Analysis Center (GBI-GISAC) developed the Drug Overdose Notification (DON) System. The DON System directly alerts local law enforcement and public safety personnel when DPH determines a drug overdose cluster or 'spike' occurred in their area of responsibility. GBI-GISAC will use the DON System to send out notifications via secure law enforcement channels to local sheriff's offices, police departments, 9-1-1 centers, and EMS agencies when DPH epidemiologists determine there has been a concentration of overdoses seen in an area over a particular period. This will equip local public health and public safety counterparts with insight to expect potential overdoses in their jurisdiction. DPH and GBI-GISAC will also provide recommendations to the various agencies about responding to the notifications, including assessing the scene, taking proactive safety measures, and providing information about the naloxone standing order and the medical amnesty law. The recommendations also include information on how to appropriately administer naloxone.

In August 2018, more than 70 people overdosed during a 24-hour span in New Haven, Connecticut, near the Yale University campus. Samples analyzed at a DEA lab in New York revealed that the overdoses were attributable to synthetic cannabinoids, specifically: 5F-ABD and 5F-MDMB-PINACA, also known as "K2" or "Spice." The sheer number of overdoses tested the city's response protocols, putting a strain on emergency medical services and law enforcement. The New Haven Police Chief, Fire Chief, Yale-New Haven Hospital Emergency Services Director, and DEA Resident Agent in Charge were instrumental in the successful deployment of resources and personnel to respond effectively to the rapidly evolving situation. The event proved a "testing ground" of sorts for emergency response protocols in the event of a massive overdose incident. The Connecticut ORS team was first notified of the incident by the Connecticut Department of Public Health Office of Emergency Medical Services. The Connecticut ORS team valued this notification since it was reflective of the strong partnership between New England HIDTA and the Connecticut DPH. Once the DIO was notified by the PHA, the DIO immediately utilized his extensive law enforcement network to collect as much timely and accurate information as possible. Using information gathered by the DIO, the PHA responded to the various requests for information received by New England HIDTA, ONDCP, and the fusion center. The communication and collaboration between the PHA and DIO was critical in sharing timely and accurate information to various federal partners and the ORS network. The role of the DIO and PHA as highlighted in this particular event reflects ORS' important value when addressing emerging drug threats from a public safety and public health perspective.

The PHA and DIO in North Carolina developed county-level quarterly reports that allow agencies reporting data into ODMAP to see the total number of reported overdoses by county, the participating agencies, the number of naloxone administrations per month, and fatal vs. non-fatal overdoses by quarter. Many counties reporting into ODMAP do not have the analytical or personnel capacity to produce these kinds of reports. The reports allow public health and public safety partners in the county to identify any gaps in reporting and response.



The PHA/DIO team developed and shared 12 county reports with approximately 25 law enforcement and first responder agencies. The reports have increased agency utilization of ODMAP and allowed jurisdictions to monitor trends over time, identify spikes or upticks in overdoses, and start a dialogue about how the collaboration of public health and public safety may support the response in their area.



**FIGURE 4: QUARTERLY REPORT ON COUNTY-LEVEL USE OF ODMAP IN NORTH CAROLINA**

### Building Linkage to Care Models for At-Risk Populations

In 2018, the Chicago Police Department (CPD) collaborated with the Chicago HIDTA to expand its police-led drug diversion program. In 2016, the Westside Narcotics Diversion and Treatment Initiative (WNDTI) began to divert eligible individuals to treatment. During the pilot year, CPD, together with HIDTA, pre-screened individuals in advance of enforcement efforts and, with the support of clinicians, offered treatment to eligible candidates. The Chicago PHA collaborated with the University of Chicago Urban Labs to scale the pilot program to include additional police districts. The PHA attended roll call meetings to inform officers of the new program and trained them on methods to divert eligible participants, brokered a relationship between a treatment facility and CPD to create a warm hand-off process, and trained both officers and clinicians on this linkage to care process and associated data collection. The PHA also created a process for program monitoring to track participant enrollment, eligibility status, and reasons participants were not enrolled into the program. The PHA is currently developing an evaluation to assess the program’s efficacy and impact.

The DIO and PHA in Rhode Island assisted the Rhode Island State Police (RISP) in the development of the Heroin-Opioid Prevention Effort (HOPE) Initiative, which relies on law enforcement officers, clinicians and recovery coaches to identify individuals at risk of overdose and connect them to treatment and recovery services. The program focuses on individuals discharged from the hospital post-overdose, formerly incarcerated individuals who received substance use treatment in jail or prison, and individuals who miss a court date for a drug charge. HOPE launched in late 2018 and is now supported by SAMHSA's MAT Prescription Drug and Opioid Addiction (PDOA) program.

### Supporting First Responders

First responders, including fire/EMS and law enforcement, play a critical role in addressing the overdose epidemic in their communities. Although first responders are highly trained to handle stressful incidents, repeated exposure to the effects of the opioid epidemic may lead to compassion fatigue, which may contribute to burnout, avoidance behavior and mental health problems.<sup>xxii</sup> After recognizing the need to address compassion fatigue, the PHA in Indiana partnered with Indiana's Department of Mental Health and Addictions (DMHA) and Crisis Situation Management, LLC (CSM, Lebanon, MO) to provide compassion fatigue training to first responders, including police, fire, and emergency medical services across Indiana. The PHA also secured trainers and identified the seven cities centrally located in various regions throughout the state. The trainers were both retired law enforcement veterans with 20+ years of experience who also had substantial training and experience in critical incident stress management and peer support. The trainers facilitated two, four-hour multi-modal trainings at each site and served 251 first responders.

### Innovation at the Local Level

While the opioid overdose epidemic is of national scope and importance, local agencies and organizations are at the forefront of the fight to prevent and control its consequences. Because emergency services, health care, policing, and treatment services for opioid use disorder often operate in siloes, building partnerships between public health and public safety requires localized problem-solving. The CDC/HIDTA projects described below are examples of how the ORS is bringing more than the supplemental funds it receives to the communities served by the HIDTAs.

In the last 2 years, the CDC has contributed **\$6 million in grant funding** to support HIDTA partnerships and public health/public safety initiatives at the local level.

### Combating Opioid Overdose Through Community-level Interventions (COOCLI) Funding Awards

The CDC, as a result of the ORS partnership, provided \$2 million to ONDCP in FY17 and \$3.5 million in FY18 to create a number of public health/public safety interventions at the local level. These Combating Opioid Overdose Through Community-level Interventions (COOCLI) funded 13 pilot projects in FY17, and 12 pilot programs in FY18 to implement innovative, evidence-based, community-level interventions with the goal of creating replicable solutions to the opioid epidemic in rural, suburban, and urban areas. These pilot projects are taking

place in high need areas, with funding provided to support personnel, services, technology and/or equipment needs.

Each COOCLI applicant was required to receive a letter of support from their local HIDTA Director. COOCLI award recipients were selected by a board that included leaders from ONDCP, CDC, ORS HIDTA Directors, as well as higher education administrators, and public health and public safety experts. Examples of COOCLI projects funded in FY18 are listed below. Please see Appendix A for further descriptions of these and other COOCLI projects.

- Using police reports to connect with repeat overdose survivors to rapidly identify and engage high-risk individuals in support services and treatment in New York
- Implementing a probation-public health partnership to offer peer specialist support to released clients on probation at risk of overdose in Fairfax County, VA
- Expanding access to MAT in the Cuyahoga County Corrections Center for incarcerated individuals with an opioid use disorder

### **ORS Pilot Projects**

In addition to the COOCLI grants, the ORS also implements pilot projects in high-need areas within the ORS states. The CDC contributed \$100,000 per pilot site and ONDCP contributed an additional \$60,000 per site in 2018. These year-long pilot projects benefit from direct, hands-on support from the CDC experts in the fields of harm reduction, substance use prevention, program evaluation and program implementation. The CDC supports these projects through site visits and regular communication to develop program goals, objectives, timelines, performance measures and evaluation plans, while coordinating pilot project efforts through PHAs in ORS states. ORS PHAs play a vital role in coordinating and managing the successful implementation of the pilot projects.

#### ***Georgia***

The CDC with the Atlanta-Carolinas HIDTA is supporting the development of a post-overdose outreach protocol for Grady Hospital's Mobile Integrated Health (MIH) program. The comprehensive MIH post-overdose outreach team consists of a peer support specialist, nurse practitioner, and paramedic who visit consenting program participants in their homes within a week of an overdose incident to provide naloxone, overdose prevention and harm reduction education, and offer a referral to treatment services. Program effectiveness will be measured using data on overdose-related ED visits, hospitalizations, and overdose deaths for Fulton County pre- and post-implementation.

#### ***North Carolina***

In partnership with The North Carolina Harm Reduction Coalition (NCHRC), the Atlanta-Carolinas HIDTA and the CDC are supporting the development and implementation of an overdose prevention and education curriculum in four county jails in an effort to reduce opioid overdoses upon community reentry. Upon release, NCHRC will provide naloxone to participants who complete the program and trained outreach specialists will follow-up with

participants to track overdose reversals and link participants at risk for overdose to community-based services. This program will assess pre- and post-implementation rates of overdose deaths, pre-and-post knowledge of overdose risk and prevention, and the number of referrals to services, among other indicators.

### *Michigan*

This project leverages public health and public safety collaboration to enhance opioid overdose rapid response strategies through a partnership between the CDC, the University of Michigan, Michigan HIDTA, and a local health department. Using near real-time data from the System for Opioid Overdose Surveillance (SOS), this project aims to inform public health and public safety opioid overdose prevention and response strategies in Washtenaw County, Michigan. The Michigan HIDTA and University of Michigan will evaluate stakeholder needs to inform a community-driven response through focus groups, interviews, and surveys. Qualitative work with stakeholders will assess how near real-time data can improve planning, implementation, and response to opioid overdose hot spots. The project will culminate with the development of a toolkit highlighting the barriers, needs, and solutions in activating community responses to opioid overdose hotspot areas.

### *Pennsylvania*

Given the high rate of maternal overdose deaths, a notable gap in Pennsylvania's overdose prevention strategy is measuring and responding to opioid use disorder among women giving birth to infants with Neonatal Abstinence Syndrome (NAS). In partnership with the Philadelphia Department of Public Health, CDC and the Liberty/Mid-Atlantic HIDTA are supporting the implementation of active NAS surveillance at each birthing facility in Philadelphia. An outreach worker will link mothers and infants, from a select number of birthing facilities, to home visiting programs and early intervention services within one month of birth. Mothers who agree to participate will be offered harm reduction services, naloxone provision and training, and linkage to treatment. The pilot project evaluation will assess feasibility and uptake of this enhanced surveillance and follow-up using a mixed-methods design.

### *Tennessee*

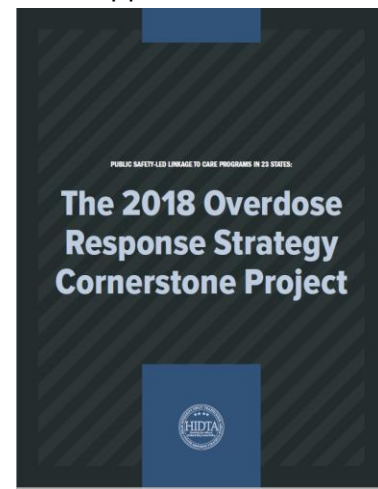
University of Tennessee Medical Center (UTMC) is collaborating with Knox County Health Department and other local drug treatment service providers to design and implement a comprehensive, hospital-based overdose response program targeting overdose survivors and individuals with substance use disorders who present at UTMC for care. Each patient will be connected with an onsite peer navigator who provides overdose prevention education, coaching and support related to drug treatment and recovery, and linkages to drug treatment programs and other community resources, such as food, housing, and mental health care. Consenting patients will receive a single dose of buprenorphine to treat withdrawal symptoms and support their transition to ongoing treatment and care. An evaluation of the program will assess its impact on hospital and emergency department visits, enrollment in treatment programs, and access to community resources.

## ORS-wide Efforts to Understand the Epidemic

While opioid overdose prevention interventions are often implemented at the local level, sharing innovative ideas across jurisdictions and looking for regional trends remains essential for understanding the scope and trajectory of the epidemic as a whole. With this philosophy, the ORS undertook several activities in 2018 to enhance our understanding of the opioid epidemic and strategies to combat it across the entire ORS region.

### The “Linkage to Care” Cornerstone Project

The public health and public safety collaboration between DIOs and PHAs is foundational to the work they do every day. Accordingly, the ORS provides purposeful opportunities to leverage the power of this collaboration through annual Cornerstone Projects. These projects mobilize the entire ORS team to answer common questions or address shared informational needs that affect the ORS region as a whole. The projects are built upon evidence-based practices to reduce overdose and are carried out on a yearly basis by PHAs and DIOs, focusing each time on a different priority topic selected by HIDTA Directors and ORS partners at the CDC. In 2016, PHAs and DIOs implemented the “Fentanyl Cornerstone Project,” which examined state-level trends in fentanyl-related deaths. In 2017, the “9-1-1 Good Samaritan Law Cornerstone Project” was implemented and assessed police officers’ knowledge and understanding of their state’s Good Samaritan Laws, as well as their experiences responding to overdose.



**FIGURE 5: LINKAGE TO CARE CORNERSTONE REPORT COVER**

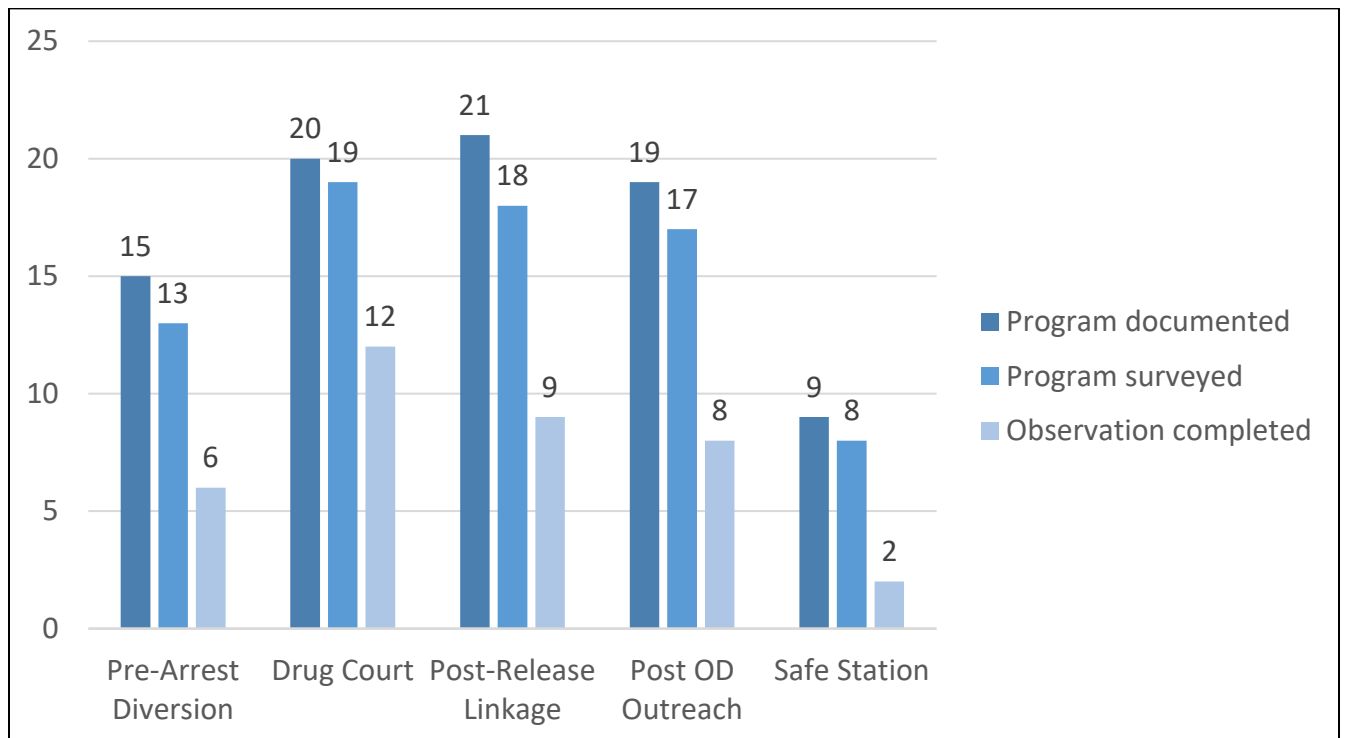
In 2018, PHAs and DIOs implemented the “Linkage to Care” Cornerstone Project designed to identify promising strategies for implementing linkage to care at the nexus of public health and public safety. Findings from the project will be used to develop overarching best practices in linking to care that can be used to guide investments in and enhancements of evidence-based programming, and evaluation at the state or local level. Through qualitative interviews, the PHAs and DIOs in ORS states examined the barriers and facilitators to the implementation of five different types of linkage to care programs: pre-arrest diversion programs, drug courts, post-release from incarceration linkage to care, police-led post overdose outreach, and safe stations.

Specific aims of the project were:

- 1) To describe patterns and variations in certain programs that rely on public health/public safety collaborations and are designed to link people living with opioid use disorders (OUD) to evidence-based care within the ORS states.
- 2) To explore existing variation in the implementation of these programs, including policies, procedures, innovations, strengths, and challenges.

- 3) To identify key measures or indicators, which could be used to evaluate the impact of these programs and interventions.

For each program type, PHAs and DIOs collected information on populations served, services offered, rates of success, operations (budget, staffing, training), the regulatory environment, paths to treatment and best practices. Observational site visits allowed PHAs and DIOs to assess how program procedures are implemented in real time, challenges as they appear in real life, staff perspectives, and other strengths or innovations not previously identified.



**FIGURE 6: LINKAGE TO CARE CORNERSTONE DATA COLLECTED FROM 23 STATES**

Partners at the CDC are analyzing this qualitative data and will produce program-level reports that provide actionable guidance, augmented by real world examples, on the development and implementation of public health/public safety efforts to link people with OUD with evidence-based care, along with recommendations for the evaluation or assessment of programs that offer linkage to care services. These reports will be disseminated in July 2019.

### Overdose Response Strategy Symposium

The annual ORS Symposium brings together all ORS personnel along with key experts in the fields of public health, public safety, prevention, treatment and recovery. This high-profile event provides an opportunity for public health and public safety officials to gain familiarity with ongoing efforts and foster cross-sector collaboration. The Symposium provides a platform for presentations by experts on best practices in overdose prevention and response and

encourages others to develop similar interventions and data collection methods in their own jurisdictions. By bringing attention to areas in need of improvement and highlighting projects that have been particularly effective, the ORS Symposium increases collaboration and spreads innovation throughout the country.

The 2018 ORS Symposium took place November 28<sup>th</sup> and 29<sup>th</sup> in Cleveland, Ohio, and focused on actionable strategies or interventions for reducing overdoses. As with previous symposia it brought together ORS personnel and leadership with a broader community of public health, public safety and public policy experts. The 2018 Symposium featured elected officials, such as Ohio Senators Portman and Brown, and law enforcement leaders, including the Director of the National HIDTA Program and DEA's Assistant Administrator of the Diversion Control Division. Other speakers included physicians, medical examiners, epidemiologists, front-line staff, police and prosecution leaders, emergency responders, software developers and data analysts, all focused on sharing innovative strategies to reduce fatal and nonfatal opioid overdose. Over 300 attendees from 25 states took part in the event.

### PHA/DIO Conference

In February 2018, the HIDTA Directors, PHAs, DIOs, and ORS management staff gathered in Boston, Massachusetts for its inaugural two-day internal working meeting to discuss and share best practices for engaging local partners, creating impactful interventions, and building collaboration within the ORS.

The meeting was a combination of panel presentations, breakout discussion groups, and team meetings that led to significant learning and collaboration across states. The panel presentations focused on four important areas of inquiry for ORS partners: (1) creating real-time overdose responses, (2) the value of seizure data in understanding the opioid epidemic, (3) working with fatal overdose data, and (4) effective PHA and DIO collaboration. PHAs and DIOs presented their work in each area. The breakout sessions provided attendees the opportunity to expand on the topics and ideas covered during the panel presentations, and to brainstorm how they might apply similar ideas in their own jurisdictions.

#### Among attendees of the 2018 PHA/DIO Conference:

83% indicated the conference helped them build or strengthen connections with ORS personnel in other states

75% felt the conference gave them new ideas for approaching their work

This meeting was an important opportunity for the ORS to convene to discuss the goals and vision for the initiative, and to share successes, challenges, and best practices across the ever-growing network of ORS PHAs and DIOs. This meeting helped ORS personnel improve their collaboration and gain valuable insights into the innovative work conducted in other states.

## Capacity Building Through Training and Technical Assistance

Throughout 2018, the ORS provided online trainings to PHAs and DIOs. These trainings utilized subject matter experts at the Institute for Research, Education and Training in the Addictions (IRETA), CDC, DEA and other external partners to deliver high-quality, relevant and timely trainings to enhance PHAs' and DIOs' understanding of the opioid epidemic and further strengthen technical skills essential to their work. Examples of these webinar trainings include:

- Utilizing ODMAP for Overdose Prevention and Response
- An Overview of Evidence-Based Strategies to Prevent Opioid Overdose: What's Working in the United States
- Turning Data into Recommendations for the ORS
- Qualitative Methods to Support the Linkage to Care Cornerstone Project

The ORS also hosted "Learning Communities" wherein PHAs shared their own expertise with their peers on topics such as building Access databases and using ArcGIS to map overdose data. Lastly, the ORS hosted "Peer Review Sessions" for PHAs and DIOs to present a deliverable to their peers and to CDC subject matter experts to receive real-time feedback. PHAs and DIOs shared products such as state opioid overdose spike response protocols and Drug Monitoring Initiative reports and received constructive feedback and suggestions during peer review sessions.

## ORS Performance Measures

The Performance Management Process (PMP) is a data-driven process that measures change over time for the individual HIDTAs and the HIDTA Program. ONDCP did not design PMP to assess the performance of individual initiatives. Nevertheless, the need to measure the performance of the ORS prompted ONDCP to authorize PMP staff to develop processes and procedures to measure the performance of the ORS. To accomplish this task, the PMP staff created a "virtual HIDTA" for the ORS HIDTA. This virtual HIDTA framework allows those participating in the ORS to report performance data for their respective ORS activities and to calculate cumulative totals for the ORS performance measures. The ORS is an intelligence and information sharing initiative. Intelligence and Information Initiatives are charged with such tasks as gathering and analyzing information, providing case support, identifying trends and patterns, and issuing bulletins and reports, all of which are used to advance the goals of the HIDTA Program. Table 1 provides totals for the 2018 ORS performance measures. Performance measure definitions are in Appendix B.



TABLE 1: ORS 2018 PMP TOTALS

ORS 2018 PMP Totals						
PMP Measure	Expected	Q1	Q2	Q3	Q4	Total
Drug Felony Arrest Notifications Sent	450	4,140	4,925	4,402	3,362	17,329
Case Assists	200	601	706	644	651	2,602
Number of Public Health Referrals	75	1,076	1,183	1,015	888	4,162
Information Sharing Agreements	75	269	239	325	268	1,101
Actionable Intelligence & Recommendation Reports by Quarter	200	103	38	35	27	203
ORS Training for 2018						
Type of Training	Expected Trainings	Actual Trainings		Actual as % of Expected		
Monthly Tech Talks	48	32		67%		
Learning Communities	48	60		125%		
Total	96	92		96%		

To depict more accurately the efforts of ORS initiatives, the ORS executive board revised its performance measures for 2019 and beyond (described in Appendix B). Developing outcome measures required the ORS to sharpen its focus and refine its program activities to ensure that the activities are linked to the expected outcomes. For the ORS HIDTA, PMP tracks the performance of each HIDTA participating in the ORS and calculates its overall performance using the eight core performance tables and two optional tables unique to the ORS. In other words, the ORS HIDTA is treating each participating HIDTA as an ORS initiative. Looking forward to national implementation of the strategy, performance measures have been developed that are consistent with other information sharing outcome measures.

## Looking Ahead: ORS Expansion and Sustainability

In 2018, the ORS built upon its work of the previous two years by: improving overdose reporting and public health data collection systems; identifying DTOs through intelligence sharing; increasing collaboration at the local, state, and federal levels; implementing protocols that connect at-risk individuals to treatment; and creating systems for responding to sudden “spikes” in overdose at the community level.

In 2019, the ORS looks forward to expanding its footprint and increasing the CDC’s investment in the program. The ORS has applied for funding to add a PHA and DIO in Arizona (Arizona HIDTA), Florida (North Florida HIDTA), Louisiana (Gulf Coast HIDTA), Missouri (Midwest HIDTA), New Mexico (New Mexico HIDTA), and Utah (Rocky Mountain HIDTA). The ORS, in consultation with the HIDTA Director’s Committee, recommended these six states for expansion based on the highest age-adjusted drug overdose death rates according to 2017 CDC WONDER data, the latest data available. If funded, the ORS will expand to these states with minimal budgetary implications due in large part to the CDC’s commitment to cover the costs associated with

staffing PHAs in these six new states, as well as the costs associated with PHAs in five existing (TN, KY, MN, WI and SC) ORS states. The ultimate vision and goal is to have a PHA funded by the CDC in every ORS state, along with a DIO funded by ONDCP.

With the growth of a program comes the need to ensure sustainability and continued improvement of the governance and communication infrastructure. CDC's investment in the program, along with the potential for the DIO position to move to ONDCP baseline funding, would create a structure and governance to achieve long-term sustainability. Focus on long-term sustainability and well-managed growth will allow the program to expand its scope and footprint, while at the same time remaining nimble enough to respond to new, emerging drug threats and reach the goal of reducing overdoses in communities.

## **Appendix A: FY18 COOCLI Awards**

### **Expanding Access to Medication Assisted Treatment in the Cuyahoga County Corrections Center**

*MetroHealth Systems Campus of Case Western Reserve University, Ohio*

The expanding Access to Medication Assisted Treatment in the Cuyahoga County Corrections Center program will build upon an existing program to increase access to medication assisted treatment (MAT) for inmates with an opioid use disorder (OUD). MetroHealth Systems will identify and assess inmates with OUD for MAT. They will secure an alternative to incarceration program pre-trial, provide MAT and behavioral treatments, conduct overdose prevention trainings, and connect the inmate with an outpatient OUD treatment and a peer supporter.

### **Combating Opioid Overdose through a Peer Recovery Collaboration between Probation and Public Health**

*George Mason University, Virginia*

George Mason University will enhance upon standard probation services and peer recovery services offered during incarceration. This program will implement a probation-public health partnership by offering peer specialist support to at-risk released clients on probation upon release to provide them foundations to be successful while transitioning to the community. Peer navigators will assist the client in providing a linkage to physical and behavioral health services as well as social support services (e.g. housing support, transportation, food, identification documents).

### **Family Resilience Project: Supporting Children and Youth Impacted by the Opioid Epidemic within Baltimore City**

*Baltimore City Health Department, Maryland*

The Family Resilience Project will support children and youth (ages 12-17) at risk of developing an opioid use disorder based on traumatic experiences and connect youth to treatment and support services. This program will work with referral agencies to identify youth at risk of developing an opioid use disorder due to traumatic experiences, provide trauma-informed behavioral health screenings to connect youth victims to clinical treatment, and offer enrollment to community-based organizations providing traditional and non-traditional therapies to support youth healing. Participants will also be provided with naloxone training, access to community organizations providing food, healthcare, and transportation. Youth Victim Advocates will manage a caseload of youth clients and be responsible for developing goal plans and tracking their progress.

### **It Takes Capital; Growing Provider Treatment Capital and Individual Recovery Capital to Develop Community Based Approaches to Reducing Substance Use**

*Prevention Point Philadelphia, Pennsylvania*

Prevention Point Philadelphia will pilot an intervention for individuals most at risk for substance use and overdose and for providers in the strongest position to intervene but lack tools and/or training to effectively work with this population. This program will work with 75 participants to provide mobile medication assisted treatment induction and initial stabilization, strengthen warm hand off services to

existing substance use treatment facilities, refer participants to social support providers, and provide recovery support services. A Recovery Capital and Recovery Management Toolkit will be developed to help participants maintain sobriety and treatment adherence. Learning opportunities, such as addiction science, treatment, support, and recovery, will be provided to healthcare providers.

### **Public Safety Overdose Response Initiative (PSORI)**

*AIDS Institute, NYS Department of Health, New York*

The Public Safety Overdose Response Initiative (PSORI) will use police reports to connect with repeat overdose survivors to rapidly identify and engage high-risk individuals in support services, such as overdose aftercare, same-day medication assisted treatment, and warm handoffs to community-based providers for long-term care. A project coordinator and project associate will connect with the participants, assist in transitioning to long-term care, and conduct a biopsychosocial needs survey at baseline and 3-month follow-up.

### **The Peer Response Initiative**

*The Addiction Center of Broome County, Inc., New York*

The Addiction Center of Broome County (ACBC) will expand upon an existing program, the Peer Response Initiative. This initiative is a collaborative approach between ACBC, the High Intensity Drug Trafficking Areas (HIDTA), the Broome County Health Department, and City of Binghamton Police to provide peer and police wellness visits to individuals who have overdosed. This expansion will incorporate HIDTA technology to better coordinate with law enforcement, offer peer response within 48 hours and case management services within 72 hours, and medication assisted treatment within 72 hours in all of Broome County. Trainings on substance use disorders, stigma, and preventing compassion fatigue will be conducted for law enforcement.

### **Monroe County Sherriff's Office Medication Assisted Treatment Program**

*Monroe County Sherriff's Office, New York*

The Monroe County Sherriff's Office will implement Medication Assisted Treatment (MAT) Program Units within the county jail. A male and female MAT Program Unit will be created and hold 50-beds each; treatment for other drugs and alcohol may also be obtained. MAT will be offered to incoming inmates with opioid use disorders either on MAT currently or screened medically appropriate to initiate MAT. An onsite medical provider will oversee the screening, treatment, and connect the inmate to a transitional care coordinator who will provide medical case management. Onsite drug counselors will also provide case management within the facility and transition the inmate to a community partner organization to continue care upon release.

### **New London County Coordinated Access, Resources, Engagement, and Support (NLC CARES)**

*Ledge Light Health District/Special District Government, Connecticut*

The New London County Coordinated Access, Resources, Engagement and Support (NLC CARES) program, implemented by Ledge Light Health District (LLHD), utilizes outreach workers to engage and connect individuals in community settings to treatment and services. For the past two years, LLHD has partnered on this project with the New London Police Department and the Alliance for Living. In this second year, this initiative will be expanded to include all of New London, partner with the City of Norwich Police

Department, and incorporate a buprenorphine prescriber on the outreach team. This program serves to improve upon connecting individuals to medication-assisted treatment and support services using their outreach team.

### **A Medicaid Managed Care Approach to Addressing and Preventing Opioid Abuse in**

#### **Perinatal Populations**

*Baylor College of Medicine, Texas*

The Medicaid Managed Care Approach to Addressing and Preventing Opioid Abuse in Perinatal Populations seeks to prevent and respond to issues of utero drug exposure and Neonatal Abstinence Syndrome (NAS) by connecting high-risk pregnant/postpartum women to services and providing trainings to obstetrics and gynecology providers. High-risk patients will be identified via medical and prescription claims data from the Texas Children's Health Plan (TCHP) and efforts will be conducted to engage these women in care coordination services (e.g. connecting with treatment, finding pain management alternatives, and accessing services for them and their infant). SBIRT training materials will be adapted for, and offered to, obstetrics and gynecology providers via online and in-person trainings.

### **Effectiveness of Community-Based Outreach and Integrated Medication Assisted Treatment (MAT) and Psychosocial Intervention for Opioid Use Disorder in Appalachian Counties in Tennessee**

*University of Memphis School of Public Health, Tennessee*

The University Of Memphis School Of Public Health will implement and assess the effectiveness of community-based outreach and integrated Medication Assisted Treatment (MAT) for people with opioid use disorders (OUD). This project will identify, engage, and retain individuals in OUD treatment within 31 High Intensity Drug Trafficking Areas (HIDTA) counties in the Appalachian region of Tennessee. In addition, this project will expand access to MAT and psychosocial services for hard-to-reach populations throughout the Appalachian region of Tennessee.

### **Strengthening Overdose Prevention Efforts in Rural Areas through Participant Driven Innovation**

*North Carolina Harm Reduction Coalition, NC*

The Strengthening Overdose Prevention Efforts in Rural Areas through Participant Driven Innovation program aims to improve the evidence-base for implementing overdose prevention interventions in rural areas and establish locally specific overdose prevention interventions. The NC Harm Reduction Coalition will compare the needs of people who use drugs, and the uptake of services, in urban and rural areas of NC through collecting mixed-methods data from eight syringe access sites. The group will also conduct mixed-methods data and concept mapping to understand how law enforcement and criminal justice professionals perceive their role in the opioid epidemic. The composite of locally-collected data will be used to develop and pilot for overdose prevention in a rural county and will be specific to the needs of their community.

## **The Martinsburg Initiative: Reducing Likelihood of Substance Use/Abuse by Reducing and Mitigating ACEs for Children**

*Berkeley County Schools, West Virginia*

The Martinsburg Initiative is a partnership between the Martinsburg Police Department, Berkeley County Schools, and Shepherd University that connects a range of Adverse Childhood Experiences (ACEs) interventions to prevent opioid and other substance use disorders as children grow to adulthood by eliminating and mitigating ACEs and building resiliency to psychological trauma caused by ACEs. Participants include children ages 6-14 and are determined to be high-risk through ACEs assessments as well as their family. This program will conduct trauma-informed trainings for teachers and police officers, gain police involvement in the Too Good for Drugs Program, start a Junior Police Academy for youth, run after school and summer programs, and provide mentoring. Students experiencing complex trauma will also be provided with case management services and support.

## Appendix B: 2019 ORS Performance Measures

2019 ORS Performance Measures	
Indicator	Description
1. Drug Felony Arrest Notifications by HIDTA	The number of drug felony arrest notifications (FAN) expected to be sent and the actual number sent per quarter on a HIDTA by HIDTA basis. Drug Felony Arrest Notification (FAN) is the transmission of information about an individual charged with a felony drug offense to a law enforcement agency or a DIO where the individual permanently resides. This metric measures information sharing. In 2019, ORS HIDTAs will transmit at least 10,000 FANS.
2. Drug Felony Arrest Notification Surveys	The number of FANs sent, the number of surveys sent and received, the response rate and the results for the survey questions. Each DIO will provide the National HIDTA Assistance Center (NHAC) with the name and email address of at least 40 individuals (preferably 20 in-state and 20 out-of-state) who received one or more of the FANS the DIO transmitted during the reporting period. Using this information, NHAC will administer the FAN Survey, collect the responses and forward the results to the W/B HIDTA. There is a program-wide performance expectation of 85% positive responses for this survey.
3. : Cases Provided Analytical Support	The number of cases for which the ORS HIDTA expects to provide analytical support; the number of cases that actually received analytical support, and the percentage of the expected number that the DIO or PHA supported. ORS HIDTAs expect to provide analytic case support to at least 40 cases during 2019.
4. Analytical Support Surveys per Year	The results of surveys sent to case agents whose cases received analytical case support inquiring about their perception of the accuracy and usefulness of the analytical support. DIOs and PHAs who provided or caused analytical support to be provided need to send the case agent's name and email address to the NHAC. NHAC will conduct the survey and provide the results to the W/B HIDTA. There is a program-wide performance expectation of 85% positive responses for this survey.
5. Actionable Intelligence & Recommendation Reports by HIDTA	The number of actionable intelligence and recommendation reports PHAs and DIOs are expected to generate in the calendar year and the actual number produced on a HIDTA by HIDTA basis. PHAs and DIOs are responsible for creating documents that contain information and/or intelligence designed to enable others to take specific action. These reports can contain raw or analyzed data upon which an entity can reasonably be expected to respond. Documents that contain actionable intelligence and/or specific recommendations for further action include, but are not limited to: <ul style="list-style-type: none"> <li>• Intelligence bulletins</li> </ul>

	<ul style="list-style-type: none"> <li>• Drug Monitoring Initiative (DMI) bulletins</li> <li>• Other monthly, quarterly or annual bulletins that contain any or all of the following: drug use data, fatal and non-fatal overdose data, emergency department data, naloxone administration data, or describe the drug threat/trends in a particular area.</li> <li>• Reports linked to specific cases that do not meet the definition of analytical case support.</li> </ul> <p>This metric measures information sharing. ORS HIDTAs expect to produce 75 actionable intelligence and recommendation reports during 2019.</p>
6. Actionable Intelligence & Recommendation Reports Surveys	The results of surveys sent to individuals who received an actionable intelligence and recommendation report. DIOs and PHAs must provide the names and email addresses for those individuals to the NHAC. NHAC will conduct the surveys and report the results to the W/B HIDTA There is a program-wide performance expectation of 85% positive responses for this survey.
7. ORS Training for Year	The number of participants (DIOs and PHAs) the ORS is expected to train, the number of participants actually trained, and the percent of the expected number of participants that were actually trained. The table also displays the results of surveys sent six months following the training asking the participants whether the course improved their job-related knowledge, skills, and abilities and whether the participant applied the course material since completing the training course. This table refers to trainings conducted by ORS HIDTA staff or the ORS training contractor. There is a program-wide performance expectation of 85% positive responses established for these surveys, and the extent to which the expectations were met is highlighted in the table.
8. Fatal Overdoses per Year	All fatal overdoses reported annually for each state, submitted to PMP quarterly by CDC. This table tracks the progress over time in achieving the ORS mission to reduce fatal overdose incidents.
OPTIONAL: Information Sharing Agreements by HIDTA	The number of information sharing agreements expected to be signed for the calendar year and the actual number executed per quarter by each HIDTA. This metric measures information sharing. ORS HIDTAs expect to enter into at least 200 sharing agreements during 2019.
OPTIONAL: Number of Public Health Referrals by HIDTA	The number of individuals that DIOs and PHAs caused to be referred to local public health agencies expected and the actual number made per quarter by each HIDTA. A notification of public health referral occurs when a DIO or PHA transmits information about an individual who has overdosed on heroin or another drug more than once to either the law enforcement agency where the individual permanently resides for the purpose of having the law enforcement agency notify the local public health agency or, when permissible, directly to the local public health agency. The intent of the notification is for the public health agency to conduct an intervention or develop a strategy to assist those with substance abuse disorders. ORS HIDTAs expect to make at least 1,000 referrals during 2019.



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