The Overdose Response Strategy

Investing in partnerships to build safe and healthy communities

ORS

HIGH INTENSITY DRUG TRAFFICKING AREAS

OVERDOSE RESPONSE STRATEGY

Public Health/Public Safety Partnership

2019 ANNUAL REPORT

Table of Contents

This is your opportunity to show
the client you've done your homework.
In a paragraph, summarize the problem
you know your client Is facing,
lay out ways that you can help them
solve it.

Demonstrate your expertise by
offering a customized solution.

Overview of the Overdose Epidemic

Overview of the Overdose Epidemic

In recent years, the United States has seen staggering levels of drug overdose deaths. In 2018, more than 67,000 Americans died of an unintentional overdose.[i] More than two thirds of these deaths involved at least one opioid.[ii] While overdose remains the leading cause of injury-related death in the U.S.,[iii] the number of drug overdose deaths decreased by 4% from 2017 to 2018.[iv] This marks the first year in two decades that the U.S. has seen a decline in overdose deaths.[v] This change is largely attributable to decreases in prescription opioid and heroin involved overdoses (declines of 14% and 4%, respectively).[vi] Preliminary data from 2019 indicates that nationwide overdose deaths increased yet again from 2018 to 2019, with projected overdose totals exceeding 70,000.[vii] From 2017 to 2018, 14 states and the District of Columbia experienced statistically significant reductions in overdose deaths, while five states saw statistically significant increases.[viii]

Overdoses involving highly potent synthetic opioids such as illicitly manufactured fentanyl and overdoses involving psychostimulants such as methamphetamine and cocaine continued to increase from 2017 to 2018, and preliminary 2019 data indicates this trend has continued.[ix] While opioid-involved overdoses declined 2% overall from 2017 to 2018, the age-adjusted rate of drug overdose deaths involving synthetic opioids other than methadone increased by 10% nationally.[x] Overall, synthetic opioids accounted for 67.0% of all opioid-involved deaths in 2018. The largest increase in synthetic opioid overdose occurred in Arizona (92.5%) and West Virginia had the highest synthetic opioid-involved death rate (34.0 per 100,000).[xi]

Figure 1. Age-adjusted drug overdose death rates involving opioids, United States, 1999-2018
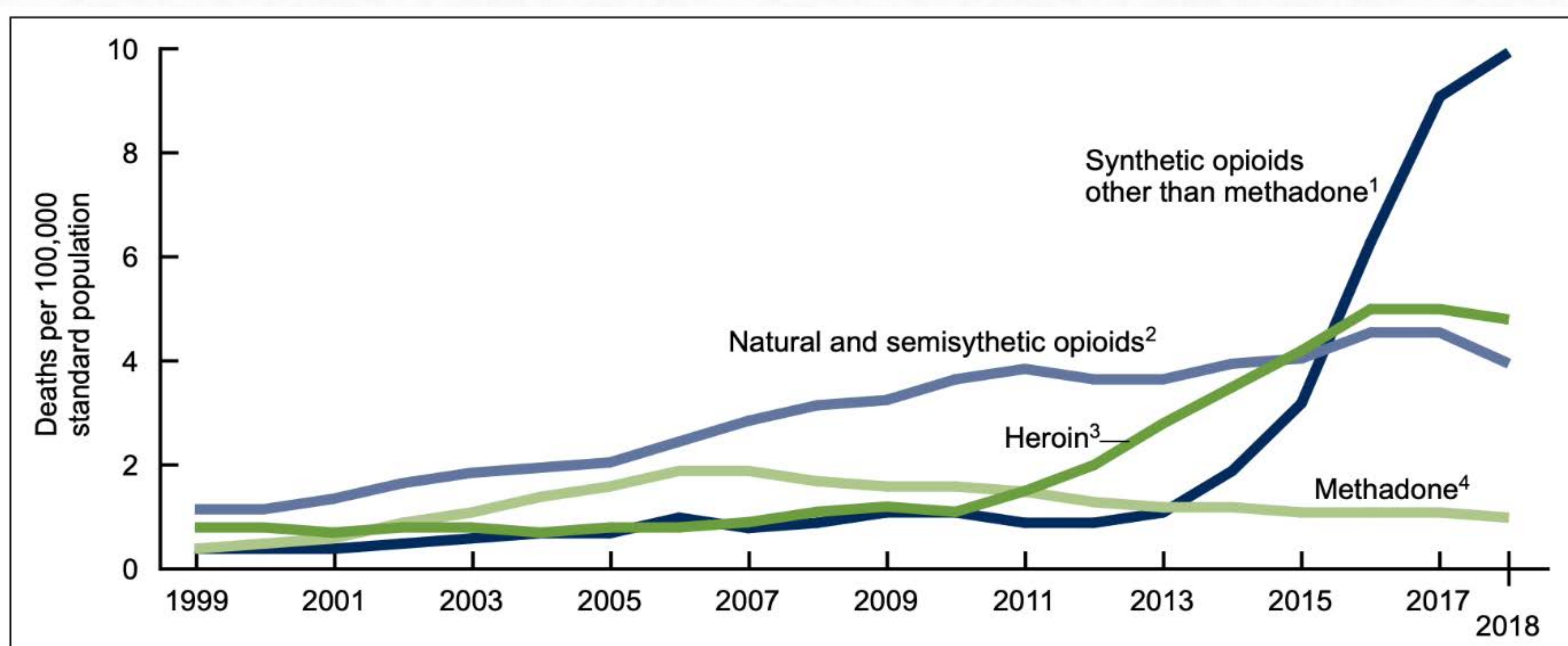
[1]Significant increasing trend from 1999 through 2006 and 2013 through 2018, with different rates of change over time, $p < 0.05$.
[2]Significant increasing trend from 1999 through 2018, with different rates of change over time, $p < 0.05$.
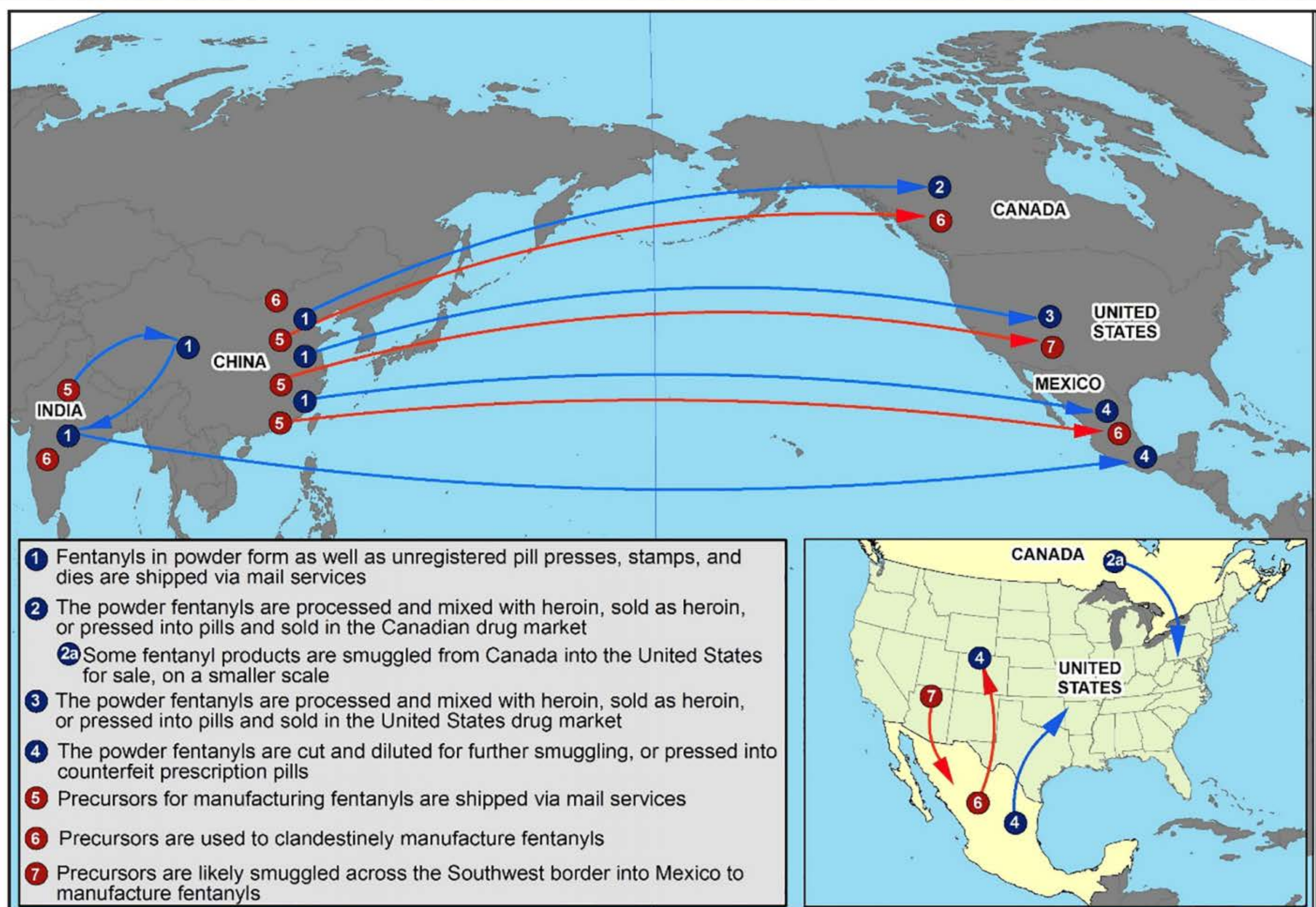[3]Significant increasing trend from 2005 through 2015, with different rates of change over time, $p < 0.05$.
[4]Significant increasing trend from 1999 through 2006, then significant decreasing trend from 2006 through 2018, with different rates of change over time, $p < 0.05$.
NOTES: Deaths are classified 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. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: heroin, T40.1; natural and semisynthetic opioids, T40.2; methadone, T40.3; and synthetic opioids other than methadone, T40.4. Deaths involving more than one opioid category (e.g., a death involving both methadone and a natural or semisynthetic opioid) are counted in both categories. Deaths may involve multiple drugs. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, with ranges of 75%–79% from 1999 through 2013 and 81%–92% from 2014 through 2018. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db356_tables-508.pdf#3.
SOURCE: NCHS, National Vital Statistics System, Mortality.

Figure 2. Fentanyl Flow to the United States, 2019

1 Fentanyls in powder form as well as unregistered pill presses, stamps, and dies are shipped via mail services

2 The powder fentanyls are processed and mixed with heroin, sold as heroin, or pressed into pills and sold in the Canadian drug market

2a Some fentanyl products are smuggled from Canada into the United States for sale, on a smaller scale

3 The powder fentanyls are processed and mixed with heroin, sold as heroin, or pressed into pills and sold in the United States drug market

4 The powder fentanyls are cut and diluted for further smuggling, or pressed into counterfeit prescription pills

5 Precursors for manufacturing fentanyls are shipped via mail services

6 Precursors are used to clandestinely manufacture fentanyls

7 Precursors are likely smuggled across the Southwest border into Mexico to manufacture fentanyls

Source: DEA

According to the Drug Enforcement Adminstration (DEA), fentanyl availability in illicit markets continued to increase across the U.S. in 2018, and fentanyl suppliers continue to experiement with new synthetic opioids in an attempt to circumvent regulations imposed by the U.S. and China.[i] China remains the primary source of fentanyl and fentanyl-related substances trafficked into the U.S., and seizures of fentanyl sources from China are often small, highly potent volumes, averaging less than one kilogram in weight and testing above 90% concentration of pure fentanyl.[ii] DEA also reports that inconsistencies in the amount of fentanyl present in fentanyl-containing counterfeit pills is a major contributor to the lethality of these illicit opioids. Of the tablet exhibits examined in 2018 by DEA's Fentanyl Signature Profiling Program (FSPP), the amount of fentanyl per tablet ranged from 0.02 to 4.84 miligrams—more than twice what is considered a potentially lethal dose.[iii]

While the opioid epidemic justifiably dominates national and state priorities, overdose deaths involving cocaine and psychostimulants with abuse potential deserve focus and attention.

Between 2012 and 2018, the rate of overdose deaths involving cocaine more than tripled, and the rate of overdose deaths involving psychostimulants such as methamphetamine and amphetamine increased nearly five-fold.[i] Additionally, many opioid overdose deaths involved cocaine and methamphetamine. Data from 25 states from July 2017 through June 2018 indicates that 34.0% of opioid overdose deaths involved co-occurring cocaine, and 12.1% involved methamphetamine.[ii] These trends are part of an emerging pattern of increased stimulant use and polysubstance use. It is estimated that between 2015 and 2018, the rate of past-year methamphetamine use was 6.6 per 1,000 adults in the U.S.[iii] The highest estimated rates of past-year methamphetamine use were in western states such as Arizona, Colorado, Oregon, and Nevada.[iv]

Figure 3. Age-adjusted drug overdose death rates involving stimulants, United States, 1999-2018
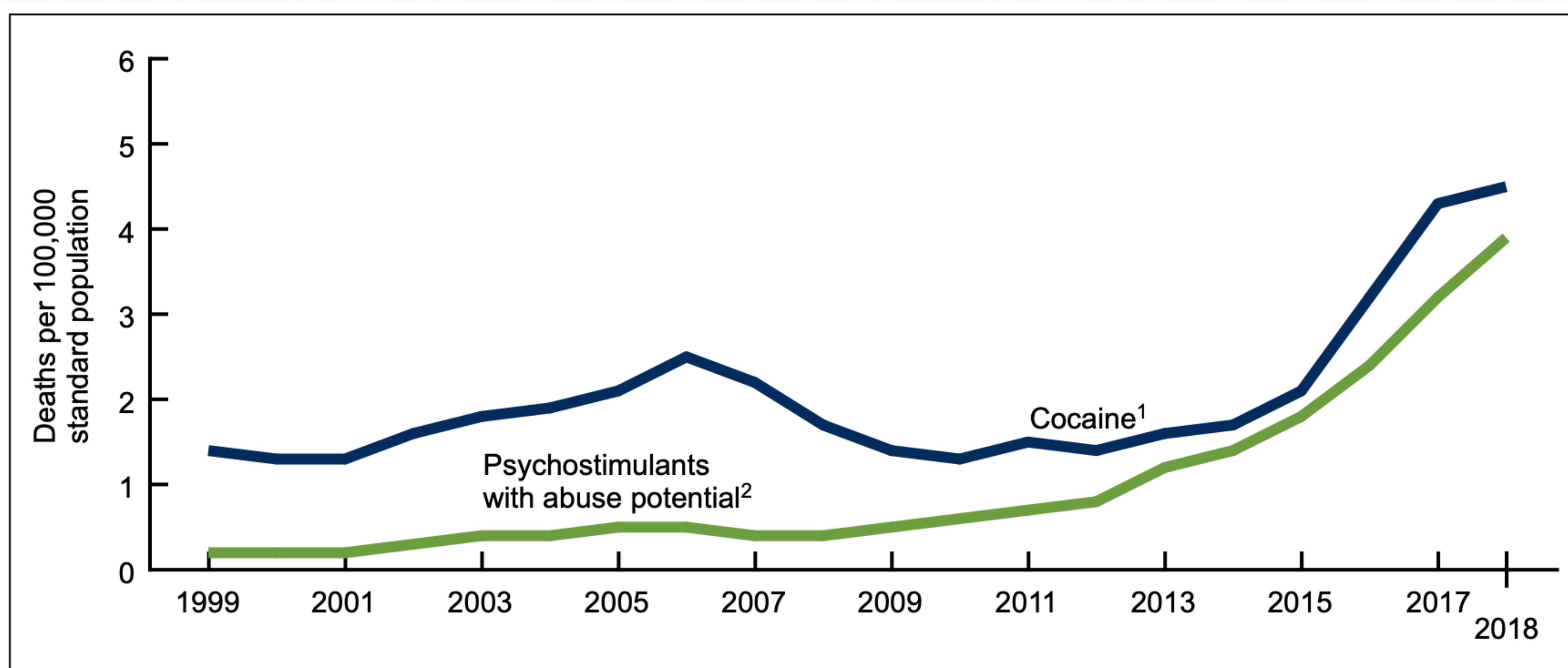
[1]Significant increasing trend from 1999 through 2006, decreasing trend from 2006 through 2012, and increasing trend from 2012 through 2018 with different rates of change over time, $p < 0.05$.
[2]Significant increasing trend from 1999 through 2005, 2008 through 2012, and 2012 through 2018 with different rates of change over time, $p < 0.05$.
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. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: cocaine, T40.5; and psychostimulants, T43.6. Deaths may involve multiple drugs. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, with ranges of 75%–79% from 1999 through 2013 and 81%–92% from 2014 through 2018. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db356_tables-508.pdf#4.
SOURCE: NCHS, National Vital Statistics System, Mortality.

According to DEA, coca cultivation in Colombia—the primary source of cocaine seized in the U.S.—remains elevated, driving down the price of cocaine and increasing its availability and purity across the U.S.[i] While the fentanyl market and cocaine market appear to have limited overlap, the two states with the largest number of fentanyl NFLIS reports—Ohio and New York— also had the most cocaine reports, and two of the top five states with the most cocaine reports also were the states with the most heroin and fentanyl reports in 2017.[ii]

Simultaneously, Mexican transnational criminal organizations (TCOs) continue to enter new markets and have increased the production and trafficking of methamphetamine; therefore, lowering its domestic price point while increasing its presence and purity throughout the United States.[iii] In the second half of 2018, 98% of methamphetamine samples demonstrated that Mexican TCOs relied on a new precursor chemical (phenyl-2-propanone) to develop the substance, which has fewer legal restrictions and is less expensive to obtain. The new precursor chemical has made methamphetamine less expensive to produce and has contributed to the drug's increased availability and the decline in domestic production. [iv]

The Federal Response to the Overdose Epidemic

"The single and most important criterion of success is saving American lives, and achieving that outcome requires the advance our Nation's efforts to promote and maintain healthy 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 lifestyles, and help build and grow safe communities free from the scourge of drug use and addiction."

--National Drug Control Strategy, Office of National Drug Control Policy (ONDCP)

Given the enormity of this national crisis, collaboration across agencies and disciplines 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 and other drugs into and across the country, or advancing research to increase our knowledge on promising practices.

In February 2020, the White House released the Administration's *National Drug Control Strategy*, which establishes 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.

Among other goals, the *Strategy* articulates specific efforts to strengthen the capacity of state, local, and tribal communities to identify and prevent substance misuse; improve the response to and monitoring of overdose trends; leverage drug courts and diversion programs; and levearage the full capabilities of multi-agency, multi-jurisdictional task force programs.[i]

Overview of the Overdose Response Strategy (ORS)

The Overdose Response Strategy (ORS)

Figure 4. The Overdose Response Strategy, 2019
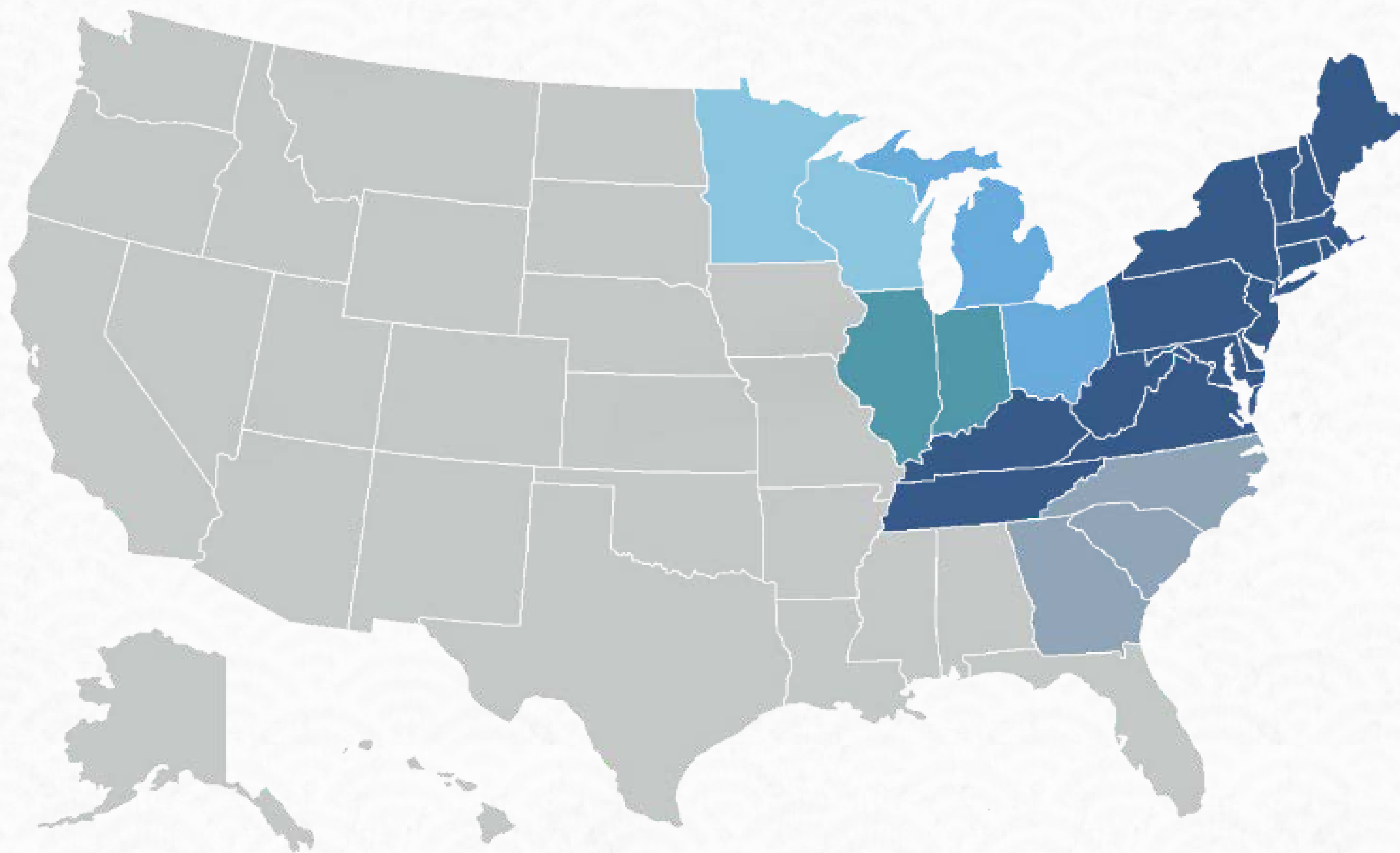
The Overdose Response Strategy (ORS) is, at its core, an example of this cross-agency, interdisciplinary collaboration with a single mission of reducing overdose deaths and saving lives. The ORS has evolved since its inception in 2015 from five HIDTAs covering 15 states and DC, to 21 HIDTAs covering 34 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-changing 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, to the growing threat of cocaine and psychostimulants.

Mission

The mission of the ORS is to reduce fatal and non-fatal overdose rates by improving information sharing across agencies and support evidence-based strategies.

Program Goals

In order to achieve its mission, the ORS promotes and supports:

GOAL 1

DATA-SHARING SYSTEMS

that allow public health, law enforcement, and others to respond quickly and effectively to prevent opioid overdose deaths.

GOAL 2

EVIDENCE-BASED RESPONSES

to generate immediate reductions in the number of overdose-related fatalities.
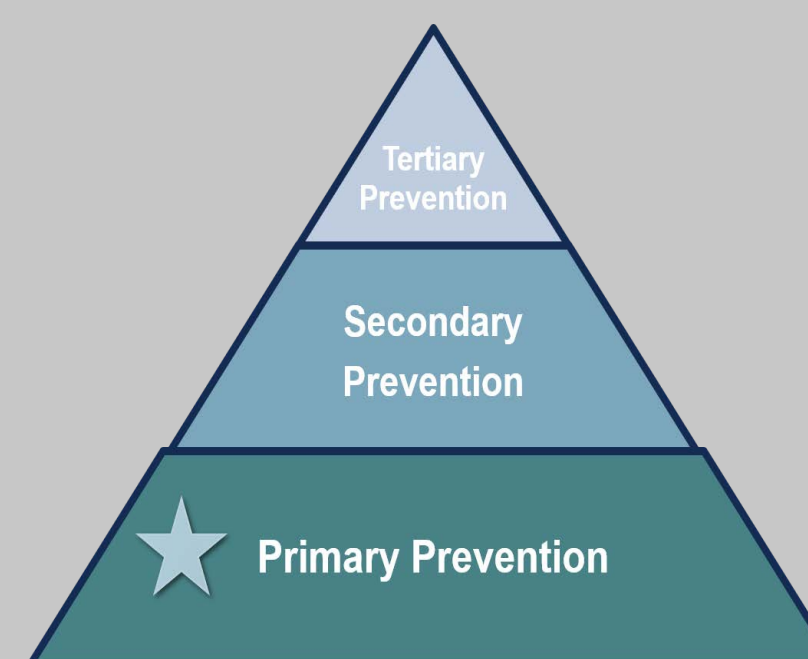
GOAL 3

NOVEL & PROMISING STRATEGIES

at the intersection of public health and public safety that aim to reduce overdose.

GOAL 4

PREVENTION STRATEGIES

for opioid misuse and overdose.

ORS State Teams

State Teams, comprised of Drug Intelligence Officers (DIO) and Public Health Analysts (PHA), 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.

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, and improve coordinated overdose response efforts. PHAs are embedded strategically in each ORS state within 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.

In 2019, CDC invested $1.7 million in the ORS partnership through a cooperative agreement with the CDC Foundation (CDCF), an independent nonprofit and the sole entity created by Congress to mobilize philanthropic and private-sector resources to support CDC' critical health protections work. The funding from CDC has allowed CDCF to hire 11 PHAs to support the work of the ORS. These 11 CDC-funded PHAs and the 19 PHAs funded by HIDTA are responsible for building public health and public safety partnerships across 30 states and the District of Columbia.
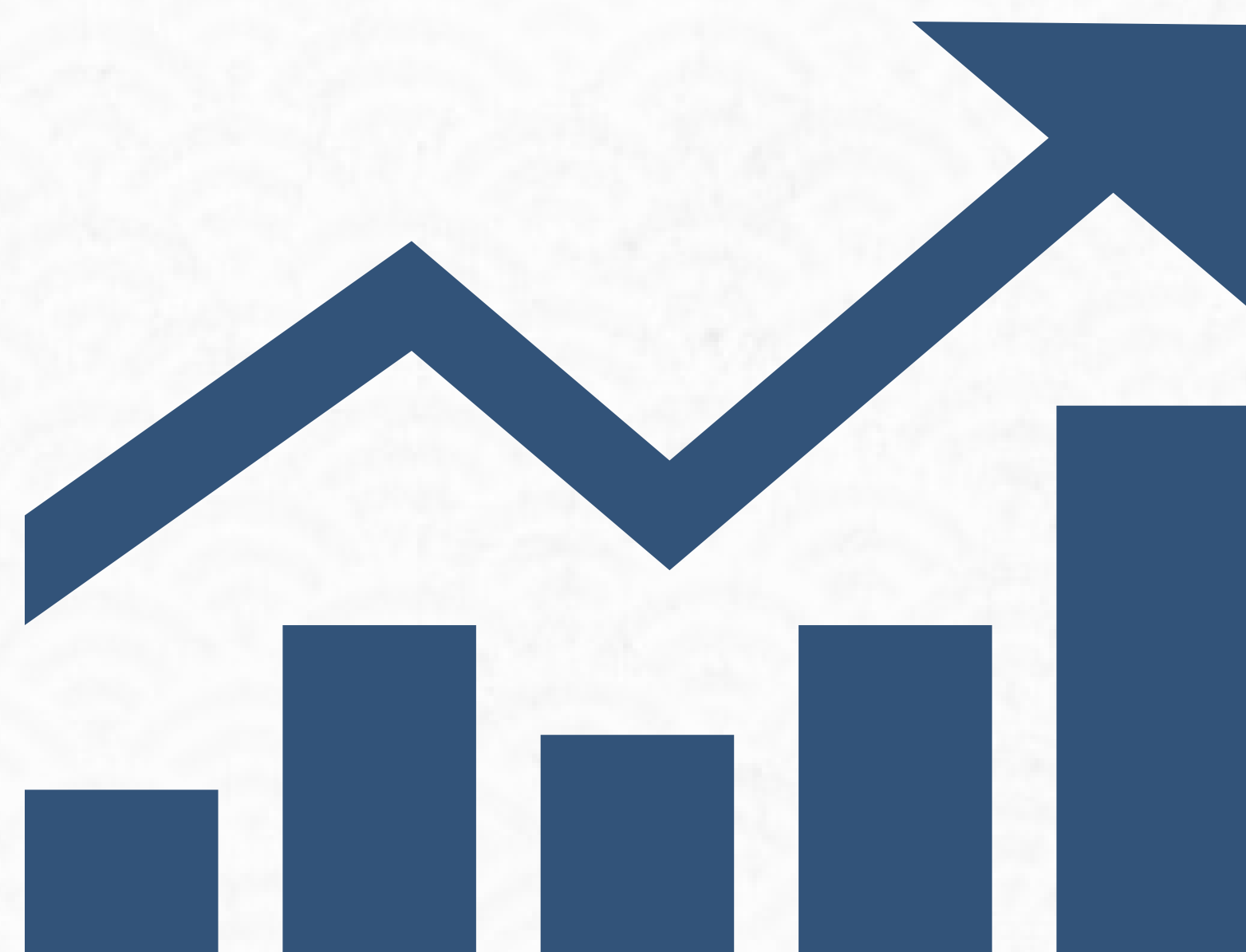
Promoting and Supporting Data Sharing Systems for Quick and Effective Response

PHAs often fill a critical role in enhancing statewide opioid overdose reporting and surveillance systems. The accuracy and availability of this data is crucial to understand and address a rapidly evolving drug 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.

Examples of PHA Activities:

- Developing reports to highlight trends in substance use and fatal/non-fatal overdoses for rapid action by local partners
- Integrating independent databases from law enforcement, prevention, treatment and public health agencies
- Developing sustainable data sharing procedures for ongoing situational awareness and crisis response
- Supporting ODMAP implementation for strategic planning at the local level

Promoting and Supporting Evidence-Based Responses

PHAs also support local partners to ensure the adoption of evidence-based practices. Through the ORS' partnership with CDC, PHAs are able to share important information with their community partners about best practices for reducing overdose, including those identified in CDC's *Evidence Based Strategies for Preventing Opioid Overdose: What's Working in the United States*.[i] 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 CDC, they play an essential role in adapting evidence-based interventions to fit their communities. Drug use patterns, agency capacity, and resource availability can differ widely from state to state, and PHAs are well- positioned to think strategically about the feasibility and appropriateness of interventions that CDC has identified as having substantial scientific evidence.

CDC's Evidence-Based Practices for Preventing Opioid Overdose

- Targeted naloxone distribution
- Increased access to medication-assisted treatment (MAT)
- 911 Good Samaritan Laws
- Naloxone distribution in treatment centers and the criminal justice system
- MAT in the criminal justice system and upon release
- Initiation of buprenorphine-based MAT in Emergency Departments
- Syringe services programs

Designing, Implementing and Evaluating Novel or Promising Strategies

PHAs work with local and state partners to support efforts to develop the evidence for interventions at the intersection of public health and public safety. One promising type of intervention that many PHAs support are post-overdose outreach programs. These programs follow up, either in person or by phone, with people who have experienced a non-fatal overdose and offer them naloxone, treatment referrals and/or other services. Follow-up may be conducted by peer navigators, but can also be done by law enforcement officers, nurses, clinical social workers, and others. Many PHAs support these programs by sharing best practices from other areas, developing evaluation plans, and identifying potential funding opportunities.

PHAs, in partnership with their DIO counterparts, also play an important role in developing and implementing 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.

Examples of Promising Strategies:

- Drug courts
- Post-overdose outreach programs
- Pre-arrest diversion programs
- Stigma reduction and/or compassion fatigue programs for first responders
- Safe station programs
- Overdose response protocols

Preventing Drug Misuse and Overdose

PHAs also work with local coalitions on efforts to prevent drug misuse further upstream. Through partnerships with Drug Free Communities and other local coalitions, PHAs support efforts to educate people about the risks associated with drug use and to address trauma early on through programs that focus on Adverse Childhood Experiences (ACEs), as well as efforts to reach young people in high schools and colleges. PHAs often provide information about drug use and overdose trends in their jurisdiction to inform the development of appropriate prevention interventions for the most at-risk populations.

Examples of Prevention Strategies:

- CDC Rx Awareness Campaign
- Drug Free Communities
- Guiding Good Choices
- Strengthening Families
- Life Skills Training
- Good Behavior Game

Drug Intelligence Officers

Many DIOs are retired law enforcement officers with extensive experience investigating drug trafficking organizations (DTOs) in their assigned state. DIOs serve to 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. Each DIO is 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, public health partners, and community groups in order to build relationships and increase awareness of the resources that HIDTAs and the ORS can offer.

Because drug trafficking organizations operate across regions without regard for jurisdictional boundaries, 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.

> *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*

> " *I just wanted to pass along that we have completed a large link chart of 37 individuals, 17 vehicles and 6 houses involved in drug trafficking throughout [location removed]. All of the HIDTA emails [FANs] that you sent to us regarding the out of state arrests and vehicle occupants have been included and they have helped us identify who is likely a source of supply.*
>
> *- Vermont Law Enforcement Agency* "

Felony Arrest Notifications (FANs)

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 and out-of-area residents and report this information to the individual's home law enforcement agency. 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 facilitate information and intelligence sharing that otherwise would not happen, and to facilitate law enforcement responses.

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 cases. A survey of FANs done in 2019 found that 54% of respondents used the information provided in the FAN to open or support an existing investigation. Additionally, 95% of respondents reported that the FAN had added intelligence value for their agency.

Case Assists

In addition to FANs and targeting DTOs, DIOs offer critical support to a range of criminal investigations. Across law enforcement networks, DIOs are able to share information and intelligence gathered from investigative tools such as license plate readers, facial recognition programs, phone record databases, or Division of Motor Vehicle photo programs. DIOs often find that the information they pass along is connected to a larger case and helps to further enhance it.

In 2019, the ORS DIOs transmitted

14,924 notifications

to police departments that an individual who lives in their jurisdiction was arrested elsewhere on felony drug charges.

On March 3rd, 2019, the Indiana DIO sent a Parcel Interdiction Notification (PIN) for 10.8 pounds of marijuana, 2.1 pounds of THC oil, and 777 frames THC wax to the Porter County Multi-Enforcement Group (PCMEG). Due to the PIN, PCMEG was able to receive a search warrant that concluded in the seizure of heroin, marijuana, $100,000, and the arrest of individuals who were cooperating with law enforcement.

Identifying and Disseminating Drug Trends

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 about newly emerging drug trends, narcotic analogs, and compounds for the HIDTAs, public safety, and public. DIOs form an early warning network of new trends and threats for HIDTA's public safety and public health partners. For example, in 2019 DIOs gave 585 presentations to stakeholders, discussing topics such as drug trafficking trends, the overdose epidemic, and the value of public health-public safety collaboration.
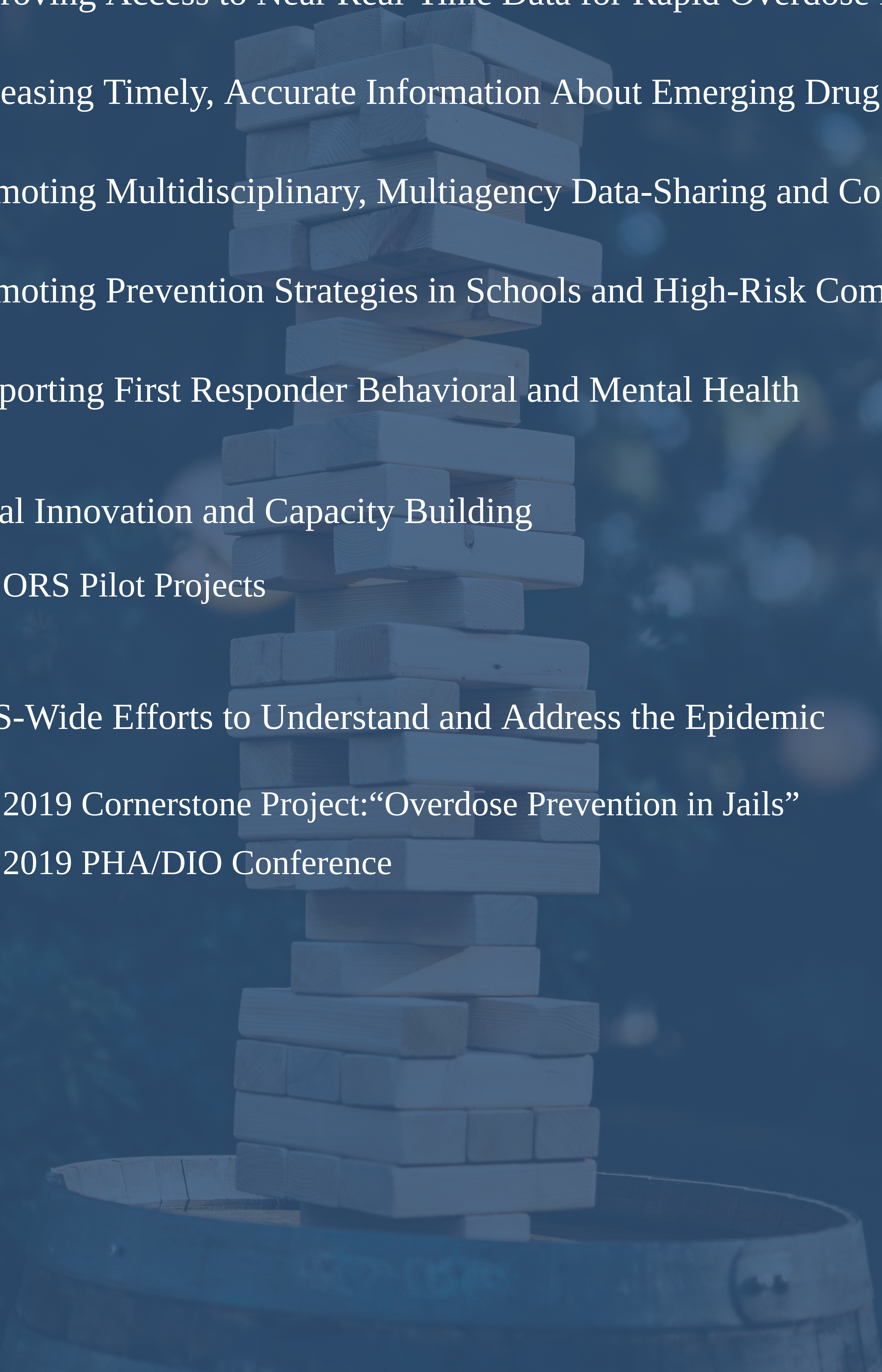
The DIOs are increasingly leveraging relationships not only with their public health counterparts, but also with analysts from the HIDTA National Emerging Threats Initiative and the Domestic Highway Enforcement Strategy. DIOs work with their PHA counterparts to overlay law enforcement intelligence data about trends in the illicit drug market and seized substances 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.

From January 1st to December 31st, 2019, the ORS developed and disseminated

737 actionable intelligence reports containing drug use and overdose trends

to public health and public safety partners.

THE ROLE OF THE ORS IN COMBATTING THE OVERDOSE EPIDEMIC

- Improving Access to Near Real-Time Data for Rapid Overdose Response

- Increasing Timely, Accurate Information About Emerging Drug Threats

- Promoting Multidisciplinary, Multiagency Data-Sharing and Collaboration

- Promoting Prevention Strategies in Schools and High-Risk Communities

- Supporting First Responder Behavioral and Mental Health

- Local Innovation and Capacity Building

  - ORS Pilot Projects

- ORS-Wide Efforts to Understand and Address the Epidemic

  - 2019 Cornerstone Project:"Overdose Prevention in Jails"
  - 2019 PHA/DIO Conference

The Role of the ORS in Combatting the Overdose Epidemic

The work of 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 2019, the ORS demonstrated its value by:
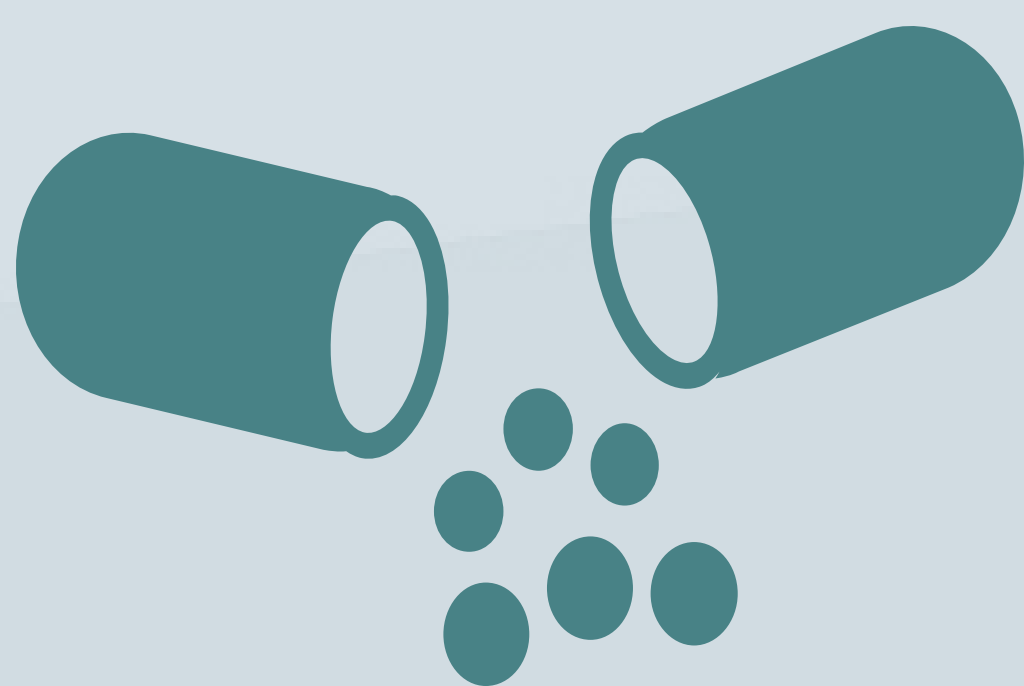
Improving access to near real-time data for rapid overdose response

Increasing timely, accurate information about emerging drug threats

Promoting multidisciplinary, multiagency data-sharing and collaboration

Promoting prevention strategies in schools and high-risk communities

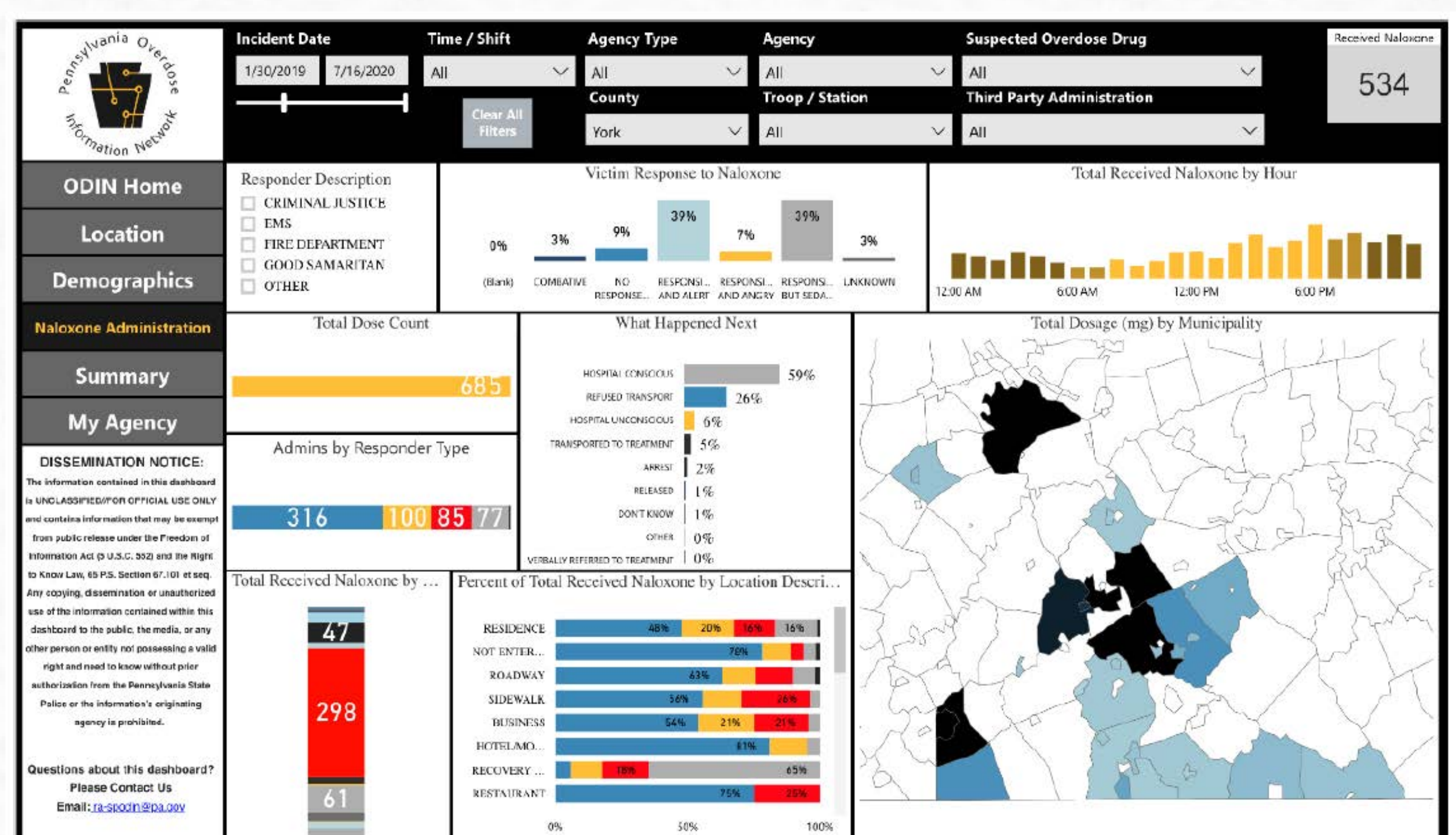Supporting first responder behavioral and mental health

Improving Access to Near Real-Time Data for Rapid 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 suspected 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.

The **Overdose Information Network (ODIN)** is a statewide criminal justice application developed collaboratively by the Pennsylvania State Police (PSP) and the Liberty Mid-Atlantic HIDTA. ODIN allows members of law enforcement to enter and review information regarding overdoses, naloxone administrations, and identifiable drug markings in real time, through the Pennsylvania Justice Network portal. It also enables the sharing of overdose and naloxone administration information with state and local policy and decision-makers, treatment and prevention authorities, and criminal justice leaders.

Figure 5. The Pennsylvania Overdose Information Network (ODIN)

The Pennsylvania PHA and DIO have been using ODIN to identify counties with lowerthan expected naloxone use by law enforcement, identify barriers to naloxone use, and develop strategies to address the barriers. After the PHA reviewed the naloxone use data, the DIO began conducting outreach with police departments across the state to encourage them to share their data with the system, as many were not entering their data into any database. At this time, the Pennsylvania Department of Health and the Pennsylvania Department of Drug and Alcohol Programs do not have direct access to the system; however, the DIO was able to facilitate access to the system for the PHA who provides updates to other stakeholders as needed. This has allowed the PHA to work with PSP to modify the ODIN dashboard and reports to improve data accuracy and better suit the needs of public health, criminal justice, and key other stakeholders. Because ODIN can serve as a centralized repository for overdose and naloxone administration data collected by first responders in the same way that ODMAP can, PSP is now working with the Washington-Baltimore HIDTA to allow overdose information to be shared between the systems, in order to reduce the duplication of efforts and gather all information regarding overdoses in one location.

> " *I shared the [SOS] with our [teams], and it generated a lot of discussion of where we could focus our energy around harm reduction... It was a really useful tool and we got great feedback on it.*
>
>   *- Local Outreach Organization* "

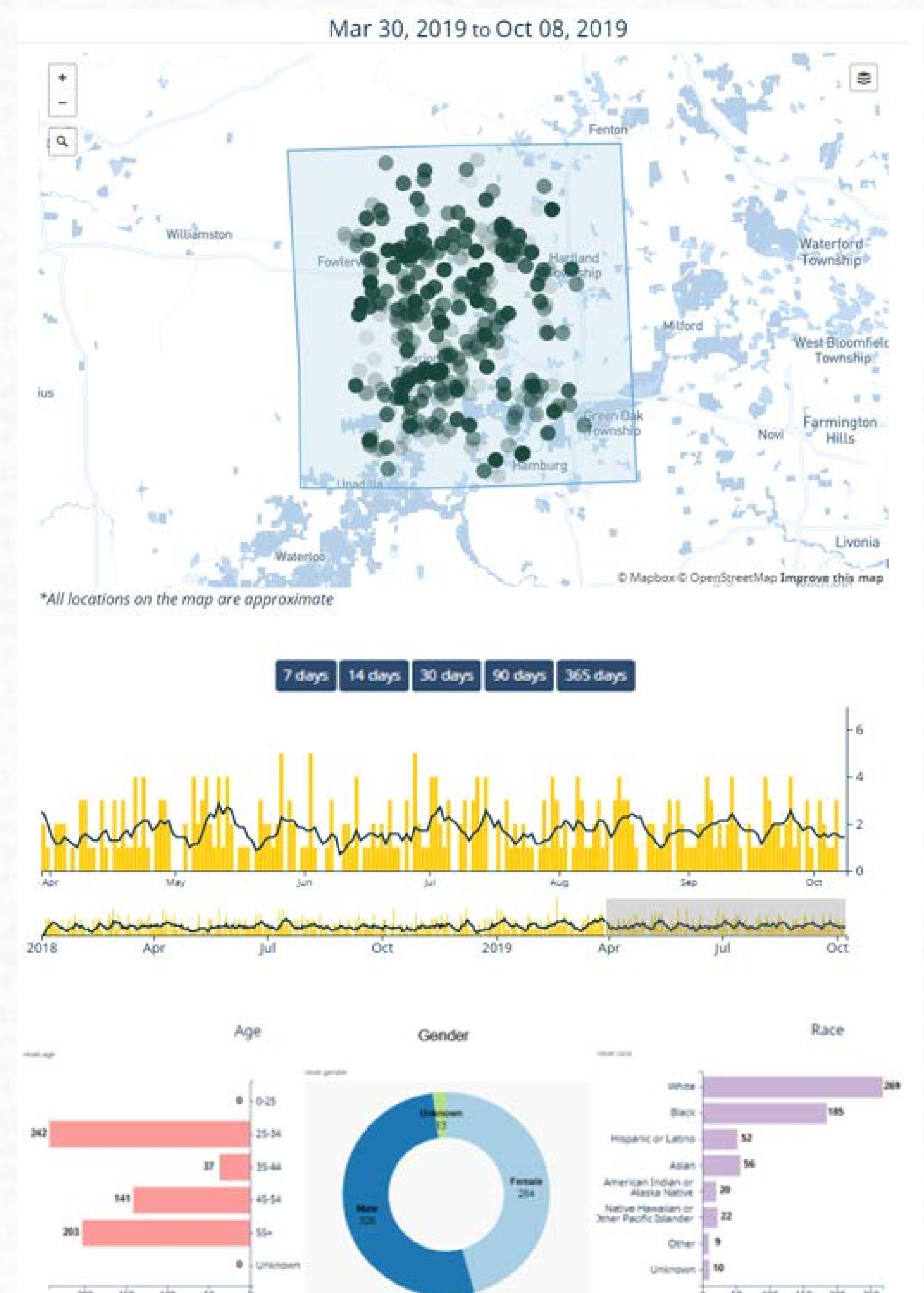**Figure 6. The System for Opioid Overdose Surveillance (SOS) in Michigan**

The Michigan HIDTA identified the need for real-time data to guide resource allocation used for rapid response and overdose prevention through conversations with public health, public safety, and community partners. To address this need, the ORS team worked in partnership with the University of Michigan Injury Prevention Center to develop the System for Opioid Overdose Surveillance (SOS) dashboard. SOS provides near real-time mapping of non-fatal and fatal overdose cases as well as aggregate data briefs to facilitate timely public health and public safety responses.

To inform the development of SOS, in 2019, the PHA convened stakeholder groups composed of local public health, law enforcement, community outreach specialists, harm reduction organizations, and treatment providers to provide input, evaluate data needs, and leverage collaboration between stakeholders to enhance response efforts. Based on the stakeholder input and feedback from the DIO about the needs of law enforcement, several improvements were made to the dashboard such as the capability to query specific demographics and locations, and the addition of color coded datapoints so the user can quickly identify how recent an overdose occurred.

In November 2019, the SOS dashboard went live, including statewide EMS data and data from medical examiners that represent over 75% of the state's population with immediate plans to increase coverage to 90%. Community stakeholders use the data to inform local planning, implementation, and responses to opioid overdoses. Outreach and community organizations report being able to determine where a mobile site could be useful, or where street teams might be effective in reaching those who may need naloxone education or distribution.

> " *If you know you have a high-trend area and this is where the overdoses are happening, as soon as we get that real-time information, we can be in that area and provide those Narcan kits.*
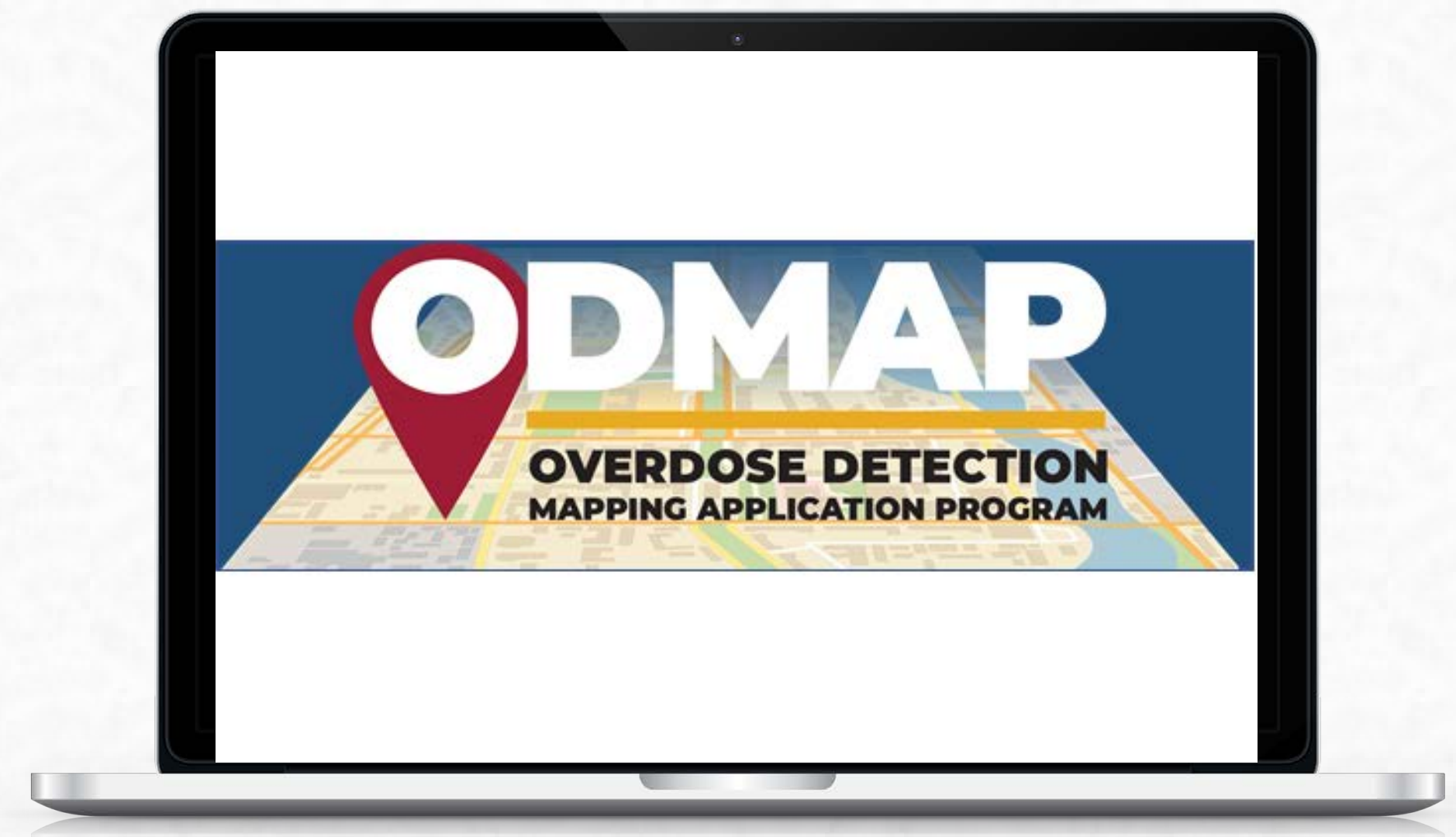>
>   *- Local Treatment Agency* "

Statewide implementation of ODMAP in Georgia has primarily been a joint effort between the Georgia PHA and DIO. While the team made significant progress in increasing program participation over the last couple of years, statewide expansion is a huge undertaking for the team considering Georgia's 159 counties. To achieve greater strides with this effort, the Georgia PHA, in 2019, was able to gain the support of the Georgia Department of Public Health and worked with state officials to hire 18 district public health analysts to assist with ODMAP outreach. The Georgia PHA developed training toolkits for the new hires and conducted training workshops on ODMAP, the state's overdose response plan, and partnership building with law enforcement. The PHA and DIO supported the efforts of the local public health analysts by making connections with local public safety agencies, as needed, and providing technical assistance on overdose response strategies. Additionally, the PHA co-wrote the application that the state health department submitted for the Bureau of Justice Assistance ODMAP Statewide Expansion and Response grant. This funding was approved and now provides support to develop an Application Programming Interface (API) to feed Georgia's EMS data into ODMAP.

The Chicago ORS team noticed an ODMAP spike alert in Grundy County, IL, which had identified three overdoses reported by three separate agencies. After the PHA and DIO notified the reporting agencies and the local public health department, a community stakeholder meeting took place to identify what actions should be taken to address the high rate of overdose in their rural community. The Grundy County Sheriff's Office (GCSO) decided to join the Safe Passage program with neighboring counties; a network of safe stations collaboratively working together to ensure everyone can access linkage to care resources. Following a presentation by the PHA and DIO on post overdose outreach programs as a way to use ODMAP data for action, the GCSO enrolled in ODMAP and started doing post overdose outreach to promote their Safe Passage program. In 2019, 14 individuals were connected to treatment using the Safe Passage Program.
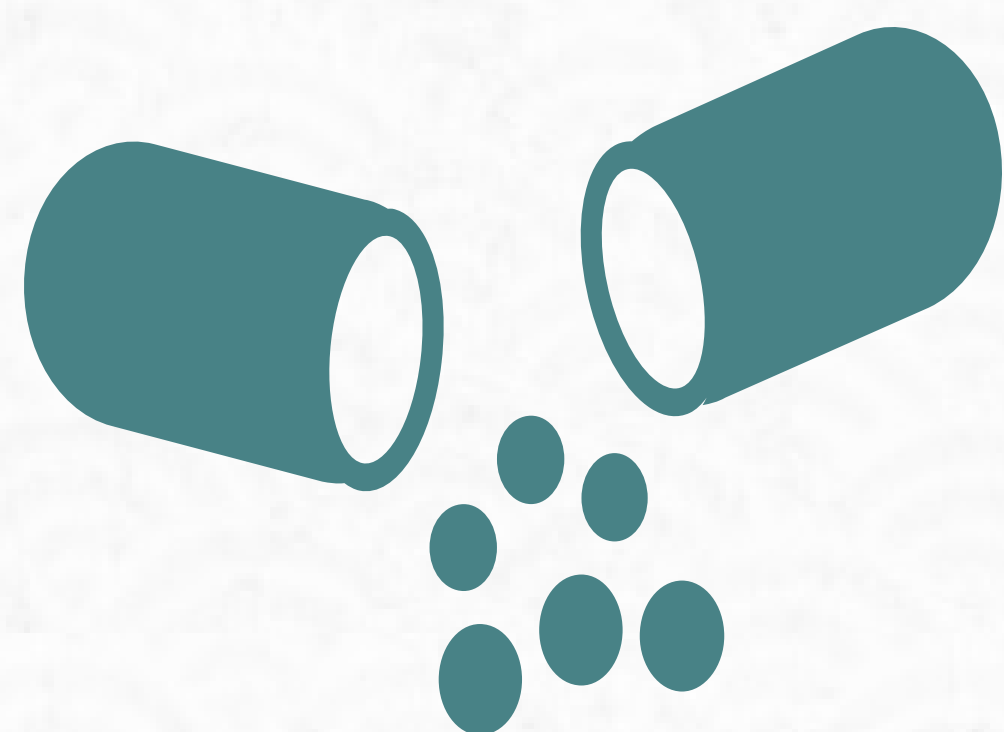
Increasing Timely, Accurate Information About Emerging Drug Threats

As the drug supply continues to change, many states are piloting new ways to collect and analyze 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.

Figure 7. 2019 Rx Summit Poster – Vermont Emerging Threats Initiative
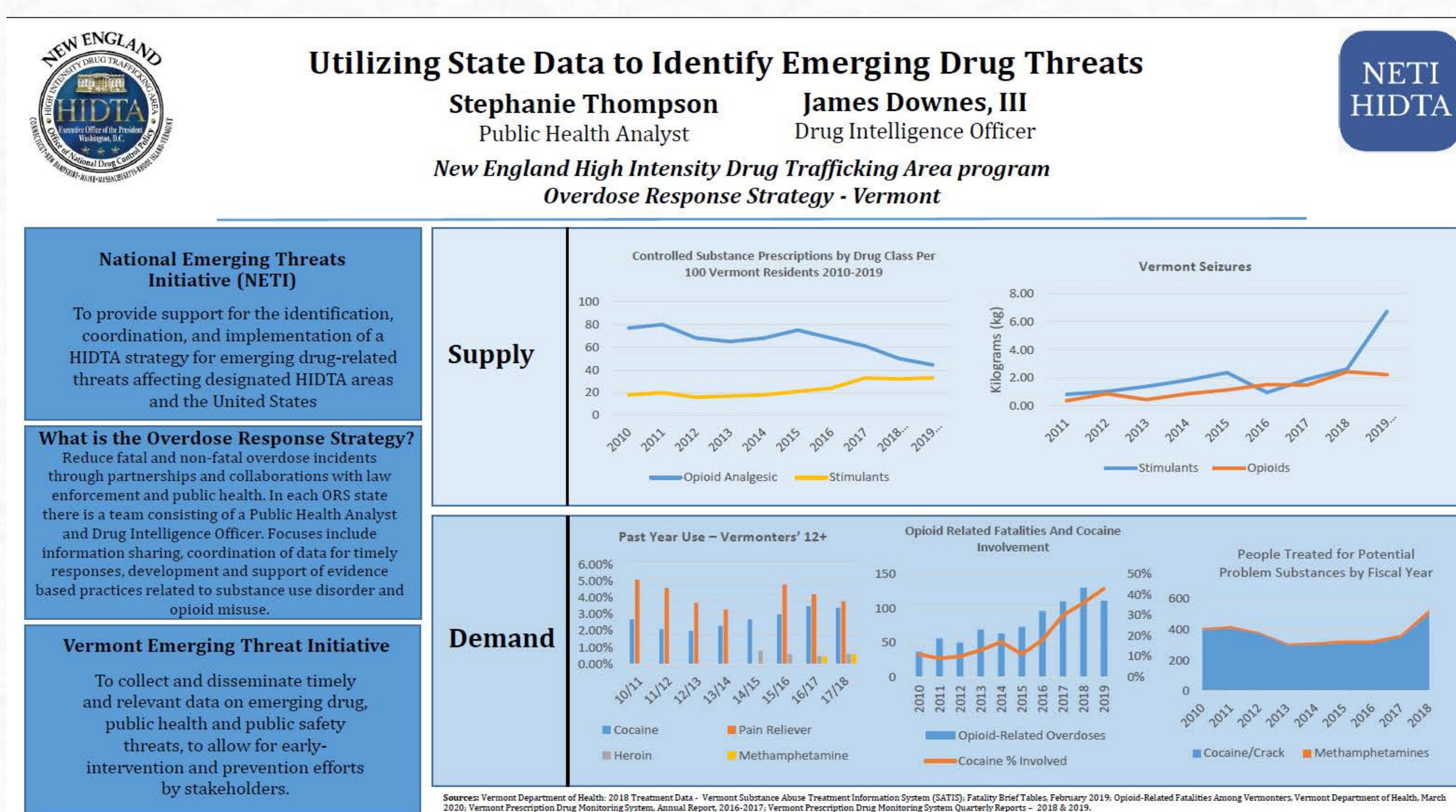
In partnership with the Public Health & Prescription Drug Monitoring Program Project Coordinator for the National Emerging Threat Initiative (NETI), the Vermont PHA and DIO developed the Vermont Emerging Threat Initiative. The project involves collecting and analyzing a variety of data sources to identify changes in supplies of illicit drugs and prescription-controlled substances, changes in demand for abuse of these same drugs, and changes in overdoses and deaths. The data sources currently being used include drug seizures, prescription drug monitoring data, overdose fatalities, past year drug use, and treatment data. Data from 2011-2019 was compiled and presented at the 2019 National RX Drug Abuse and Heroin Summit in Atlanta, the 2019 ORS PHA/DIO Conference in Charleston, SC and the 2019 Maine Opioid Response Summit. The team continues to examine additional data sets and regional data trends and plans to develop a strategy for data dissemination and utilization for prevention and intervention efforts by stakeholders. Additionally, the PHA and DIO have been engaging local law enforcement agencies to increase the sharing of drug seizure data and meeting with other partners across different sectors to share their findings.

Data from toxicology testing plays an important role in understanding the contents of the drug supply, but there isn't a robust tradition of sharing this information with partners who are not law enforcement. The Connecticut Department of Emergency Services and Public Protection Forensic Science Laboratory is uniquely positioned to provide an upstream view of the Connecticut drug supply; however, their current state of testing is limited to that which is court mandated. There is also a several month lag time for the testing of seized drugs, so the Connecticut PHA and DIO worked together to engage stakeholders and propose a plan to address the backlog, expand laboratory testing of drugs, and create a mechanism to disseminate near real-time drug threat information to relevant public health and public safety partners. The collaboration led to securing funding to operationalize the proposal developed by the ORS team and state and local partners.

Over the past three years, the Rhode Island PHA and DIO have been working closely on an evolving project to better understand, improve access to and disseminate accurate information on seized drugs among key stakeholders and partners. In Rhode Island, drug seizure data lies at the intersection of public health and public safety. The Rhode Island Department of Health, Forensic Drug Chemistry Laboratory (FDCL) is responsible for seized drug testing and data storage; however, the drugs analyzed by the laboratory are submitted by law enforcement. The FDCL compiles this data primarily to support law enforcement prosecution, which makes it challenging for public health to use the information as it contains law enforcement sensitive data and personal identifying information (PII).

Recognizing that drug seizure data has a wealth of information that could be critical to outreach, prevention and treatment efforts, the RI State Team used their unique positions to desensitize the data, and develop and disseminate products that are meaningful to those in both public health and public safety. The team observes the data frequently, allowing them to monitor drug trends, identify new drug and poly-drug developments across their state, and keep outreach and prevention partners informed in a timely fashion. One of their most notable successes was assisting the FDCL in securing funding to reduce the turnaround time for the seized drug analysis from 11 weeks to 8 days. Currently, the RI State Team is working with the FDCL to upgrade their forensic software that will allow them to access the data remotely and allow public health to use the system for monitoring and surveillance. The project would not have achieved this level of success without the extensive background and skill sets of both the PHA and DIO.

To address the volatility in overdose trends in Ohio, the PHA, working with a research team, investigated how drug seizure data can be used to better understand overdose fatality patterns. They developed an index of seized drugs that can be used to predict the number of overdose events likely to occur based on the mix of illicit drugs seized in a geographic area. Using this concept, the PHA developed a presentation describing the relationship between deaths and seizures to demonstrate the utility of timely and accurate drug seizure data in forecasting the risk of overdose mortality. The ORS team is presenting this information to state and federal policy makers and law enforcement officials to advocate for a technological solution to allow for real-time identification of lethal street drugs when they are introduced into local drug markets. The DIO has been using his contacts to advocate for all seizure toxicology to be combined to facilitate a better understanding of instate trafficking patterns and how overdose fatalities are impacted by this critical measure. This critical analysis was made possible by combining data from both public health - overdose death records from Ohio Department of Health, and public safety - seized drug toxicology data from the OH Bureau of Criminal Investigation.
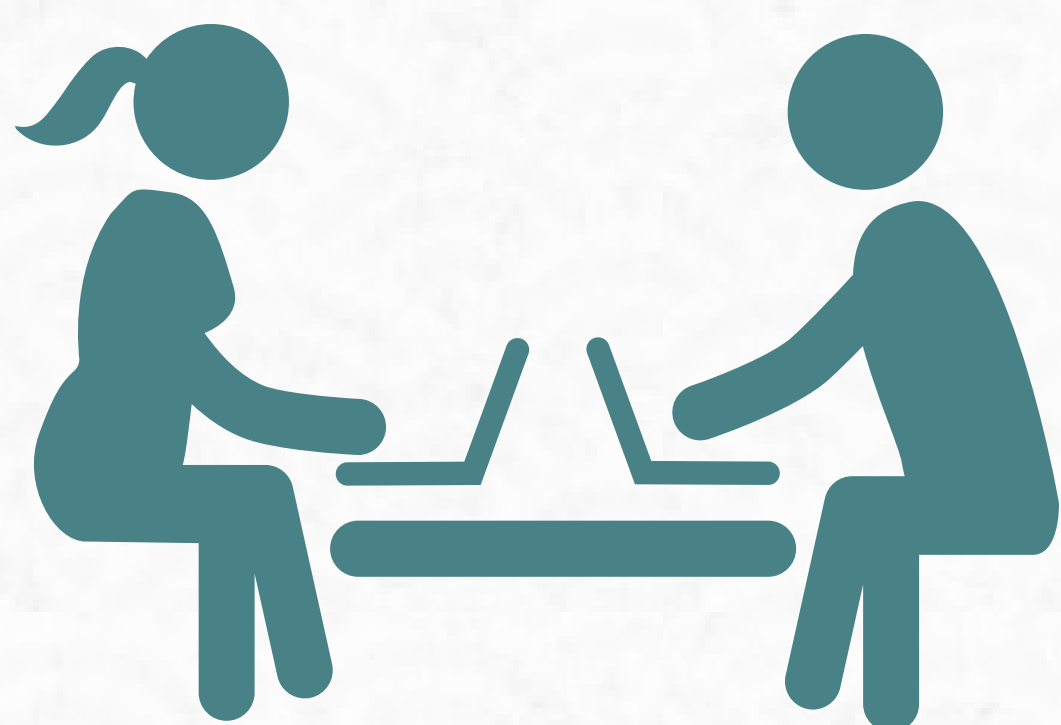
Promoting Multidisciplinary, Multiagency Data-Sharing and Collaboration

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. For this reason, ORS State Teams often focus on strategies to improve data-sharing and increase collaboration across state and local agencies.

Figure 9. 2019 Pennsylvania Psychostimulant Symposium

The Pennsylvania Department of Drug and Alcohol Programs, in coordination with the Liberty Mid-Atlantic High Intensity Drug Trafficking Area program and the Pennsylvania ORS State Team, convened the inaugural Pennsylvania Psychostimulant Symposium on November 19, 2019. The Symposium was held in Harrisburg, PA, with an audience of 300+ participants, comprised of law enforcement, criminal justice, health care providers, emergency medical services personnel, drug and alcohol prevention and treatment providers, Single County Authorities (SCAs), government officials, public health professionals, and other interested stakeholders. The free event discussed the dangers associated with the misuse of psychostimulants while examining collaborative strategies for preventing widespread stimulant use disorder, protecting communities, and effectively treating patients with Substance Use Disorder (SUD). The PA PHA and DIO provided logistical support throughout the conference planning process and leveraged their existing relationships to identify diverse speakers, panelists and vendors who focus on various aspects of stimulant use disorder. The State Team will continue to play an integral part in organizing this meeting annually, including the 2020 Symposium, which will take place virtually December 2-3, and will cover topics such as De-escalation Techniques, Diversity Inclusion and Implicit Bias, Trauma Informed Care, Harm Reduction, and Unique Issues in Serving Vulnerable Populations. For more information regarding the 2020 event, please visit https://www.ddap.pa.gov/Pages/PA_PS_Symposium.aspx.

In 2016, the DEA New Jersey Division, the New York/New Jersey HIDTA and the NJ Department of Health, Office of Local Public Health (OLPH) established an Overdose Fatality Review Team (OFRT). Under this initiative, multi-agency, multi-disciplinary teams are assembled at the local level to conduct confidential reviews of individual overdose death cases. The New Jersey PHA serves as a subject matter expert for this team, providing technical assistance and guidance to the local, state and federal partners on overdose fatality reviews. With her current assignment at the State Department of Health, Office of Local Public Health, she is able to enhance efforts related to the statewide expansion of the OFRTs. The New Jersey DIO provides his public safety network information on the OFRTs, acting as an advocate for these teams. As of 2019, there are 5 operational teams conducting decedent reviews. During this year, the team also included a HIDTA Social Worker who serves as a liaison between the medical examiner and the next of kin of an overdose decedent.

In July 2019, the Ocean County Health Department (OCHD) received the National Association of County and City Health Officials (NACCHO)'s 2019 Model Practice Award for the Fatality Review Teams, which is a recognition of programs demonstrating exemplary and replicable qualities in response to a critical local public health need. The New Jersey PHA received the award alongside the OCHD and conducted a joint presentation on the OFRT in New Jersey at the NACCHO's annual conference. Additionally, the PHA and OCHD OFRT coordinator participate in a national data workgroup for OFRTs led by CDC and the Bureau of Justice Assistance. The work they are doing will standardize data collection tools and data platforms for all fatality reviews in the country.

Additionally, in June 2019, the New Jersey PHA and DIO collaborated with the New York/New Jersey HIDTA and DEA New Jersey to organize and facilitate a state toxicology colloquium for Medical Examiners, lab directors, law enforcement and public health stakeholders. The purpose of this event was to educate partners about the importance of medical examiners data, forensic lab data, and other types of law enforcement data, as well as to showcase the importance of partnering with public health to combat the overdose epidemic. In addition to providing logistical support, the PHA conducted a presentation on Overdose Fatality Review Teams in New Jersey. In total, 65 participants from 23 agencies took part in this meeting. The team collected 25 evaluations, all of which provided 100% positive feedback. The event received praise for the collaborative and multidisciplinary agenda, its focus on common goals across the partners, and its attention to the strengths,

Figure 9. New Jersey State Colloquium for Medical Examiners, Lab Directors and Staff & Law Enforcement

In the photo, the New Jersey PHA and DIO are joined by partners from the Ocean County Health Department, the New Jersey State Police, The US Drug Enforcement Agency, US Customs and Broder Protection, and the Middlesex Regional Medical Examiner's Office.

challenges and opportunities for improvement across the different disciplines. In addition to shedding light on varying perspectives on the overdose epidemic, this event provided an important opportunity for partners to network, build meaningful relationships and facilitate data-sharing.

Promoting Prevention Strategies in Schools and High-Risk Communities

PHA and DIO teams often work with local partners to understand the needs of high-risk populations, educate communities about the risks associated with drug use, and ensure the adoption of evidence-based practices.

To prevent and reduce drug use among youth, the Vermont PHA collaborated with prevention and recovery partners to develop and implement a school-based opioid awareness program. The purpose of the program is to educate student athletes, who may receive prescriptions for sports-related injuries, and their families about safe use, storage, and disposal of prescription opioids. Program materials include a factsheet about prescription opioids and a form for students and parents to sign, acknowledging that they received and understood the educational materials. Throughout the program development and implementation processes, the program staff have undertaken several activities to evaluate their efforts, including conducting a pre-assessment with schools and parents to determine the need for the materials; conducting one-on-one interviews with medical professionals, school staff, youth and parents, as well as a focus group with youth, to obtain feedback during the development of the materials; and conducting surveys with school staff and parents to assess program implementation and impact. Feedback from these key stakeholders was utilized to refine the program materials. This project launched in Bennington County, Vermont among six schools and will expand through 2020 to include additional schools across the county. The team is also exploring opportunities to adapt their materials for other high-risk populations, including young adults/college students and elderly populations.

In New Haven Connecticut, common areas where people use drugs are widely known; however, because of the fractured nature of street outreach, it's impossible to reach everyone who might be in need of services. In order to reach as many individuals as possible, public health and public safety came together to implement a signage campaign with messages of hope and the phone number for the 24-hour helpline for linkage to treatment. Using overdose mapping data obtained from the New Haven Fire Department, the PHA provided an analysis identifying multiple hotspots where posting a sign could be beneficial. The DIO, a former New Haven Police Department Sergeant, provided important context about each proposed location, and together the ORS team selected 12 locations well suited to reach pedestrian traffic. Preliminary feedback from partners has been positive and the process itself resulted in productive conversations and education about individuals with substance use disorder and reducing stigma.

In efforts to improve overdose response efforts and better address the needs of individuals with substance use disorder, the Virginia PHA collaborated with treatment and recovery programs in Northern Virginia to conduct focus groups with individuals in recovery. The topics covered in these sessions included how to best reach individuals at risk for overdose during spikes, naloxone distribution and use, the use of harm reduction techniques, prevention strategies, and treatment engagement. After each session, the PHA provided a report to each participating treatment/recovery program summarizing the key findings and providing recommendations. To date, all the programs have implemented at least one of the recommendations provided by the PHA, and the programs shared that the clients were appreciative of the opportunity to share feedback, knowing that it would be used in a meaningful way.
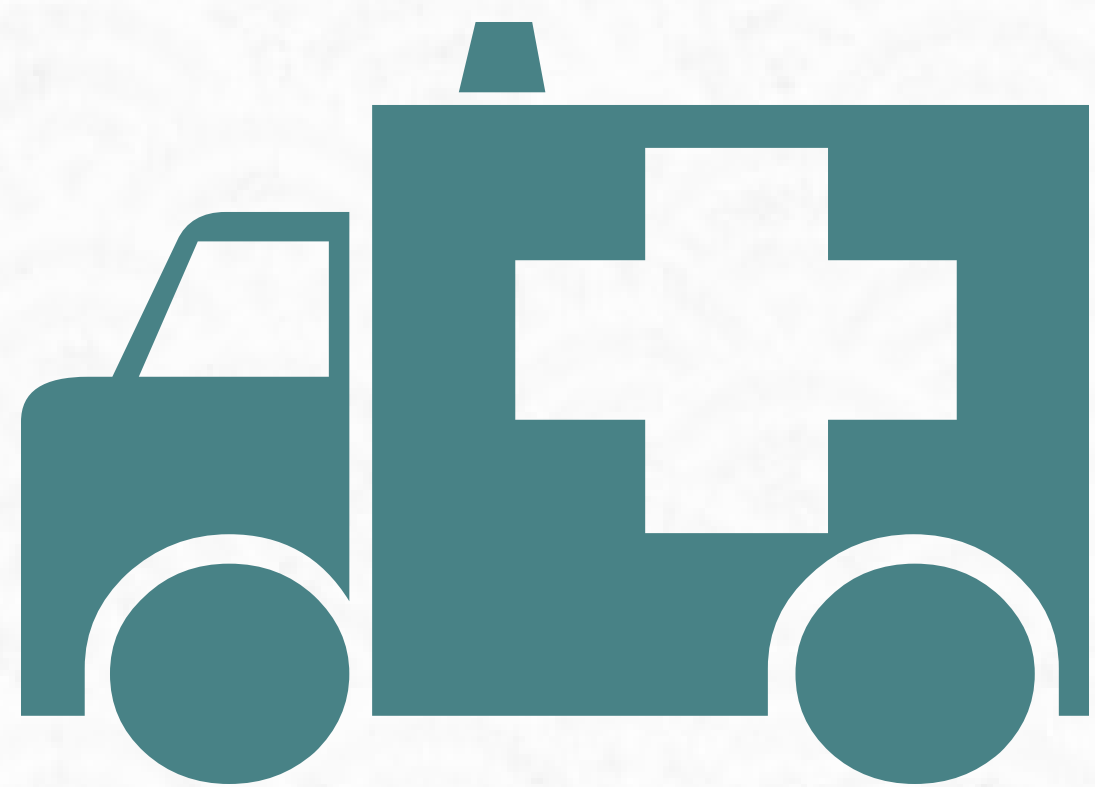
Supporting First Responder Behavioral and Mental Health

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.xxviii

Figure 10. Indiana First Responder Emotional Wellness & Resilience Training

In this photo, the Indiana PHA is joined by the First Responder Emotional Wellness & Resilience Training facilitators from Crisis Systems Management

The ORS team in Indiana strategically partnered with the Department of Mental Health and Addictions and multiple first responder agencies in 7 cities across the state of Indiana to bring a training on suicide prevention, destigmatizing help seeking, building skills to cope with trauma, and to disseminate crisis resources. Over 250 people attended the training and represented a range of first responders including law enforcement, fire, EMS, dispatch, corrections, probation, coroners, and mental health treatment providers. The DIO was instrumental in facilitating connections to law enforcement throughout the state to find free venues to host the trainings and encourage attendance. Each attendee participated in a 4-hour training taught by at least one first responder who provided instruction designed to prepare first responder personnel with the ability to make appropriate professional intervention referrals for peers and themselves as needed. The training was facilitated by Crisis Systems Management and enhanced personal wellbeing and provided an understanding of how compassion fatigue effects stress and human

resilience, an overview of mental health issues, and factors in suicide. Each participant received credit towards their respective public safety certification requirements and overall, participants found the training valuable. During the training instructors conducted one-on-one peer support with numerous first responders that were experiencing various signs and symptoms of stress. One participant stated, "This explains some of my actions over the years, now I see why." They requested longer trainings and more information about what to do when someone in their department was experiencing a crisis. Due to the successful training series, the PHA secured additional funding to put on a series of week-long peer support trainings.

Local Innovation and Capacity Building

In the last 2 years, CDC has contributed $6 million in grant funding to support HIDTA partnerships and public health/public safety initiatives 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. Due to the ways in which emergency services, health care, policing, and treatment services for opioid use disorder are often "siloed" off from one another, building partnerships between public health and public safety also requires localized problem-solving. The CDC/HIDTA projects described below are examples of how the ORS strategy is bringing more than the supplemental funds it receives to the communities served by the HIDTAs.

ORS Pilot Projects

To support local efforts and develop best practices, the ORS implements pilot projects in high-need areas within the ORS states. In 2018, CDC, through partnership with the National Association of County & City Health Officials (NACCHO), and ONDCP awarded funding to five ORS states for pilot projects. In 2019, CDC awarded funding to seven ORS states for pilot projects (described below). CDC, in partnership with NACCHO, works closely with ORS state teams to ensure successful project implementation, monitoring, and evaluation. 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. CDC, through NACCHO, has provided $1.2 million over the past two years in funding to support the development, implementation, and evaluation of ORS pilot projects.

GA   IL   MD   NC

NJ   NY   VT

ORS Pilot Projects

Atlanta, GA

In 2018, the Grady's Mobile Integrated Health (MIH) Program received ORS pilot project funding to develop and implement their Post-overdose Outreach Program (POP). The MIH-POP team consists of a CARES certified Peer Support Specialist, an Advanced Emergency Medical Technician, and a Nurse Practitioner. Individuals who present with an opioid overdose at Grady Memorial Hospital are offered linkage to appropriate community resources. Interested individuals then receive weekly visits by the MIH-POP team in a location of their choice for ongoing coaching, support, and linkage to treatment and other services. This second-year funding will allow for the hiring of an additional peer support specialist that can reach out to a greater number of participants and for the expansion of their evaluation efforts. The pilot expansion for year 2 will also include developing a training curriculum to aid emergency department staff in providing care for patients with substance use disorder.

Cook County, IL

This project will build upon Cook County's Sheriff's Treatment Response Team (TRT), which launched in early 2019. The TRT is comprised of a narcotics police investigator trained in diversion, three licensed clinical social workers, and two drug addiction counselors. The team uses 911 dispatch data to conduct post overdose outreach. The team will also use ODMAP to track and identify areas with high amount of overdose incidents. The TRT teams offers naloxone training and naloxone kits, as well as, linkage and transportation to care and support services after an overdose. In addition to implementing post overdose outreach, the pilot will implement a three-session compassion fatigue training for officers at the Cook County Sheriff's Department. This funding will enable the program to expand linkage to care services. Funding will also be used to develop trainings and educational materials for clients, their families, as well as, Cook County law enforcement officers and project staff.

Grady's Post-Overdose Outreach Program (POP)

From the launch of the program in June 2019 through February 2020, 44 people have been enrolled into the program after contacting 148 overdose referrals. Of the 44 participants, 74% were enrolled through the emergency department. Continuous evaluation based on feedback from stakeholders has led to various program improvements. When the team recognized that participants who met with the peer support specialist in the emergency department were more likely to enroll in the program, the protocol was updated to expand coverage to seven days a week, and the pilot team will be developing a training for emergency department staff to improve their engagement and care for individuals with substance use disorder. The program has provided referrals or linkage to other services across 33 outreach contacts and linked five participants to residential treatment. With a successful first year, the pilot project was funded again to extend the programs' reach to serve a greater number of participants.

North Carolina's Jail-Based Opioid Overdose Education and Naloxone Distribution Project

Exit from incarceration is a risky time for those with opioid dependence and puts them at substantially increased risk for overdosing when compared to justice-involved populations with no history of substance abuse or the general population. In the first year of the ORS Pilot Projects, the North Carolina PHA and North Carolina Harm Reduction Coalition (NCHRC), developed and implemented an overdose prevention and education curriculum in three county jails to reduce opioid overdoses upon community reentry. Upon release Individuals receive naloxone and information about resources available within the community, such as MOUD providers, syringe exchange programs, and other harm reduction services. Additionally, a trained outreach specialist follows up to provide linkage to community-based care services. By February of 2020, 140 participants completed the training curriculum and 100 of those had never received naloxone training before. The pilot project was funded for a second year to continue providing jail-based overdose education and linkage to care upon exit, and to develop and implement training for jail staff on the opioid epidemic and overdose risk.

Carroll County, MD

The Carroll County Health Department (CCHD), in collaboration with the Carroll County Sheriff's Office (CCSO), received funding to establish a post-overdose outreach program that utilizes a team composed of a peer recovery specialist and a law enforcement officer. Face-to-face outreach will be conducted within 3-4 days of an overdose referral to offer support and linkage to treatment services, offer naloxone training and naloxone kits to the overdose victim and/or their family, and offer relevant education. Individuals desiring ongoing support are assigned to a peer support specialist for additional follow up.

Catawba, Cumberland, and Haywood Counties, NC

ORS pilot project funding enabled the North Carolina Harm Reduction Coalition (NCHRC) and the ORS PHA, with support from the Atlanta-Carolinas HIDTA, to expand jail-based overdose prevention education programs in three new counties with existing NCHRC presence (Cumberland, Catawba, and Haywood). This second year of funding will allow them to continue operating the program by supporting staff who provide the jail-based overdose education and linkage to care upon exit. Funding will also enable the development and implementation of a training component for jail staff on the opioid epidemic and overdose risks and will help further evaluation efforts.

Ocean County, NJ

This project seeks to expand the "Because We Care: Share Your Story" pilot program, a joint initiative between Ocean County Health Department and Brick Township Police Department in Ocean County, NJ. The program conducts home outreach to individuals who have experienced an overdose and been reversed by Narcan and/or their household members, first, to gather information on how to improve systems of care, and second, to link individuals with substance use disorders to treatment and recovery support services. Funding will be used to hire a social worker to provide linkage and short-term case management. It will also support the expansion of this program to four additional police departments and the procurement of a database to store the information collected. The goal of this project is to build an evidence-based program for overdose prevention and response in Ocean County, NJ by obtaining community feedback while increasing access to treatment and recovery resources.

Albany County, NY

The Catholic Charities Care Coordination Services (CCCCS), in partnership with the Albany County Correctional Facility (ACCF), NY/NJ HIDTA, CDC, and NACCHO, is working to expand services and rigorously evaluate the CCCCS Harm Reduction Wrap Around Project. Prior to release from ACCF, a Harm Reduction Re-entry Specialist from CCCCS works with the individual to provide support with discharge planning, harm reduction education, and wrap-around services designed to support their transition back to the community. If the client wishes to remain on MAT continued or initiated while at ACCF, the Re-entry Specialist will help to ensure a connection is made to a community-based MAT provider. Services also include providing overdose trainings for all interested participants, including the provision of naloxone upon discharge; linkage and referral to housing resources and other basic needs; peer recovery services; and linkage to other vital health care services. Provided the client wishes to remain engaged, the re-entry specialists maintain contact with clients post-release, making follow-up contacts at regular intervals. CCCCS has partnered with the State University of New York at Albany School of Public Health to develop the evaluation design and data collection tools. Findings will be used to revise and enhance operations for the program and contribute to the evidence base for effective programs providing linkages to care and needed services to individuals upon release from criminal justice settings.

Springfield, VT

This project expands upon an existing post-overdose outreach program that utilizes a team consisting of a police liaison from the designated mental health agency, combined with a trained Recovery Coach from the Springfield Turning Point Recovery Center. The team offers linkage to treatment, harm reduction services, housing assistance, and other social services. Referrals are made from the Springfield Police Department, Springfield Fire/EMS Department, and may be made by other community partners or self-referrals. A partnership with Springfield Hospital allows for Recovery Coaches to meet with individuals following an overdose, if they are transported for treatment. Funding for this project will also be used to develop print

ORS-Wide Efforts to Understand and Address 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. In keeping with this philosophy, the ORS undertook several activities in 2019 to enhance its understanding of the opioid epidemic and strategies for combating it across the entire ORS region.

ORS Cornerstone Projects

The collaboration between DIOs and PHAs is critical to achieving the overall mission of the ORS. Accordingly, the ORS provides purposeful opportunities to leverage the power of this public health/public safety collaboration through annual Cornerstone Projects. These projects mobilize the entire ORS to answer common questions or address shared informational needs that affect the ORS region as a whole. The projects are guided by evidence-based and emerging best practices to reduce overdose and are carried out on a yearly basis by PHAs and DIOs. Each time, they focus on a different priority topic selected by HIDTA Directors and ORS partners at CDC. Recommendations and implications from the project findings are actionable for both public health and public safety partners. In 2016, PHAs and DIOs implemented the "Fentanyl Cornerstone Project," which examined state-level trends for fentanyl-related deaths. In 2017, the "911 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. 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.

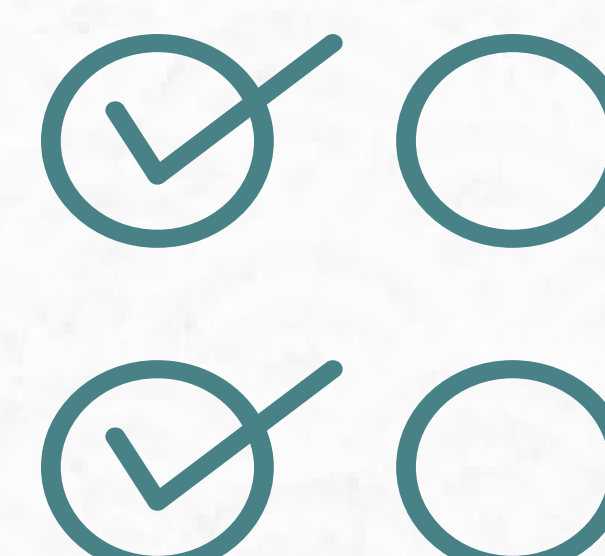# The 2019 Cornerstone Project: "Overdose Prevention in Jails"
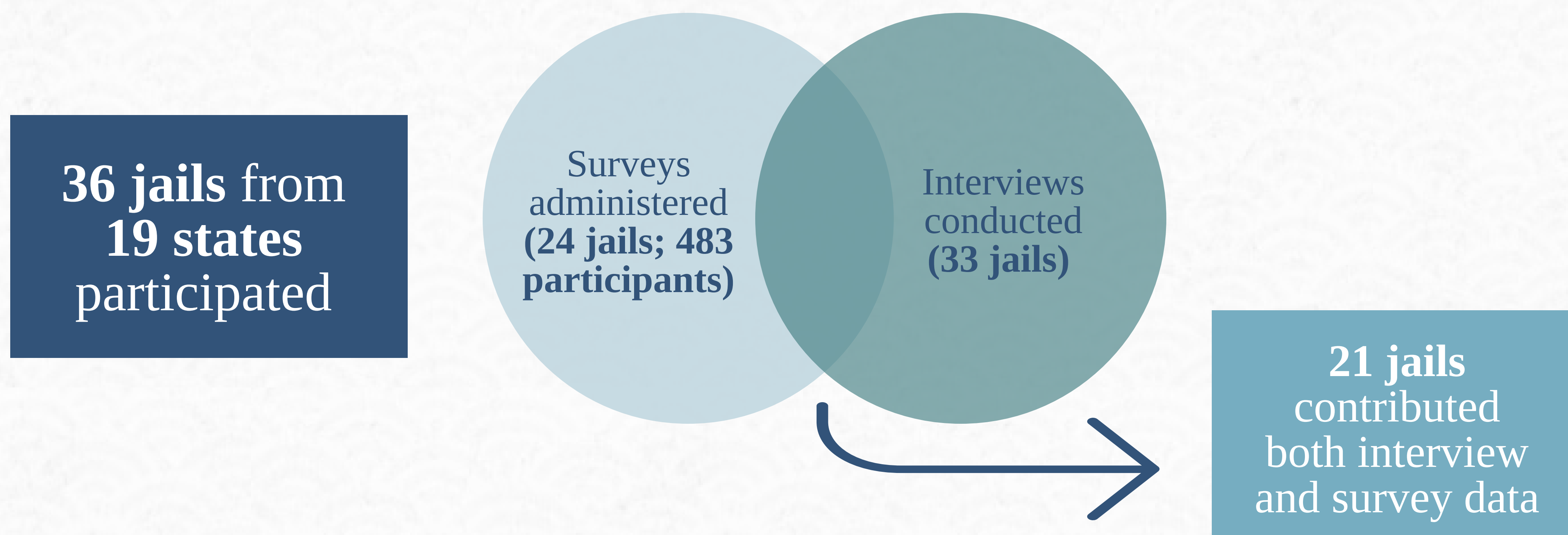
Determine high-burden counties	Identify jails	Conduct interviews	Disseminate survey

In 2019, DIOs and PHAs implemented the "Overdose Prevention in Jails" Cornerstone Project. Recognizing that substance use disorder among incarcerated individuals is prevalent and risk of overdose following release is high, this project seeks to advance the implementation of evidence-based strategies that reduce overdose risk during and upon release from incarceration in jail. These strategies include medication-assisted treatment (MAT) or medication for opioid use disorder (MOUD), overdose education and naloxone distribution, and linkage to care upon release. For this project, PHAs and DIOs in 19 of the ORS states identified jails in high burden counties and conducted interviews with jail medical directors to understand barriers and facilitators to providing services to incarcerated individuals with opioid use disorder (OUD). PHAs and DIOs also administered a survey to correctional staff regarding their understanding of MAT and their training needs related to working with individuals with OUD. Each state conducted interviews and administered surveys in one maintenance jail and one non-maintenance jail. MAT for maintenance was defined as the provision of MAT during incarceration to individuals diagnosed with opioid use disorder (OUD) after booking, with the exception of pregnant individuals, or the continuation of MAT during incarceration for individuals who were on MAT prior to booking, with the exception of pregnant individuals.

To synthesize the information collected by PHAs and DIOs, CDC will work with state teams to create a toolkit that guides the implementation and evaluation of jail-based overdose prevention strategies. PHAs and DIOs will be able to use findings and recommendations from this project to support jails in improving efforts to reduce overdose risk among incarcerated individuals.

36 jails from **19 states** participated

Surveys administered **(24 jails; 483 participants)**

Interviews conducted **(33 jails)**

21 jails contributed both interview and survey data

The 2019 PHA/DIO Conference

In May 2019, HIDTA Directors, CDC representatives, PHAs, DIOs, and ORS management staff gathered in Charleston, South Carolina for a two-day internal working meeting to discuss and share best practices to engage local partners, create impactful interventions, and build collaboration within the ORS. This meeting also helped ORS personnel improve their collaboration and gain valuable insights into the innovative work conducted in other states.

First convened in 2018, this meeting remains an important opportunity for the ORS to discuss the goals and vision for the initiative, and to share successes, challenges, and best practices across the ever-growing network of PHAs and DIOs. PHAs and DIOs presented to their colleagues on the ways they were engaging their local communities in overdose prevention, how they were facilitating data use and data sharing, and polysubstance use trends and regional emerging threats. In total, 16 PHAs and DIOs across 10 states presented on their current efforts and successes. In small groups, PHAs and DIOs discussed collaboration challenges that they faced, as well as topics like parcel interdiction and treatment in correctional settings.

External speakers from CDC, CDC Foundation, the Bureau of Justice Assistance, Boston Medical Center and the National Emerging Threats Initiative presented on their work and upcoming grant and pilot project opportunities for states and localities to engage in efforts to reduce overdose and increase public health and public safety collaboration.

Of those who attended the meeting:

93% *found it to be worth their time, and* **88%** *found the content of the meeting to be relevant to their role.*

88% *of PHAs and DIOs who attended the meeting felt that it helped the build and strength their relationships across states, and* **84%** *felt the meeting gave them a better understanding of the work being done by state teams in other parts of the country.*

ORS Performance Measures

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 for measuring the performance of the ORS. To accomplish this task, PMP staff created the ORS HIDTA, a "virtual HIDTA" and included it in the list of HIDTAs located on PMP's home screen. The virtual HIDTA framework makes it possible for those participating in the ORS to report performance data for their respective ORS activities while, simultaneously, allowing the PMP database 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 tasks such 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 2019 ORS performance measures. Definitions for the measures can be found in Appendix A.

Table 1: ORS PMP Totals, 2019

PMP MEASURE	Expected	Q1	Q2	Q3	Q4	Total
Drug Felony Arrest Notifications Sent	450	4,447	3,539	3,615	3,323	14,924
Analytical Supports	200	28	23	26	14	91
Actionable Intelligence and Recommendations Reports	200	143	202	298	106	4,447

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

Looking Ahead: ORS Expansion and Sustainability

Looking Ahead: ORS Expansion and Sustainability

In 2019, the ORS built upon its work of the previous years by: continuing to improve access to real-time data for rapid overdose response; increasing timely, accurate information about emerging drug threats, such as stimulants and polysubstance use; promoting multidisciplinary, multiagency data-sharing and collaboration; promoting prevention strategies in schools and high-risk communities; and supporting first responder behavioral and mental health.

In 2020, the ORS continues to expand its footprint and increase the CDC's investment in the program. The ORS has added 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), and only a DIO in California (Los Angeles HIDTA), Nevada (Nevada HIDTA), Oregon (Oregon HIDTA) and Washington (Northwest 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. Funding provided by CDC has allowed CDCF to hire 6 PHAs for the new ORS states, as well as PHAs in five existing ORS states (TN, KY, MN, WI and SC), while ONDCP provided funding to the HIDTAs to hire 10 DIOs. The ultimate vision and goal is to implement the ORS as a national program, having a PHA funded by the CDC in every ORS state, along with a DIO funded by ONDCP.

Additionally, CDC has provided funding to CDCF for two coordinator positions to support the ORS expansion. The ORS Training and TA Coordinator, to develop and implement training needs assessments, develop a training plan based on findings from the needs assessment, and organize and execute webinars and other forms of training to address training needs and ensure PHAs and DIOs have access to the latest information and science on drug threats and overdose prevention. This position is also responsible for organizing and coordinating the annual PHA/DIO conference. The PHA Performance Monitoring Coordinator, to develop and improve program monitoring and reporting tools to identify PHA success stories, track implementation of PHA activities, and summarize and present PHA activities and performance metrics. Both positions serve as Points of Contact for up to eight PHAs.

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: 2019 ORS Performance Measures

Appendix A: 2019 ORS Performance Measures

INDICATOR	DESCRIPTION
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.
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.
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.
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.
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: • Intelligence bulletins • Drug Monitoring Initiative (DMI) bulletins • 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. • Reports linked to specific cases that do not meet the definition of analytical case support. This metric measures information sharing.

INDICATOR	DESCRIPTION
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.
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.
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.
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.

References

[1] Wilson N, Kariisa M, Seth P, et al. Drug and Opioid-Involved Overdose Deaths—United States, 2017-2018. MMWR Morb Mortal Wkly Rep 2020;69:290-297.

[2] Ten Leading Causes of Injury Death by Age Group Highlighting Unintentional Injury Deaths, United States, 2018. (2018). Retrieved from
https://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_by_age_group_unintentional_2018_1100w850h.jpg

[3] Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2018. NCHS Data Brief, no 356. Hyattsville, MD: National Center for Health Statistics. 2020.

[4] Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2020. Retrieved from https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm.

[5] 2017-2018 Drug Overdose Death Rate Increases Map. (2020). Retrieved from
https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-rate-increase-map-2017-2018.html

[6] U.S Department of Justice, Drug Enforcement Administration (DEA). (2020). 2019 National Drug Threat Assessment (NDTA). Retrieved from https://www.dea.gov/sites/default/files/2020-01/2019-NDTA-final-01-14-2020_Low_Web-DIR-007-20_2019.pdf

[7] U.S Department of Justice, Drug Enforcement Administration (DEA). (2020). Fentanyl Flow to the United States. Retrieved from
https://www.dea.gov/sites/default/files/2020-03/DEA_GOV_DIR-008-20%20Fentanyl%20Flow%20in%20the%20United%20States_0.pdf

[8] Gladden RM, O'Donnell J, Mattson CL, Seth P. Changes in Opioid-Involved Overdose Deaths by Opioid Type and Presence of Benzodiazepines, Cocaine, and Methamphetamine — 25 States, July–December 2017 to January–June 2018. MMWR Morb Mortal Wkly Rep 2019;68:737–744. DOI: http://dx.doi.org/10.15585/mmwr.mm6834a2

[9] Jones CM, Compton WM, Mustaquim D. Patterns and Characteristics of Methamphetamine Use Among Adults — United States, 2015–2018. MMWR Morb Mortal Wkly Rep 2020;69:317–323.
DOI: http://dx.doi.org/10.15585/mmwr.mm6912a1

[10] Office of National Drug Control Policy. (2020). National Drug Control Strategy.
Retrieved from https://www.whitehouse.gov/wp-content/uploads/2020/02/2020-NDCS.pdf

[11] Burnett H, Wahl K. 2015. The compassion fatigue and resilience connection: A survey of resilience, compassion fatigue, burnout, and compassion satisfaction among trauma responders. International Journal of Emergency Mental Health and Human Resilience 17;1: 318-326.

ORS

HIGH INTENSITY DRUG TRAFFICKING AREAS

OVERDOSE RESPONSE STRATEGY

Public Health/Public Safety Partnership