

STATE-BY-STATE ASSESSMENT ON OPIOID EPIDEMIC AND EMERGENCY RESPONSE

AS OF MARCH 17<sup>TH</sup> 2017 (ASTHO)

STATE-BY-STATE ASSESSMENT ON OPIOID EPIDEMIC RELATED EMERGENCY RESPONSE BY STATES (ASTHO-MARCH 29, 2017)				
STATES	Question 1: Has your jurisdiction issued any executive or administrative orders or declarations that provide emergency powers needed for response to the opioid epidemic?  YES=16% (7); NO=84% (36)	Question 2: What is your jurisdiction's current stance on using an Incident Command Structure as an escalated platform to help organize and coordinate your response? (Check one below)  1) IMPLEMENTED AN ICS=9% (4) AK, KY, MD, VA 2) RESPONSE MANAGED THROUGH NORMAL PROGRAM OPERATION=56% (24) 3) DID NOT CONSIDER THIS=35% (15)	Question 3: Has your jurisdiction/agency officially activated its Emergency Operations Center for the Opioid Crisis?  YES=5% (2) KY & MD; NO=95% (40)	Question 4: Please feel free to share any other information that you feel is relevant and helpful to others. (ADDITIONAL COMMENTS)
	(10-STATES REPORTED ADDITIONAL COMMENTS)	(12-STATES REPORTED ADDITIONAL COMMENTS)	(4-STATES REPORTED ADDITIONAL COMMENTS)	(28-STATES REPORTED ADDITIONAL COMMENTS)
1. ALASKA	<ul style="list-style-type: none"> <li>Disaster Declaration to provide a statewide medical standing order to allow entities with non-medical direction to distribute and administer naloxone.</li> <li>Administrative Order establishing statewide multi-agency ICS system</li> </ul>	<ul style="list-style-type: none"> <li>Date of ICS Implementation: February 16, 2017</li> </ul>		
2. ARKANSAS				<p><b>ARKANSAS</b></p> <ul style="list-style-type: none"> <li>In 2013, a prescription drug monitoring program known as the <u>Arkansas Prescription Monitoring Program (AR PMP)</u> was implemented by the Arkansas Department of Health in an effort to combat prescription drug abuse.</li> <li>Enrollees (health care professionals with authority to prescribe or dispense controlled substance prescriptions in their scope of practice) of the program were invited to participate in the AR PMP.</li> <li>Since implementation, PMP data show:                             <ul style="list-style-type: none"> <li>Quantities of opioids prescribed by Arkansas prescribers have decreased.</li> <li>Medication assisted treatment with <b>buprenorphine</b> has increased.</li> </ul> </li> </ul>
3. ARIZONA	<ul style="list-style-type: none"> <li>Administrative orders relating to prescribing authority and one with regards to Department of Corrections</li> </ul>		<ul style="list-style-type: none"> <li>Please see footnote<sup>1</sup></li> </ul>	
4. CALIFORNIA		<ul style="list-style-type: none"> <li>Worked with <u>emergency preparedness staff</u> for several weeks when California was experiencing issues with <b>Fentanyl</b> related ER visits.</li> <li>Hospitals were told to voluntarily report these incidents.</li> </ul>		<p><b>CALIFORNIA</b></p> <ul style="list-style-type: none"> <li>Not needed an ICS structure for the response to the opioid crisis</li> <li>Established a <u>statewide workgroup</u> across departments and Agencies including <u>external stakeholders</u> to ensure that we are working in alignment.</li> <li>Worked with law enforcement, Medicaid program, Office of Statewide Health Planning and Development, foundations, the consumer board, and others to share our work and determine next steps.</li> <li>Created a <u>data dashboard</u> that allows local jurisdictions to drill down and see a cross section of data specific to their communities.</li> </ul>
5. COLORADO	<ul style="list-style-type: none"> <li>SB 15-053 was passed which allowed the Department Executive Director to issue standing orders for pharmacies and other detox/recovery and reduction organizations to make <b>Naloxone</b> (Narcan) available to those who may benefit from access to it.</li> <li>This initiative has resulted in <u>law enforcement carrying Naloxone</u> and having EMT-Bs administer it as well.</li> <li>Although this initiative was for the heroin issue, <b>this may have had an indirect impact on an increase in other opioid abuse.</b></li> </ul>	<ul style="list-style-type: none"> <li>ICS is the standard management process used by prehospital, hospitals, LPHAs and emergency management organizations.</li> </ul>	<ul style="list-style-type: none"> <li>There has been little noticeable impact of an Opioid crisis.</li> <li>This is handled at the local clinic, prehospital and hospital level.</li> </ul>	<p><b>COLORADO</b></p> <ul style="list-style-type: none"> <li>The state of Colorado has <u>not experienced</u> this Opioid crisis that has been seen in other parts of the US. <u>Any slight increase may have been mitigated by the impacts of SB 15-053.</u></li> <li>There are anecdotal discussions that this <u>may have been reduced due to the legalization of marijuana</u> and its accessibility.</li> </ul>
6. DISTRICT OF COLUMBIA		<ul style="list-style-type: none"> <li>DC's ICS footprint would essentially mimic our standard activation posture for incident</li> </ul>		<p><b>DISTRICT OF COLUMBIA</b></p> <ul style="list-style-type: none"> <li>Convened The Heroin Task Force in 2015. The Task Force is represented by state and</li> </ul>

<sup>1</sup> Governor Ducey declared a Public Health State of Emergency on June 5th 2017

STATE-BY-STATE ASSESSMENT ON OPIOID EPIDEMIC RELATED EMERGENCY RESPONSE BY STATES (ASTHO-MARCH 29, 2017)

STATES	<p><b>Question 1:</b> Has your jurisdiction issued any executive or administrative orders or declarations that provide emergency powers needed for response to the opioid epidemic? <b>YES=16% (7); NO=84% (36)</b></p>	<p><b>Question 2:</b> What is your jurisdiction’s current stance on using an Incident Command Structure as an escalated platform to help organize and coordinate your response? (Check one below) <b>1) IMPLEMENTED AN ICS=9% (4) AK, KY, MD, VA</b> <b>2) RESPONSE MANAGED THROUGH NORMAL PROGRAM OPERATION=56% (24)</b> <b>3) DID NOT CONSIDER THIS=35% (15)</b></p>	<p><b>Question 3:</b> Has your jurisdiction/agency officially activated its Emergency Operations Center for the Opioid Crisis? <b>YES=5% (2) KY &amp; MD; NO=95% (40)</b></p>	<p><b>Question 4:</b> Please feel free to share any other information that you feel is relevant and helpful to others. <b>(ADDITIONAL COMMENTS)</b></p>
		<p>management.</p> <ul style="list-style-type: none"> <li>✚ The DC Department of Health’s Health Emergency Preparedness and Response Administration (DOH HEPPRA) has incorporated a 24/7 Watch Officer program that is able to effectively initiate coordinated response action of micro or macro incidents in near real-time, which supports an immediate response to any reported epidemiologic urgent matter.</li> <li>✚ Should such an urgent event occur, our Health Emergency Command Center will be activated in collaboration with the DC Department of Health’s Health and Medical Coalition (HMC).</li> <li>✚ Communication and messaging would ensue with Emergency Departments and with a request for relevant information marked by opioid incidents.</li> <li>✚ The ICS system allows us to incorporate subject matter experts (SMEs) in overdose, treatment, detox, residential/outpatient rehab and therapies.</li> <li>✚ Our Task Force supports our Public Health Emergency Preparedness efforts with situational awareness.</li> </ul>		<p>federal government agencies.</p> <ul style="list-style-type: none"> <li>✚ In collaboration with various agencies, the Task Force began to address heroin use/overdoses and other drug related issues like <b>K2 and synthetic cannabinoids</b>.</li> <li>✚ Syndromic surveillance (ESSENCE) is used to view findings consistent with an overdose.</li> <li>✚ Additionally, geo-mapping based on Fire and EMS, MPD and Fusion data provides potential area hotspots and overall distribution of heroin and other trends, e.g. <b>Carfentanyl</b>.</li> </ul>
<p>7. FLORIDA</p>	<ul style="list-style-type: none"> <li>✚ In 2016, Florida enacted the “<b>Emergency Treatment and Recovery Act</b>” which authorizes health care practitioners to prescribe and dispense opioid antagonists to patients, caregivers and first responders for the emergency treatment of known or suspected opioid overdoses occurring <u>when a health care practitioner is not available</u>.</li> <li>✚ Pharmacists are authorized to dispense an appropriately labeled opioid antagonist based on a prescription that has been issued in the name of a patient or caregiver.</li> <li>✚ The <u>statute defines caregiver</u> and authorizes patients or caregivers to store and possess a dispensed opioid antagonist for later administration.</li> <li>✚ Additionally, it authorizes emergency responders, including but not limited to, law enforcement officers, paramedics and emergency medical technicians, to possess, store and administer <u>emergency opioid antagonists as clinically indicated</u>.</li> <li>✚ Immunity from civil liability is provided under s. 768.13, F.S., the Good Samaritan Act, to any person, including health care practitioners and emergency responders, who possess, administer or store an approved opioid antagonist in accordance with the</li> </ul>			<p><b>FLORIDA</b></p> <ul style="list-style-type: none"> <li>✚ The lead agency on substance abuse and mental health, in Florida, is the Department of <u>Children and Families</u>. They are taking the lead on this issue.</li> </ul>

STATE-BY-STATE ASSESSMENT ON OPIOID EPIDEMIC RELATED EMERGENCY RESPONSE BY STATES (ASTHO-MARCH 29, 2017)

STATES	Question 1: Has your jurisdiction issued any executive or administrative orders or declarations that provide emergency powers needed for response to the opioid epidemic? <b>YES=16% (7); NO=84% (36)</b>	Question 2: What is your jurisdiction's current stance on using an Incident Command Structure as an escalated platform to help organize and coordinate your response? (Check one below) <b>1) IMPLEMENTED AN ICS=9% (4) AK, KY, MD, VA 2) RESPONSE MANAGED THROUGH NORMAL PROGRAM OPERATION=56% (24) 3) DID NOT CONSIDER THIS=35% (15)</b>	Question 3: Has your jurisdiction/agency officially activated its Emergency Operations Center for the Opioid Crisis? <b>YES=5% (2) KY &amp; MD; NO=95% (40)</b>	Question 4: Please feel free to share any other information that you feel is relevant and helpful to others. <b>(ADDITIONAL COMMENTS)</b>
	Act.			
8. GEORGIA	✚ Proposed legislative bill moving through legislature at this time for emergency powers.			
9. HAWAII		✚ While this hasn't been specifically considered, our practice here is that should a response escalate to require multiple resources and a number of staff (e.g., large-scale outbreak), ICS would be utilized.		<b>HAWAII</b> ✚ Aware of the concerns around the opioid epidemic; however, the conditions in Hawaii do not warrant emergency operations or even need for specific response at this time. ✚ Hawaii Health Director (or SHO), however, has convened a <u>multi-disciplinary work group</u> within the Department to review and discuss potential issues and identify areas we need to address and possible preventive or future response actions.
10. KENTUCKY		✚ Date of ICS Implementation: Labor Day weekend 2016	✚ Preparedness organized an ICS response to help support the public information messages, statewide call with hundreds of stakeholders from medical community, and surveillance we did over the Labor Day weekend to collect information from hospitals, EMS and the Poison Control on the number of overdoses. ✚ An Operations Center Manger was assigned for each 24 hour shift during the holiday weekend. ✚ Following Labor Day weekend events, [the] Preparedness [Unit] has been working with our partners in HIV, local health departments and the Kentucky Pharmacists Association to exercise our plans for the mobile pharmacy and distribute Narcan free to the community. ✚ To date, we have visited 3 communities and a few more exercises are scheduled in other communities in the next few months. ✚ As part of this effort, LHDs are offering HIV/HCV testing, syringe exchange (where programs already exist) and treatment referrals through collaboration with community behavioral health partners. ✚ Organized an operational structure to support the various aspects including logistics and a central point of contact to coordinate all pieces of the operation.	<b>KENTUCKY</b> ✚ Kentucky is seeking alternative funding to <u>create a free-standing program</u> that would be called the <u>Harm Reduction Mobile Program</u> . ✚ This program would build upon the work done by Preparedness and HIV but would be <u>supported by dedicated staff</u> and would use preparedness plans, resources and partnerships already established (like the mobile pharmacy and network of pharmacy volunteers) to support. ✚ If funded, it would offer a variety of services and include response component for surge in overdoses or spread of disease from <u>IV drug use</u> . ✚ Another key component would be a <b>"fusion center"</b> of sorts that would involve collaboration with partners that collect and have access to data and information related to opioid use and would have a response plan to outline the roles of various partners to respond to surges.
11. LOUISIANA	✚ <b>Standing order for naloxone</b> -the State of Louisiana has issued a standing order for <b>naloxone</b> . This allows for participating pharmacists to dispense naloxone to laypeople including caregivers, family and friends of an opioid user. ✚ This standing order also includes directions on how to administer naloxone to someone who has overdosed.			<b>LOUISIANA</b> ✚ Louisiana State Analytical & <b>Fusion Exchange</b> LA-SAFE supports the state during major disasters and emergencies by gathering, analyzing and disseminating information to assist relevant agencies in their decision making processes, which permit resource maximization in the protection of citizens of the state of Louisiana. ✚ Both entities are responsible for information exchange and dissemination of relevant information pertaining to ESF-8 which affects the public health or possesses the potential to affect the public health of the citizens of Louisiana. ✚ Both parties have been conferring regularly regarding the opioid epidemic. BCP partnered with LA-SAFE in assisting The Gulf Coast High Intensity Drug Trafficking Area (GC HIDGTA) in coordinating its annual drug threat assessment by completing a survey to produce this year's drug survey.

STATE-BY-STATE ASSESSMENT ON OPIOID EPIDEMIC RELATED EMERGENCY RESPONSE BY STATES (ASTHO-MARCH 29, 2017)

STATES	Question 1: Has your jurisdiction issued any executive or administrative orders or declarations that provide emergency powers needed for response to the opioid epidemic? <b>YES=16% (7); NO=84% (36)</b>	Question 2: What is your jurisdiction's current stance on using an Incident Command Structure as an escalated platform to help organize and coordinate your response? (Check one below) <b>1) IMPLEMENTED AN ICS=9% (4) AK, KY, MD, VA 2) RESPONSE MANAGED THROUGH NORMAL PROGRAM OPERATION=56% (24) 3) DID NOT CONSIDER THIS=35% (15)</b>	Question 3: Has your jurisdiction/agency officially activated its Emergency Operations Center for the Opioid Crisis? <b>YES=5% (2) KY &amp; MD; NO=95% (40)</b>	Question 4: Please feel free to share any other information that you feel is relevant and helpful to others. <b>(ADDITIONAL COMMENTS)</b>
12. MARYLAND	<ul style="list-style-type: none"> <li>Executive Order (2015): Established statewide advisory councils charged with making recommendations.</li> <li>Executive Order (2017): Established the <u>OPIOID Crisis Response Structure</u> designed to implement those recommendations as well as other recommendations.</li> <li>Press Release signed March 1, 2017 on Maryland's state of emergency and funding.</li> </ul>	<ul style="list-style-type: none"> <li>Established the "virtual response center" using ICS principles.</li> <li>OP&amp;R was tasked with assisting in setting up the structure that integrates response actions across all state agencies.</li> </ul>	<ul style="list-style-type: none"> <li>Maryland established the "virtual response center" (VirtOPs Center).</li> <li>The Core Group includes DHMH/OPR; Maryland Emergency Management Agency; DHMH/ Behavioral Health Administration; Governor's Office, and more.</li> </ul>	
13. MINNESOTA		<ul style="list-style-type: none"> <li>Leadership is open to and embraces using ICS at the Minnesota Department of Health.</li> </ul>		<p><b>MINNESOTA</b></p> <ul style="list-style-type: none"> <li>MDH is working across the department on this crisis. At this time the <u>injury prevention staff</u> as well as the executive office has been engaged.</li> <li>The <u>PHEP program</u> is open to assisting as needed with ICS structures as requested.</li> <li>There is <b>Governor executive orders</b> related to the <u>opioid crisis</u>.</li> <li>MDH has the SOOP (<u>State Opioid Overdose Prevention</u>) group, which is convened under executive authority.</li> <li>There has also been a lot of activity on this by the Attorney General's Office.</li> </ul>
14. NEW HAMPSHIRE	<ul style="list-style-type: none"> <li>Several laws were rapidly enacted to specifically allow for broader dispensing of <b>naloxone</b>. A summary of the NH response is available here: <a href="http://www.dhhs.nh.gov/dcbcs/bdas/documents/state-response-opioid-crisis.pdf">http://www.dhhs.nh.gov/dcbcs/bdas/documents/state-response-opioid-crisis.pdf</a></li> </ul>	<ul style="list-style-type: none"> <li>Considered but a <u>formal ICS structure was not activated</u>.</li> <li>The response was managed through a <u>regular team meeting</u> that had some structure but did not operate under the principals of ICS.</li> </ul>		<p><b>NEW HAMPSHIRE</b></p> <ul style="list-style-type: none"> <li>NH has <u>moved beyond the point of needing an IMT response</u> at this point, rather we need to <u>maintain capacity and organization</u> to address the lasting effects of this drug epidemic.</li> <li>NH response has been multifaceted and has been led not by our public health agency, <u>but by the governor's office</u> and the DHHS bureau of drug and alcohol services, which is not part of the state public health agency.</li> <li><b>Public health has been at the table though, just not in a lead role.</b></li> <li>Of particular relevance to PHEP, we used Strategic National Stockpile (SNS) inventory and dispensing strategies for dispensing <b>naloxone</b> to communities to prevent opioid-related deaths.</li> </ul>
15. UTAH	<ul style="list-style-type: none"> <li>Executive Director issued a <b>standing order</b> that will allow any Utah pharmacy to dispense a <b>naloxone kit</b> to anyone requesting it, at their expense.</li> </ul>			
16. VIRGINIA	<ul style="list-style-type: none"> <li>Virginia Declaration of Public Health Emergency (November 21, 2016)</li> <li>Virginia Standing Order (November 21, 2016)</li> </ul>	<ul style="list-style-type: none"> <li>Virginia Addiction IMT-01/27/2016</li> </ul>	<ul style="list-style-type: none"> <li>VDH Emergency Coordination Center (ECC) is on standby for potential surge.</li> <li>VDH Incident Management Team (IMT) is activated.</li> <li>Coordination at executive level co-chaired by Secretaries of Health / Human Resources and Public Safety / Homeland Security.</li> </ul>	<p><b>VIRGINIA</b></p> <ul style="list-style-type: none"> <li>CONOPS DRAFT is in review.</li> <li>Health Regional Champions/Cells are identified using State Police Regions to coordinate with counterparts.</li> <li>Coalitions are being engaged.</li> <li>Commissioner Standing Order for <b>Naloxone</b> published.</li> <li>Commissioner letters to Clinicians and Pharmacists published.</li> <li>Additionally, there is a multi-agency collaboration between Secretariats of Health and Human Resources and Public Safety.</li> </ul>
17. WEST VIRGINIA		<ul style="list-style-type: none"> <li>WVDHHR is currently exploring ICS command options to assist with information sharing, coordination, and response activities.</li> </ul>		<p><b>WEST VIRGINIA</b></p> <ul style="list-style-type: none"> <li>Commissioner and State Health Officer, briefed the Governor on the opioid health crisis in January; the Bureau for Public Health was asked to help craft legislation to comprehensively address the <u>opioid crisis</u>.</li> <li>The Bureau assisted in developing the Governor's omnibus bill (Senate Bill 418) which would establish the Comprehensive Substance Use Reduction Act and <u>create the Office of Drug Control Policy</u> under the direction of the Secretary of DHHR and the supervision of the State Health Officer.</li> </ul>

**STATE-BY-STATE ASSESSMENT ON OPIOID EPIDEMIC RELATED EMERGENCY RESPONSE BY STATES (ASTHO-MARCH 29, 2017)**

STATES	Question 1: Has your jurisdiction issued any executive or administrative orders or declarations that provide emergency powers needed for response to the opioid epidemic?  <b>YES=16% (7); NO=84% (36)</b>	Question 2: What is your jurisdiction's current stance on using an Incident Command Structure as an escalated platform to help organize and coordinate your response? (Check one below) <b>1) IMPLEMENTED AN ICS=9% (4) AK, KY, MD, VA</b> <b>2) RESPONSE MANAGED THROUGH NORMAL PROGRAM OPERATION=56% (24)</b> <b>3) DID NOT CONSIDER THIS=35% (15)</b>	Question 3: Has your jurisdiction/agency officially activated its Emergency Operations Center for the Opioid Crisis?  <b>YES=5% (2) KY &amp; MD; NO=95% (40)</b>	Question 4: Please feel free to share any other information that you feel is relevant and helpful to others. <b>(ADDITIONAL COMMENTS)</b>
				<ul style="list-style-type: none"> <li>The bill incorporates the West Virginia Poison Center as a division of the Office. A companion bill, House Bill 3028, was introduced on March 15, 2017</li> <li>In the bill, The State Health Officer is directed to <u>conduct a study of prescribing and treatment history of persons who suffered a fatal or nonfatal opiate overdose in calendar years 2013-2015.</u></li> </ul>
18. RHODE ISLAND		<ul style="list-style-type: none"> <li>In 2015, briefly discussed the potential for issuing a public health emergency, which would ultimately then include ICS activation.</li> <li>RI <u>activated</u> (RIDOH's EOP includes a section for <u>informal activation, which is usually the activation of a Task Force to help coordinate a cross-Department effort</u>), the Governor's Overdose Task Force, the RIDOH Internal Overdose Task Force, and the weekly state leadership OD calls allow for an acceptable one step down from statewide ICS activation for now.</li> </ul>		
19. MICHIGAN				<p><b>MICHIGAN</b></p> <ul style="list-style-type: none"> <li>MI is engaging in a large number of activities related to the <u>opioid crisis</u> involving enhanced syndromic surveillance, outreach to forensic pathologists, EMS data monitoring, PCC, behavioral health, risk communications, etc.</li> <li>The <u>Preparedness Unit</u> is in the middle of the activities but the SEOC is still actively working on Flint.</li> <li>MI also has an <u>Opioid Taskforce</u> that is assisting.</li> </ul>
20. MISSOURI				<p><b>MISSOURI</b></p> <ul style="list-style-type: none"> <li>MO has been working closely with local agencies to characterize the opioid crisis in Missouri and identify strategies to combat the issue.</li> <li>DHSS has been <u>accessing a variety of health data</u> information systems to identify high risk areas within the state.</li> <li>In addition, in 2014 a law was passed to allow first responders to carry and administer <b>Narcan (Naloxone)</b>, and</li> <li>In 2016 a law was passed <u>allowing pharmacists to dispense Narcan</u> while also legalizing <u>possession</u> of Narcan without a prescription.</li> </ul>
21. MISSISSIPPI				<p><b>MISSISSIPPI</b></p> <ul style="list-style-type: none"> <li>The MS Legislature is in session and working to pass Legislation that makes <b>Narcan</b> available to first responders (fire, police, etc.) to use for overdose calls. EMTs of all levels are already approved.</li> </ul>
22. NEBRASKA				<p><b>NEBRASKA</b></p> <ul style="list-style-type: none"> <li>While this hasn't been a declared or "activated" emergency in the state, there are a number of <u>opioid abuse projects</u> going on at the state level in our Public Health, Behavioral Health, Medicaid, AG's Office, universities, and law enforcement systems.</li> </ul>
23. NORTH CAROLINA				<p><b>NORTH CAROLINA</b></p> <ul style="list-style-type: none"> <li>NC enacted a <u>standing order</u> from our State Health Director to allow <b>naloxone</b> by first responders.</li> </ul>
24. NEW MEXICO				<p><b>NEW MEXICO</b></p> <ul style="list-style-type: none"> <li>NM has the <b>had the highest rate of drug overdose death among states</b> for most years since 1992 and this has been a crisis in this state since at least 1999.</li> <li><b>New Mexico is one of 4 states recognized by the National Safety Council in 2016 as having the best policy approach to the epidemic.</b></li> </ul>

**STATE-BY-STATE ASSESSMENT ON OPIOID EPIDEMIC RELATED EMERGENCY RESPONSE BY STATES (ASTHO-MARCH 29, 2017)**

STATES	<b>Question 1:</b> Has your jurisdiction issued any executive or administrative orders or declarations that provide emergency powers needed for response to the opioid epidemic?  YES=16% (7); NO=84% (36)	<b>Question 2:</b> What is your jurisdiction's current stance on using an Incident Command Structure as an escalated platform to help organize and coordinate your response? (Check one below) 1) IMPLEMENTED AN ICS=9% (4) AK, KY, MD, VA 2) RESPONSE MANAGED THROUGH NORMAL PROGRAM OPERATION=56% (24) 3) DID NOT CONSIDER THIS=35% (15)	<b>Question 3:</b> Has your jurisdiction/agency officially activated its Emergency Operations Center for the Opioid Crisis?  YES=5% (2) KY & MD; NO=95% (40)	<b>Question 4:</b> Please feel free to share any other information that you feel is relevant and helpful to others. <b>(ADDITIONAL COMMENTS)</b>
25. NEW YORK CITY				<b>NEW YORK CITY</b> NY City has considered using <u>medical reserve corps</u> to support dissemination of educational messages around opioids; Also used <u>mental health service corps</u> to expand <b>naloxone</b> distribution over a 2-week period.
26. PENNSYLVANIA				<b>PENNSYLVANIA</b> The response to the opioid epidemic has been led by the Governor's office, and coordinated through the Departments of Health, Human Services, and Drug and Alcohol programs working as a multi-agency task force.
27. TENNESSEE				<b>TENNESSEE</b> Tennessee Letter of Support for CDC "Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality" FOA
28. PUERTO RICO				<b>PUERTO RICO</b> Currently there are <u>no steps taken</u> regarding a possible response to an opioid crisis. The jurisdiction has <u>not officially declare</u> , either administrative or by any other mean, that there is an epidemic However it is important to point out that at the moment the <u>jurisdiction does not have a steady count of the amount of possible cases seen due to Opioid OD</u> , therefore there is <u>no data</u> that could contribute to support a declaration of a crisis or epidemic in PR.
29. TEXAS				<b>TEXAS</b> This is a very complex and challenging response issue. Texas is somewhat fortunate to be among the states with a <u>relatively lower prevalence of abuse</u> and has <u>not needed to activate a formal response structure</u> .
30. WASHINGTON				<b>WASHINGTON</b> WA is implementing a <u>heightened level of project management</u> across our agency to coordinate planning, information, and communications associated with the Opioid crisis. This is <u>not the same as ICS</u> , yet is aimed at achieving similar results. However, we are concerned about sudden and unexpected changes in the current situation, <u>such as a large number of overdose deaths occurring in a very short time frame, as has occurred in Vancouver, B.C.</u> Such consequences could force our hand toward an ICS response, albeit of short duration.
31. WISCONSIN				<b>WISCONSIN</b> Wisconsin has an <u>Opioid Taskforce</u> that has been <u>established by our governor</u> .
32. WYOMING				<b>WYOMING</b> WY is mostly focused on the wider availability of <b>naloxone</b> right now. There is a <u>bill working its way through the legislature</u> that would allow more access.