### Examples of Activity in States

#### California

**Early spike detection**
California strengthened its ability to detect spikes in opioid-related incidents by increasing data submission to the state’s syndromic surveillance system and leveraging advanced analytics. These actions have helped provide early detection of opioid overdose outbreaks and enabled rapid local responses.

**Prescription drug monitoring**
California increased the number of providers who use the Prescription Drug Monitoring Program (PDMP) and provide health authorities with timely information about prescribing. California evaluated impacts of mandatory PDMP registration and use, and found significant reductions in prescriptions, as well as fatal and non-fatal overdoses.

#### Connecticut

**Rapid spike detection**
To rapidly identify and better respond to overdose spikes, Connecticut used data on the frequency of naloxone administration during EMS calls.

**Coordinated treatment and recovery**
Connecticut’s Ledge Light Health District program developed a coordinated treatment and recovery system to remove barriers to care and increase engagement with treatment services.

#### Georgia

**Statewide notifications**
Georgia Department of Public Health (GDPH) released a statewide notification about increases in drug overdoses. As a result of partnerships with law enforcement and various collaborations across the state, GDPH quickly reached stakeholders and leveraged these new data to inform their work.

**Coroner database**
Georgia developed and piloted a statewide database for coroners to use (free of charge) to document all death investigations. This database will enable Georgia Department of Public Health (GDPH) to have instant access to death investigation records and improve the completeness and standardization of drug overdose related data.

#### Illinois

**Innovative technology**
Illinois is collaborating with the City of Chicago Public Health Department and the Chicago Recovery Alliance, a community-based organization, to implement innovative technologies in order to identify trends, quantify the composition of drug samples in the Chicago area, and better track the illicit opioid drug supply.

**Electronic referrals**
Illinois is enhancing its Prescription Monitoring Program to allow providers to refer patients to treatment. Electronic referrals will now send information to the Illinois Helpline for Opioids and Other Substances, addressing gaps in provider referrals and increasing the number of patients receiving referrals to treatment and linkage to care.
**Kentucky**

**Treatment locator**
Kentucky developed and launched a near real-time substance use disorder web-based treatment locator to streamline the search process for treatment facilities within the state and facilitate linkages to care ([https://findhelpnowky.org](https://findhelpnowky.org)).

**Neonatal care**
The State Department of Public Health created the Kentucky Perinatal Quality Collaborative, which focuses on reducing rates of neonatal abstinence syndrome and maternal substance use disorder/opioid use disorder.

**Maryland**

**Data profiles**
Maryland created local data profiles to better understand fatal overdose risk factors and support local prevention planning and policy.

**Data-to-action toolkit**
Maryland developed a toolkit to help local health departments connect data to action. The toolkit ensures awareness of state-level overdose datasets, reports, and dashboards, including how to request access or technical assistance, and provides examples of how these data may be used to support local prevention activities.

**Massachusetts**

**Managing opioids for chronic pain**
Massachusetts trained community health workers on managing opioid tolerance, dependence, and addiction in people with disabilities experiencing chronic pain.

**Better, detailed data**
Massachusetts improved data collection in two state overdose systems by collecting new data for past years and capturing specific details on overdoses among special populations to provide valuable information for targeted action.

**Michigan**

**Improved MOUD access**
Michigan expanded medication for opioid use disorder (MOUD) access and quality by training new providers and creating a phone-based support system that pairs them with experienced providers. Michigan initiated a pilot of monthly practitioner support sessions that provide access to experts and includes case reviews and team training.

**Harm reduction**
Michigan developed best practices toolkits and implementation strategies to reduce the harms of active drug use and expand harm reduction programs to non-traditional settings such as emergency departments (EDs). The toolkits are disseminated to emergency clinicians to promote post-overdose care and safer opioid prescribing practices.
Ohio

Health education campaigns
Ohio is implementing three campaigns aiming to shift cultural views for the prevention of drug overdose. These campaigns provide messages for providers and patients on various topics from the dangers of drugs like fentanyl to safe prescribing and alternative treatments to reducing stigma about substance use disorder treatment.

Syndromic surveillance
Ohio is aligning state and local efforts by using near real-time data from emergency departments on nonfatal overdoses to detect changes in patterns to detect overdose anomalies and issuing alerts to local health departments to assist with response strategies. The Ohio Overdose Prevention Network addresses state-wide priority areas, including data, policy, pain management, and harm reduction.

Pennsylvania

Patient advocacy
Pennsylvania successfully implemented a Patient Advocacy Program that assists patients affected by the closure of clinics where they had received opioid treatment. Pennsylvania provided linkage to care to approximately 130 patients between September 2019 and February 2020, as well as information on local resources, alternate providers, and opioid safety.

Syndromic surveillance
The state increased the number of emergency departments sending data to state (98%) and national (70%) syndromic surveillance (SyS) systems. SyS data provide timelier detection of opioid overdose outbreaks and improve situational awareness for public health decision-making, enabling rapid local responses.

West Virginia

Rapid response
West Virginia organized Quick Response Teams comprised of first responders, law enforcement, substance abuse counselors, and peer specialists that deploy and link people who have overdosed to treatment services.

Linkage to care
West Virginia developed strong partnerships with hospital emergency departments to ensure that post-overdose patients are linked to risk reduction services or treatment.

Wisconsin

Data sharing
Wisconsin successfully improved Prescription Drug Monitoring Program (PDMP) data sharing and connected with Utah, Washington, and Illinois through RxCheck, enhancing the development of inter-state data sharing between participating PDMPs.

Pharmacist training
Wisconsin successfully implemented academic detailing with pharmacies to educate pharmacy managers and expand partnerships with pharmacy schools to inform their curricula. Pharmacists and pharmacy students received training on overdoses, stigma around opioid use disorder, dispensing naloxone, and the role of pharmacists in patient education.