

# OVERDOSE PREVENTION EFFORTS IN MARYLAND

*An update for MAC*

April 23, 2015



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## Overview

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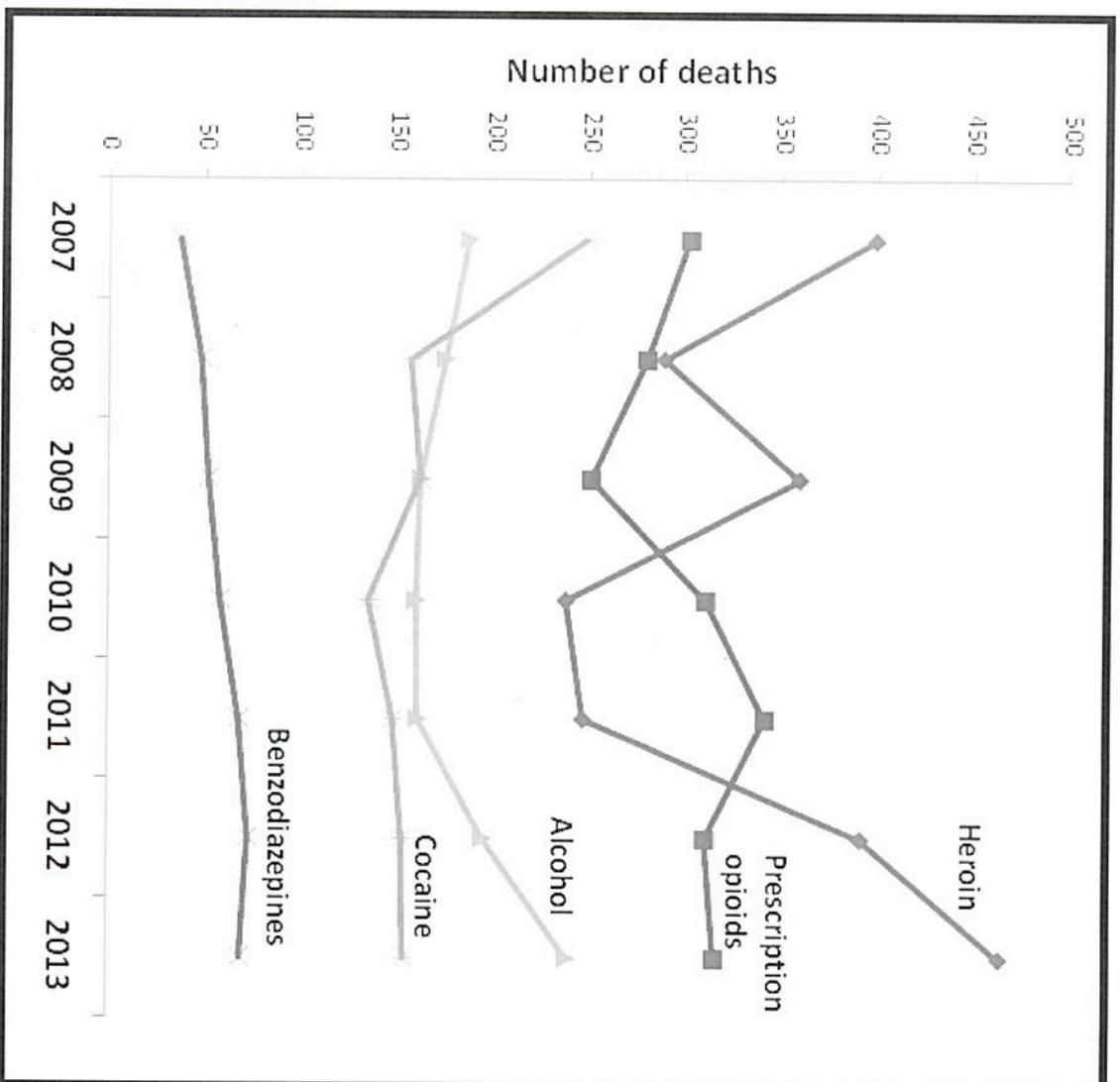
- Update on Overdose Data
- Efforts from Governor's Office
- Update on DHMH Efforts
- Medicaid's role in DHMH Efforts



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# Intoxication deaths by substance, 2007-2013



Data from Vital Statistics Administration

# Overdose Data

## from Vital Statistics Division

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- Total # of Drug & Alcohol-Related Intoxication Deaths YTD 2014 through September: **766** (total for 2013 was 858)
- Total # of Heroin-Related Intoxication Deaths YTD 2014 through September: **428** (total for 2013 was 464)
- Total # of Prescription Opioid-Related Deaths YTD 2014 through September: **252** (total for 2013 was 316)



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# Governor's Executive Orders

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- EO 01.01.2015.12, created the Heroin and Opioid Emergency Task Force
- a group which is made up of law enforcement professionals, elected officials, & substance abuse experts
- will meet regularly & solicit input & guidance from a wide variety of sources throughout the state including educators, families of those suffering from addiction, and other vested stakeholders



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# Herion & Opioid Emergency TF

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The members of the Heroin and Opioid Emergency Task Force are:

- The Honorable Julie S. Solt, Frederick County Circuit Court
- Delegate Brett Wilson, District 2B, Washington County
- Sheriff Timothy Cameron, St. Mary's County
- Tracey Myers-Preston, MD Addiction Directors Council
- Dr. Bankole Johnson, UMD School of Medicine, Psychiatry Department Chair
- Michael B. Finegan, Peninsula Mental Health Services
- Dr. Marc Fishman, Johns Hopkins School of Medicine
- Elizabeth Embry, Attorney General's Office, Chief of the Criminal Division



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# Heroin & Opioid Emergency TF

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- Information can be found at:  
<http://governor.maryland.gov/Itgovernor/home/heroin-and-opioid-emergency-task-force/>
- Holding regional summits; next one is in Southern MD on April 29<sup>th</sup> (Upper Shore, North East MD and Central MD have already taken place)



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# Governor's Executive Order

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- EO 01.01.2015.13 established the Inter-Agency Heroin and Opioid Coordinating Council
- Includes multiple state agencies & will provide the opportunity to share data for the purpose of supporting public health & public safety responses to the heroin and opioid crisis
- Will also serve to develop recommendations for policy, regulations, and legislation



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# **DHMH's Actions Against Overdoses**

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1. Increased Surveillance
2. Prevention
3. Treatment
4. Community Interventions



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# DHMH Efforts: Increased Surveillance

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- Maryland has enhanced surveillance of overdoses in the State through several activities:
  - Developed a statewide protocol for identifying overdose deaths, which is captured by the state's Medical Examiner;
  - Created a database on overdose deaths, housed within the Health Department's Virtual Data Unit;
  - Released annual reports and quarterly updates to examine fatal overdose trends in the state;
  - Signed MOUs to match overdose death data;
  - Developing a process to identify "near-misses"



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# DHMH Efforts: Prevention

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## Prevention

- PDMP
- Opioid Misuse Prevention Plan Grant Program
- Corrective Managed Care
- Overdose Communications
- Clinical Education
- Naloxone Expansion



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# Prescription Drug Monitoring Program

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- PDMP launched in December 2013; embedded with CRISP, the state's HIE system
- Within 3 business days of dispensing a Schedule II-V CDS Rx drug in Maryland, dispenser must electronically report identifying information for:
  - Patient for whom drug is prescribed
  - Prescriber
  - Dispenser
  - Drug
- NOTE: Both pharmacies and dispensing practitioners are required to report.



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# Opioid Misuse Prevention

## Plan Grant Program

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- Provides funding and technical assistance to local health departments for opioid misuse and overdose prevention strategic planning.
- Grant recipients are required to apply SAMHSA's Strategic Planning Framework, which is a public health model that involves completing a needs assessment and reviewing available data on substance use and overdose, selecting relevant evidence based interventions and then completing a comprehensive strategic plan.
- DHMH will continue to provide technical assistance throughout the local plans' implementation.



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## Corrective Managed Care

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- DHMH is drafting regulation changes to mandate all MCOs have a program to lock-in beneficiaries who are misusing prescription drugs into a single pharmacy
- Worked with MCOs on establishing agreed upon uniform criteria which initially will be obtaining 6 CDS in 30 days from 3 different providers and using 3 different pharmacies
- Expected date of implementation is Fall 2015
- Working with Medicaid Pharmacy team to identify success measures for the program



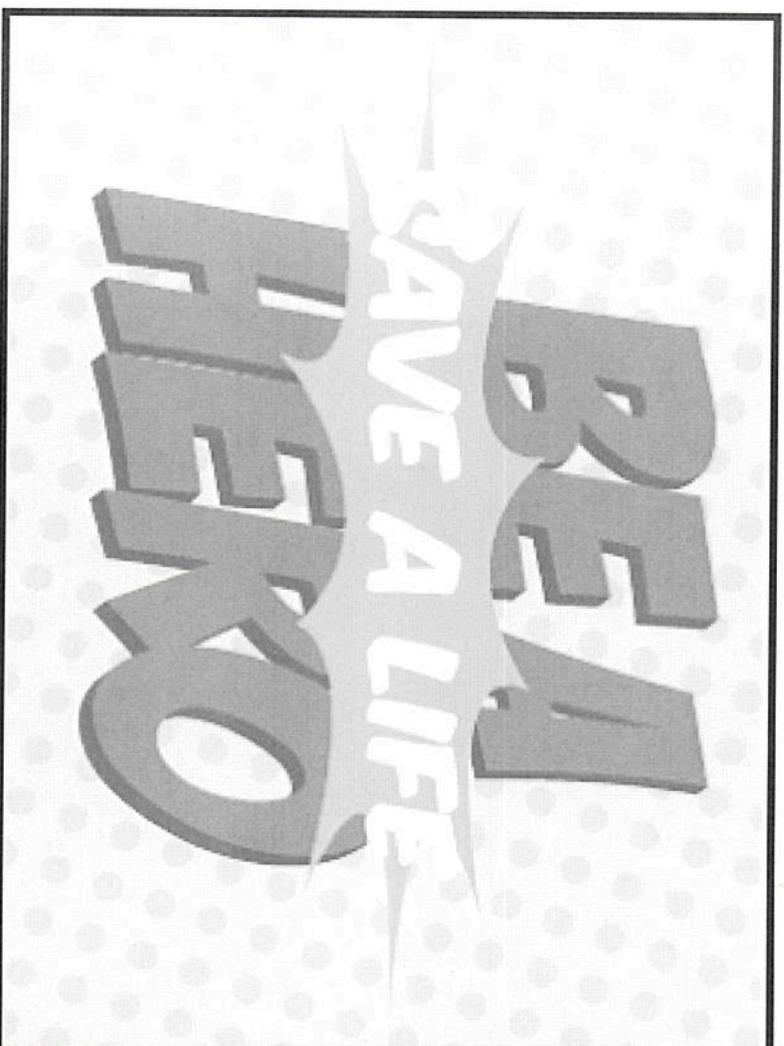
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## Statewide Education Campaign

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- Maryland launched a public awareness campaign on overdose prevention in summer 2014.



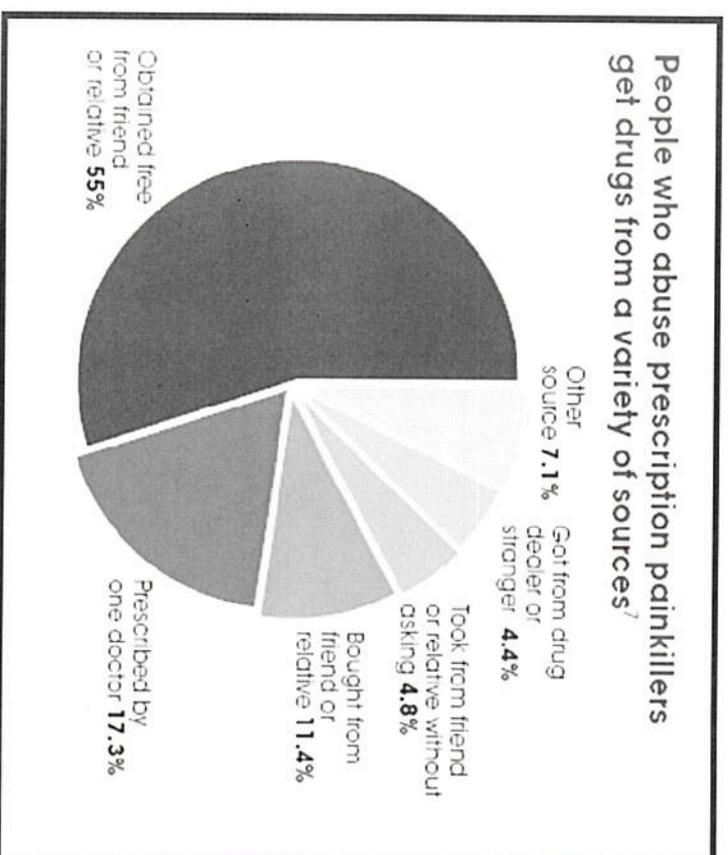
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# Clinical Education and Training

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- Maryland is enhancing provider education around appropriate prescribing of opioid medications.



Source: CDC



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2. Prevention
3. Treatment

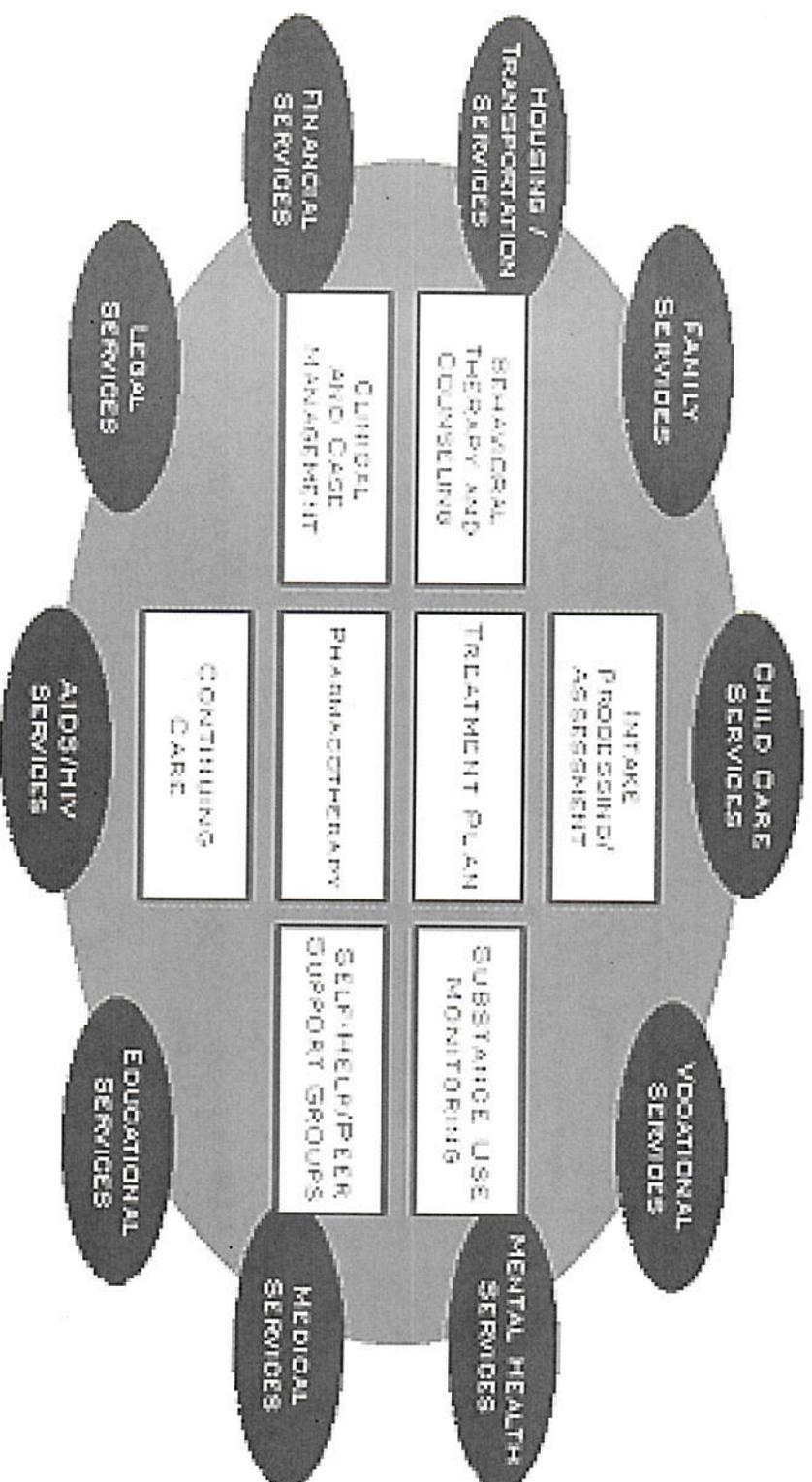


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# Components of Comprehensive Drug Addiction Treatment (NIDA)

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Source: NIDA. *Understanding Drug Abuse and Addiction: What Science Says*



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# Substance-Related Treatment in Maryland

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## Services Covered by the State:

- Medicaid covers ambulatory services and residential services for adolescent only:
  - Assessment, individual and group counseling, intensive outpatient treatment, medication assisted treatment, partial hospital program, and ambulatory detox.
- State grant funds pay for the people or services not covered by Medicaid or private insurance.



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## Recovery Resources

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- In addition to spending on treatment, Maryland makes \$11.6 million per year available to Local Addictions Authorities to support a broad range of recovery activities.
- This funding supports care coordination, peer counseling, supportive housing, job training, and other tools needed for long-term success.



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# DHMH's Actions Against Overdoses

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1. Increased Surveillance
2. Prevention
3. Treatment
4. Community Interventions
  - Survivors Project
  - Naloxone Expansion
  - LOFRTs
  - Emergency Response

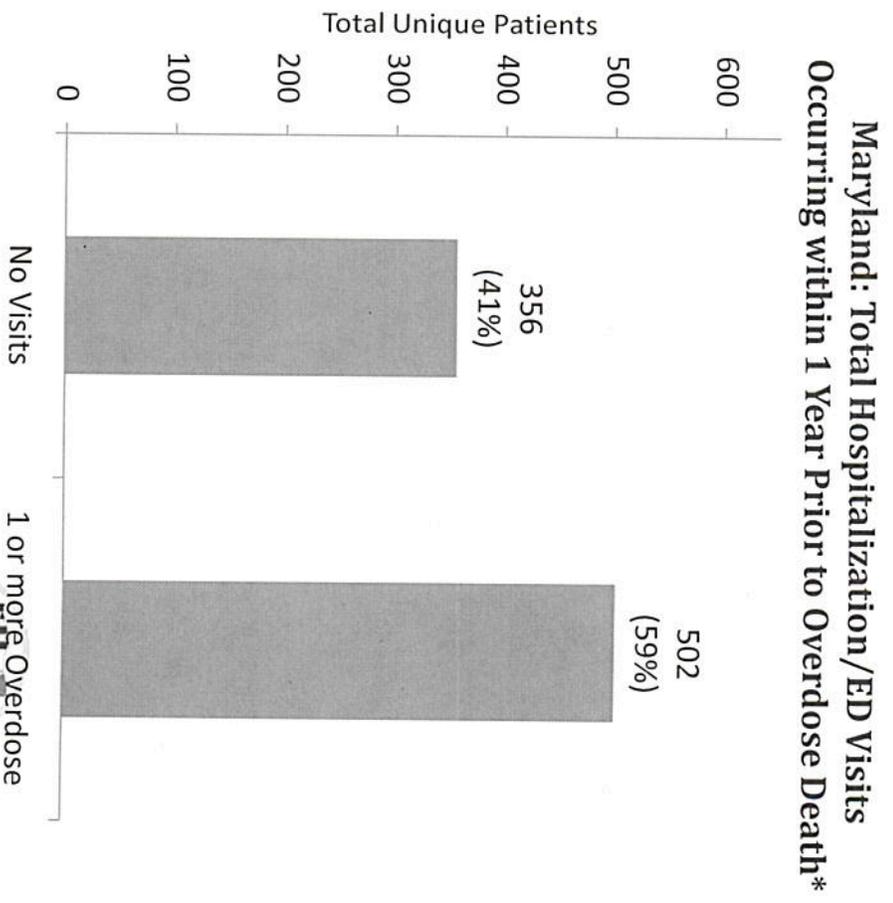


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# Collaboration Between Hospital and Local Health Department

- Goal: Prevent future overdoses by intervening when someone presents with an overdose at a hospital.
- Models in Maryland:
  - Data feed from hospital to LHD
  - Peer-recovery support specialists and/or staff in hospital/ED



\*Based on the 858 individuals who died of an overdose in 2013

# Overdose Response Program

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- Legislation passed in 2013; program launched in March 2014.
- DHMH authorizes local entities to train and certify qualified individuals to recognize and respond to an opioid OD using naloxone.
- Certificate holders may be legally prescribed and may administer naloxone to someone experiencing OD when emergency medical personnel are not immediately available.



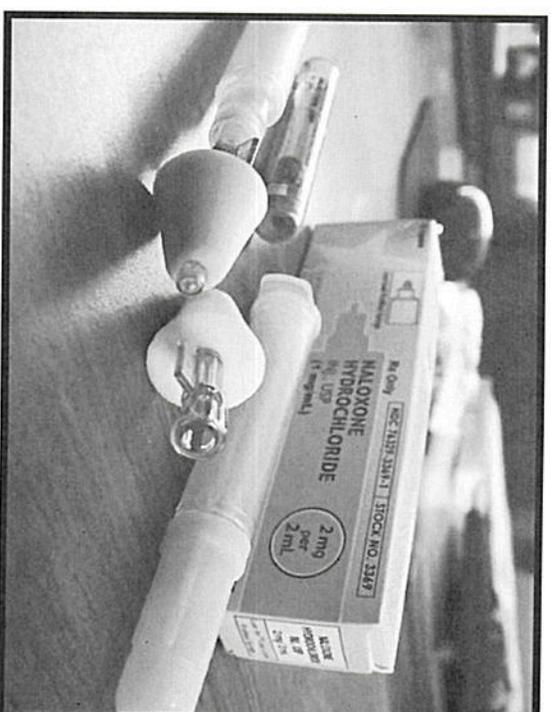
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# Further Naloxone Expansion

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- Three Key Steps:
  - No prior approval for Medicaid in pharmacy (carved out to FFS); Medicaid is tracking claims and saw an initial spike after carve-out
  - Educational campaign to prescribe
  - Collaboration with pharmacies
- Targeted naloxone distribution pilot in Baltimore City
- MSP, MIEMSS, and DHMH submitted a formal plan for expanding training for naloxone distribution.



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# Local Overdose Fatality Review Teams

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- LOFRTs are comprised of multi-agency/multi-disciplinary members that conduct confidential case reviews of overdose deaths.
- 12 LOFRTs actively reviewing cases by end of January 2015.
- Goal to prevent future deaths by:
  - Identify missed opportunities for prevention and gaps in system;
  - Build working relationships between local stakeholders on OD prevention;
  - Recommend policies, programs, laws, etc. to prevent OD deaths; and
  - Inform local overdose prevention plans.

## Chapter 650

(House Bill 1282)



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# CDS Emergency Preparedness Plan

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- Plan to respond to local-level public health emergency created by abrupt cessation of CDS prescribing or dispensing (e.g. loss of license).
- Facilitate “bridge” care for affected patients via triage system.
- Collaboration among DHMH/BHA, UMSOP team, & local health department.
- Coordinate communication among patients, practitioners, EDs & urgent care facilities, pharmacies, EMS, law enforcement, licensing boards, media.



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# Neonatal Abstinence Syndrome

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- Nation-wide increase in prevalence especially among Medicaid population
- Our data confirmed that increase in MD Medicaid and that care for these infants is 3 x more costly
- Internal workgroup was formed last year & we have begun working on several initiatives to address the problem comprehensively at every level from preconception to post-partum



# Questions



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