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# INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL

## MEETING MINUTES

Wednesday, March 25, 2015

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**Members in Attendance:** Secretary Van Mitchell (Chair), Secretary Sam Abed, Secretary Sam Malhotra, Secretary Stephen Moyer, Executive Director Christopher Shank, Superintendent William Pallozzi, Executive Director Kevin Seaman, Penelope Thornton-Talley, Mary Moody Kwei

**Members Absent:** None

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### Welcome

Secretary Mitchell welcomed the group to the first meeting of the Inter-Agency Heroin and Opioid Coordinating Council (Council). He began by reviewing [Executive Order 01.01.2015.13](#), which established the Council and set out the Council's duties and membership.

The Council is composed of multiple state agencies and provides members with the opportunity to share data for the purpose of supporting public health and public safety responses to the heroin and opioid crisis. It also serves to develop recommendations for policy, regulations, and legislation.

### Updates from State Agencies

The Executive Order required the Council to provide an update on each agency's efforts to address heroin and opioid education, treatment, interdiction, overdose, and recovery within 45 days of issuance. Each Council member reviewed their major efforts, including:

- **Department of Juvenile Services (DJS).** Secretary Abed provided information DJS's substance abuse continuum of care and strategies implemented to address opioid dependence among DJS youth, including training staff on naloxone.
- **Governor's Office of Crime Control and Prevention (GOCCP).** Executive Director Shank provided information on the prescription drug monitoring program (PDMP), collaboration with the Department of Health and Mental Hygiene (DHMH) in training law enforcement on naloxone, GOCCP's recent grant announcement to expand Vivitrol® to local jails and detention centers, GOCCP's work with both Washington College and the Washington-Baltimore High-Intensity Drug Trafficking Area program, and the requirement for all Maryland Safe Street sites to incorporate a heroin overdose reduction and treatment strategy into their overall initiatives.
  - Secretary Mitchell asked Executive Director Shank about coverage of Vivitrol® in the private insurance market. Mary Moody Kwei from the Maryland Insurance Administration stated she would look into this issue for the Council.
    - Ms. Kwei provided the following information for the Council: Vivitrol® is covered by private insurers in the commercial market. However, there may be impediments in the form of cost sharing. If a patient has a \$5,000

deductible, then meeting the deductible may be a barrier to accessing care, because the doctor will have to be paid until the deductible is met. If the doctor is in-network with the health plan, then the cost will be the plan's negotiated rate with the doctor, which will reduce costs somewhat, but will still be a problem for many.

- UnitedHealthcare [specifies](#) how Vivitrol® is covered. It is administered in the doctor's office, and the cost-sharing for a doctor's visit applies. If the deductible has been met, this is usually a copayment.
- CareFirst [lists](#) Vivitrol® as medically necessary for the treatment of opioid dependence. While CareFirst did not reply to MIA's inquiry about the medication, they treat injectable drugs administered in the doctor's office as a medical benefit, not a pharmacy benefit.
- **Maryland State Police (MSP).** Superintendent Pallozzi made a few introductory statements and introduced Major James Pyles, who provided the Council with MSP's updates. Major Pyles emphasized that the State cannot arrest its way out of the heroin and opioid problem. To combat this issue, MSP has trained and equipped nearly 800 Troopers with naloxone. The MSP Criminal Enforcement Division statewide and cross-jurisdictional enforcement initiatives that have targeted heroin distribution have resulted in more than 77,000 grams of heroin being seized since January 2013. During this same time frame MSP has seized more than 18,000 Oxycontin and Hydrocodone pills and made nearly 4,000 drug arrests.
- **Department of Public Safety and Correctional Services (DPSCS).** Sandra Davis-Hart, Director of Substance Abuse Treatment Services at DPSCS, provided the Council with an update on behalf of Secretary Moyer, who participated via telephone. Ms. Hart provided an overview of the specific programs to treat substance use among inmates at all DPSCS facilities, including the screening process that occurs upon intake. She also provided information on current research projects undertaken by DPSCS relevant to the heroin and opioid epidemic. Finally, she briefly reviewed DPSCS's involvement with the Baltimore City Lexington Market Initiative in collaboration with the Office of the Mayor.
- **Maryland State Department of Education (MSDE).** Penelope Thornton-Talley, Chief Performance Officer, shared with the Council results from a survey of the 24 Local Education Agencies (LEAs) in October of 2014. For the 15 LEAs that provided feedback, major feedback included that drug use seems to be on the rise, mostly through the use of Marijuana, Prescription Drugs, and Alcohol. In addition, many schools are finding that drug use is impacting schools in many ways but there are rarely heroin overdoses of school age students. Ms. Thornton-Talley also provided information to the Council on the Project Aware Grant, which was awarded to MSDE by the federal Substance Abuse and Mental Health Services Administration.
  - The Lieutenant Governor asked Ms. Thornton-Talley what MSDE was doing in terms of front-line prevention. She replied that there is information in the curriculum on drugs and drug use. The Lieutenant Governor also asked if MSDE utilized visual resources such as YouTube. Ms. Thornton-Talley replied that yes, there are a variety of ways to educate the youth.
  - Executive Director Shank asked how many juveniles die from drug overdoses. The exact number was unknown during the meeting, although it was thought to be small.

In 2013, 79 deaths or 9 percent of total overdose deaths occurred under the age of 25.

- **Department of Human Resources (DHR).** Secretary Malhotra provided an update to the Council on the Substance Abuse Treatment and Services program (SATS), which screens and Temporary Cash Assistance adults and minor parents, and Food Supplement Program applicants and recipients who are convicted drug felons, for substance abuse. Secretary Malhotra also stated DHR would look into why there had been a decrease in screening these populations, but an increase in referrals.
- **Maryland Institute for Emergency Medical Services Systems (MIEMSS).** Executive Director Seaman began by updating the Council that every county now has advanced level providers (Paramedics, Cardiac Rescue Technicians) and basic level providers (EMTs) authorized and trained to use naloxone. Dr. Seaman also provided an overview of a two year research study MIEMSS is undertaking with the Johns Hopkins University and Baltimore City to recruit individuals who come in contact with the EMS system to enter treatment. One week's worth of data included: 5,000 patients seen, 220 screened, and 33 people referred into treatment. This data is extremely preliminary and cannot be used to make any type of judgments.
  - The Lieutenant Governor engaged in a conversation with Dr. Seaman about the ability of MIEMSS to share its data. Dr. Seaman let the Council know that there are limitations with the data; mainly that administration of naloxone does not indicate an overdose since EMS providers administer naloxone as a "rule out." Dr. Seaman also said the MIEMSS data is protected health information and shares this information with DHMH only for treatment purposes. The Lieutenant Governor stressed that all agencies should share data to the maximum extent possible.
- **DHMH.** Sara Cherico-Hsii, Senior Health Policy Analyst, presented on behalf of Secretary Mitchell. Ms. Cherico-Hsii spoke briefly about the efforts to improve surveillance of fatal overdoses in the State as well as efforts to share data amongst state agencies. She also reviewed a number of DHMH programs and activities, including the prescription drug monitoring program, opioid misuse prevention plan grants to local jurisdictions, treatment and recovery services, and expansion of naloxone throughout Maryland. She also provided an update on the distribution of the 5,000 units of Evzio®, which were donated to the State by kaléo, a privately-held pharmaceutical company. All 5,000 units were distributed to opioid treatment programs throughout the state in late March and early April.

### **Review of Upcoming Meetings**

Ms. Cherico-Hsii reviewed the future dates, times and locations of upcoming Council Meetings. All future meetings will be held at the Harry Hughes Conference Center, Maryland Department of Transportation, 7201 Corporate Center Drive Hanover, MD 21076 during the following dates and times:

- Wednesday, May 20, 2015, from 10:00 – 11:30am
- Wednesday, September 16, 2015, from 10:00 – 11:30am
- Thursday, November 5, 2015, from 10:00 – 11:30 am

Ms. Cherico-Hsii also called upon Council members to submit topics and questions they would like to see addressed at future meetings.

The meeting adjourned at 11:31am.