
INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL

100 Community Place, Crownsville, MD 21032 – 1st Floor Conference Room, Side A
Tuesday, December 12, 2017; 1 – 3 p.m.

QUARTERLY MEETING MINUTES

1:05 – 1:10

Welcome and 2017 2nd Quarter Results

Dennis R. Schrader, Secretary, Maryland Department of Health

Council Chair Secretary Dennis Schrader called the Council meeting to order and began with the quarter two data brief presented by Dr. Jinlene Chan, acting deputy secretary for Public Health Services, Maryland Department of Health.

The data showed an upwards trend in opioid related deaths, increasing 21 percent from Q1. In addition, fentanyl-related deaths were higher when compared to 2016 data. Prescription opioids make up around 20 percent of all opioid related deaths. Baltimore City continues to show the highest number of opioid-related deaths in the state – followed by Baltimore County, Anne Arundel County, Prince George’s County, and Harford County. Dr. Chan wanted to emphasize that while urban areas have the most opioid related death, this issue affects the whole state and will require cooperation across the entire state.

1:15 – 1:20

Lieutenant Governor Boyd K. Rutherford

Lieutenant Governor Rutherford started by thanking everyone for attending. He has discussed with Director Stamp looking for data points that say the state is making a difference. Based on meetings with other groups, it seems there might be an increase in awareness and prevention, but there are still problems with reaching out to current addicts. While the numbers of fatalities does not necessarily show this trend, other data points show that the victims who are passing away are older - perhaps long-term abusers. Along with having sufficient treatment facilities for those who are ready for treatment, Lt. Governor Rutherford also stressed efforts in encouraging addicts to seek help. He wants to continue on working on resources to help people currently suffering and continuing to look at large scale efforts to combat distribution and spread. Drugs have been coming in from other countries, such as China and Mexico, and are not just pure fentanyl, mixing opioids with other drugs like cocaine. Director Stamp went on to recognize the level of support given from the executive staff, including Governor Hogan and Lt. Governor Rutherford.

1:20- 1:25

Introductions

Dennis R. Schrader, Secretary, Maryland Department of Health

Clay Stamp, Executive Director, Opioid Operational Command Center

Secretary Schrader proceeded to have everyone in attendance introduce themselves. Director Stamp stressed a balanced, data-driven approach to set expectations. He also recognized the

importance of including all stakeholders, including some new partners that were in attendance – the Maryland Municipal League and the Maryland Association of Counties. These partners help bridge the communication between the Opioid Operations Command Center (OOCC) with the counties and municipalities all across Maryland. Director Stamp ended with a reminder to remain grounded and remember that the lives of people are affected every day by the epidemic, before introducing Carlos Hardy.

1:30 – 1:40

Advocate

Carlos Hardy, Maryland Recovery Organization

Carlos Hardy underwent 25 years of active addiction followed by 24 years of recovery. Mr. Hardy had lived in many different areas, but grew up as a kid with access to drugs from a young age. He proceeded to have a full-blown addiction to drugs after graduation from high school. He was then employed by Social Security and chose to leave his job to use drugs. His went into recovery in 1993, and in less than a year, he managed a large supportive housing program. Since then, he has worked for treatment systems and recovery houses. Mr. Hardy went over expanding medical services, peer recovery services, stabilization services, drop in programs, and safe havens. Mr. Hardy praised Anne Arundel’s system, calling it a model drug recovery system. However, even with all the progress he has seen, he still knows there can be improvements. Family members must be actively engaged and people in long term recovery can and should be used as a resource.

1:40 – 2:45

Benchmarks

Enforcement/Public Safety – Col. Bill Pallozzi, Glenn Fueston, and Lt. Col David Ruel

Ruel

- Dealing with all opioids substances, not just specifically fentanyl or heroine.
- Maryland State Police has 13 local drug task forces throughout the state and maintain membership in several federal task forces.
- Implemented an opioid investigative task force.
- Overdoses require an investigation. All the data is put into HIDTA database and actionable information can be used by law enforcement.
- Continue fostering relationships with the community and foster relationships.
- Working with HIS through customs and border patrol that look for overseas packages. Drug packages can come from overseas, such as China, and the police are notified and investigate drug packages. Since 2016, had 13 major cases, seizure of 6,000 grams of heroin and fentanyl, and 90 arrests of major drug players. Feels it has been effective, but continues to be resource intensive.
- Some addicts seek out adulterated heroine and fentanyl when receiving alerts about deadly batches instead of staying away.

Fueston

- Works with coordination, data collection to learn more about the threat.
- From the public safety side, he works to understand the network of drug supplies and suppliers, so that law enforcement can act.
- Supply side information is helpful in eliminating the chain of drug abuse.
- Part of the Governor’s strategy on violent crime is to build informational capacity to see connections between drug selling and other organized crime.

Education - Dr. Sylvia Lawson

- Efforts to Address HB 1082: Start Talking Maryland Act (also known as the Heroin and Opioid Education and Community Action Act)
- Governor's Office has been supportive of the legislation. This act allowed the Governor to put money into the budget to fund this legislation.
- Also promotes best practices and drug prevention classes into young age groups and school systems.
- MSDE established work groups to look at substance abusers, and identify programs that are successful in preventing drug abuse.
- Developed training modules for teachers teaching drug education. Teachers can obtain credit from MSDE.
- Funding provided by OOCC is being used in counties, creating many successful projects

Social Services – Secretary Lourdes Padilla

- Partners with VOADS and faith based communities. On daily basis, encounters opioid addiction with customers. They are not first responders, but still interact with people struggling with addiction.
- Many community members interface with social service agencies through non-governmental providers, Social Services have worked through md voluntary org active in disaster (VOAD) to reach more than 25 non-profit human service providers statewide.
- Outcome: Critical communication dissemination. Based on workshop feedback, the OOCC Social Services branch needed to provide a packet of critical information resources to the agencies, and develop a presentation on treatment resources. Packet of critical resources is print-ready and digitally distributable online. Packet includes quick reference cards, fliers for BeforeItsTooLateMD.org, locations of drop off boxes, tool kits.
- Working on updating and improving packages (adding more languages, not just English and Spanish, more accessible to the impaired). Resource presentation is available to non-gov agencies for staff and populations they serve by emailing disasterassistance.dhs@maryland.gov.
- Works with the local social services offices for input on what is needed.
- Would like to see working with other states so that people who move states are treated the same way.
- Maryland Emergency Management Agency Director Strickland mentioned that VOADS should be more involved in local emergency management

Health

Prescription Drug Monitoring Program (PDMP) Governance – Secretary Schrader

- Organized three-tier governing process.
- Steering Committee chaired by Secretary Schrader.
- There is an Advisory Board which advises the steering committee.
- Program management office led by Kate Jackson.
- Technical Advisory Committee advises the PDMP platform manager.
- Eighty percent of providers registered, aiming to get that number up to 90 percent soon.

Medicaid - Pain Management Alternatives - Susan Tucker

- Working on non-pharmacologic treatment of chronic pain. Tries to avoid new addicts by working on non-drug pain relief.
- CDC guidelines recommend nonpharmacological therapies before drugs for chronic pain treatment.
- Went over several different treatment options and what is and what is not covered in Maryland Medicaid and healthchoice managed care.

Campaign Strategies - Margie Donahue

- Two media campaigns: Part of the Cures Grant. The two campaigns are an anti-stigma campaign and a talk to your doctor campaign.
- Anti-stigma: To combat the stigma associated with medically assisted treatment and substance use disorders.
 - PSAs: working with the media and theatres– working with Maryland Public Television, development of print materials, websites, videos on how to administer naloxone.
- Talk to your Doctor: Encourage patients to talk to doctor if prescribed opioids.
 - Three PSAs produced
 - Also trying Geo Fencing – targeted ads based on location, and Google Adword - drives viewer to Beforeitstoolate website and provides questions to ask when prescribed opioids.
- Working with Maryland Public Television to push out information.

Local Perspective - Promising Practice

Wicomico County – Lori Brewster and David Shipley

- Physician practice closed in 2012 resulting in 4,500 pain management patients without care, and began to see rise in numbers of opioid related overdoses up to 44 cases a month. Opioid deaths began to increase greatly, and Wicomico County needed a comprehensive solution, not just prosecution.
- COAT (Community Outreach for Addictions Treatment) program was envisioned with the goal was to intervene before the addict becomes a statistic. In addition they wanted to respond to spikes in overdoses from bad batches with information on locations.
- Multi-agency collaboration (Wicomico County Government, City of Salisbury, State's attorney, Sheriff's office, Police Department, Health Department).
- One-year pilot budget of \$125,000. Objective was to identify individuals in need of education and outreach and provide bridge services from point of identification to treatment access.
 - Hired peer support specialists and began to make visits with law enforcement to hotspot areas to provide education and outreach.
 - Made contact with overdose victims to attempt to link with services.
 - Receive overdose crime data and overdose ED data.
 - Peers are required to have two-year minimum documented recovery.
 - Access to law enforcement who work on the COAT program 10 hours a week.
 - Plain clothes trained officers to help people.
 - Receive calls from hospital emergency department and law enforcement for any and all overdoses.
 - Responds real time to meet with individuals who overdose.
 - Community outreach efforts (churches, local law enforcement agency roll calls).
- Outcomes: Through October 2017, 404 individuals served, 214 engaged in treatment, 1,512 contacts/attempts, 34 percent decrease in emergency department overdoses for 2017.

COAT has been designated a Promising Practice from NACCHO (National association of city and county health officials). Wicomico opioid overdoses have decreased while the state has increased.

- External evaluation - Return of investment = \$1: \$6.66, 62 percent higher rate than the nation in assisting addicts into rehab. Peers are more successful at sending people to rehab than others.
- Recommendations: Expand COAT Program, more money, more peers, more follow-up, track successful completions.
- With OOC funding, able to hire coordinator, to work on data crunching.
- Continued level funding from City of Salisbury, and expanded funding from Wicomico County – able to hire a supervisor for this program. Working with City for a safe haven program.

2:50 - 2:55

Opioid Operational Command Center Briefing

Clay Stamp, OOC Executive Director

Director Stamp promoted a Swap & Share of Best Practices, which was held December 14, where different counties would share success stories of their opioid programs. Afterwards, Director Stamp went on to describe working on a comprehensive approach in order to reduce death and overdoses. This requires long term building and sustainment of programs. Director Stamp expressed thoughts about recommending dropping out of state of emergency and into a recovery effort.

2:55 – 3:00

Open Discussion, Questions, and Closing Remarks

Secretary Schrader mentioned that Sara Hoyt is now coordinating projects within the Health Department and can be contacted if Secretary Schrader and Director Stamp cannot be reached.

The meeting was adjourned at 3 p.m.

Next Meeting: Friday, March 16, 11 a.m. to 1 p.m.