
INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL

MEETING MINUTES

Wednesday, September 16, 2015

Members in Attendance: Joseph Cleary for Secretary Sam Abed, Secretary Sam Malhotra, Rhea Harris for Secretary Stephen Moyer, Executive Director Christopher Shank, Captain David Ruel for Superintendent William Pallozzi, Dr. Alcorta for Executive Director Kevin Seaman, Penelope Thornton-Talley, Mary Moody Kwei, Sara Cherico for Secretary Van Mitchell

Members Absent: None

Sara Cherico, Senior Health Policy Analyst, on behalf of Secretary Mitchell called the meeting to order at 10:00 am. She offered Secretary Mitchell's apologies that he was unable to attend. She then asked for a motion to approve the May meeting minutes and they were adopted.

Updates from State Agencies

The Executive Order required the Council to share updates to the Chair regarding the agency's efforts to share public safety and public health information relating to the heroin and opioid epidemic at each meeting. Each Council member reviewed their major efforts, including:

- **Department of Juvenile Services (DJS).** Joseph Cleary, Chief of Staff, provided two brief updates on DJS activities. DJS participated in a town hall on heroin held in Harford County on September 9, 2015, and DJS is planning a training on naloxone through the Overdose Response Program for family of DJS youth, although the training will be open to the public. Mr. Cleary also discussed his agency's focus on families and treatment in the community. As part of that effort, two vendors are adding substance use services to the services offered for family based treatment.
- **Maryland State Department of Education (MSDE).** Penelope Thornton-Talley, Chief Performance Officer, provided an overview of the four main projects MSDE has undertaken to combat the overdose epidemic. These projects were included in the [Maryland's Heroin and Opioid Emergency Task Force \(Task Force\) Interim Report](#). The health curriculum has been updated and MSDE is working with school coordinators to implement the new curriculum. MSDE is expanding service learning projects to include addressing the heroin and opioid epidemic. The public education campaign is underway and MSDE is exploring how to use the "teacher of the year" candidates to champion this issue as well. MSDE is also exploring an artwork campaign amongst students.
- **Maryland State Police (MSP).** Major Ruel discussed provided four updates to the Council. As required by the Task Force's Interim Report, MSP is: 1) providing training to field and investigative personnel on the legal requirements of the Good Samaritan law, which takes effect on October 1, 2015, and 2) MSP is working collaboratively with the Department of Health and Mental Hygiene (DHMH) on the development of help cards that can be distributed by troopers when encountering heroin and opioid related arrests or other encounters. The cards will contain resource information. MSP is also encouraging local law

enforcement to share intelligence with the Washington-Baltimore High Intensity Drug Trafficking Area (HIDTA) program. Finally, MSP continues to send investigative personnel to overdose scenes to identify the source of heroin.

- **Governor's Office of Crime Control and Prevention (GOCCP).** Executive Director Shank provided the Council with two updates.
 - GOCCP awarded \$500,000 to programs in ten local jails and detention centers across Maryland for medication assisted treatment (MAT) programs. Under some of the programs, selected inmates will receive monthly injections of Vivitrol®, a non-narcotic and non-addictive substance that blocks the euphoric effects of heroin and other opiates, and alcohol. This project is almost ready for implementation
 - GOCCP is participating in the Justice Reinvestment Initiative (Initiative), which will evaluate the criminal justice system's operations, budget, and the recidivism rate. The final report is due in January 2016. Executive Director Shank provided an update on what information the Initiative has found to date. Please see Executive Director Shank's slides on the Council's website. The purpose of this brief presentation was to demonstrate that if savings can be achieved through this initiative, they could be put towards projects designed to combat the heroin and opioid epidemic in the community before individuals become involved with the criminal justice system.
- **Department of Public Safety and Correctional Services (DPSCS).** Rhea Harris, Chief of Staff, shared with the Council that DPSCS has undertaken a postcard initiative to reduce the diversion of suboxone behind the walls. She also shared with the Council that Baltimore City Detention Center will be closing.
- **Maryland Institute for Emergency Medical Services Systems (MIEMSS).** Dr. Alcorta, Chief Medical Officer, shared that MIEMSS has provided a refresher on naloxone to 30,000 emergency medical services providers. He also shared that they are providing data on naloxone use to DHMH.
- **Maryland Insurance Administration (MIA).** Mary Moody-Kwei, Chief, Complaints, Appeals and Grievance, shared that questions on substance use disorder treatment will be included in an upcoming survey to carriers. The survey will include questions on network adequacy and coverage of prescription drug treatment.
- **Department of Human Resources (DHR).** Secretary Malhotra shared that DHR is looking into developing a multidisciplinary team to provide wrap-around services for their clients at DHR locations. Secretary Malhotra coined this as interagency case management. The Council agreed that DHR would provide the Council with more information before proceeding.
- **DHMH.** Sara Chericco-Hsii, highlighted DHMH activities.
 - **Crisis Hotline.** DHMH's Behavioral Health Administration sponsors a Crisis Hotline available 24/7 throughout Maryland. This provides immediate access to information about treatment resources for those with mental health and substance use problems. During working hours, they provide a warm hand-off to the local jurisdictional evaluation center. If unable to directly reach the evaluation center, the Crisis Hotline will follow up the next day with the caller to make sure they follow through with the referral. The hotline also provides information to those who want

to intervene with someone who struggles with mental health or substance use disorders. The number is 800-422-0009.

- This hotline originally served those with mental health crises. BHA provided training to the hotline staff to increase their competence in managing calls about substance use problems.
- If people call 211, they should still be able to receive help as we are working on a seamless transition.
- **Scope of Pain.** DHMH is working with Boston University and other state and national partners to bring the 'SCOPE of Pain' curriculum to Maryland. This will be a free half day conference on Saturday, October 17, 2015 at the BWI Airport Marriott. The training focuses on safe and effective opioid use for chronic pain management and is geared toward physicians, nurse practitioners, physician assistants, and pharmacists. CE credits are available.

Heroin and Opioid Emergency Task Force: Interim Report Update

Richard Tabuteau, Senior Advisor, Office of the Lt. Governor, provided a brief overview of the recommendations contained in the interim report. He then provided a timeline of the future work of the Task Force. The final report will be done in conjunction with the Secretary of Budget and Management, as well as other cabinet members. The timeline is as follows:

- September 30th: next Task Force meeting
- October 15th: briefing on the prescription drug monitoring program
- October 30th: workgroups submit their final recommendations to the Task Force for consideration
- November 4th: Task Force meets to discuss the submitted recommendations
- November 12th: Task Force finalized recommendations
- December 1st: Task Force submits report to Governor

Chesapeake Employers Insurance Company: Review of Prescription Opioid Abuse in Worker's Compensation and Current Efforts to Address the Problem

Carmin D'Alessandro, Assistant Vice President, Legal Services and SIU at Chesapeake Employers' Insurance Company came to speak to the council on the impact of the heroin and opioid epidemic in the workers compensation field. Chesapeake is the largest writer of workers' compensation insurance in Maryland, with about a third of the market. Mr. D'Alessandro first explained how workers' compensation insurance operates in Maryland. In Maryland, injured workers are entitled to lifetime medical benefits and lifetime prescription benefits at no cost to them once they are in the system. Prescription benefits can only be terminated through litigation as the very last resort.

He then described the increase in prescription drug use seen in workers' compensation as well as the associated rise in cost to the system. He also highlighted an issue Chesapeake has identified with the dispensing of prescription drugs in doctor's offices. Chesapeake has found that when doctors dispense drugs from their office, prescription writing increases because they are able to make money off of the repackaging and dispensing of the drug. He discussed a bill Chesapeake supported to combat this issue that has failed the past several years. Lieutenant Governor Rutherford asked why there was opposition to this bill. Mr. D'Alessandro replied that the argument by the opposition was that it limits the doctor's ability to practice medicine, although he did not agree with this argument.

Chesapeake is also supporting mandatory querying of the prescription drug monitoring program (PDMP) as another way to combat the heroin and opioid epidemic. Executive Director Shank asked Chesapeake about their access to the PDMP. Mr. D'Alessandro replied that they do not have access to the PDMP.

Finally, Secretary Malhotra asked if Chesapeake has seen a lot of diversion in the workers' compensation field. Mr. D'Alessandro replied that they've seen several cases, but it is not the biggest problem they are facing. Instead, it is the large amount of opioids being prescribed and dispensed to workers' compensation patients.

Overview of LOFRTs

Michael Baier, Overdose Prevention Director, Behavioral Health Administration, provided an overview of overdose fatality review (OFR). OFR is a multi-agency/multi-disciplinary team assembled at the local jurisdiction level to conduct confidential reviews of resident overdose deaths. The goal to prevent future deaths by:

- Identifying missed opportunities for prevention and gaps in system;
- Building working relationships between local stakeholders on overdose prevention;
- Recommending policies, programs, laws, etc. to prevent overdose deaths; and
- Informing local overdose and opioid misuse prevention strategy.

The goal of OFR is not to initiate or extend investigation of past deaths by any particular state or local authority. Mr. Baier also provided information on team membership, the data process, and the current status of the teams. All of this information can be found in his presentation, which is available on the Council's website. Importantly, he also reviewed notable observations from the teams to date. Highlights include:

- Large number of decedent contact with systems, both social services and criminal justice. One exception is Wicomico county where heroin and prescription opioid deaths occurred among professionals with no criminal or social services history.
- Alcohol is often involved in overdose deaths.
- Older drug users are at high risk, with many co-occurring chronic health issues.
- Care coordination between somatic health and addiction treatment needs improvement.
- Occurrence of trauma just before death was common, such as the loss of a loved one, struggles with child custody, etc.

To date, the OFR process has resulted in systems improvements. For example, the quality of the referral system at the local level has improved since team members have begun to develop relationships with one another. Mr. Baier stressed that the local teams believe the connections made at these meetings have proved invaluable. Other examples include more direct outreach to families to provide overdose prevention and treatment services, and there have been more referrals to the Overdose Response Program for naloxone trainings. Finally, there is increased awareness and education among local agency staff on substance use and the overdose epidemic.

Executive Director Shank noted that there seems to be a vast amount of data available through the program, and asked to what extent can it be used for predictive analytics? Mr. Baier replied that the teams do not review all deaths, so this is qualitative data that supplements the quantitative data collected by state agencies. However, he did note that DHMH submitted a grant to develop a predictive risk model for overdose and would keep the Council apprised of the grant's status.

Review of Upcoming Meetings

At the conclusion of the meeting, Ms. Cherico-Hsii reminded the group of the Internal Program Review. This is a request from Secretary Mitchell to each member of the Council. The goal of this exercise is to have a clear understanding of how resources are being deployed both programmatically and financially before developing any recommendations for policy, legislation, or regulatory changes. Each inventory is composed of the following sections:

- Number of individuals who work on the issue full-time and number of individuals who work on it in addition to other topic areas.
- Total expenditures spent on combating heroin and opioid abuse broken down by project.
- Regularly scheduled events the agency participates
- Partnerships with local or other state agencies outside of those sitting on this Council.
- If people and budget were not an issue, what is the one thing you would do?

The meeting adjourned at 11:44am.