
INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL

MEETING MINUTES

Thursday, November 5, 2016

Members in Attendance: Secretary Van Mitchell, Secretary Stephen Moyer, Executive Director Christopher Shank, Joseph Cleary for Secretary Sam Abed, Captain David Ruel for Superintendent William Pallozzi, Fremont Magee for Executive Director Kevin Seaman, Penelope Thornton-Talley, and Mary Moody Kwei

Members Absent: Secretary Sam Malhotra

Guest(s): Elizabeth Charlow, Maryland Health Benefit Exchange; Richard Tabuteau, Lieutenant Governor's Office

Secretary Mitchell called the meeting to order at 10:00 am.

2015 Harold Rogers PDMP Grant: Predictive Risk Model for Overdose

The prescription drug monitoring program (PDMP), housed in the Department of Health and Mental Hygiene (DHMH's) Behavioral Health Administration (BHA), was awarded a 3-year, \$750,000 grant to create, test, and implement a predictive risk model (PRM) for overdose. BHA is collaborating on this project with the Johns Hopkins Bloomberg School of Public Health's Center for Population Health Information Technology (CPHIT) and Chesapeake Regional Information System for our Patients (CRISP), the PDMP's information technology vendor and state-designated health information exchange (HIE). The Council was briefed on the project by the following three individuals: Michael Baier, BHA; Lindsey Ferris, CRISP; and Jonathan Weiner, CPHIT.

The project proposes to:

1. Collate and link a comprehensive array of healthcare, social services, criminal justice and other datasets, potentially containing information about individuals at risk for opioid addiction and overdose.
2. Develop and validate a PRM for overdose capable of prospectively identifying individuals in specific datasets at high-risk for opioid addiction and/or overdose.
3. Pilot implementation of the PRM as a tool identify at-risk individuals when they interact with medical, social services, and/or public safety systems, and also at the population level through analysis of large databases.
4. Evaluate the impact of these pilot activities, with a focus on the utility of the PRM as a tool for reducing morbidity and mortality related to overdose and addiction.

The Council provided contact information for each agency for follow up by the project team. In particular, Executive Director Shank congratulated the Department and shared his enthusiasm for the project. He shared he is excited to link together public health and law enforcement efforts and offered to meet with the project team to discuss his participation in the project.

Overview of Beacon Health Options, Maryland and the Jail DataLink Project

Zereana Jess-Huff, Chief Executive Officer, of Beacon Health Options, Maryland provided an overview and history of Beacon. Beacon Health Options serves as Maryland's administrative services organization (ASO). Beacon, formerly known as ValueOptions, was awarded Maryland's ASO contract in 2009 to manage the public mental health system and was awarded the new integrated ASO contract in August 2014 to manage substance use disorder and mental health services. Ms. Jess-Huff then introduced Dr. Enrique Olivares, Director of Addictions at Beacon, who provided an overview Beacon's approach to heroin and opioid treatment.

Finally, Ms. Jess-Huff reviewed the Jail DataLink project. This project is a data sharing initiative between BHA, core service agencies, and the Department of Public Safety and Correctional Services designed to promote the continuity of treatment for individuals with serious mental illnesses who are detained in a detention center. The program has expanded to 10 counties with 4 counties in the pipeline. There is no cost to local government to participate in the Jail DataLink project. Secretary Mitchell asked how it was possible to expand the program to all of the counties. The Council agreed one large meeting with the appropriate stakeholders could be the solution. Executive Director Shank agreed to coordinate the meeting on behalf of the Council.

Overview of Ameritox

Mr. Lon Wagner, Director of Public Relations from Ameritox presented to the group. Ameritox is a Maryland-based company that offers urine drug testing services to help physicians assess medication adherence of patients on chronic opioid therapy. Mr. Wagner shared the following information with the group:

- Year in and year out, based upon more than 6 million test results, Ameritox has found that approximately one out of three times, a patient is not taking the drug their doctor prescribed. In another one out of three cases, Ameritox detects a drug the doctor did not prescribe. In about 11 percent of the samples, Ameritox found an illicit drug.
 - The data collected by Ameritox for Maryland samples showed that Maryland had the second worst rate of detection of non-prescribed drugs (in nearly one out of two samples) and it was fourth worst for illicit drug detection (found in two out of ten samples).
- Due to the overwhelming number of opioid and heroin overdoses across the country medical societies as well as different states have been developing and implementing prescribing guidelines or laws in an attempt to curb this epidemic. These recommendations generally apply to long-term opioid use, such as 90 days or more. They do not apply to cancer patients, hospice or other end-of-life care. For example, the country's two largest groups of pain practitioners, the American Pain Society and American Academy of Pain Medicine, issued "Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain" in 2009. Common characteristics of these guidelines and laws included:
 - Conducting a physical exam, pain history, medical history and family/social history,
 - Conducting urine drug testing, when appropriate,
 - Implementing pain treatment agreements,
 - Using a prescription drug monitoring database, etc.

Ameritox stressed that urine drug monitoring by itself is not a silver bullet to address the epidemic. Instead, they view urine drug monitoring as a valuable tool that – used in conjunction with other safeguards on a consistent basis – could help stem the tide of overdoses.

Overview of Inventories and Future Activities

Sara Cherico-Hsii, senior policy analyst at DHMH, thanked the Council members for submitting their inventories to the Council. She provided a brief overview of major findings of the inventory, including:

- There are 1,684 agency staff members working on this issue in some capacity, which includes all 1,400 Maryland State Police troopers. The majority of staff works part-time on the issue, meaning they have other duties outside of working directly on the heroin and opioid crisis.
- Agencies have spent approximately \$189 million in fiscal year (FY) 2015 and FY 2016 (to date) on combating the heroin and opioid epidemic. This is an estimate and not an exact amount, as some agency's expenditures have delays in reporting.
- Agencies participate in a number of collaborative partnerships, ranging from the federal government to local counties and municipalities, and from those focused on law enforcement to those focused on harm reduction.

Ms. Cherico-Hsii also reviewed the recommendations put forth by Council members to curb the epidemic, which can be found in the Council's final report.

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:

- **Maryland State Department of Education (MSDE).** Penelope Thornton-Talley, Chief Performance Officer, informed the group that MSDE continues to execute the projects included in the [Maryland's Heroin and Opioid Emergency Task Force \(Task Force\) Interim Report](#). The major update is that the "teacher of the year" candidates have decided to champion this issue for their year-long project.
- **Maryland State Police (MSP).** Major Ruel provided a statistical update on MSPs interdiction efforts along I-70 and I-81. In July, there were 8 arrests with 2,200 grams of heroin seized and information on larger drug trafficking organizations identified. Major Ruel also shared that MSP has put forward a list of questions to the Attorney General's office related to enforcement of the Good Samaritan law, which will be used in developing trainings for troopers on the law. Finally, Major Ruel shared that MSP has been collaborating with DHMH on the design of help cards, which contains information on the Maryland Crisis Hotline. DHMH printed 10,000 cards for distribution by troopers.
- **Governor's Office of Crime Control and Prevention (GOCCP).** Executive Director Shank provided the following updates:
 - GOCCP announced \$600,000 in grants to fund courts and re-entry programs.
 - GOCCP awarded ten local jails and detention centers across Maryland to implement 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. As of November 4, 2015, 340 people have been screened, 61 admitted, and 6 shots have been administered.

- GOCCP is participating in the Justice Reinvestment Initiative, which will evaluate the criminal justice system's operations, budget, and the recidivism rate. The final report is due in December 31, 2015. The goal is to craft a framework of sentencing and corrections policies with the goal of safely reducing the number of inmates in Maryland prisons, controlling state spending on prisons, and reinvesting those savings into more effective strategies to increase public safety and at the same time help nonviolent offenders from returning to prison.
- GOCCP is working with the Washington/Baltimore High Intensity Drug Trafficking Area program and the Drug Enforcement Agency to survey local law enforcement's ability to share data.
- **Department of Public Safety and Correctional Services (DPSCS).** Secretary Moyer shared that DPSCS continues to strengthen their policies and programs to prevent contraband from entering facilities.
- **Maryland Institute for Emergency Medical Services Systems (MIEMSS).** Mr. Fremont Magee shared that MIEMSS continues to share data with DHMH. MIEMSS also shared
- **Maryland Insurance Administration (MIA).** Mary Moody-Kwei, Chief, Complaints, Appeals and Grievance, shared that MIA issued orders for violations with the federal mental health parity law. The violations largely centered around improving methadone treatment capacity.
- **Department of Juvenile Services (DJS).** Joseph Cleary, Chief of Staff, shared that DJS is continuing to conduct outreach to the community and trying to raise awareness of the issue amongst youth.
- **DHMH.** Sara Cherico-Hsii, shared that DHMH continues to work with MSDE, MSP, and other state partners on implementing the recommendations contained in the [Maryland's Heroin and Opioid Emergency Task Force \(Task Force\) Interim Report](#).

Richard Tabuteau, Senior Advisor, Office of the Lt. Governor, provided a brief update on the Maryland Heroin and Opioid Emergency Task Force: Final Report. He shared that recommendations will impact all of the state agencies, although many will be focused on DHMH. He also promised to try to send a draft of the report to the Secretaries for review before the December 1, 2015 submission.

Finally, Elizabeth Charlow from the Maryland Health Benefit Exchange attended the meeting and Secretary Mitchell asked if she had anything she would like to share with the group. She let the Council know that they developed a fact sheet specifically geared towards substance use, which can be found on their website at:

https://www.marylandhealthconnection.gov/assets/downloads/MHC_SubstanceUseDisorder.pdf.

Review of Upcoming Meetings

Ms. Cherico-Hsii promised to send the Council's final report for review by Council members and would be in touch regarding planning for future meetings. The meeting adjourned at 11:45am.