
INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL

QUARTERLY MEETING MINUTES

State House – Governor’s Reception Room
100 State Circle,
Annapolis, MD 21401
Thursday, October 3, 2019
10am-12pm

WELCOME

Lt. Governor Boyd K. Rutherford, Chair, Inter-Agency Council

OPIOID OPERATIONAL COMMAND CENTER UPDATE:

2019 2ND QUARTER FATAL OVERDOSE DATA AND RECENT TRENDS

Steven R. Schuh, Executive Director, Opioid Operational Command Center

- Opioid-related fatalities have decreased by 11.1%.
 - Fentanyl continues to be the deadliest substance in MD, with 962 fentanyl-related deaths occurring in the first six months of 2019, 90% of opioid-related deaths involve fentanyl.
 - Cocaine related fatalities also declined by 16.1%.
 - Heroin-related deaths declined for the third straight year by 14.9%.
 - Prescription opioid-related deaths declined by 3.5%.
 - No county in MD has been spared.
 - Baltimore City, Baltimore County and Anne Arundel County have the highest number of fatalities.
- OOC’s Opioid Use Disorder Program Inventory.
 - Demonstrates the findings of interviews with local jurisdictions across MD.
 - Identifies over 75 “promising practices”.
 - Departmentally based survey.

Maryland Inter-Agency Opioid Coordination Plan Update

Marianne Gibson, Director of Planning and State Partner Coordinator,
Opioid Operational Command Center

- Prevention/Education:
 - Prevent problematic opioid use.
 - Reduce opioid-related morbidity and mortality.
 - Enhance statewide systems to enforce strategy.
- Enforcement/Public Safety:

- Reduce illicit drug supply.
- Expand access to SUD treatment in criminal justice system.
- Expand alternatives to incarceration for individuals with SUD.
- Treatments/Recovery
 - Ensure access to SUD treatment.
 - Expand the behavioral health workforce & increase workforce competencies.
 - Ensure access to recovery support services.
- Strategic Plan will be circulated in the next few weeks.

SPECIAL PRESENTATIONS:

Maryland's Opioid Academic Detailing Pilot Project

Kate Jackson, Director, Maryland Department of Health, Office of Provider Engagement and Regulation (OPER).

- OPER provides support for prescribers and dispensers to:
 - Promote professional education.
 - Make informed clinical decisions.
 - Indorse best practices and innovation.
- What is Academic Detailing?
 - In-person, interactive, healthcare practitioner educational outreach methodology.
 - Accomplished through evidence based information sharing about medications and other therapeutic decisions.
- Launched in May 2019 by OPER:
 - Federally funded by the CDC and SAMHSA.
 - 17 other states use opioid-related Academic Detailing projects.
 - 9 jurisdictions in MD are currently participating in the pilot as of May 6th.
- Goals of project:
 - Improve opioid prescribing practices.
 - Increase clinician use of state's Prescription Drug Monitoring Program.
 - Prevent opioid-related overdose fatalities.
 - Augment the skillset of MD public health workforce.
- Core Messages:
 - Use non-opioid treatment for acute or chronic pain.
 - If opioids are needed, use lowest dose possible.
 - Use PDMP data to determine if patients have previously filled prescriptions for opioids.
 - Reduce a patient's fatal overdose rick by co-prescribing naloxone.
 - Offer treatment for patients with opioid use disorder.
- **Lt. Governor:** Are there guidelines assessing risk with co-prescribing naloxone and opioid medications? Kate: Yes, if the patient is determined high-risk by the clinician they are co-prescribed naloxone to prevent overdose.

Crisis Services in Maryland offered through Affiliated Sante Group

Fred Chanteau, President & CEO, The Affiliated Sante Group

- Sante Group is involved in 13 Counties in MD and operate 5 call centers in the State to establish level of need, determine where patients need to go, and dispatch police if necessary.
- Call centers:
 - Received 85,000 calls in the last year.
 - Operational 24/7 hotlines and warm lines.
 - Receive calls from multiple sources including 911 and *211 press 1*.
 - Can develop crisis and safety plans.
 - Maintains follow up to ensure linkage and warm-hand offs when appropriate.
 - Uses cell tower technology.
- Mobile Teams 24/7:
 - Highest call volume from 10AM-6PM.
 - Provides service linkage – following up on a patients care.
- Domestic Violence Teams.
- In-Home and Family Intervention Teams:
 - Used to keep situations from developing into a crisis.
 - Maintain family stabilization.
- Urgent Care Centers:
 - Provide psychiatric appointments in 24-48 hours.
- School Intervention Teams.
- First Responder Training:
 - Familiarize and educate first responders about mental and behavioral health.
- Overall Goals:
 - Identify Crisis.
 - Develop crisis/safety plan.
 - Provide linkage to services.
 - Maintain follow-up and offer warm handoffs to make sure linkage is obtained.
- **Lt. Governor:** What will it take for EMS to take patients to Stabilization Centers instead of Emergency Departments, does it require legislation or is it regulatory? **Fred:** It's regulatory, it also has to do with the patient's safety and whether or not there is licensed clinician on site.
 - Often times stabilization centers are more equipped to provide SUD services (warm hand offs and follow ups), whereas in Emergency Departments, when you are discharged, there is no follow-up.
- **Lt. Governor:** How are your services paid for? **Fred:** Primarily grant funded by BHA and Counties, etc.
- **Director Fueston:** Where do the 85,000 phone calls come from? **Fred:** Half a dozen call centers, 911, *211 press 1*, other hotline referrals.

- **Secretary Robinson:** How many calls come from 211 press 1? Fred was not able to give a number, but mentioned 211 press 1 transfers people to Sante Group based on locality. *211 press 1* uses cell towers to identify a caller's location.

DEPARTMENT UPDATES

Director Fueston, GOCCP: Funding and initiation for law enforcement diversion plans is proceeding. In addition, a major drug kingpin in Anne Arundel County was convicted on 10/2/19 for trafficking 10 kilograms of fentanyl.

Commissioner Redmer, MIA: Emphasized the importance of continuing to educate people on SUD services and mental health. Stated that most SUD providers are not compliant on a number of issues and MIA is reviewing regulations with providers and stakeholders.

Director Strickland, MEMA: The OOCC has been doing a great job managing this crisis and looks forward to continued work together.

Dr. Dow, MHEC: MHEC has initiated BHA campaigns to educate the student population on SUD. MHEC and the OOCC are sponsoring a public service announcement competition for college students to educate other students on *211 press 1* and Naloxone.

Secretary Robinson, Labor: Department of Labor is using federally funded workforce programs to train 35 women in correctional facilities to become PR Recovery Specialist.

NEXT STEPS

Lt. Governor Rutherford
Steve Schuh