INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL
QUARTERLY MEETING AGENDA
Virtual Meeting
Thursday, September 24, 2020
1pm - 2:30pm

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

OPIOID OPERATIONAL COMMAND CENTER UPDATE
2020 2ND QUARTER FATAL OVERDOSE DATA AND RECENT TRENDS
Steven R. Schuh, Executive Director, Opioid Operational Command Center

- 2nd Quarter Overdose Data:
  - There were 1,326 unintentional intoxication deaths in the first two quarters of 2020;
  - Represents a 9.1% increase when compared to the first half of 2019;
  - Opioid were involved in 1,187 intoxications deaths, 90%;
  - Fentanyl-related deaths increased by 11.9%;
  - Prescription opioid-related deaths increased by 8.1%;
  - Heroin-related deaths decreased by 30.4%; and
  - Cocaine-related deaths increased by 13.3%.

- Despair:
  - Increased in unemployment may lead to continued increases in the misuse of all classes of substances.
  - Access to life-saving emergency services, substance use treatment, and recovery support has been disrupted by the coronavirus pandemic.

- COVID-19 Inter-Agency Overdose Action Plan Goals:
  - Prevent Problematic Substance Use;
  - Reduce Substance-Related Morbidity Mortality;
  - Expand Alternative to Incarceration for People with SUD;
  - Expand Access to SUD Treatment in the Criminal Justice System; and

- OOCC Competitive and Block Grant Programs:
  - $9.6 Million in OOCC Grants;
  - 56% went to Treatment and Recovery;
  - 34% went to Prevention and Educations; and
  - 10% went to Enforcement and Public Safety.

SPECIAL PRESENTATIONS

Hospice Care and the Opioid Crisis: Implications for Maryland
Rona Kramer, Secretary, Maryland Department of Aging

- Impacts on End of Life Care:
  - Study by John Cagel, PhD, of the University of Maryland, Baltimore
  - Study included 371 hospice care providers;
  - 36% reported that Diversion Prevention Efforts created obstacles for pain management;
  - 45% reported drug shortages;
  - Pain medications are very much necessary to prevent suffering.

- Drugs are becoming inaccessible, such as: Morphine, Hyromorphone, Fentanyl, Lorazepam
  - Community physicians no longer writing prescriptions with refills;
    - Hospice medical directors are stepping in to write these prescriptions.
  - Community physicians fearful of writing prescriptions for large doses;
  - Production limitations; and
  - Patients and caregivers are reluctant to take or give opioids.

- The Diversion Problem:
  - Majority of diverted drugs occur in the home or in small hospice facilities.
  - Frequent offenders: family caregivers, another relative, other patients, privately hired caregivers.

- Current Diversion Prevention:
  - Conduction pill counts;
  - Prescription Drug Monitoring Program (PDMP);
  - Drug testing staff;
  - Training clinical staff on preventing diversion.

- Recommendations:
  - Balancing prevention efforts;
  - Screening family members;
  - Screening clinical job candidates;
  - Post-incident employee screening;
  - Clinical screening of risk;
  - Patient and family education.

State Opioid Response II Funding

Dr. Aliya Jones, Deputy Secretary for Behavioral Health, Maryland Department of Health

- Funding for SOR II:
  - 50.7M;
  - $16,259,603 for Prevention;
  - $32,473,962 for Treatment and Recovery.

- Purpose of SOR II
  - Increase access to MAT;
  - Reduce unmet treatment needs;
  - Reduce opioid overdose related deaths;
  - Address stimulant misuse and use disorders.

- SOR II Application Development:
Activities were chosen based on coordination with the OOCC, BHA, and Public Health’s opioid-response plan. SOR II application also targeted gaps and limitations in the systems behavioral health workforce.

**SOR I Accomplishments:**
- 86k + Naloxone doses with distributed;
- 43k+ individuals trained in naloxone administration;
- 679 Naloxone administrations;
- 165 individuals trained in SBIRT;
- 47k individuals served through harm reeducation outreach efforts;
- 505 individuals served by SOR funded MAT re-entry programs;
- 812 individuals served in safe station programs;
- 220 individuals served in Adult Recovery Houses;
- 3,197 peer encounters.

**Snapshot of SOR II Program:**
- **Administration**
  - Data Management
  - Performance Evaluation
  - Grants Management
- **Prevention**
  - Harm reduction
  - Naloxone distribution
  - Adolescent Clubhouses
  - Maryland Crisis Hotline
  - Public Awareness
- **Treatment**
  - 24/7 Crisis Walk-in Stabilization
  - Crisis Beds
  - Hub and Spoke Model
  - Medication Adherence Technology
  - Medical Patient Engagement
  - Safe Stations
- **Recovery**
  - Recovery housing
  - Healthy Beginnings
  - Intensive Care Coordination
  - Workforce Development Programs

**SOR II New Activities:**
- An electronic pill dispenser for take home medication;
- SUD workforce expansion fellowship;
- Peer certification expansion;
- SBIRT training;
- Crisis services and recover housing for adolescents;
- Maryland local crisis hotline.

**SOR II Summary:**
- Year 1 funding: 9/30/20 to 9/29/21;
Year 2 funding: 9/30/21 to 9/29/22;
There are 32 initiatives across 24 jurisdictions.

LG: Recovery Housing has always been an issue, it’s hard to get people into programs, but also communities do not always understand or want Recovery Housing in their neighborhood. Has this changed at all?

Dr. Jones: Stigma is still a very big issue, communities understand that people need help, they just don’t want them to get help in their neighborhood. We have been funding anti-stigma campaigns.

Support to Communities: Fostering Opioid Recovery through Workforce Development Grant Funding

James Rzepkowski, Assistant Secretary, Maryland Department of Labor

- This month the Department of Labor was awarded $4,589,064 from the United States Department of Labor.
  - Only three other states were awarded funding.
  - The Maryland Department of Labor will disperse funding to seven local workforce areas;
    - Western MD – Garrett, Allegany, Washington
    - Frederick
    - Anne Arundel
    - Baltimore County
    - Baltimore City
    - Cecil and Harford
    - Upper Shore: Caroline, Dorchester, Kent, Talbot, and Queen Anne’s
  - More than 700 Marylanders are expected to participate.
  - Start date is October 1st and the period of performance is 48 months.
- Other Opioid-Related Programs:
  - MDH Funding:
    - In 2019 the Department of Labor received $200,000 for the Opioid Workforce Innovation Fund.
    - In 2020 Labor will receive a little over $1 million from MDH to continue the Opioid Workforce Innovation Fund.
    - At least 14 organizations will receive funding to serve 175 individuals.
  - OOCC Funding:
    - In 2019 Labor received funding to pilot a Certified Peer Recovery Specialist.
    - 23 women completed the classroom training, but were unable to begin earning the 500 work/volunteer hours because of COVID restrictions.
    - In 2020 Labor received additional funds from the OOCC to continue this program.
  - Women’s Bureau Funding:
    - In 2018 Labor received $650,000 from the Women’s Bureau for a Pre-Apprenticeship Hospitality Pilot.

NEXT STEPS
Lt. Governor Rutherford

Steve Schuh