Welcome

Lt. Governor Boyd K. Rutherford
Chair, Inter-Agency Heroin and Opioid Coordinating Council

Council Members in Attendance: Robert Green, Dr. Aliya Jones, Robin Rickard, Russell Stickland

Designees: Jay Cleary (DJS), Vanessa Lyon (GOCPYVS), Reginal Burke (MSDE), Phil Dofflemyer (MSP)

Members not in Attendance: MIEMSS, OPSC

Approval of the Minutes: Secretary Green approves the minutes, Executive Director Strickland seconds the approval of the minutes.

Opioid Operational Command Center (OOCC) Update

2021 Quarter 1 Data and OOCC Updates

Robin E. Rickard, Executive Director, Opioid Operational Command Center

- Fatal Overdoses – All Substances
  - In the first quarter of 2021, there were 682 fatal overdoses in Maryland.
  - This represents a 5.7% increase when compared to the first quarter of 2020.
- Opioid-Related Fatal Overdoses
  - There were 612 fatal overdoses that involved opioids in the first quarter of 2021.
  - This represents a 6.3% increase from the first quarter of 2020.
  - Opioids were involved in 89.7% of all fatal overdoses.
- Fatal Overdoses by Opioid Type
  - There were 564 fentanyl-related fatalities in the first quarter of 2021, an increase of 5.2% when compared to 2020.
  - Fentanyl was involved in 92.2% of all opioid-related fatalities and 82.7% of
all fatal overdoses.

- Heroin-related fatalities continued their steep decline, falling 27.7% when compared to the same time last year.
- Prescription opioids increased by 37.4% when compared to the first quarter of 2020.

### Opioid-Related Fatal Overdoses by County

- Baltimore City, Baltimore County, and Anne Arundel County experienced the highest number of opioid-related fatalities.
- Queen Anne’s, St. Mary’s, Carroll, Wicomico, Talbot, and Calvert also saw significant increases.
- Caroline County reported zero opioid-related fatalities during this timeframe.

### Opioid-Related Fatal Overdoses by Region

- The largest numerical increase was observed in Central Maryland, which reported 419 regional deaths.
- The largest regional percent increase was observed in Southern Maryland. However, with 22 deaths, Southern MD also had the lowest total of opioid-related deaths in the state.

### Non-Opioid Intoxication Fatalities

- There were 223 cocaine-related deaths in the first quarter, a 6.7% decrease when compared to the first quarter of 2020.
- There were 128 alcohol-related deaths, a decrease of 8.6% compared to 2020.
- There were 30 benzodiazepine-related deaths, a decrease of 6.3% when compared to 2020.
- There were 27 methamphetamine-related deaths, an increase of 35% when compared to 2020.
- There were 13 PCP-related deaths, an increase of 85.7% when compared to 2020.

### Non-Fatal Opioid-Related ED Visits

- MD saw significantly more hospital emergency department visits for non-fatal, opioid-related overdoses in the first three months of 2021.
- There were 2,397 visits in the first quarter of 2020.

### EMS Naloxone Administrations

- There were 2,354 naloxone administrations by EMS personnel in the first quarter.
- This is a 4.6% increase from the same time frame in 2020.

### Opioid-Related Overdose Demographics

- In the first quarter, opioid-related overdoses increased substantially among non-Hispanic Black Marylanders, while decreasing slightly among non-Hispanic White Marylanders.
- Opioid-related deaths involving males vastly outnumbered those involving
females by about 3-to-1.

● MD SOS – Town Hall Series
  ○ The Maryland Stop Overdose Strategy is a public engagement campaign with two goals:
    ■ We want to hear directly from the public about what they feel is working or not working in their community.
    ■ We want to educate people about what the Opioid Restitution Fund (ORF) can be used for.
  ○ The ORF was established in 2019 to manage all funds that MD receives from litigation against opioid manufacturers and distributors.
  ○ The first town hall meeting will be in Western MD at the Allegany College of Maryland on August 26th from 5:30 pm – 6:30 pm.

● Other Updates
  ○ Fiscal year 2022 Block and Competitive grant announcements
  ○ OIT leadership meetings to resume in August
  ○ OOCC Inter-Agency Coordination Plan (2022)
  ○ Launch of the OOCC Dashboard

Special Presentations

Racial Disparities in Overdose Task Force Update

Dr. Aliya Jones, Deputy Secretary for Behavioral Health and Dr. Noel Brathwaite, Director, Office for Minority Health & Health Disparities, Maryland Department of Health

● Taskforce Updates
  ○ We started meeting in February and have had four meetings to date.
  ○ Our membership is very diverse. Members have varying experience related to addressing SUD.
  ○ During our last meeting we heard from Dr. Cheryl West who is an organizational psychologist and facilitated an interactive session.

● Updated Goals
  ○ Identifying focused, data-informed interventions (programs/ policies) as well as seek out innovative pilot/emerging projects that will reduce the disparity in overdose fatalities in the Black community which has been showing escalating rates of death despite statewide interventions.
  ○ Recommend programs/ policies that will decrease factors contributing to the disparity in overdose deaths that reflect and include community voice/insights and address the structural determinants of drug use.
  ○ Determine how to increase acceptance of evidence-based practices for opioid use disorders in affected communities using a tailored approach.
  ○ Ensure equitable allocation of resources to combat the opioid crisis.

● Next meeting: Wednesday, August 18th.
Data-Informed Overdose Risk Mitigation (DORM) Overview: *Using linked datasets to develop overdose risk profiles*

Marianne Gibson, Deputy Director, OOCC and Michael Baier, Director of Overdose Coordination, Behavioral Health Administration

- **DORM Background**
  - House Bill 922, formerly known as Chapter 211, was signed into law during the 2018 legislative session.
  - Requires MDH to produce an annual report linking approximately 18 distinct system-level datasets to determine overdose risk profiles.
  - In January of 2021 the OOCC was tasked with leading the DORM initiative.

- **Data Overview – Health Services Cost Review Commission**
  - 2016 to 2020:
    - Any hospital service: 45%-55%
    - Overdose-related encounter: 25%-31%
    - OUD diagnosis: 32%-36%
    - SUD diagnosis: 44%-46%

- **Data Overview – Medicaid (2019)**
  - 67% enrolled in Medicaid at any point during 2019
  - 64% enrolled at time of death
  - Only 38.7% of opioid decedents Medicaid enrollees received medication for OUD.
  - 23% of those who received MOUD received buprenorphine.

- **Data Overview – Prescription Drug Monitoring Program**
  - 64% of all overdose decedents in 2019 had at least one prior Rx controlled substance dispensing reported to the MD PDMP in the previous 5 years.
  - 35% of 2019 overdose decedents had been dispensed a Rx controlled substance less than 6 months prior to death.

- **Data Overview – Public Behavioral Health System**
  - 56.8% of fatal overdose decedents in 2019 had a PBHS claim at some point between 2016-2019.
  - 40.3% had a claim within 30 days of their death.

- **DORM Findings – Overdose Response Programs**
  - There are 113 authorized ORP’s in Maryland, with at least one in every jurisdiction.
  - Naloxone Saturation (2020)
    - Nine jurisdictions did not reach naloxone saturation.
    - Seven jurisdictions were between 0 and 49.0% above saturation.
    - Three jurisdictions achieved naloxone saturation.
    - Five jurisdictions achieved more than 100% of their targeted naloxone saturation.

- **Dorm Findings – SUDORS**
  - The construction industry was the most impacted sector across all regions.
  - The second most common sector varies by jurisdiction.
Next Steps

- Currently working on phase two and finalizing contracts with the Johns Hopkins Bloomberg School of Public Health
- This partnership will allow us to conduct more advanced analysis.

LG: Does this include EMS data?

Michael Baier: No, this does not include data from EMS if the individual was not transported to the hospital.

LG: Another potential data source we could tap into is from GOCCP, they receive data from law enforcement, even for non-fatal overdoses. I’m wondering if there is a way we can use that data.

Marianne Gibson: We do plan to add MIEMSS data in phase two.

Michael Baier: We are also adding DPSCS data.

Secretary Green: Calls for service data could be used. Calls that are closed and intercede an overdose event, but not transported to a hospital.

Director Strickland: MIEMSS would track that data and it would count as a refusal.

LG: How can we use that data as an intervention? Is this health-related data shareable outside of government?

Marianne Gibson: We are also working with CRISP to alert local health departments of an overdose so that they can do some sort of outreach and follow-up.

Next Steps

Lt. Governor Rutherford

Robin Rickard

LG: I’d like to open this discussion up for members to brainstorm ways we can work together to better address this crisis.

Robert Green: We brought in dogs that can detect alcohol because we saw an increase of alcohol-related overdoses within our system and so far, it has been very effective.

Jay Cleary: We have seen an increase in juveniles that come into our system with trauma,
they are using substances to cope, I think it is important to address the mental health component when developing a treatment program.

Reggie Burke: We are focusing on social and emotional learning for this upcoming school year as we enter this new post COVID normal.

**NEXT MEETING**

Wednesday December 15, 2021, 2 p.m.