INTER-AGENCY HEROIN AND OPIOID COORDINATING COUNCIL QUARTERLY MEETING MINUTES

Tuesday, June 21, 2022
2pm-3:30pm
Governor’s Reception Room
Maryland State House

Welcome, Roll Call, & Approval of Minutes
Robin R. Rickard, Executive Director, OOCC
Council Members in Attendance: Dr. Lisa Burgess (BHA), Gray Barton (PSC), Robert Green (DPSCS), Jay Cleary (DJS), Brianna McMahon (GOCOPYVS)

Meeting minutes from March’s meeting will be distributed to council members.

Opioid Operational Command Center (OOCC) Update
Robin R. Rickard, Executive Director, OOCC

● Data are preliminary and subject to change.

● 2021 Overdose Trends
  o In 2021 there were 2,819 fatal overdoses, which represents a 0.7% increase when compared to 2020.
  o In 2021 there were 2,503 opioid-related overdoses, which represents a 0.6% when compared to 2020.
  o Fentanyl was involved in 82.9% of all fatal overdoses.
  o There were 2,338 fentanyl-related overdoses, a decrease in 0.2% from reports in 2020.
  o There were 353 heroin-related deaths in 2021, a decrease of 35.6% when compared to 2020.
  o Prescription overdoses decreased by 1.8% in 2021.

● Non-Opioid Overdoes Trends
  o In 2021 there were 1,017 cocaine-related fatal overdoses, an increase of 10.4% when compared to 2020.
  o Alcohol-related fatal overdoses decreased by 7.1%.
  o Benzodiazepine-related overdoses decreased by 0.9%.
  o Methamphetamine-related overdoses increased by 28.9%.
  o Phencyclidine-related deaths decreased by 12%.

● Coordination Plan Overview
The plan focuses on the overarching goal of reducing opioid-related morbidity and mortality.

The plan includes findings from the following:
- Data-Informed Overdose Risk Mitigation report, which links data from overdose decedents across various public health and public safety data sources;
- Feedback from the Maryland Stop Overdose Strategy town hall series;
- The State Integrated Health Improvement Strategy; and
- The Racial Disparities in Overdose Task Force.

Goal #1: Improving statewide infrastructure for opioid initiatives
- Priorities include: interagency and interdepartmental data sharing and the DORM initiative.

Goal #2: Promote youth resiliency
- Priorities include: increasing awareness of adverse childhood experiences, promoting trauma-informed programming, and expanding programs like Handle with Care.

Goal #3: Raise awareness of the opioid crisis
- Strategies include: promoting Regrounding our Response and public awareness campaigns.

Goal #4: Expand harm reduction services
- Strategies include: expanding targeted naloxone saturation and encouraging overdose response programs to utilize the naloxone saturation formula implemented by the Center for Harm Reduction Services.

Goal #5: Promote comprehensive care coordination
- Strategies include: expanding mobile health clinics and improving long-term intensive case management.

Goal #6: Expand Maryland’s crisis response system
- Priorities include: Expanding access to 24/7 crisis hotlines, urgent care, stabilization and crisis beds.

Goal #7: Expand access to treatment for opioid use disorder
- Strategies include: screening for OUD, promoting buprenorphine induction in hospital emergency departments, linking individuals to peer recovery specialists, and increasing access to treatment through primary care providers.

Goal #8: Increase support for recovery communities
- Strategies include: embedding peers in community settings, supporting career development for peer recovery specialists, and increasing funding to support these programs to include peer compensation.

- OUD ETA Grant Program
  - Opioid Use Disorder Examination and Treatment Act of 2019 requires all local detention centers to implement programs to screen incarcerated individuals for OUD and offer all three FDA-approved medications for OUD.
  - The OOCC has made 8 million dollars available to support this program.
  - Each project proposal will be eligible to receive $500,000.
  - The OOCC received 18 applications for the program and will announce award decisions this week.

- FY2023 Grant Programs
  - The OOCC is currently reviewing applications for both the Block and Competitive Grant Programs.
There is 4 million dollars available through the Block Grant Program and 6 million dollars available through the Competitive Grant Program.

Award announcements will be made on July 1st.

- **STOP Act**
  - Statewide Targeted Overdose Prevention – or STOP – Act of 2022
  - STOP will help increase targeted naloxone distribution across Maryland.
  - STOP allows certain entities, such as treatment providers and community organizations to provide naloxone free of charge.
  - STOP also authorizes EMS personal to distribute naloxone to individuals after they experience a non-fatal overdose.

- The OOCC can be reached at help.oocc@maryland.gov

**Special Presentations**

**Data-Informed Overdose Risk Mitigation: What We've Learned about Overdose and Where We Go From Here**

Marianne Gibson, Deputy Director, OOCC

- **DORM Overview**
  - Chapter 211 Act was passed in 2018.
  - Requires the Maryland Department of Health to produce an annual report that links individual-level death records from overdose decedents to public health and public safety sets.
  - Linked risk profiles are used to inform policy and programmatic decision-making.
  - Report due July 1 of each year.

- **Partnerships**
  - DORM has partnered with MD THINK, Maryland’s cloud-based data platform, to support more secure data management.
  - Other partners include: BHA, CRISP, John Hopkins Bloomberg School of Public Health, VSA, PDMP, HSCRC, Hilltop Institute, and the Systems Evaluation Center at the University of Maryland.
  - DORM also received data from the Environmental Health Bureau, Overdose Data to Action program, and the Center for Harm Reduction Services.

- **Descriptive Statistics Overview**
  - The 2022 DORM report includes fatal overdose data through 2020 provided by VSA.
  - In 2020, there were 2,799 unintentional drug and alcohol fatalities in the state of Maryland.

- **Racial Disparities**
  - Between 2016 and 2020, the growth of overdose fatalities among non-Hispanic Black Marylanders has outpaced those among non-Hispanic White Marylanders.
  - In 2021 there were 1,412 fatal overdoses among non-Hispanic White Marylanders, 9.3% fewer than in 2020, while there were 1,165 overdose deaths among non-Hispanic Black Marylanders, an increase of 8.3% when compared to 2020.

- **Project Governance**
  - The governance structure is organized by four main layers
    - Top: executive-level governance steering committee, which will provide vision, strategic direction, and priorities for the project. With the LG’s support, IACC members are asked to participate in this steering committee.
    - Next layer is the governance council, which will be made of from leadership
at relevant agencies.
  - The bottom two layers, are the tactical and operational layers.

Next Steps
  - The DORM report will be released on July 1st.
  - Working to secure a DUA with MIEMSS and DPSCS.
  - Would like to bring on additional linked datasets including PBHS and Medicaid.

Sachini Bandara PhD, Assistant Professor and Brendan Saloner, PhD, Associate Professor, Johns Hopkins Bloomberg School of Public Health

- Creating DORM Linked Data
  - Linked HSCRC hospital admissions data, PDMP data, and VSA data through MD THINK to create an analysis.

- MD THINK
  - JHU: 1st outside user of MD THINK platform
  - Able to complete analyses using standard statistical/computing programs
  - Project involves large, complex datasets. MD THINK is able to increase computing resource capacity.

Next steps
  - Testing systems with more JHU users and statistical programs.
  - Requires significant technical infrastructure at Hopkins beyond simply logging in from remote laptop, which may be a challenge for other users from smaller organizations w/ less technical capacity.

- Buprenorphine Utilization and Findings
  - Buprenorphine access is improving for Black Marylanders, but there is room for improvement.
  - In 2020, 39% of overdose deaths and only 30% of buprenorphine recipients were among Black Marylanders.
  - Medicaid is the fastest growing payer.
  - Hospitals are an important touchpoint.
    - 39% of buprenorphine recipients have visited an emergency department in a year.
    - 15% of buprenorphine recipients have had an inpatient visit in a year.
    - 4% of buprenorphine recipients have had a psychiatric admission in a year.

Main Takeaways
  - Efforts to expand buprenorphine showing signs of success—utilization is increasing.
  - Future efforts should focus on:
    - Expanding buprenorphine utilization for Black Marylanders; and
    - Lengthening treatment duration to avoid gaps in care.
  - Medicaid is an important policy tool for expanding buprenorphine access

David Idala, Director of Medicaid Policy Studies, Hilltop Institute, University of Maryland Baltimore County

- Objective
  - Hilltop has access to Medicaid data and Medicaid is the largest payer for people with Opioid Use Disorder.
  - Measure a four-year trend (CY 2017–CY 2020) in the following Medicaid opioid measures:
    - Demographic characteristics of Medicaid participants who died of an overdose death;
• Services used by persons who died of an overdose;
• Inpatient and emergency department (ED) use;
• Previous non-fatal overdose diagnosis prior to an overdose death;
• Use of medication for opioid use disorder (MOUD) before death;
• Predictive modeling; and
• Disseminating the results to behavioral health providers and managed care organizations.

● Methodology
  o Link overdose deaths from the Maryland Vital Statistics Administration (VSA) with Maryland Medicaid data to identify Medicaid participants who died of an overdose.
  o Using Medicaid claims data, identify whether participants received certain services of interest:
    ▪ Medication-assisted treatment (MAT);
    ▪ ED visits;
    ▪ Inpatient admissions; and
    ▪ Prior non-fatal poisoning diagnosis.
  o Develop a predictive model to identify Medicaid participants at risk of an overdose death.

● Predictive Modeling
  o Hilltop is developing a predictive model, called Pre-OD (overdose), to identify the risk of overdose for each Maryland Medicaid participant.
  o We are using Hilltop’s predictive modeling platform, which includes over 200 unique risk factors spanning diagnostic, utilization, demographic, pharmacologic, and environmental domains.
  o Pre-OD is currently in the training and validation phase, with model fit and predictive power results available soon.

Departmental Updates
IACC members

Secretary Green, DPSCS
There were 40 Peer Recovery Specialists that graduated today at the Jessup Correctional Institute.

Dr. Burguss, BHA
SOR III update, NOFA was released in May 2022, Maryland could potentially receive over 50 million dollars. SOR III funding must be spent on evidenced-based practices that support opioid or simulant use disorder.

Gray Barton, OPSC
There are 60 problem solving courts across Maryland, Queen Anne’s County Drug Circuit Court has been approved and will be opening soon.

Brianna McMahon, GOCPYVS
Heroin Coordinator program now operates in all 24 jurisdictions. Working on coordination and implementation of HB116.

Jay Clearly, DJS
Would like to be very involved in the second goal of the Inter-Agency Opioid Coordination Plan, promoting youth resiliency.
Next Steps
Lt. Governor Rutherford
Robin Rickard