

Addiction Action Committee

Meeting Minutes

January 28, 2019

4:00pm-6:00pm EST

DHSS Herman

Holloway Chapel

I. Welcome and Introductions

- Brought to order at 1608
- AAC member introduction
- 10/22/2018 minutes approved

II. Data Update

Kate Brookins presented on Addiction Action Committee Data and Patterns

- Delaware ranked #6 in the nation among all states for overdose deaths in 2017.
- DE ranked #9 in 2016
- DE saw the greatest percent increase between 2016 and 2017 among states in the top 10 for drug overdose death rates.
- Rate of opioid-related overdose deaths in DE is 27.7 in 2017

Overdose Demographics Data

- Nationally, the largest absolute rate increase from 2016-2017 was in males 25-44.
- Delaware ages 25-29 had the highest prevalence, followed by ages 35-39
- Nationally, the largest percent increase was among blacks (25.2%)

EMS Naloxone Data

- In 2017 there were 2714 naloxone administrations.
- In 2018 there were 3430 naloxone administrations.

PMP Data

- Over 96% prescribers required to register in DE are registered to date
- Integrated Health Care Systems:
 - Christiana Care
 - St. Francis
 - Bayhealth
 - Children's Hospital of Philadelphia
 - Jefferson Health
 - Penn Medicine (UPHS)
- Integrated Pharmacies
 - Walmart, Harris Teeter
- Manual searches of the PMP 11/7/2017-1/15/019
 - 770,000 queries – approx. 1,774 each day
- Automated queries in Delaware (6 facilities + 400 pharmacists and prescribers) Aug 2018- Jan 2019
 - 156,000 – approx. 2,708 each day
- Automated queries of the PMP via HER integration (includes out of state systems) 7/1/2018-1/15/2019

- 2,230,000 – approx. 11,262 each day
- 23 States connected with the Delaware PMP via PMP Interconnect

III. Legislation Update

Senator Anthony Delcollo, for Senator Hansen, reported on the context of medical necessity and what it means in terms within insurance coverage and making certain that there is a clear standard with that insurance being activated. Looking at proxies for an idea that could exist in other context and has discussed the idea of an impact fee.

In terms of medical necessity

- Workers compensation and process for coverage has a well-developed idea of medical necessity.
- Concepts of workers comp consists of a well-developed idea

Medical necessity concerns

- Coverage will not be accepted because it is not medically necessary and/or related to the work accident in regards to addiction
- Standard of coverage

A fair opportunity to be heard and a clear standard is the senator's goal.

In our DE code, there is good language of what medical necessity means in the workers compensation context 18 DE code section 3371 subsection 8.

There are different definitions of what medical necessity is under different carriers for addiction and is consisted covered for treatment, may receive coverage under one review and may not receive coverage under another review.

Next steps to bring more folks together with expertise in these areas to further develop the idea/problem

IV. Grant Update

Kate Brookins shared information in regards to DPH grant activity:

CDC Grants: All three grants end August 31, 2019. New funding opportunity guidance to be released in February; will combine the three grants

- PDO-PfS – Prescription drug overdose & prevention
- ESOS – enhance state opioid overdose surveillance
- Public Health Crisis Response

SAMHSA grant

- First Responder Naloxone
 - Year 1 of 4 – funding still not available

Elizabeth Romero shared information in regards to DSAMH grants

- SAMHSA
 - Substance Abuse Block Grant
 - Fund for those needing treatment without insurance
 - Substance use Treatment – Cures Grant
 - 2nd year of funding
 - Increasing MAT providers
 - Prevention (SPF)
 - Social marketing
 - PMP
 - State Opioid Response great
 - Upcoming funding for next 2 years

- Engaging school districts
- Hospital engagement to ensure safe practices
- Developing a Bridge clinic
- Build more support for step down facilities
- Primary care screening referral & treatment
- Behavioral Health Consortium Funding
 - Syringe Services program Statewide expansion
 - Piloting fentanyl test strips
 - Community health workers
 - Community Naloxone program
 - Level 4 housing and treatment opportunism up and running
 - Expanding opportunities for those in detox and treatment facilities
 - Partnership with Dept. of Corrections
 - Partnering with youth treatment and expand MAT support
 - Assessments and services that need to be provided to children

V. Behavioral Health Consortium Update

Next Meeting

- February 12, 2019 10am at Buena Vista

VI. Subject Matter Workgroups

Criminal Justice – Rob Coupe

The Criminal Justice Subcommittee is focusing on the engagement of individuals into treatment from the criminal justice system. The committee consists of 19 members from law enforcement, correctional facilities, EMS agencies, and other related partners.

Secretary Coupe presented on the work of the subcommittee:

DSHS Grant for DMI initiative through DPH (Bio-surveillance and Information Management)

- This candidate is in background, this is a contract position, not a FTE.
- The Delaware Drug Monitoring Initiative (DMI) is currently a quarterly publication containing data that is derived from DFSRP, DIAC, and DSAMH. The grant funds a dedicated staff member who will analyze this information allowing for real-time analysis that can be disseminated to the field where real-time decisions and analysis can be made and appropriate action and counter measures can be taken. This enhancement will play an important role in the System of Care Initiative from the Department of Health and Social Services.
 - Itemized Budget and Justification- Planner III (#MFEA03)
 - \$44,755.00 Yearly Min / \$55,944.00 Yearly Mid / \$67,133.00 Yearly Max

Treatment Referral Initiative DELJIS/DSAMH – E. McCloskey, E. Romero

- Treatment Referral Initiative – as part of the initiative an email notification will be sent to the Crisis Intervention Service. This email will include any individual identified as a victim or a suspect in this report as involved with a drug overdose or attempted suicide.
- To assist the Crisis Intervention Service with the proper response to this incident the Officer will have space to type a 250 character message and overview of the incident.

Technical Assistance Grant – partnership with DPH and contractor Health Management Associates (HMA)

- This TA will build upon the work already started by the Criminal Justice Subcommittee on identifying gaps, best practices and protocols that can improve the overall Law Enforcement response to the opioid crisis. The approved vendor will work directly with

the Delaware Information and Analysis Center (DIAC) and the Office of Emergency Medical Services (OMES) for data collection and reporting that will be used to improve system outcomes. This TA will also explore viable options for Pre-Arrest Diversion as a public health solution to public safety.

- HMA will be attending our Criminal Justice Subcommittee meeting tomorrow morning at Troop 2 and breaking our members into two focus groups to discuss the work and needs of the criminal justice community.(Ms. Liddy Garcia-Bunuel)
- This is integrated in the Overdose System of Care effort
- Itemized Budget and Justification-
 - Total Request \$110,000.
 - TA contract for services not to exceed \$50,000.
 - Training and focus groups \$20,000.
 - Existing system upgrades related to data collection and reporting \$40,000.

DSP Pilot Program funded by the Behavioral Health Consortium (\$50k)

- Working to develop a program similar to NCCPD Hero Help, but tailored to the specific community in Sussex County that they will serve
- Have been meeting with other program directors, providers and a program out of state, to develop the DSP Sussex County program.

Next Meeting

- Tuesday, January 29, 2018 10:00-11:30am at Troop 2.

Access to Treatment –Elizabeth Romero

The Access to Treatment Subcommittee is focusing on improving access to treatment components that are necessary for sustained recovery, wrap around services such as employment, housing, and relapse prevention.

- Working very closely to have level 4 residential treatment housing up and running
- Working on the barriers for long term employment
- Developing a Peer relationship with employers – potential pilot for this year.
- Conversation to explore bringing together employers with treatment providers.
- They were 4-5 construction employers and treatment providers to discuss barriers for people to have a pathway to peer recovery coaches.

Safe Prescribing – John Goodill

The Safe Prescribing Subcommittee is a public-private partnership focusing on the summarizing and identifying current knowledge on, and efforts to, curtail prescription medication abuse.

Current initiatives:

- Changing the CSR licensure requirement to a 2-hour education specific to Delaware on opioid prescribing (webinar) for new and renewing licensees. Goal is to have it up and running by March.
- About to launch a campaign for the Dental Industry within the next couple of weeks to provide materials for them to use with their patients
- Safe Prescribing or no prescribing and better pain management for the youth.
- QID is working on the Academic Detailing program that is guided by PMP data of who outliers are and to make use of educational opportunities. QID will be using 7 providers to get feedback regarding curriculum.
- Christiana has imported a program to help decrease post-operative opiate prescribing and have seen a decrease by approximately 40%. Will be working on a brochure to

distribute statewide to other healthcare systems. Looking to E-Bright to help move forward with it.

- Legislations was passed last session in regards providing informed consent for minors and prescribing benzodiazepines. A fact sheet will be provided for every benzo prescription written to identify risks of taking that type of medication.
- Continuing to work on E-Prescribing
- Majority of prescribers are not prescribing MAT. How do we encourage prescribers to get in the business of prescribing MAT?

Next Meeting

- Tuesday, February 26, 2019 at 4:00-6:00pm at DHSS Chapel

Pain Management – Sandra Gibney/Karyl Rattay

- Dr. Gibney has taken over as chair.
- SB225 focused on increasing access to alternative approaches to pain management and removing the caps for chiropractic care and physical therapy for back pain. It will be officially required on March 9th but both Medicaid and State employee benefits have already lifted the caps.
- Working on updating website around public and provider education for non-opiate pain management.
- Increased access to massage, chiropractic services, therapy and work out financial estimate and cost analysis for a pilot with a vendor.
- ABC working on a campaign for distribution of the tool kit.

Next Meeting

Monday, March 25, 2019 4:00-6:00pm at DHSS Chapel

Public Education

The target audience is youth and their families, and the general public. Currently in a partnership with DOE regarding a life skills program with school districts within DE (Botvin). Would like to build up the outreach campaign. A chair is still needed for this working group.

VII. Next Steps

Next AAC meeting

- Monday, April 29th, 4:00-6:00 pm at DHSS Chapel

VIII. General Discussion

Highest priorities is to get naloxone into the community through Points of Dispensing (PODs) (friends, family to have access). Reaching out to hotspots specifically.

Is the naloxone community outreach in other languages? Yes, the campaign will be available in other languages.

Attack Addiction 5K coming up March 2nd at Old New Castle around Battery Park.

IX. Public Comment

Lydia Garcia

Organization is setting up community response teams, 2 in each county to focus on hot stops. An asset map of what is in that area and then bring together the neighborhood/businesses and create a plan for response.

Noel Duckworth

Recently contracted by DPH to help project management of the DE state improvement plan, best practices to help departments and their community partner sectors to identify priorities and direct resources around shared goals. Currently in the action cycle of this process and use info on a Delaware specific website – gathering information and follow up with chairs to see how it is aligned with the state improvement plan and identify any gaps. Annual report will be issued in the spring and annual meeting for stake holders in fall.

Erin Goldner

Physical Health is very important

Empower people to stay healthy

Youth Prevention Drug Taskforce – doesn't need to have the word "drug" in it to identify to help prevent drug addiction.

X. Close Meeting

- Meeting adjourned at 1735.