Funding and Governance Structures for Effective Opioid Response

Rebecca Boss, Director, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Andy Jones, Policy Advisor to Governor Dunleavy, Alaska

Sheila Sjolander, Assistant Director, Arizona Department of Health Services

Jeff Locke, Program Director, NGA Homeland Security & Public Safety

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Federal Funding

- **There are at least 57 federal programs, administered by different agencies, that provide opioid-related funding**
- **In FY18, these programs totaled $7.4 billion**
- **Medicaid is also a key source of funding for state efforts to address the opioid crisis**

Source: Bipartisan Policy Center, Tracking Federal Funding to Combat the Opioid Crisis, March 2019

Select Federal Grant Funding

- CDC
  - Emergency Response: Public Health Crisis Response—Opioid Prevention in States
  - Injury Prevention and Control—Opioid Overdose Prevention and Surveillance
- SAMHSA
  - Substance Use Prevention and Treatment Block Grant (SABG)
  - State Opioid Response (SOR)
  - State Targeted Response (STR)
- BJA
  - Comprehensive Addiction and Recovery Programs (COAP)

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RI Department of Behavioral Healthcare, Development Disabilities & Hospitals

COMBATING THE OVERDOSE CRISIS

DIRECTOR REBECCA BOSS, MA

Governor's Overdose Prevention & Intervention Task Force

- **Governor Raimondo established the Task Force in August 2015**
- The Directors of BHDDH and the Department of Health (DOH) were named as Co-Chairs.
- The Task Force includes stakeholders and **experts in fields including public health, law enforcement, healthcare, community-based support services, insurers, academia, business, government and more.**
- The **multi-disciplinary composition of the Task Force** became its distinguishing factor.
- The Task Force soon became **the center** of all opioid overdose, prevention and intervention activities in the state.
- The perspectives of various individual members brought **cross-learning to the sectors around the table**. Committees were formed in the four areas of Prevention, Rescue, Treatment and Recovery and everyone went to work implementing the strategic plan.

Strategic Plan For Rhode Island

Prevention

Help doctors protect their patients by using safe prescribing practices.

Rescue

Make sure everyone has access to naloxone.

Treatment

Make sure everyone who needs it can get medication-assisted treatment (MAT), like methadone or buprenorphine.

Recovery

Expand peer recovery services and treatment options that help people start recovery.

The updated Strategic Plan proposes creating 5 new core principles:

- **Integrating Data to Inform Crisis Response**
- **Meeting, Engaging and Serving Diverse Communities**
- **Changing Negative Public Attitudes on Addiction & Recovery**
- **Universal Incorporation of Harm-Reduction**
- **Confronting the Social Determinants of Health**

Metrics

The Task Force integrates data to inform crisis response and to understand what is working and what is not

Examples of Types of Data We Measure

- **PREVENTION:**
  - Number of evidence-based activities focused on substance use completed by prevention coalitions and Health Equity Zones
  - Number of students who receive opioid prevention education series each year (Project SUCCESS)
- **RESCUE:**
  - Number of people from high-risk populations in past 12 months receiving naloxone
  - Number of kits received via insurance
- **TREATMENT:**
  - Number and % of people who have sustained engagement with medication-assisted treatment
  - Rate of substance-related ED visits per 1,000 people for any length of time in past 3 years
- **RECOVERY:**
  - New monthly enrollments in recovery support services
  - Total number of people enrolled in recovery support services in current month

PULSE Check-Ins on Overdose Work

- **PULSE Check-Ins are Comprehensive, Interdepartmental Monthly Check-Ins run by the Governor's Office and the Executive Office of Health and Human Services, and include the Departments of:**
  - Behavioral Healthcare, Developmental Disabilities & Hospitals
  - Health
  - Corrections
  - Some initiatives include staff from the Dept of Education and Dept of Labor & Training
- **PULSE Check-In Reviews Include:**
  - Key Outcome Data and Strategic Plan Metrics
  - Workplans for Select Signature Initiatives
  - Grant Operations
    - Total Dollars Spent, Budgeted, and Unbudgeted by Year
    - Next Major Procurements
    - Barriers to implementation Across Major Grants

Submit

Prevent Overdose RI

https://preventoverdoseri.org

OUR MISSION

This website is an initiative of RI Governor Gina Raimondo's Overdose Prevention & Intervention Task Force, in collaboration with the RI Dept of Health, the RI Dept of Behavioral Healthcare, Developmental Disabilities and Hospitals, and Brown University School of Public Health.

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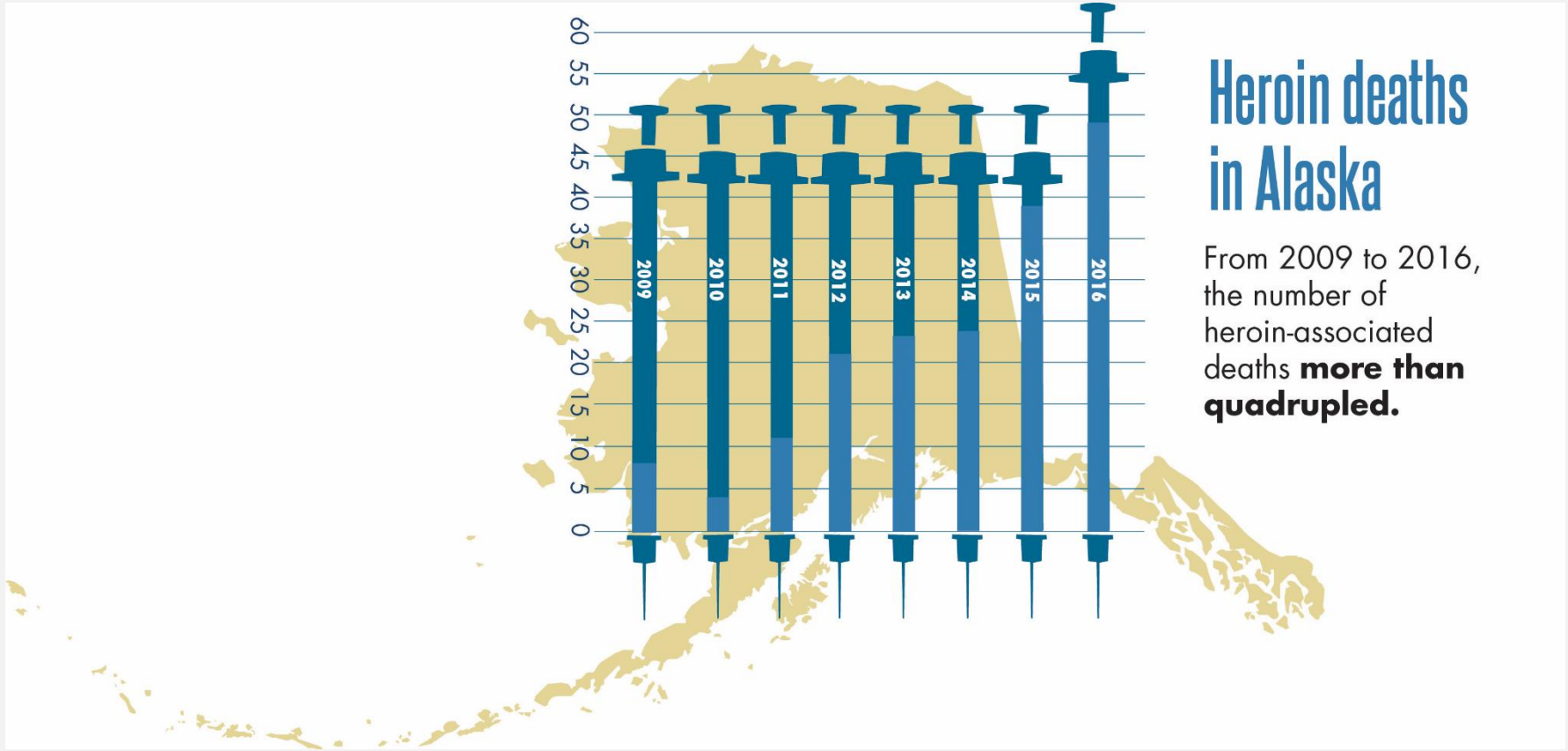
Governance Structures for Effective Opioid Epidemic Response
Alaska's Approach

Andy Jones
State of Alaska, Office of the Governor
April 8, 2019

Policy

- Alaska Opioid Policy Task Force 2016-2017
- To address the rising incidence of heroin and opioid abuse in Alaska, multiple agencies co-facilitated the Alaska Opioid Policy Task Force Recommendations Document
- The Advisory Board on Alcoholism and Drug Abuse, Division of Public Health, and the Alaska Mental Health Trust Authority will co-facilitate
- The goal of the AOPTF is to provide recommendations to the Governor and Legislation.



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State Disaster

- February 2017
- Project HOPE (Statewide Naloxone)
  - Statewide Overdose Response Program
  - Statewide Medical Standing Orders

Winter 2016/2017

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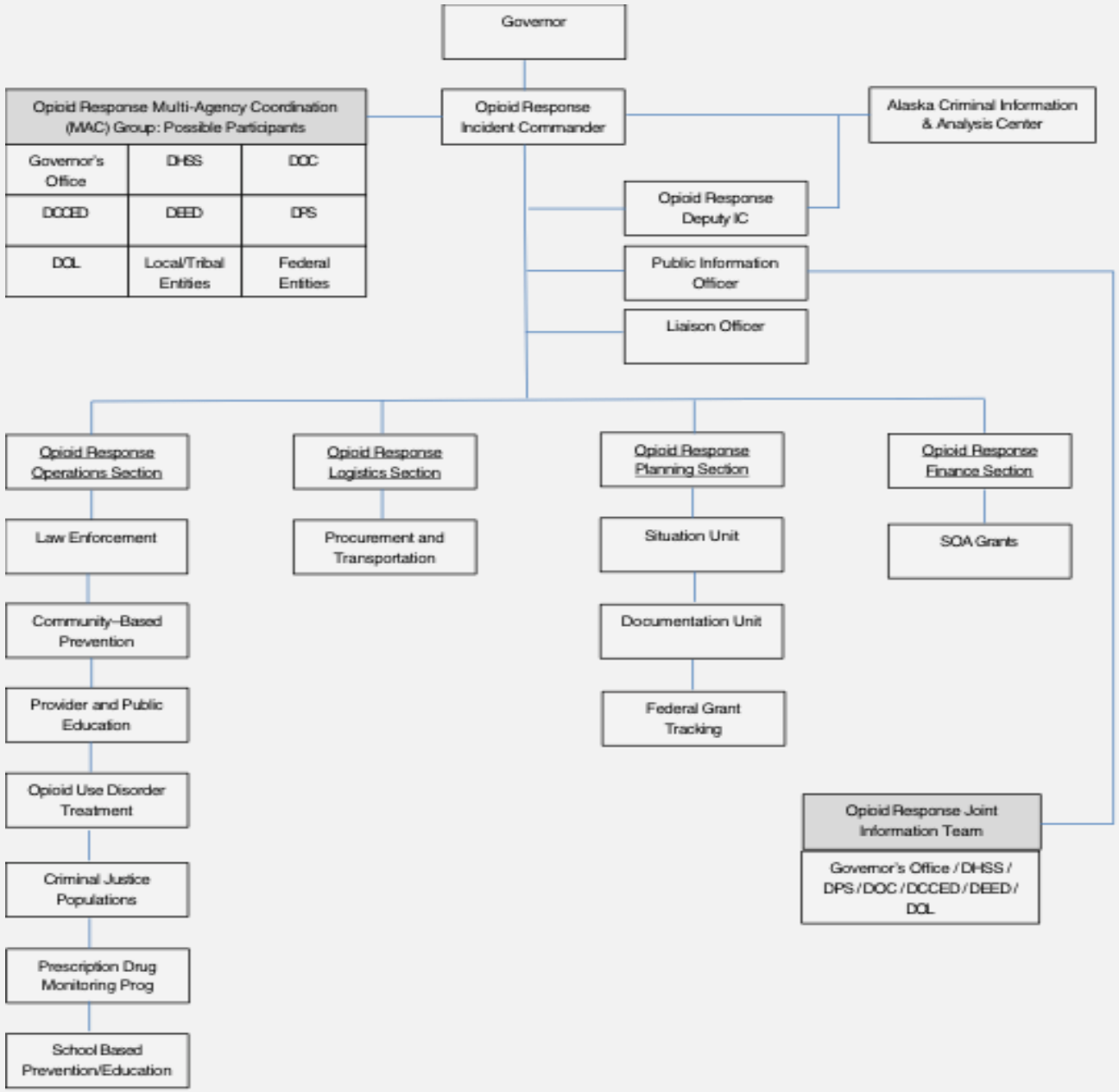
Operational Footprint

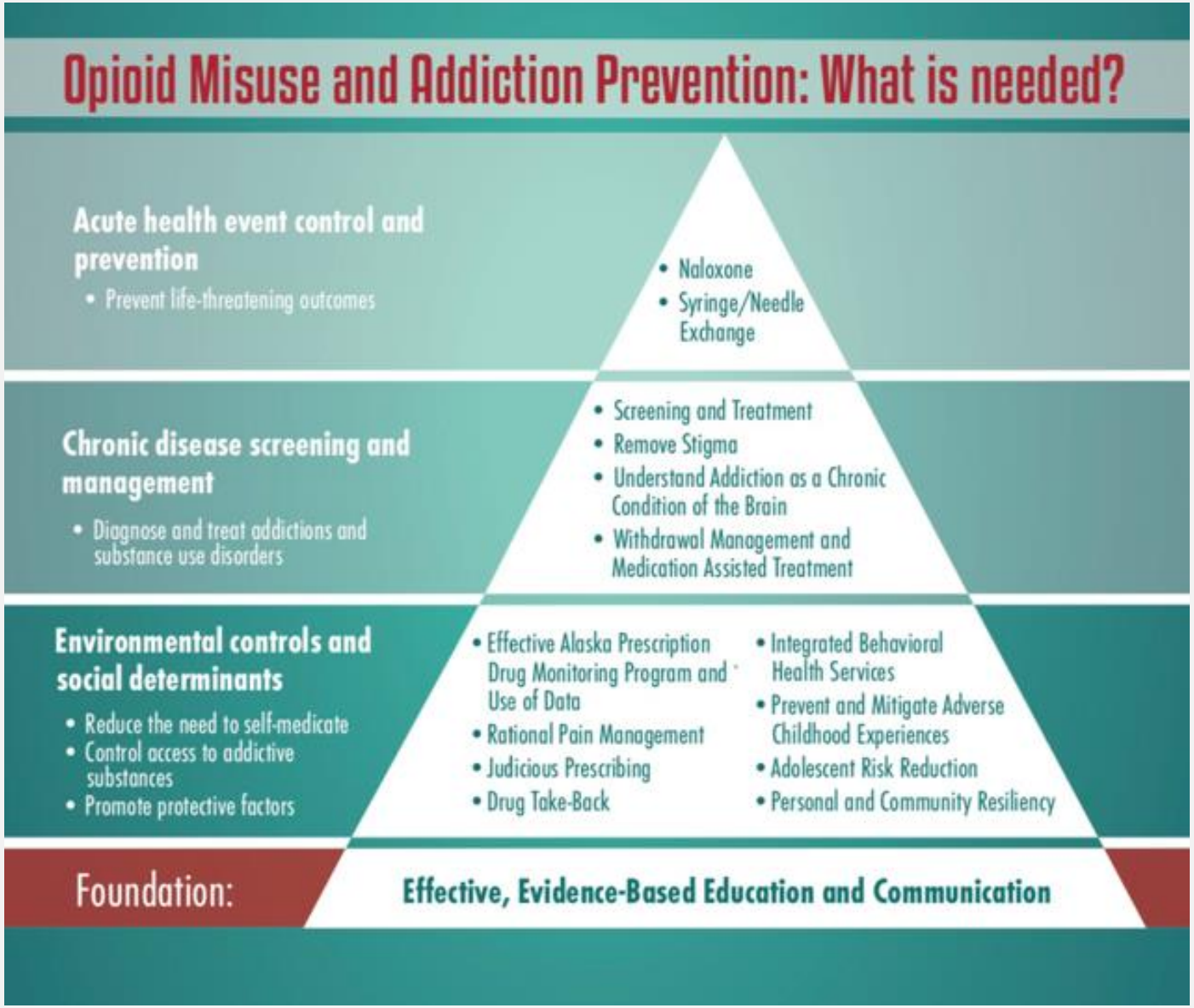
- Administrative Order 287
  - Multi-agency approach
  - Local, Tribal, State, Federal, and Non-Governmental Agencies
- Multi-Agency Coordination (MAC) Group
- Incident Command System
- Alaska Criminal Information and Analysis Center
- Joint Information Team



Winter 2017

Strategy

- Opioid Initial Response Framework (Prevention Model) 2017
- Key strategies to prevent substance misuse and addictions:
  - Reduce stigma and change social norms
  - Increase protective factors and reduce risk factors in communities
  - Strengthen multi-sectoral collaboration
  - Improve prevention infrastructure
  - Optimize the use of cross-sector data



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Coordination

- Office of Substance Misuse and Addiction Prevention (OSMAP)
- Mission: Implement public health approaches to prevent and reduce substance use disorders and to support community based activities.
- Core Values:
  - **Community:** Engage with individual citizens and community-based coalitions
  - **Communication:** Use evidence-informed methods to improve public, provider and media knowledge of substance misuse and addiction
  - **Collaboration:** Work with State of Alaska agencies and external partners to lead a multi-disciplinary and multi-sectoral prevention response

Planning

- Statewide Opioid Action Plan 2018
  - Community Cafe Series approach
  - 15 communities(Bethel, Nome, Ketchikan, Sitka, Juneau, Fairbanks, Anchorage, Kodiak, Petersburg, Mat-Su, Kenai, Barrow, Homer, Valdez/Cordova, Dillingham)

The SOA strategic planning includes local, tribal, state, and federal agencies

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Winter 2017/Spring 2018

Implementation

- Statewide Coordination: Office of Drug Control Policy
- Statewide Opioid Action Plan (SOAP) Coordinator: OSMAP
- Regional Coordination: DHSS Public Health Nursing
- Community Coordination: Community Task Forces
  - Mat Su Opioid Task Force
  - Anchorage Opioid Task Force
  - Juneau Opioid Work Group
  - Fairbanks Opioid Work Group
  - Southern Kenai Peninsula
  - Change 4 Kenai Coalition
  - Aleutian Pribilof Islands Opioid and Substance Misuse Task Force
  - Ketchikan Substance Abuse Task Force
  - Bristol Bay Opioid Task Force
  - THRIVE Mat Su

State and Local Integration

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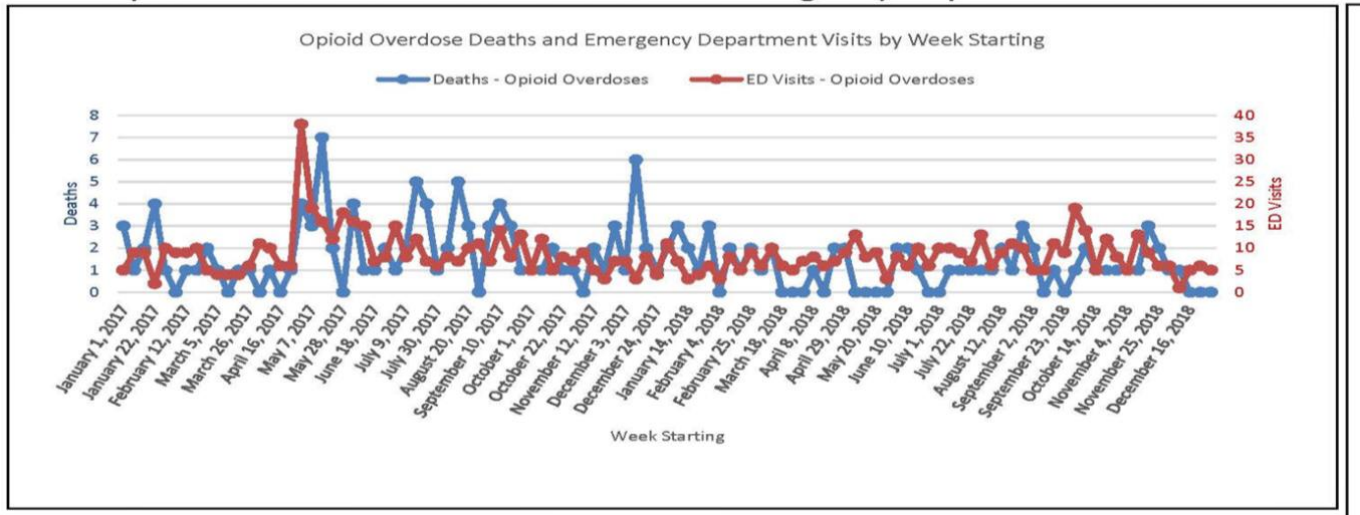
Results

- Overdose deaths are down
- 18,000 overdose rescue kits distributed
  - 101 Overdose Response Programs
  - Over 260 lives saved
- 47,000 Deactivation medication disposal bags distributed
  - Over 2.5 million prescription medications destroyed
- High Intensity Drug Trafficking Area Designation
- Addiction Medicine Fellowship
- 300 residential treatment beds
- Behind the walls treatment program

Opioid-Related Overdose Deaths and Emergency Department Visits – Preliminary Statistics Update



Data Summary:

Opioid Deaths – 2018: 58 (+12 since last update).
Opioid Deaths – 2019: 0.

Deaths due to non-methadone synthetic opioids (e.g. fentanyl and tramadol) increased from 8 to 37 between 2016 and 2017, and decreased from 37 to 14 between 2017 and 2018 (2018 numbers are preliminary and are subject to change).

Emergency department visits with notes suggestive of opioid overdose increased sharply in the week beginning April 30th, 2017 and have decreased since that time.

Statistical Notes:

Data presented are preliminary. Death reporting is approximately two weeks behind the current date. Recent deaths may not have received a final cause of death ICD-10 code. Uncoded deaths with opioid related substances in the cause of death, significant conditions or injury descriptions text literal fields of the death certificate may be included on a preliminary basis. When final cause of death codes are received, these numbers may change. All Alaska in-state deaths (including residents and non-residents) are included. Alaska residents who died out of state are not included.

Syndromic Surveillance data are based on text queries of emergency department notes suggestive of opioid overdose, and are therefore approximate. Data are de-identified, and are best suited for trends rather than an absolute count. Not all hospitals participate in syndromic surveillance. Data are approximately 48 hours behind real time, and can change as the medical record is updated. No inpatient data is included.

	2015		2016		2017		2018		2017-2018	
Cause of Death[1]	Deaths	AA Rate[2]	Deaths	AA Rate[2]	Deaths	AA Rate[2]	Deaths	AA Rate[2]	%	Increase Decrease
Drug Overdoses (X40-X44, X60-X64, X85, Y10-Y14)	121	16.0	129	17.2	141	19.3	92	11.9	35	↓
Opioid Overdoses (T400-T404, T406)	85	11.1	96	12.9	100	13.6	58	7.3	42	↓
Heroin (T401)	36	4.7	49	6.5	36	4.9	24	3.1	33	↓
Prescription Opioids (T402-T403)	58	7.6	53	7.1	50	6.7	31	3.9	38	↓
Natural and Semi-Synthetic Opioids (T402)	52	6.7	46	6.2	46	6.2	28	3.5	39	↓
Methadone (T403)	10	1.3*	14	1.8*	8	1.0*	6	0.8*	25	↓
Non-Methadone Synthetic Opioids (T404)	14	1.8*	8	1.1*	37	4.9	14	1.7*	62	↓
Fentanyl (T404 with "Fentanyl")	12	1.5*	5	**	28	3.6	7	0.8*	75	↓

1. Causes of death defined by the following International Classification of Diseases, 10th Revision (ICD-10) codes:
   a. Drug Overdoses: Deaths with an underlying cause of death due to unintentional drug poisoning (X40-44), suicide drug poisoning (X60-64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10-Y14).
   b. Opioid Overdoses: Drug overdoses with a contributing cause of death due to opium (T400), heroin (T401), prescription opioids including natural and semi-synthetic opioids (T402) or methadone (T403), non-methadone synthetic opioids (T404), or other and unspecified narcotics (T406). Fentanyl overdoses are non-methadone synthetic opioid deaths that cite Fentanyl (or Fentanyl analogues in the death certificate's text literal fields.
2. Age-adjusted (AA) rates are events per 100,000 population, times the year 2000 standard population ratio. Rates based on fewer than 20 occurrences (*) are statistically unreliable, and should be used with caution. Rates based on fewer than 6 occurrences (**) are not reported. Age-adjusted rates for incomplete years (†) are annualized to extrapolate estimates for the entire year from partial year-to-date data.

Source: Alaska Health Analytics and Vital Records (last updated January 11th, 2018).

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Governance Structures for Effective Opioid Epidemic Response

The Arizona Experience

Sheila Sjolander
Arizona Department of Health Services
April 8, 2019

Arizona Management System

Governor Doug Ducey's vision is for Arizona to be the number one state to live, work, play, recreate, retire, visit, do business, and get an education. To achieve this vision, Arizona is deploying a professional, results-driven management system to transform the way our State government thinks and does business as one enterprise. State agencies are doing more good for Arizona by tracking and improving their performance each and every day.

Educational Excellence

21st Century Economy

Happy & Healthy Citizens

Protecting Our Communities

Fiscal Responsibility

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Background on Emergency Declaration

2016 Arizona Opioid Report

ARIZONA DEPARTMENT OF HEALTH SERVICES

azhealth.gov/opioid

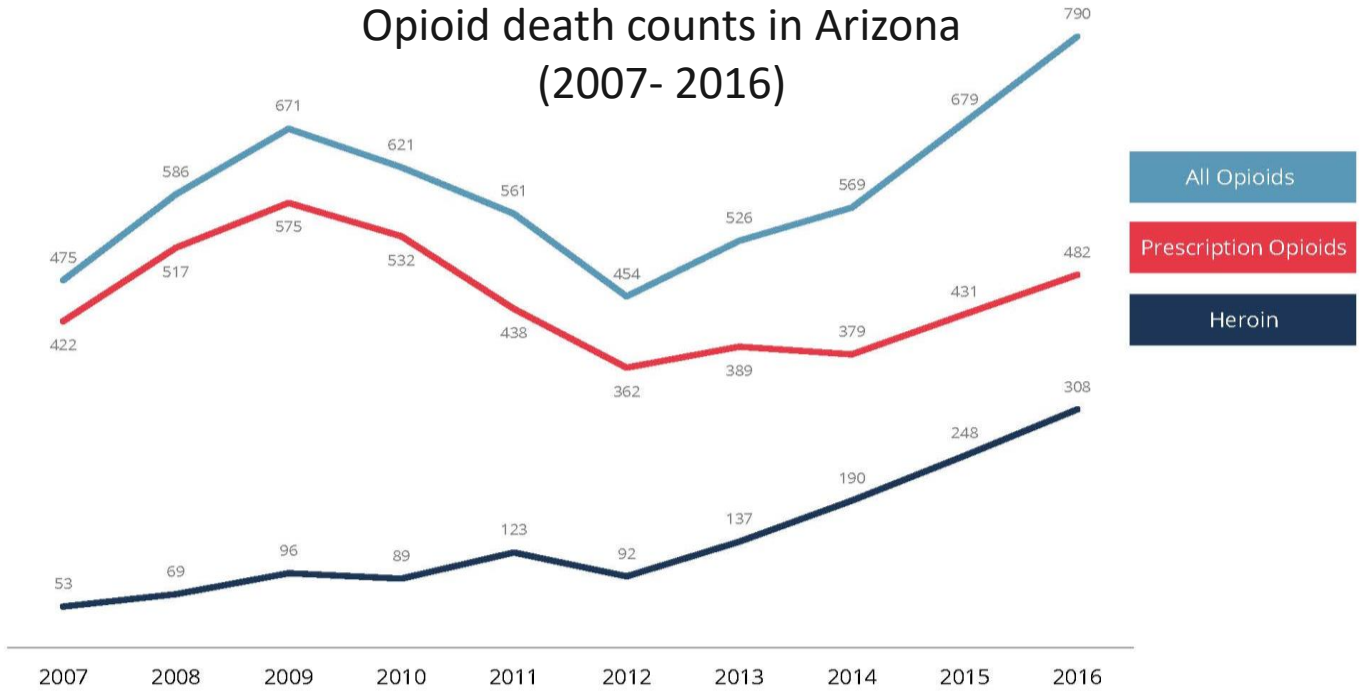
Governor Ducey Declares Statewide Health Emergency In Opioid Epidemic

News Release

June 5, 2017

LEARN MORE ▶

Opioid death counts in Arizona (2007- 2016)



DECLARATION OF EMERGENCY
and **NOTIFICATION OF ENHANCED SURVEILLANCE ADVISORY**
Opioid Overdose Epidemic

WHEREAS, the Arizona Department of Health Services has confirmed 790 deaths due to opioids in Arizona in 2016, which equates to an average of more than two Arizonans per day; and

WHEREAS, the Arizona Department of Health Services has confirmed that the number of opioid deaths has increased 74% from 2012-2016, with 2016 showing Arizona's highest number of deaths; and

WHEREAS, opioids are powerful pain killers that are highly addictive; and

WHEREAS, of the 1,497 drug overdose deaths in 2016, 52.7% noted opioids as a primary cause of death; and

WHEREAS, these deaths as a result of overdose are preventable; and

WHEREAS, the opioid overdose epidemic affects all Arizonans; and

WHEREAS, in Arizona, law enforcement and first responders have the authority to carry and administer the life saving drug Naloxone; and

WHEREAS, the Arizona Department of Health Services requires more robust and more accurate data to successfully combat the opioid overdose epidemic; and

WHEREAS, the Governor and the Director of the Arizona Department of Health Services have reasonable cause to believe that disease, illness, and health conditions, including death, are being caused by the opioid overdose epidemic; and

WHEREAS, it is necessary and appropriate to take action to ensure that the residents of Arizona remain safe and healthy; and

WHEREAS, the Governor is authorized to declare an emergency pursuant to A.R.S. § 26-303(D).

NOW, THEREFORE I, Douglas A. Ducey, Governor of the State of Arizona, by virtue of the authority vested in me by the Constitution and Laws of the State, do hereby determine that the opioid overdose epidemic present in Arizona justifies a declaration of a State of Emergency and issuance of an Enhanced Surveillance Advisory, pursuant to A.R.S. §§ 26-303(D), 36-782, and 36-787, and I do hereby:

a. Declare that a State of Emergency exists in Arizona due to the Opioid Overdose Epidemic, effective June 5, 2017; and

b. Direct that the State of Arizona Emergency Response and Recovery Plan be used to direct and control State and other assets, and authorize the Director of the Arizona Department of Emergency and Military Affairs to coordinate State assets; and

c. Authorize the Director of the Arizona Department of Health Services to coordinate all matters pertaining to the public health emergency response of the State in accordance with A.R.S. § 36-787(A)(2); and

Arizona Opioid Response

Starting in June, 2017, ADHS and partners worked tirelessly to answer Governor Ducey's call to address the continuing increase in opioid-related deaths across Arizona.

April 2017
Executive Order for 7 day fill limit

June 2017
- 2016 Arizona Opioid Report released
- Opioid Emergency declared
- Enhanced Surveillance Reporting implemented
- Implementation of Emergency Opioid Prescribing and Treatment Rules for Healthcare Institutions

September 2017
Opioid Action Plan issued

October 2017
PDMP Mandate in effect

December 2017
Launch of 2018 Opioid Prescribing Guidelines

January 2018
Arizona Opioid Epidemic Act is passed

March 2018
OAR Line launches

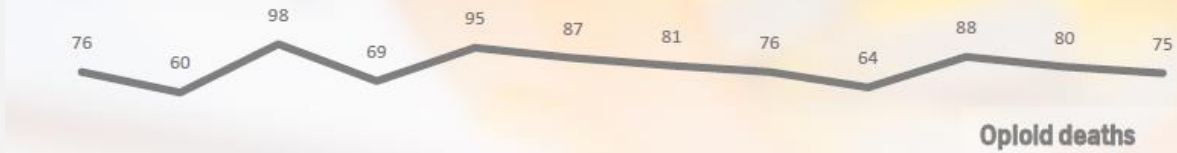
April 2018
Arizona Opioid Epidemic Act takes effect

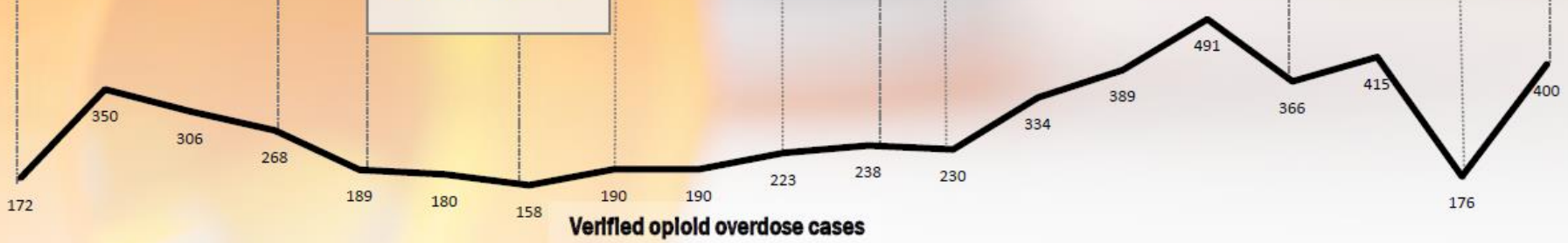
May 2018
Governor Ducey terminates Declaration of Opioid Emergency

September 2018
AZ receives additional federal funding to address opioid crisis

November 2018
Summit to train educators on new pain and addiction curriculum for health professional schools

December 2018
Youth opioid prevention campaign launches

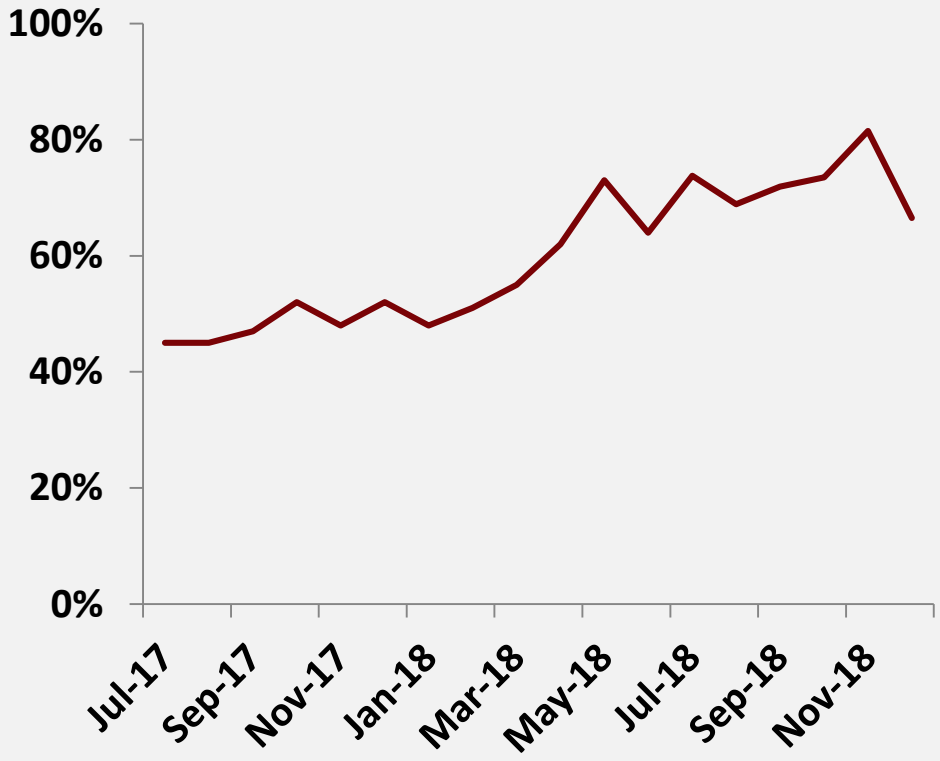




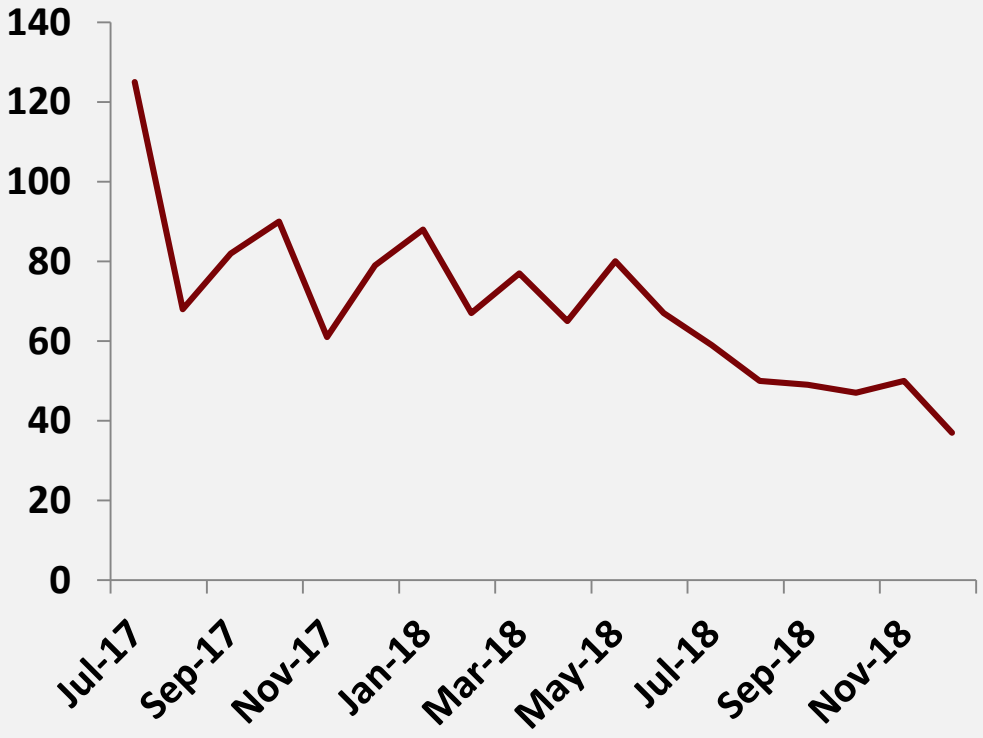
January February March April May June July August September October November December January February March April May June July Augst September October November December
2017 2018

Indicators of Progress

Referrals to Behavioral Health or Substance Use Disorder Treatment After Overdose
July 1, 2017-December 31, 2018



Average Morphine Milligram Equivalent Prescribed to Opioid Naïve
July 1, 2017 -December 31, 2018



ADHS has distributed 9400 kits of naloxone to **law enforcement agencies** through 2018.

Law enforcement officers have administered naloxone to **1,089** people since June 2017; **97% survived** the immediate pre-hospital event.

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azhealth.gov/opioid