



Delaware Addiction Strategy

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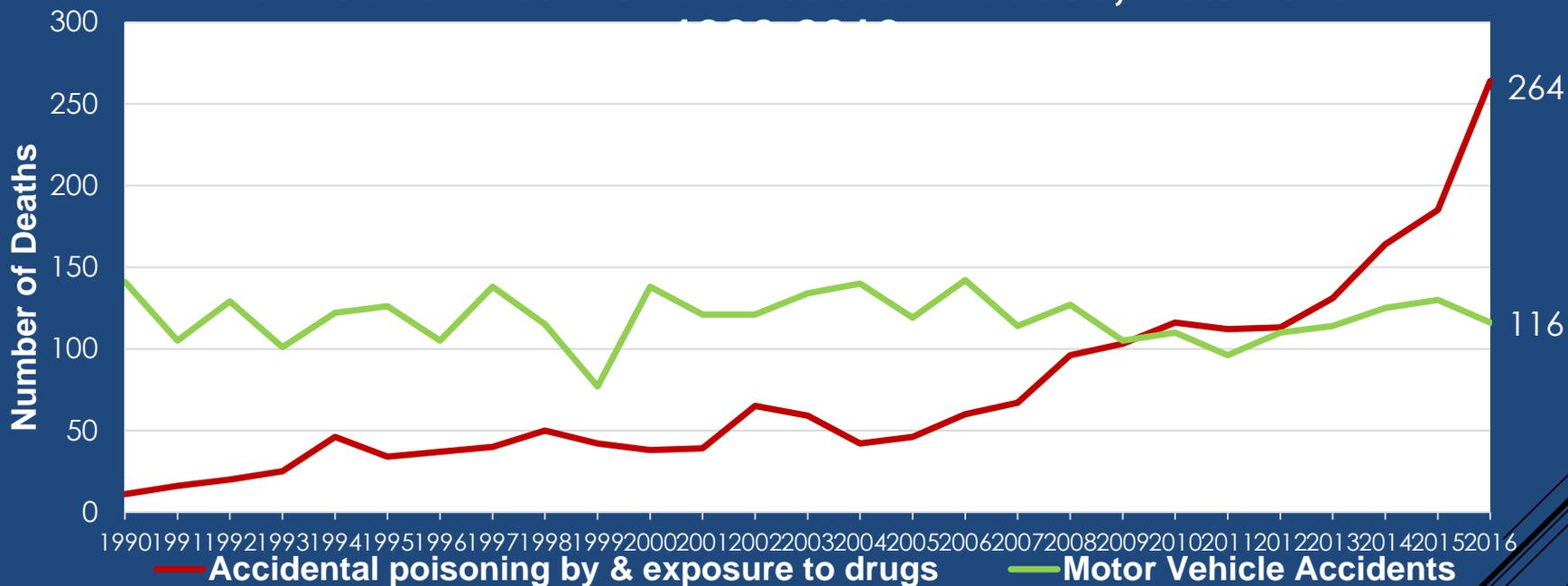
Director, Division of Public Health



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

2009: When drug overdose deaths exceeded motor vehicle deaths

Number of Deaths for Selected Causes, Delaware



Note: Numbers for 2016 are preliminary only.

Source: Delaware Health and Social Services, Division of Public Health, Delaware Health Statistics Center, Division of Public Health

DHSS ADDICTION STRATEGY

Perspective

STRATEGIC OBJECTIVES

Strategic Focus:
Prevent Substance Abuse

Executive Sponsor: Karyl Rattay

Health Status

1. Reduction in substance abuse, non-fatal Overdoses and overdose deaths

Implementation

2. Prevent life-threatening adverse outcomes

3. Diagnose, engage, treat and support individuals with addictions and substance use disorders

4. Reduce the need to self-medicate, control access to addictive substances and promote protective factors

Process & Learning

5. Surveillance

6. Communication

Assets

7. Grants, Contracts, and Payment Strategies

8. Partnerships

9. Workforce

STRATEGY MAP

Perspectives

Health Status Outcomes – *which are improve by:*

Implementation – projects, services, actions to improve health,
which are made more effective by:

Learning & Process – policy & plans, evaluation,
health status monitoring, research,
which are made more effective by:

Assets – financial & non-financial resources, engaged
community members & partners, competent workforce

STRATEGY MAP

- Measures and initiatives are associated with each objective, which can be included in a balanced scorecard,* a key component of a performance management system.
- InsightVision performance management and dashboard reporting system intro

*The concept of a balanced scorecard was first advanced by Robert Kaplan and David Norton in the 1990's.

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OBJECTIVE 1 AND 5

Health
Status

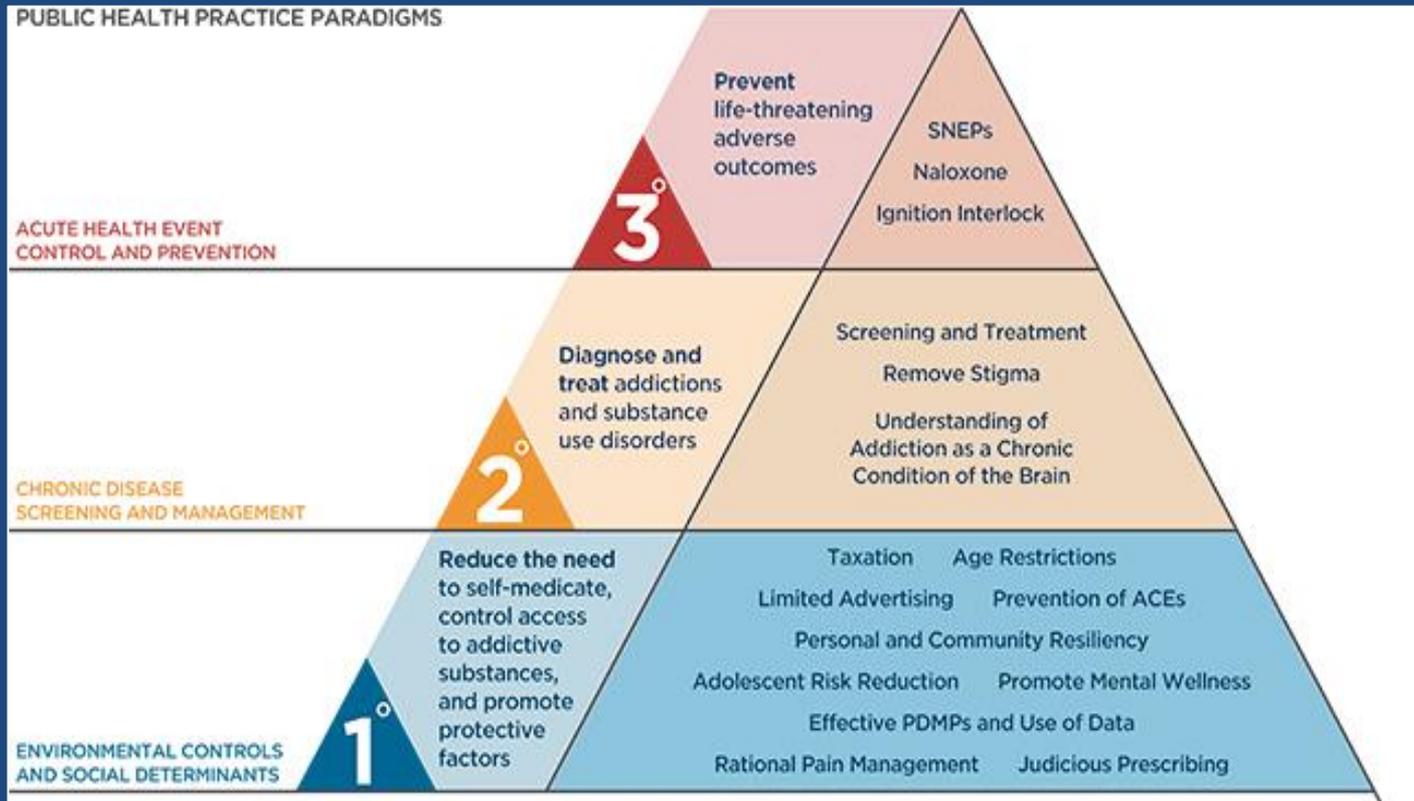
**1. Reduction in substance abuse, non-fatal
Overdoses and overdose deaths**

Process &
Learning

5. Surveillance

- Outcome measures to monitor progress and surveillance measures to reveal areas where interventions need to be adjusted
- Measures will focus on prevention, treatment, and harm reduction; care system measures around follow-up support, “warm handoffs,” mental health referrals, and care system effectiveness

Substance Misuse and Addictions Prevention Framework



Source: Association of State and Territorial Health Officials

OBJECTIVE 2

Implementation

**2. Prevent
life-threatening
adverse outcomes**

- **Widespread access to Naloxone**
- **Establish sustainable source for Naloxone - first responders**
- **Increased support for first responders and emergency departments**
- **Expand & provide resources to Syringe Services Program**

OBJECTIVE 3

Implementation

3. Diagnose, engage, treat and support individuals with addictions and substance use disorders

- **Adopt comprehensive and coordinated Addiction/Substance Use Disorder Centers of Excellence model system in Delaware**
- **Increase capacity of system – providers, nationally certified peers, mental health providers, and support structure**
- **Assure “warm handoffs” are in place throughout care system**
- **Continuously evaluate system; including customers and implement real-time improvements**

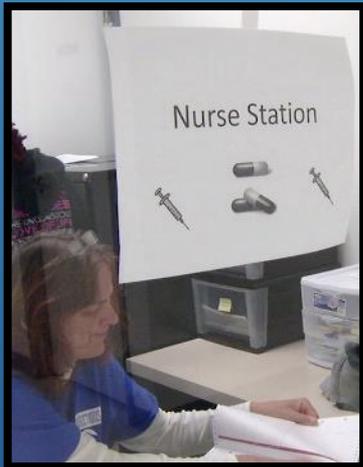
THE TREATMENT LANDSCAPE



- ▶ **8,150 public treatment admissions** for addiction in 2016. Heroin was the most common primary drug listed at time of admission.
- ▶ Thousands more sought **private treatment**, in-state or out-of-state.
- ▶ In the past decade, the number of people in Delaware with an OUD nearly doubled from 6,000 to 11,000.
- ▶ During the same period, the number receiving OUD treatment increased by 500% from 1,000 to 5,000 people – leaving a gap of 6,000.

STATE'S TREATMENT RESPONSE

TREATMENT SERVICES AND CENTERS



- ▶ **Withdrawal management:** Two centers in the state.
- ▶ **Residential treatment:** Increased capacity across 4 locations.
- ▶ **Young adult opiate residential treatment:** Doubled capacity.
- ▶ **Sober living beds:** Doubled capacity.
- ▶ **Outpatient treatment:** Expanded services to include full continuum of support.
- ▶ **Recovery Response Center:** Newark and Ellendale centers for 24/7 crisis

STATE'S TREATMENT CAPACITY AS OF OCTOBER 24TH



- ▶ Withdrawal management:
 - ▶ 52 slots available
- ▶ Residential treatment:
 - ▶ 3 slots available
 - ▶ 1 provider has a wait list of 4
- ▶ Young adult opiate residential treatment:
 - ▶ 20 available slots
- ▶ Sober living beds:
 - ▶ 15 slots available
 - ▶ 69 on the wait list
- ▶ Outpatient treatment:
 - ▶ No known wait list

STAKEHOLDER PERCEPTIONS

- ▶ Clients are unclear how to access the system in general or how to obtain treatment without undue delays.
 - ▶ Practitioners who are not addiction specialists (e.g. first responders, primary care and ED physicians and law enforcement) but who interact with individuals with OUD do not know how the treatment system works, specifically with regard to criteria for admission and payment for services.
 - ▶ Stakeholders expressed that siloed communications networks were a barrier to recovery
 - ▶ Various stakeholders found the shortage of MAT prescribers (especially suboxone) to be a barrier to timely care.
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OPPORTUNITIES TO ENGAGE PEOPLE INTO TREATMENT



Criminal justice system

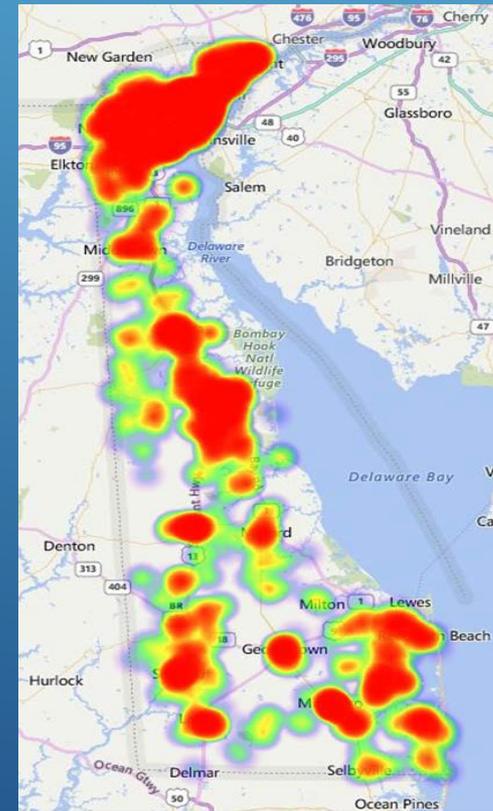
EMS referrals

Identify pregnant women early



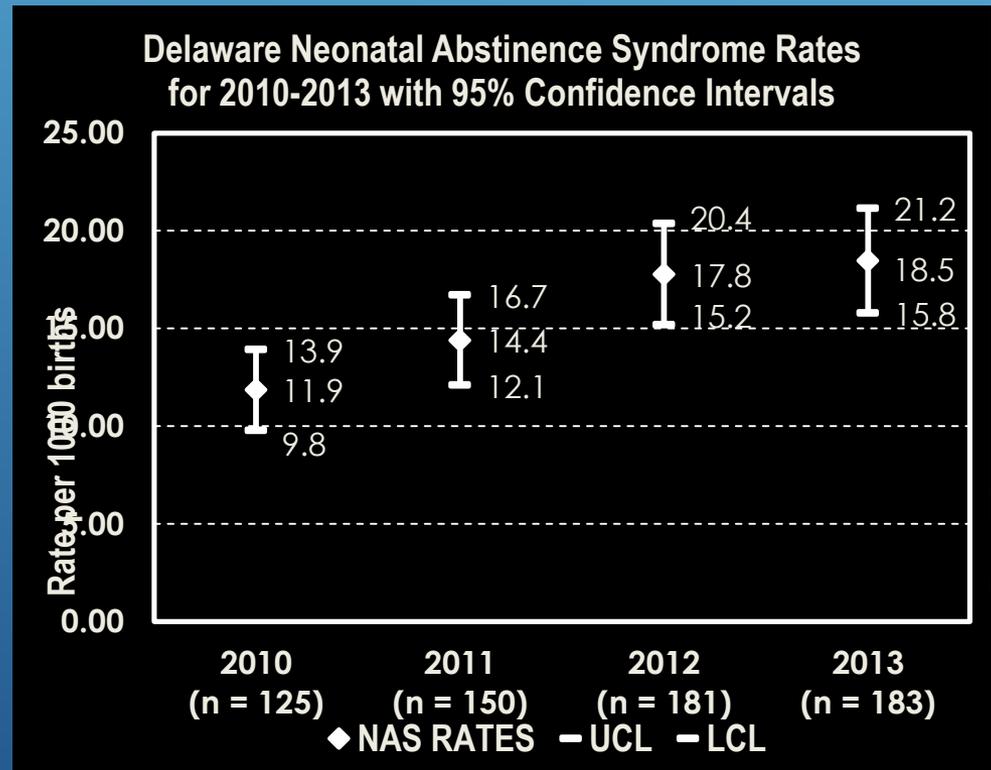
NON-FATAL OVERDOSES

- ▶ There were a total of 1,534 Narcan patients and 2,274 Narcan doses administered during the year of 2016.
- ▶ The top 5 Narcan administration locations are: Wilmington (26%), Newark (12%), New Castle (7%), Dover (7%) and Millsboro (5%).
- ▶ 62% of Narcan patients are males.
- ▶ 73% of all Narcan administrations took place at a home/residence.

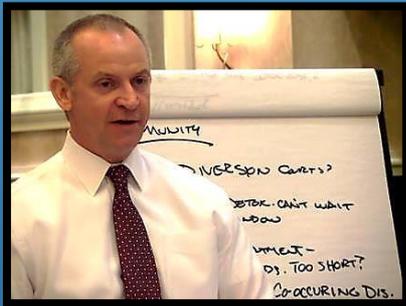


RESULTS FROM HOSPITAL DISCHARGE DATA, DELAWARE, 2010-2013

- ▶ 639 NAS cases identified.
- ▶ Overall NAS rate in 2010-2013 was 15.6 (95% CI: 14.4 – 16.8) per 1000 births.
- ▶ NAS rate in 2013 was 18.5 (95% CI: 15.8 – 21.2).
- ▶ 56% increase in NAS rates during 2010-2013.
- ▶ U.S. NAS rate is 5.8 per 1,000 births*.



CRIMINAL JUSTICE/LAW ENFORCEMENT



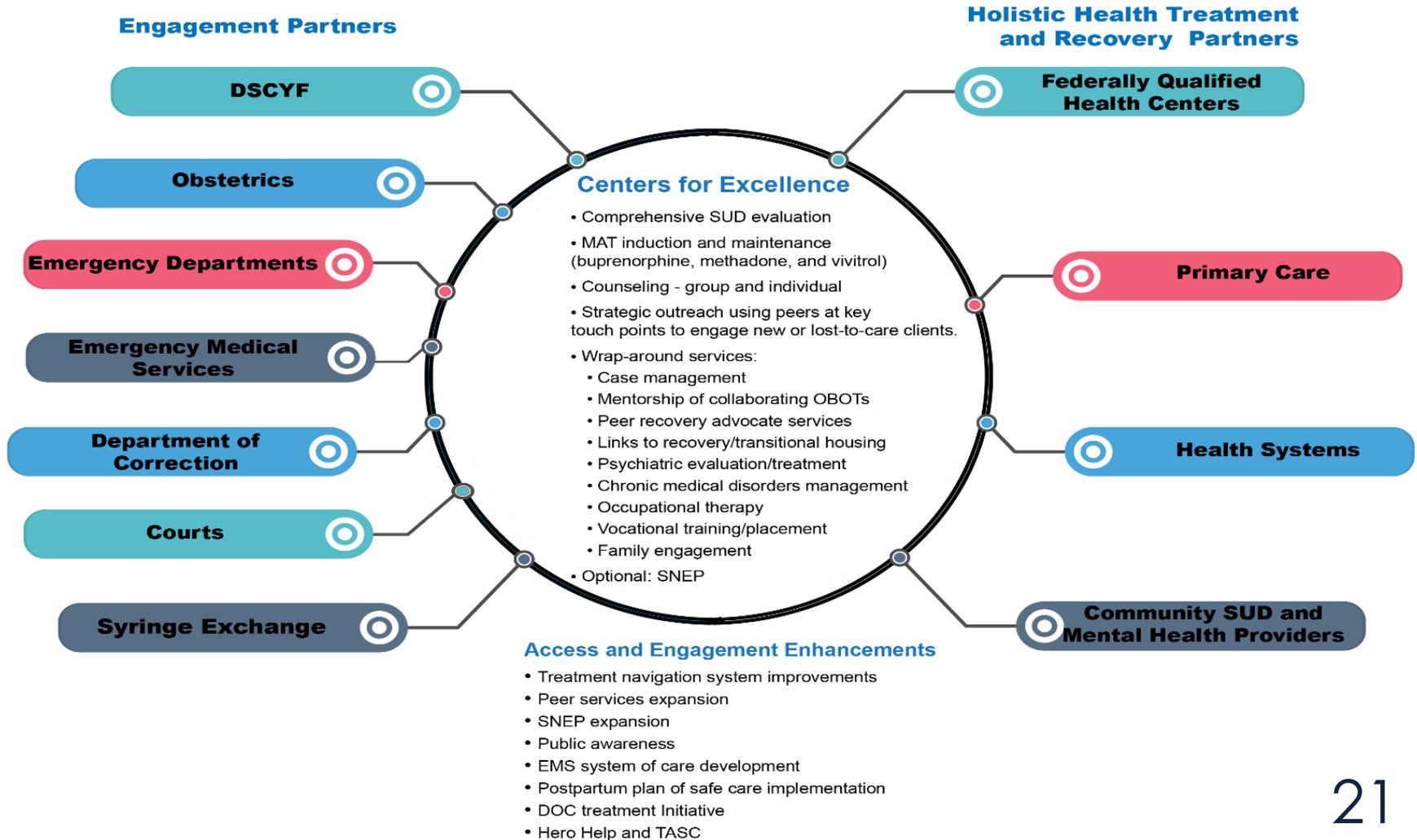
- ▶ Estimates are that approximately 80% of inmates are substance involved and between 46-60% of those incarcerated meet the diagnosis of SUD.
- ▶ Approximately 3,542 individuals in DOC have an OUD.
- ▶ Department of Correction is implementing the Crest and Key and Aftercare programs and is focused on re-entry to provide a handoff to continuing treatment in the community.

OUR SYSTEM NEEDS WORK



- Too many people are not finding their way into treatment fast enough when they are ready.
- Too many people are not receiving treatment such as medication-assisted treatment which is best supported by science.
- Too many people are falling through the cracks when they transition from one level of treatment to another.

Coordinated Substance Use Disorder Treatment System



OBJECTIVE 4

Implementation

4. Reduce the need to self-medicate, control access to addictive substances and promote protective factors

➤ **Control access to addictive substances**

--safe prescribing; non-opioid pain mgt.; safe storage & disposal;
increase illicit drug confiscation

➤ **Reduce need to self medicate & promote protective factors**

--Botvin life skills training in schools & youth orgs.; Trauma Informed Care training for professionals; align w/Healthy Neighborhood work

OBJECTIVE 6

Process &
Learning

6. Communication

- Educate prescribers on Prescription Monitoring Program (Requirements & benefits)
- Ed. OB GYN med providers to prevent, recognize, & treat substance exposure in infants
- Ed. pregnant women on substance use disorder & how to access treatment
- Ed. first responders & ER staff on how to access treatment, safe drug disposal, & use of Naloxone
- Implement overall comm. strategy on prevention, addiction & substance use disorder

Help is Here website: one-stop addiction resource



**PICTURE A LIFE AFTER
ADDICTION.**

HelpsHereDE.com

HELP
is here.
PREVENT • TREAT • RECOVER

- Prevention information for physicians to make practice changes.
- For parents to talk with their children.
- For loved ones seeking treatment and recovery resources.

OBJECTIVE 7-9

Assets

7. Grants, Contracts, and Payment Strategies

8. Partnerships

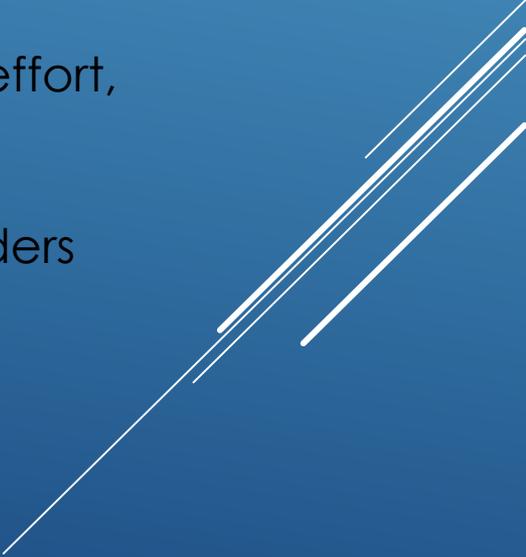
9. Workforce

- **Identify available funding for new priority initiatives**
--align funding w/new SUD priorities; evaluate effectiveness of programs
- **Establish new strategic partnerships to enhance substance use disorder prevention & treatment systems**
--integration of behavioral health & primary care
- **Increase workforce competence & capacity to address substance use disorder**
--workforce to support Centers of Excellence Treatment Model

PRESCRIPTION DRUG ACTION COMMITTEE (PDAC)

- Launched in January of 2012
- Coordinated public, private and community efforts to combat prescription drug abuse, misuse, and diversion.
- Had a broad and diverse membership.
- PDAC implemented many of its priority recommendations throughout the years. Read the PDAC report at:
<http://dhss.delaware.gov/dhss/dph/pdachome.html>.

Addiction Action Committee

- Created by HB-220
 - Signed by Governor Carney on August 16, 2017
 - Representatives from State Agencies, Professional Communities and the Public
 - Successor to the Prescription Drug Action Committee
 - Created to operate under the umbrella of the Behavioral Health Consortium
 - The Consortium is a statewide, coordinated effort, lead by Lt. Governor Bethany Hall-Long, to increase communication, collaboration and cooperation among agencies and stakeholders working on behavioral health and substance abuse issues in Delaware.
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WORKING GROUPS

- ▶ Pain Management *
 - ▶ Ensuring access to non-opioid approaches to pain management
- ▶ Safe Opioid Prescribing*
 - ▶ Provider education and practice change support
- ▶ Public Education
 - ▶ Youth and their families; general public
- ▶ Access to Treatment
 - ▶ Access to Effective SUD Treatment
 - ▶ Linking Those Who Have Overdosed to Treatment
- ▶ Criminal Justice
 - ▶ Engaging individuals into treatment from the criminal justice system



Thank You!



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health