Delaware Addiction Strategy

Karyl T. Rattay, MD, MS, FAAP

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 1990-2016

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
Vision: Delaware has a coordinated and comprehensive approach to prevent, identify, effectively treat and support those impacted by substance use disorder.

**Strategic Focus:**
Prevent Substance Abuse

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

5. **Surveillance**
6. **Communication**
7. **Grants, Contracts, and Payment Strategies**
8. **Partnerships**
9. **Workforce**

Executive Sponsor: Karyl Rattay
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
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.
Vision: Delaware has a coordinated and comprehensive approach to prevent, identify, effectively treat and support those impacted by substance use disorder.

**Strategic Focus:** Prevent Substance Abuse

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

5. Surveillance
6. Communication
7. Grants, Contracts, and Payment Strategies
8. Partnerships
9. Workforce

Executive Sponsor: Karyl Rattay
OBJECTIVE 1 AND 5

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

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

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

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.
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*. 

[Graph showing Delaware Neonatal Abstinence Syndrome Rates for 2010-2013 with 95% Confidence Intervals]
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

**Engagement Partners**
- Obstetrics
- Emergency Departments
- Emergency Medical Services
- Department of Correction
- Courts
- Syringe Exchange

**Holistic Health Treatment and Recovery Partners**
- Federally Qualified Health Centers
- Primary Care
- Health Systems
- Community SUD and Mental Health Providers

**Centers for Excellence**
- Comprehensive SUD evaluation
- MAT induction and maintenance (buprenorphine, methadone, and vivitrol)
- Counseling - group and individual
- Strategic outreach using peers at key touch points to engage new or lost-to-care clients.
- Wrap-around services:
  - Case management
  - Mentorship of collaborating OBOTs
  - Peer recovery advocate services
  - Links to recovery/transitional housing
  - Psychiatric evaluation/treatment
  - Chronic medical disorders management
  - Occupational therapy
  - Vocational training/placement
  - Family engagement
  - Optional: SNEP

**Access and Engagement Enhancements**
- Treatment navigation system improvements
- Peer services expansion
- SNEP expansion
- Public awareness
- EMS system of care development
- Postpartum plan of safe care implementation
- DOC treatment Initiative
- Hero Help and TASC
OBJECTIVE 4

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 mgmt.; 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
6. Communication

- Educate prescribers on Prescription Monitoring Program (Requirements & benefits)
- Educate OB GYN med providers to prevent, recognize, & treat substance exposure in infants
- Educate pregnant women on substance use disorder & how to access treatment
- Educate 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

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

PICTURE A LIFE AFTER ADDICTION.
HelpIsHereDE.com
7. Grants, Contracts, and Payment Strategies
- Identify available funding for new priority initiatives
  --align funding w/new SUD priorities; evaluate effectiveness of programs

8. Partnerships
- Establish new strategic partnerships to enhance substance use disorder prevention & treatment systems
  --integration of behavioral health & primary care

9. Workforce
- Increase workforce competence & capacity to address substance use disorder
  --workforce to support Centers of Excellence Treatment Model
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.
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