

State Targeted Response to the Opioid Crisis

Women's Health Advisory Council – January 10, 2018

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Background

State Targeted Response to the Opioid Crisis

- Nebraska Division of Behavioral Health (DBH) was awarded \$2 million from SAMHSA to support **opioid use disorder (OUD)** prevention, treatment, and recovery efforts from May 2017 – April 2018.
- Nebraska DHHS has not declared an opioid crisis, rather is approaching the opioid issue with evidence-based practice in prevention and is strengthening treatment and recovery efforts across the state.

OUDs occur when the recurrent use of opioid drugs cause clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.¹

“Opioid drugs” refer to prescription pain relievers derived from opium and heroin.

1. SAMHSA. Substance Use Disorders. <https://www.samhsa.gov/disorders/substance-use>



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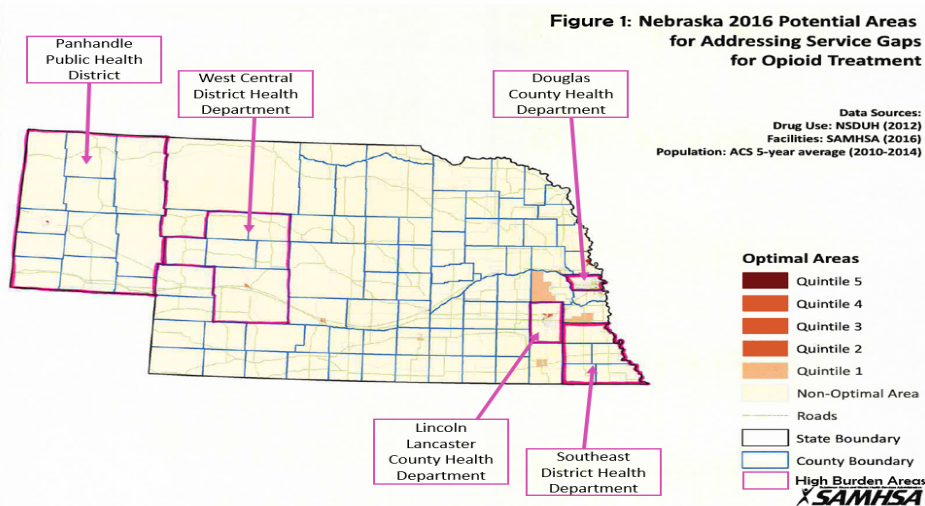
Overarching Requirements

- Increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD (including prescription opioids as well as illicit drugs such as heroin).
- Supplementing current opioid activities undertaken by the state agency or territory.
- Supporting a comprehensive response to the opioid epidemic using a strategic planning process to conduct needs and capacity assessments.



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High Burden Areas

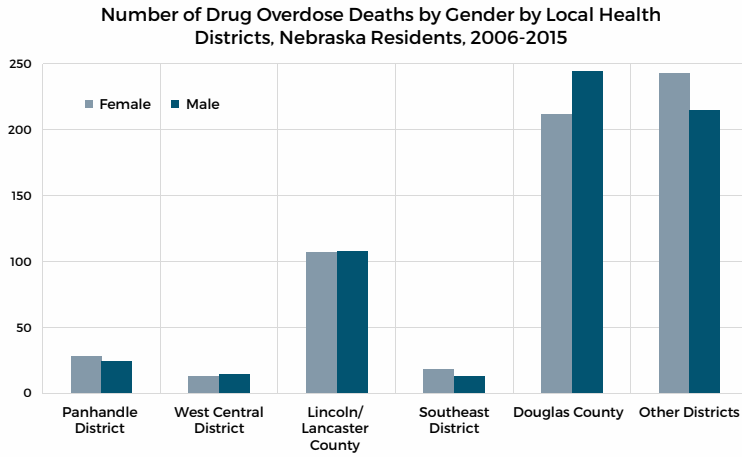


DBH intends to serve the **entire** population of the state through training and prevention initiatives, while targeting high burden areas of the state for outreach, training and technical assistance.

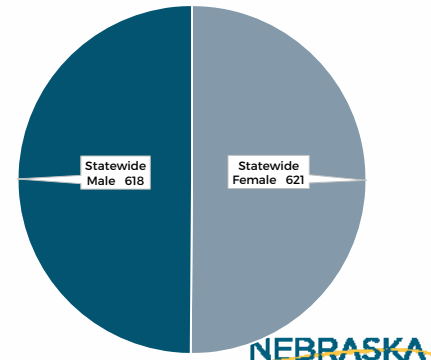


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Nebraska Drug Overdose Deaths, by Gender



Statewide Number of Overdose Deaths by Gender, Nebraska Residents, 2006-2015

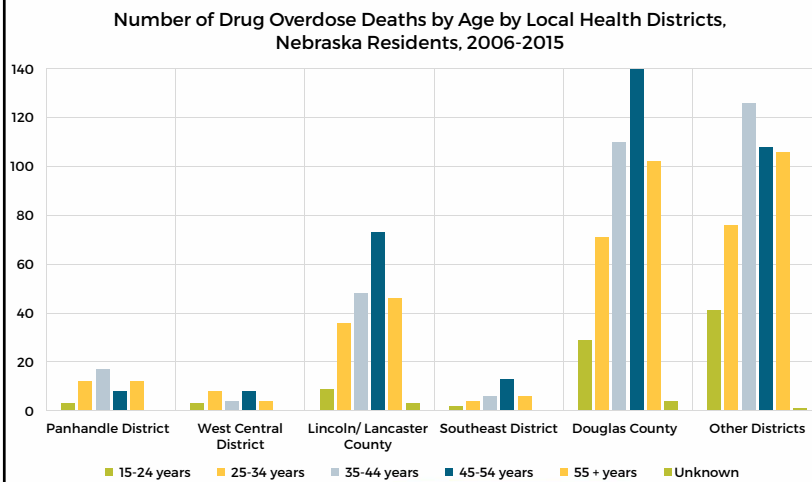


Source: NE Vital Records

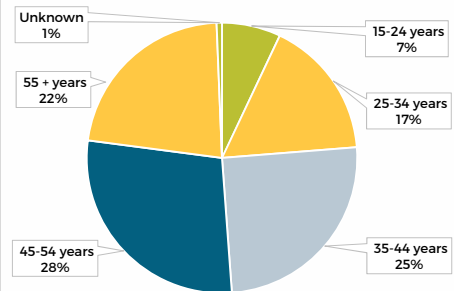
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Nebraska Drug Overdose Deaths, by Age



Statewide Number of Drug Overdose Deaths by Age by Local Health Districts, Nebraska Residents, 2006-2015



Source: NE Vital Records

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Proportion of Drug Overdose Deaths Involving Selected Drugs by Local Health Districts, Nebraska Residents, 2006-2015

Selected Drugs Listed on Death Records	Local Health Districts/ Local County Health Departments					
	Statewide	Douglas County	Lincoln/ Lancaster County	Panhandle Public District	Southeast District	West Central District
Opioid pain relievers (T40.2-T40.4) *Includes methadone	38.00%	54.60%	28.80%	21.20%	64.50%	11.10%
Heroin (T40.1)	1.30%	2.20%	1.40%	0.00%	0.00%	0.00%
Cocaine (T40.5)	3.70%	8.80%	1.90%	0.00%	0.00%	0.00%
Benzodiazepines (T42.4)	11.50%	18.00%	6.50%	3.80%	16.10%	11.10%
Psychostimulants with abuse potential (T43.6) **Includes methamphetamine	9.90%	11.00%	9.80%	7.70%	3.20%	22.20%
Other/ unspecified drugs (T50.9)	66.50%	66.90%	55.80%	78.80%	71.00%	77.80%

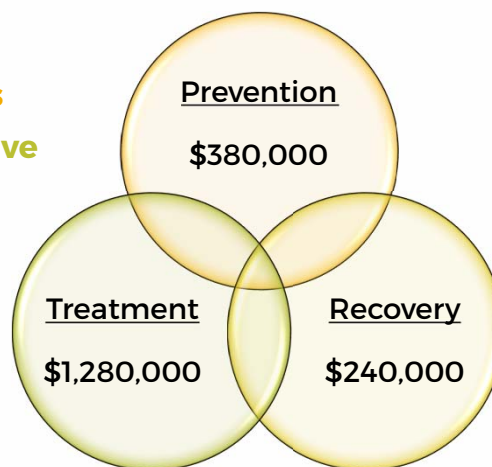
Source: NE Vital Records

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Year One Budget

Prevention Works
Treatment is Effective
People Recover



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Prevention

- Regional and local coalition prevention initiatives
 - Evidence-based practices
 - Promoting safe drug disposal and drug takebacks
 - Promoting Dose of Reality media campaign
 - Promoting opioid prescribing guidelines
- Pain guidance supplemental training videos
- Naloxone kit distribution
 - Prioritizing individuals who are most at-risk for overdose (leaving restrictive residential settings)



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Prevention - Naloxone

LB 390 (2015) – The four key provisions of the law allowing for the access and administration of naloxone:

- A health professional (i.e., physician or pharmacist) may prescribe, administer, or dispense naloxone without being subject to administrative action or criminal prosecution to a person likely to experience an opioid-related overdose, or a family member, friend, or other person able to assist a person who is likely to experience an opioid-related overdose.
- A family member, friend, or other person is not subject to criminal prosecution if they administer naloxone in good faith to a person who is apparently experiencing an opioid-related overdose.
- An emergency responder is not subject to administrative action or criminal prosecution if they administer naloxone in good faith to a person who is apparently experiencing an opioid-related overdose.
- A peace officer is not subject to administrative action or criminal prosecution if they administer naloxone in good faith to a person who is apparently experiencing an opioid-related overdose.

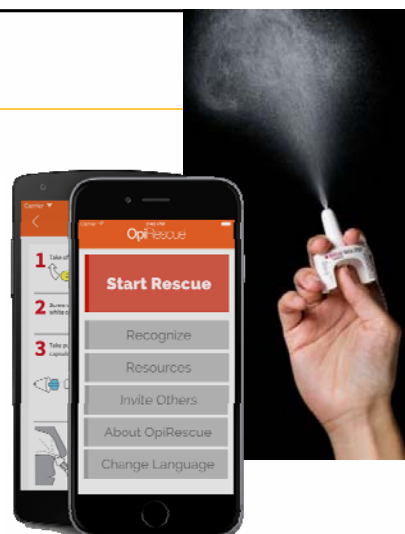
LB 487 (2017) – Protects a person who makes a good-faith request for emergency medical assistance in response to a drug overdose of himself, herself, or another as soon as the drug overdose was apparent; requesting person remains on the scene until medical assistance or law enforcement personnel arrive and cooperates with medical assistance and law enforcement personnel.

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Prevention - Naloxone

- Goal to provide naloxone reimbursement to licensed healthcare providers who distribute naloxone to individuals at high risk of opioid-related overdose and meet financial eligibility.
- Prioritize individuals released or discharged from highly restrictive settings, such as inpatient facilities and correctional facilities, who have a history of opioid use disorder. The goal is to prevent opioid-related overdoses.
- Collaboration with DPH – naloxone distribution kits will include naloxone (nasal spray 4 mg), a pre/post administration survey postcard, and information on OpiRescue app for health education and data collection purposes.



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Treatment

- Increase the number of clients served by the DBH in the opioid replacement therapy service by 5% each year.
- Serve approximately 340 (total) individuals receiving assistance with treatment and in support of their path to recovery by providing funding for medication assisted treatment through the use of buprenorphine.
- Partner with UNMC Behavioral Health Education Center of Nebraska, University of Missouri Telehealth Network, and the Addiction Technology Transfer Center to create an academic hub with health experts using the ECHO (Extension for Community Healthcare Outcomes) Model.
 - "Pain and Substance Use Disorder ECHO"

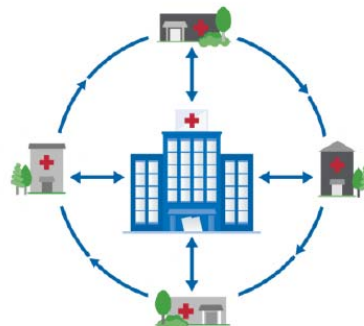


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Treatment – Project ECHO

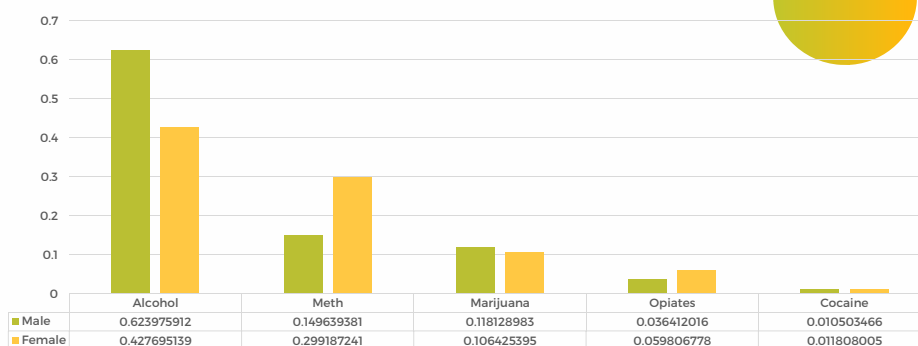
- Pain and SUD ECHO Team includes:
 - Addiction psychiatrist, physicians with addiction expertise, nurse, peer support/recovery coach, social worker
- DBH will train physicians, behavioral health clinicians, nurses, pharmacists and social workers through the ECHO model.
- Expanded model allows complex cases to be discussed by a widely knowledgeable team who can provide additional perspective and suggestions for treatment, including MAT.
- The team will expand access to clinically appropriate evidence-based practices for OUD treatment by consulting with providers statewide on complex cases.
- All HIPAA standards are met and no PHI is shared!



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Snapshot: Substance Use In Nebraska

Primary Drug of Choice among Nebraska Substance Abuse Treatment Center Admissions, by Gender 2016



Compared to the U.S., alcohol use in Nebraska is higher than average while smoking and most drug use shows a similar rate.

Note: Excludes admissions in which the drug of choice information was not reported
Source: Centralized Data System, Nebraska Division of Behavioral Health

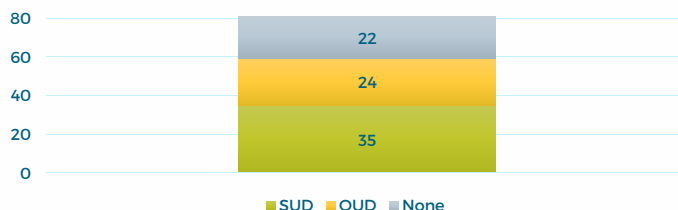


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Recovery

- Develop a supplementary peer support training specific to opioid use disorder
 - Training treatment providers who serve consumers transitioning from criminal justice settings or other rehabilitative settings.
 - Focus on de-stigmatizing ongoing recovery and MAT utilization; Integration of mental health and SUD services

Individuals Interested in SUD Peer Support Training Who Have Lived Experience with Recovery from a Substance Use Disorder (SUD) or Opioid Use Disorder (OUD)



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Thank you!

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