Opioid Abuse Advisory Committee Meeting

August 24, 2023

9 – Noon CT

Hosted by South Dakota Dept. of Health

Welcome & Introductions

Opioid Abuse Advisory Committee

- Lori Martinec, South Dakota Department of Health, Chair
- Becky Heisinger, South Dakota Association of Healthcare Organizations
- Sara DeCoteau, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation
- Margaret Hansen, South Dakota Board of Medical & Osteopathic Examiners
- Amy Hartman, Behavior Management Systems
- Tiffany Wolfgang, South Dakota Department of Social Services
- Charles McGuigan, Attorney General's Office Representative
- Kristen Carter, South Dakota Pharmacists Association
- Dayle Knutson, Great Plains Indian Health Services
- Kari Shanard-Koenders, South Dakota Board of Pharmacy

- Rep. Taylor Rehfeldt, South Dakota Legislature
- Dr. Erin Miller, South Dakota State University, College of Pharmacy & Allied Health Professions
- Tosa Two Heart, Great Plains Tribal Leaders Health Board
- Dr. Jennifer Ball, PharmD, Center for Family Medicine
- Brian Mueller, Pennington Co. Sheriff's Office
- Jill Franken, Sioux Falls
- Susan Kornder, Northeastern Mental Health Center
- Mary Beth Fishback, Brookings Behavioral Health & Wellness
- Jason Jones, Pierre Police Department
- Jason Foote, Yankton Police Department
- Dr. John Rounds, PT, Pierre Physical Therapy & Rehabilitation
- Dr. Melanie Weiss, OD, Weiss Eyecare Clinic

Governing Document Review

- South Dakota Opioid Abuse Advisory Committee Bylaws

Decision | *Adoption of ByLaws*

South Dakota's Opioid Road Map:
Data & Surveillance

- Prevalence Data & Enhanced Surveillance Activities
- Prescription Drug Monitoring Program Updates

Data Updates

Opioid Advisory Committee Meeting
August 24th, 2023

Amanda Weinzetl, MPH
Injury Prevention Epidemiologist
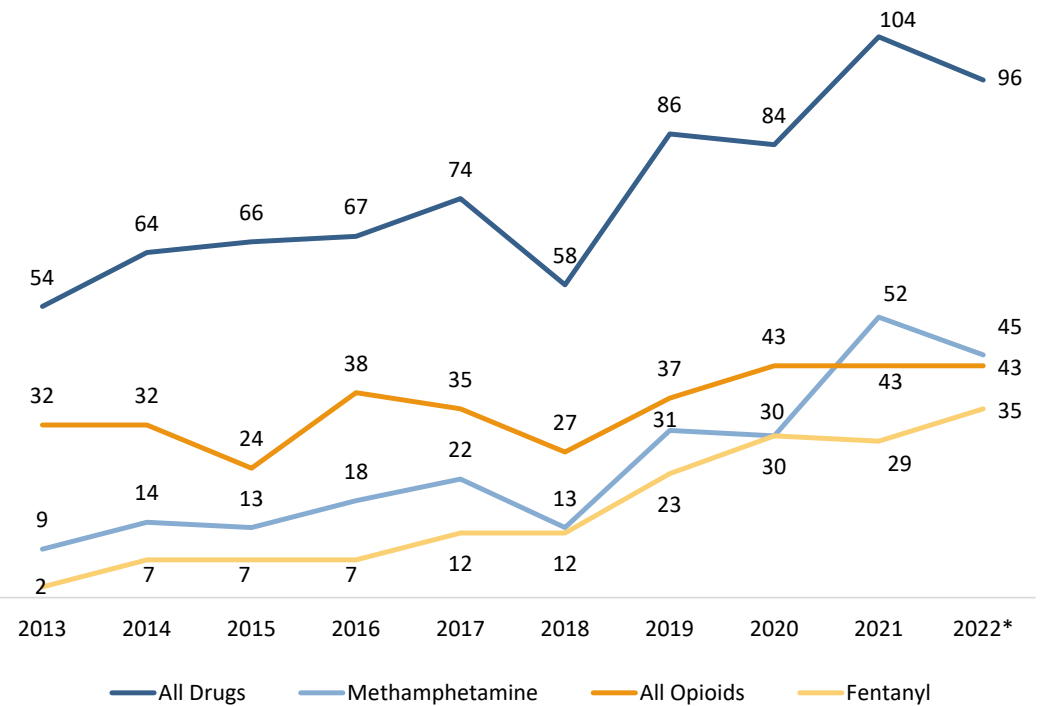South Dakota Department of Health

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Overdose Deaths

Overdose Death Counts by Drug Type, South Dakota

- South Dakota had the **2nd** lowest age-adjusted **OVERDOSE** death rate in 2021
  - SD = 12.6 per 100,000
  - US = 32.4 per 100,000

- South Dakota had the **LOWEST** age-adjusted **OPIOID OVERDOSE** death rate in 2021
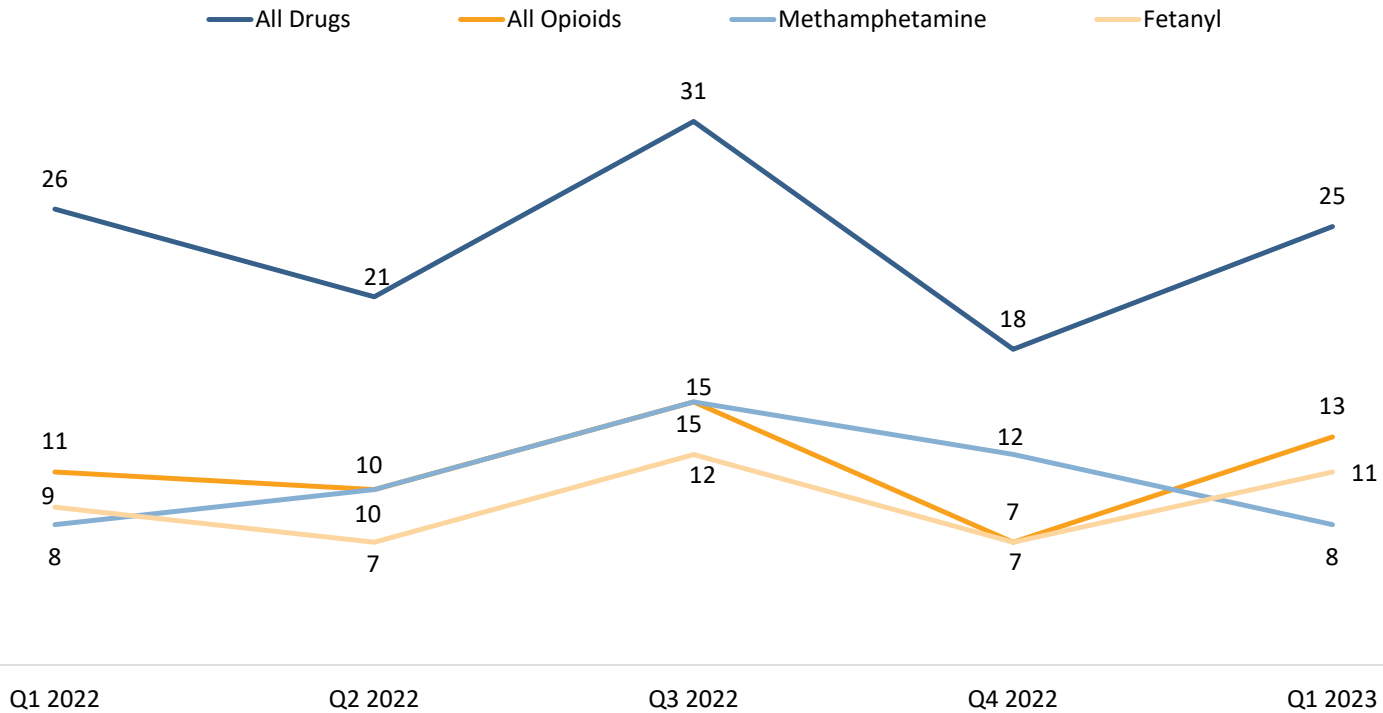 - SD = 5.7 per 100,000
  - US = 24.7 per 100,000

Year	All Drugs	Methamphetamine	All Opioids	Fentanyl
2013	54	9	32	2
2014	64	14	32	7
2015	66	13	24	7
2016	67	18	38	7
2017	74	22	35	12
2018	58	13	27	12
2019	86	31	37	23
2020	84	43	43	30
2021	104	52	43	29
2022*	96	45	43	35

Legend: All Drugs — Methamphetamine — All Opioids — Fentanyl

*NOTE: 2022 data is provisional

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Provisional Overdose Deaths

Provisional 2022 and 2023 Overdose Death Counts by Drug Type

Legend: All Drugs — All Opioids — Methamphetamine — Fetanyl

	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
All Drugs	26	21	31	18	25
All Opioids	11	10	15	7	13
Methamphetamine	8	10	15	12	8
Fetanyl	9	7	12	7	11

*NOTE: 2022 and 2023 data is provisional

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Overdose Deaths By Demographics, 2012-2021

Sex

56% Male

44% Female

Race

Percent

Rate

- Percent
- Rate (per 100,000)

80%

74%

18.5

7.0

21%

7.7

6%

White | Am. Indian | Other

Age Group

Percent

30%

0.1% <1
0.0% 1-4
0.3% 5-14
10% 15-24
25% 25-34
22% 35-44
22% 45-54
14% 55-64
5% 65-74
1% 75+

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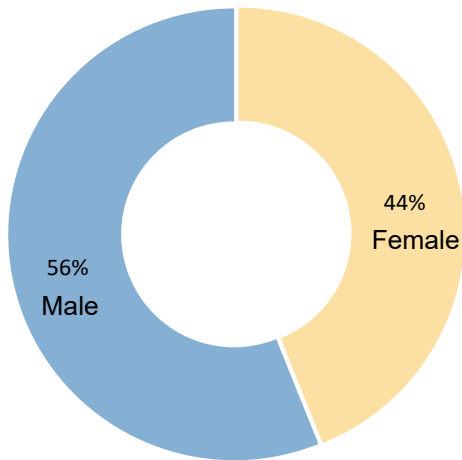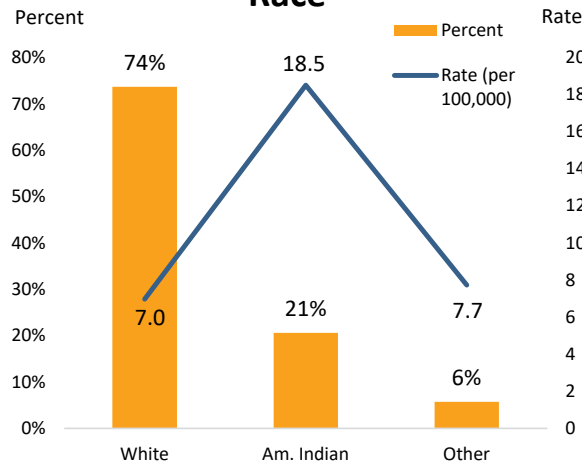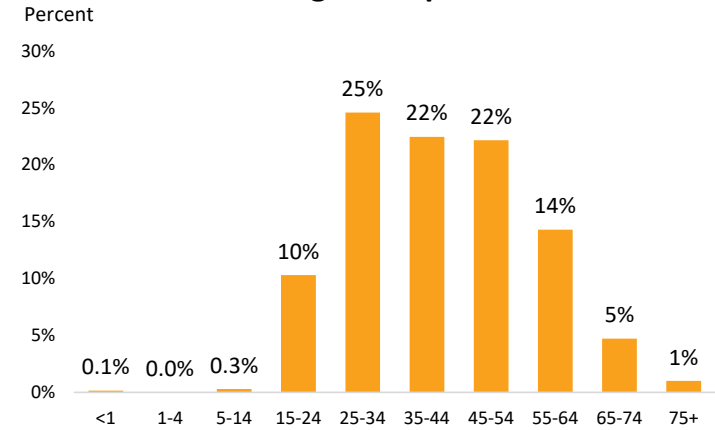
All Drug Overdose Death Rates by County, 2012-2021

SOUTH DAKOTA DEPARTMENT OF HEALTH
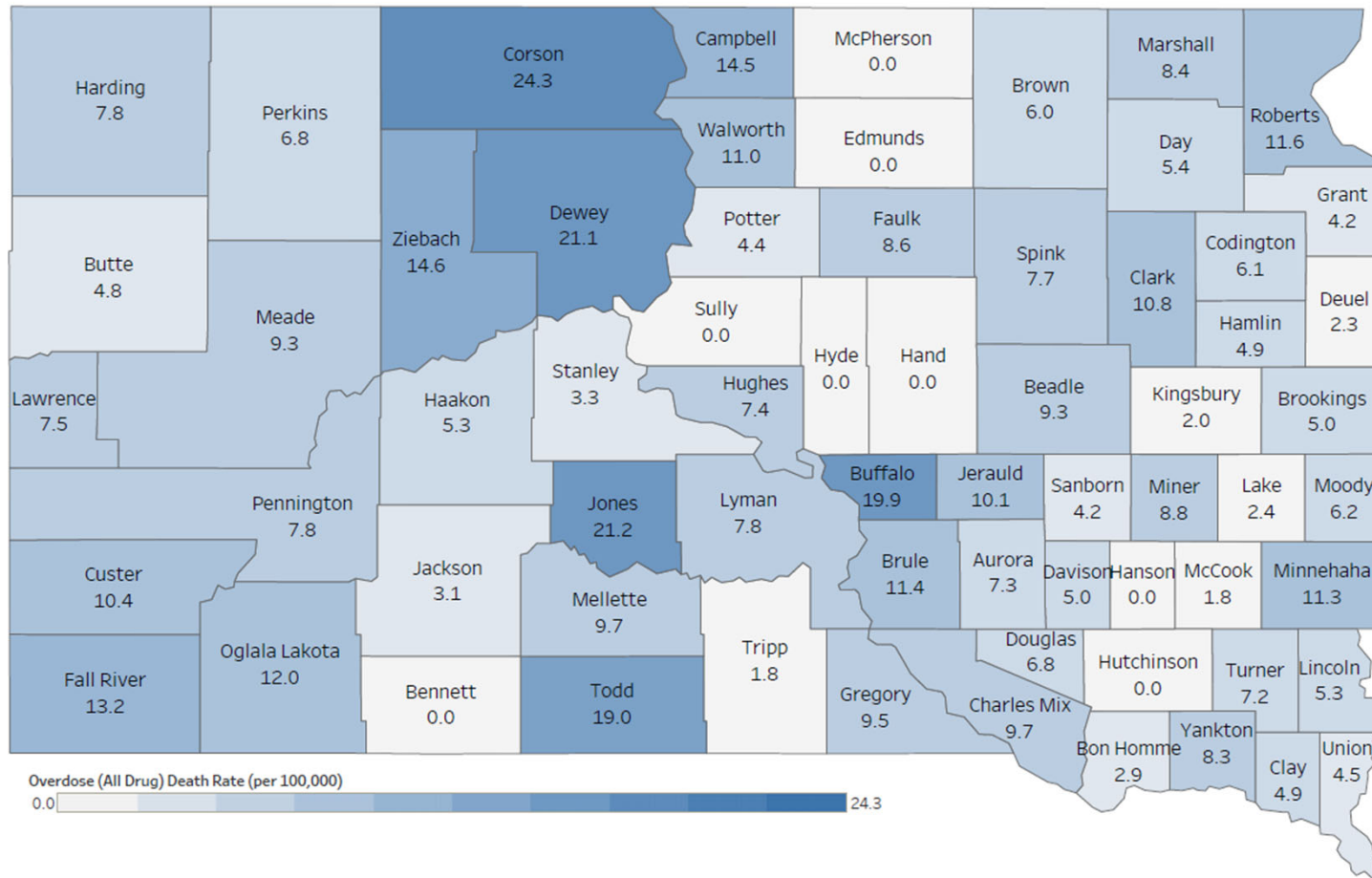
Nonfatal Overdose Visits

Overdose-Related Hospitalizations and Emergency Department Visits

Year	Hospitalizations	ED Visits
2018	706	1,208
2019	658	1,164
2020	652	1,110
2021	619	1,081
2022	535	1,116

■ Hospitalizations ■ ED Visits
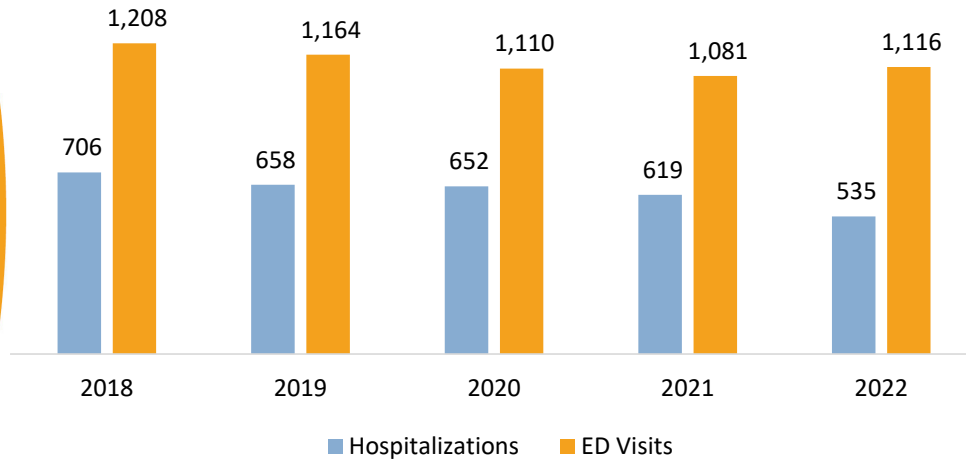
Overdose-Related Vists by Demographic, 2018-2022

Demographic	Percent
Female	61%
Male	39%
White	59%
Am. Indian	28%
Other	13%
<1	1%
1-4	7%
5-14	11%
15-24	32%
25-34	17%
35-44	13%
45-54	8%
55-64	6%
65-74	3%
75+	3%

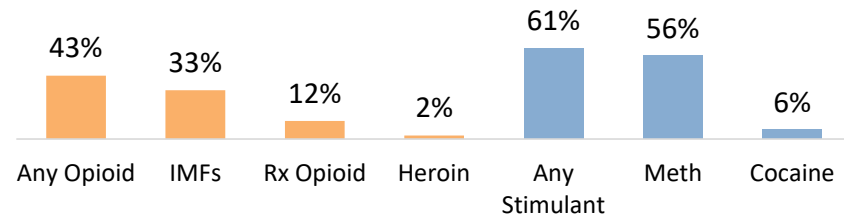SOUTH DAKOTA DEPARTMENT OF HEALTH
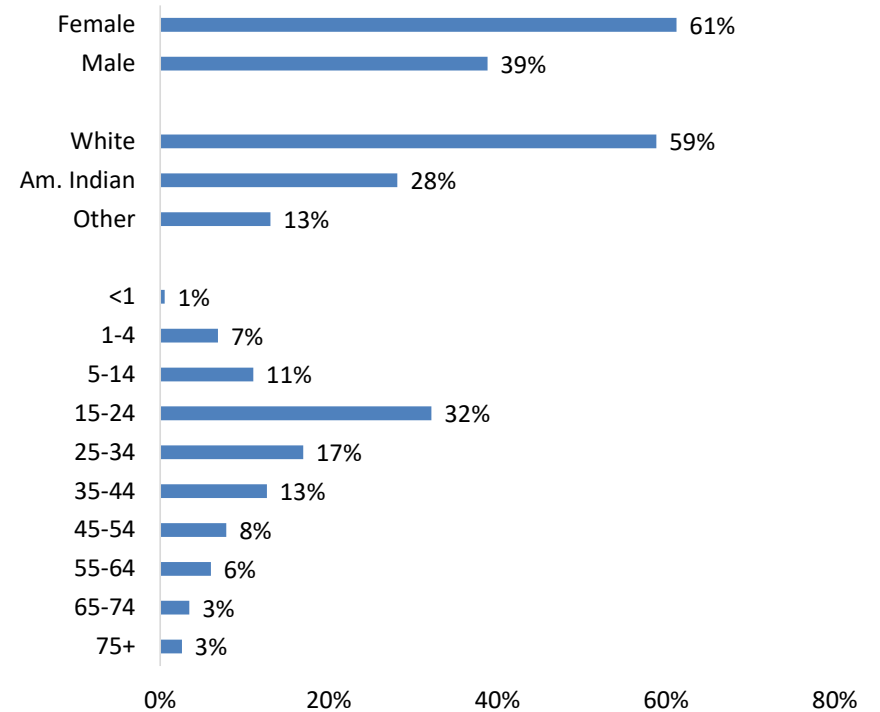
State Unintentional Drug Overdose Reporting System (SUDORS)

82 **SUDORS cases in 2021**
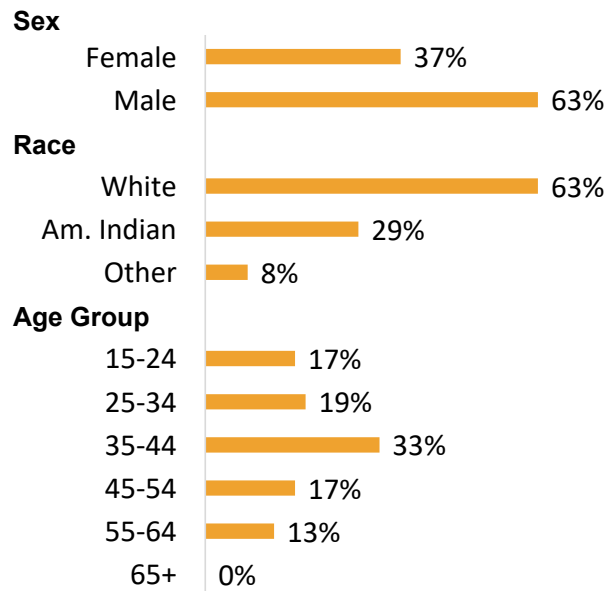
Deaths by drug(s) listed as cause of death

- Any Opioid: 43%
- IMFs: 33%
- Rx Opioid: 12%
- Heroin: 2%
- Any Stimulant: 61%
- Meth: 56%
- Cocaine: 6%

Sex
- Female: 37%
- Male: 63%

Race
- White: 63%
- Am. Indian: 29%
- Other: 8%

Age Group
- 15-24: 17%
- 25-34: 19%
- 35-44: 33%
- 45-54: 17%
- 55-64: 13%
- 65+: 0%

58% of drug overdose deaths had at least one opportunity for intervention

- **4%** Recent release from institutional setting
- **7%** Prior overdose
- **7%** Fatal drug use witnessed
- **17%** Mental health diagnosis
- **40%** Potential bystander present

Data Resources

- Data Dashboard: avoidopioidsd.com/key-data/

- SD SUDORS: doh.sd.gov/health-data-reports/substance-use-data-reports/state-unintentional-drug-overdose-reporting-system-sudors/

- CDC SUDORS: cdc.gov/drugoverdose/fatal/dashboard/index.html

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SD PDMP Update

Opioid Abuse Advisory Committee

August 24, 2023

Melissa DeNoon, R.Ph., SD PDMP Director

Program Review

- March 2023 marked the program's 11-year anniversary

- Dispensers must submit CII, CIII, CIV, and CV data at least every 24 hours

- All prescribers with a SD Controlled Substance Registration are required to have an account

- Interstate data sharing active with 39 other PDMPs including all our neighboring states

Goals of the SD PDMP

- Improve patient care, ensuring citizens maintain access to appropriate pharmaceutical therapy
- Identify patients on the path of misuse or abuse to facilitate earlier intervention and treatment
- Deter diversion of controlled prescription drugs

Current Program Focus

- Data Submission Compliance
- Data Quality
  - Inspection Audit Project
  - Error Report Notification Rollout
- PDMP User Licensing Integration Project Review
- Ongoing Funding Issues with SD's BJA FY 21 Harold Rogers PDMP Grant
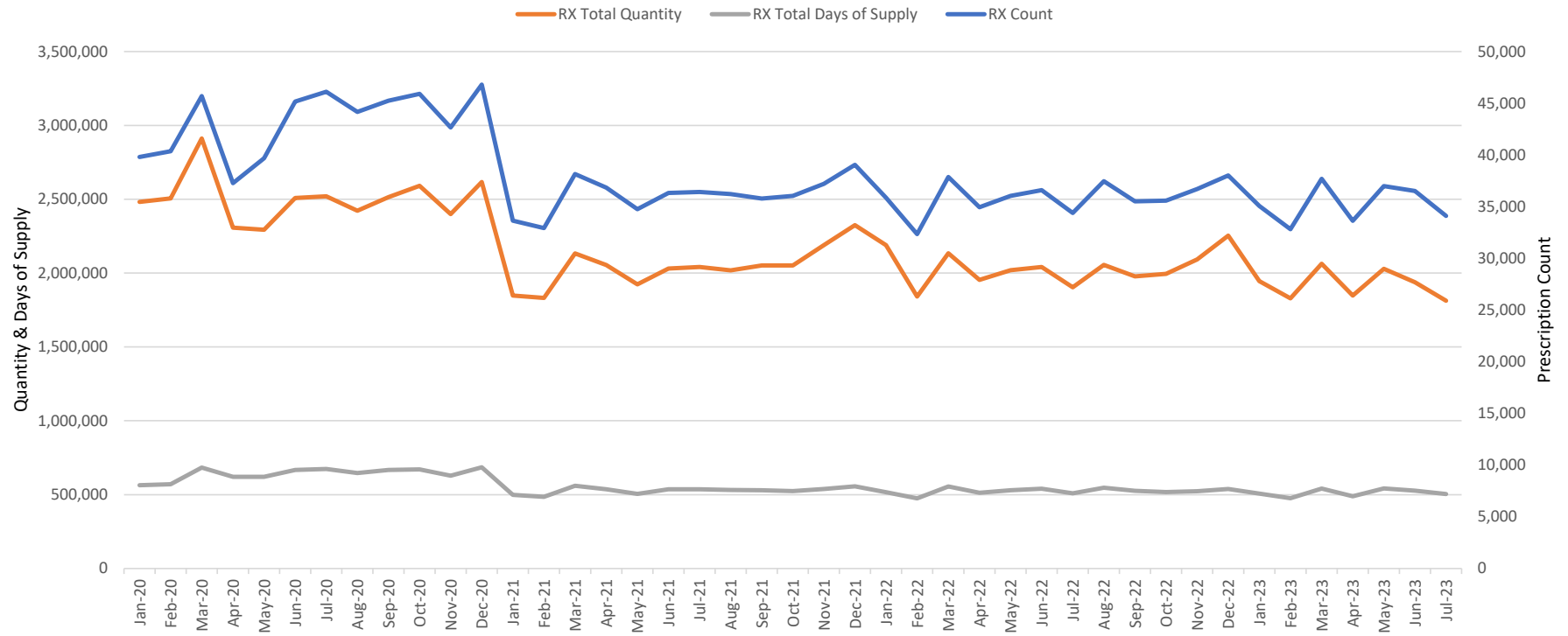
OD2A PDMP Funded Enhancements

- Clinical Alerts
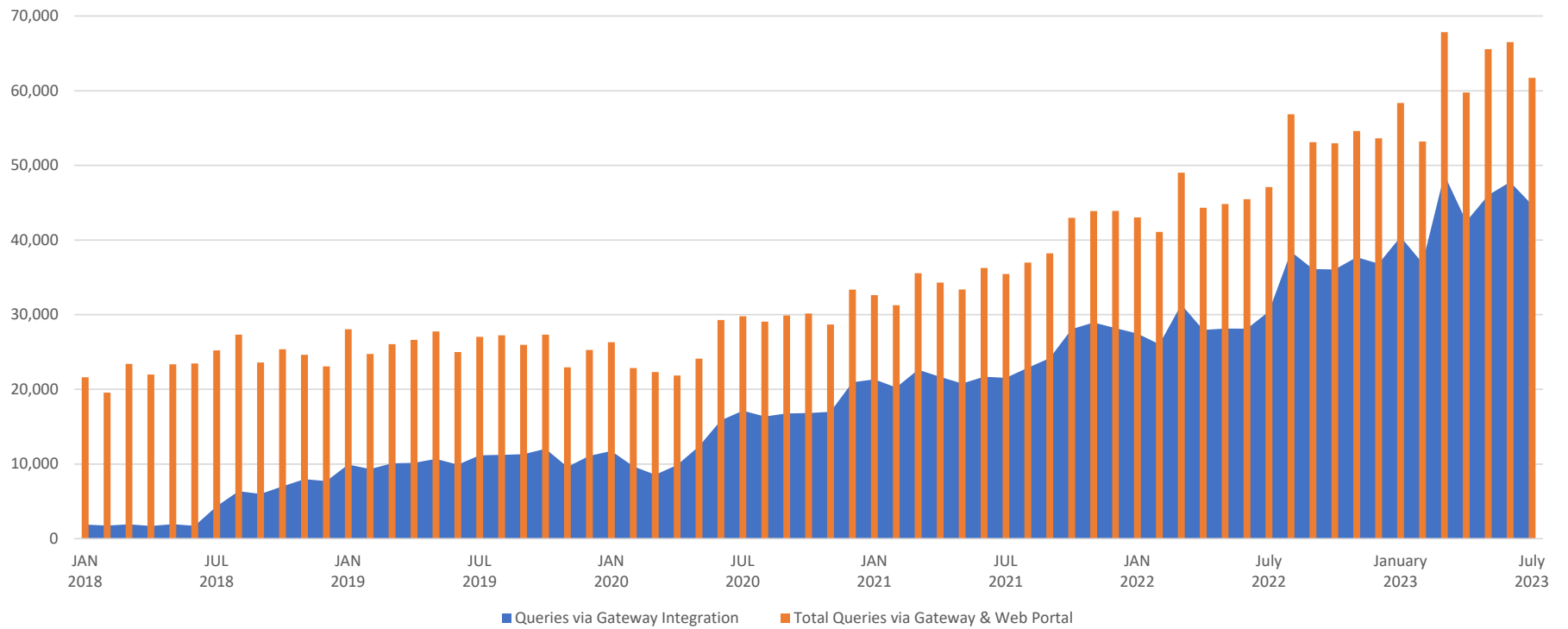- Prescriber Reports
- Advanced Analytics
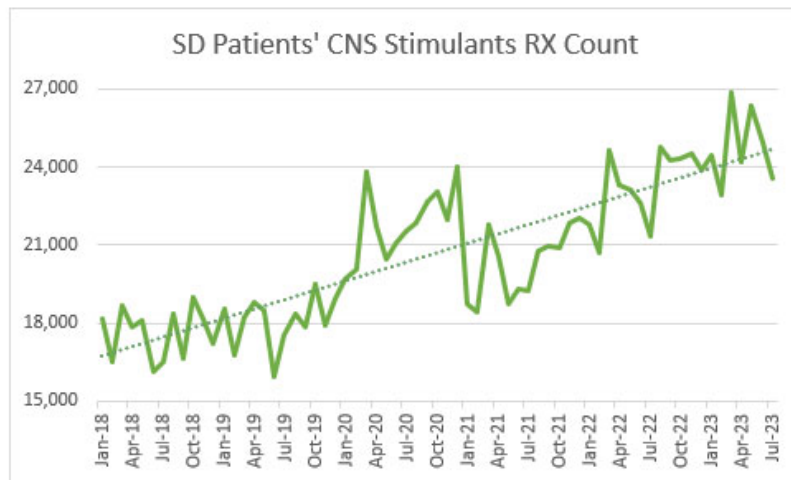- Masked Data Extracts

Opioid Prescriptions - SD Patients

Top Ten Controlled Substances to SD Patients

Year 2022 Top Ten Controlled Substances (CS) to SD Patients	RXs	Quantity	Days of Supply	Avg Quant/Rx	2021 Rank	2020 Rank
HYDROCODONE BITARTRATE/ACET.	142,988	7,645,348	1,793,101	53	1	1
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE	112,591	4,960,521	3,339,725	44	3	3
TRAMADOL HCL	111,543	6,688,229	1,890,020	60	2	2
LORAZEPAM	75,913	3,218,030	1,664,110	42	4	4
METHYLPHENIDATE HCL	71,352	2,987,793	2,129,299	42	7	7
CLONAZEPAM	69,781	3,778,605	2,050,274	54	5	5
ZOLPIDEM TARTRATE	69,388	2,430,871	2,426,286	35	6	6
OXYCODONE HCL	52,172	2,686,596	651,153	51	8	9
ALPRAZOLAM	49,487	2,559,719	1,277,355	52	9	8
LISDEXAMFETAMINE DIMESYLATE	47,170	1,437,899	1,422,196	30	10	10

Trending PDMP Utilization by SD Prescribers & Pharmacists

SD Patients' Opioids RX Count

SD Patients' Benzodiazepines RX Count

SD Patients' CNS Stimulants RX Count
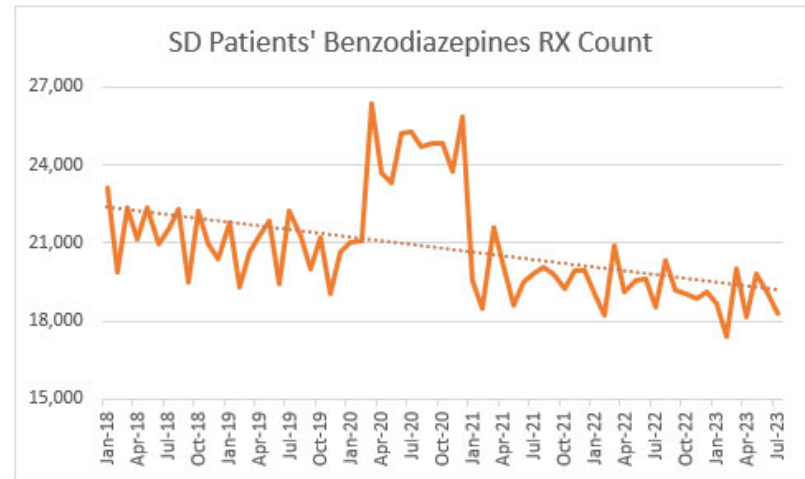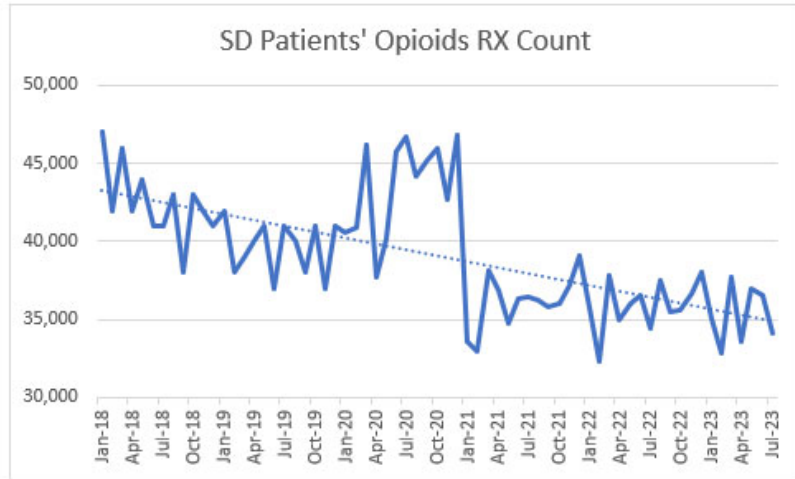
MOUD Buprenorphine RX Count – SD Patients by SD Prescribers *through August 20, 2023
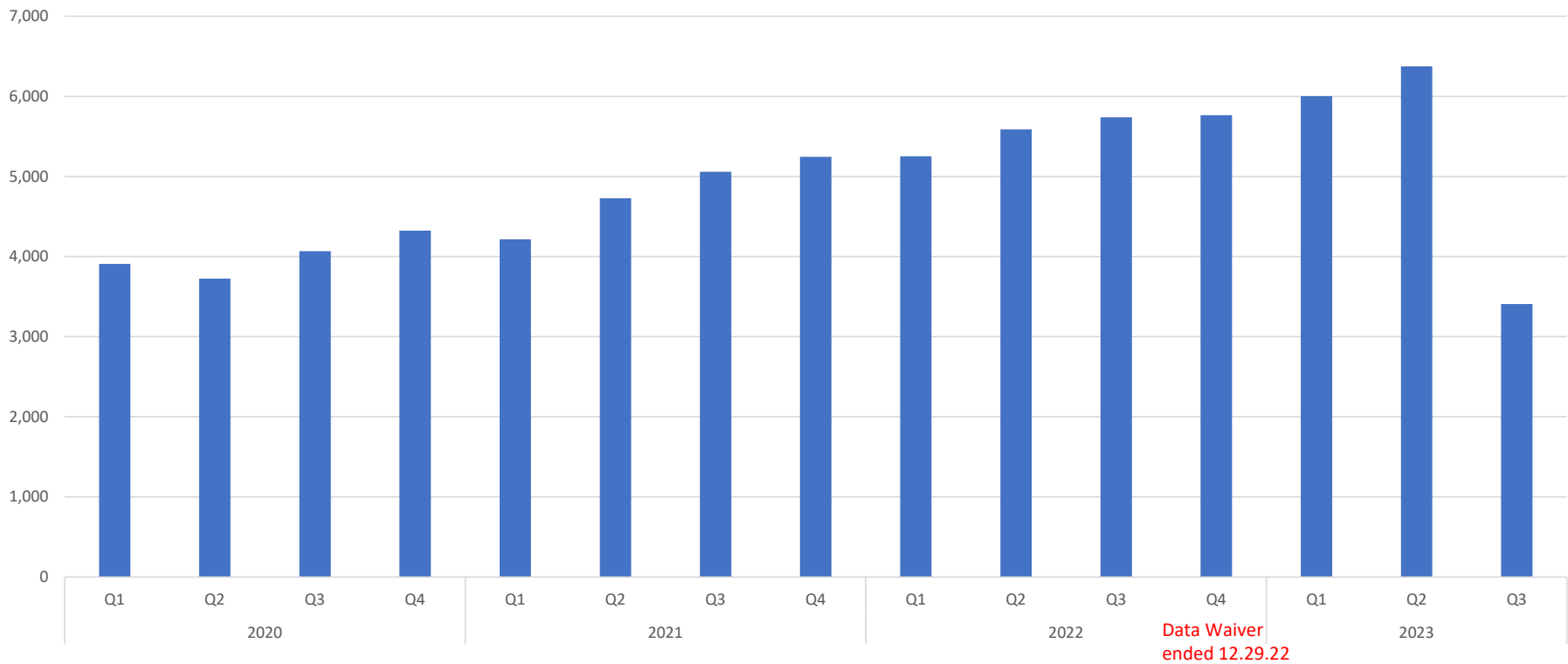
PharmaDrop Drug Take-Back Program

- 91 receptacle sites participating located in 44 SD counties

Drug Lbs. Returned for Destruction

13,000

Year	Value
2017	35
2018	1,496
2019	4,287
2020	7,302
2021	9,985
2022	12,538
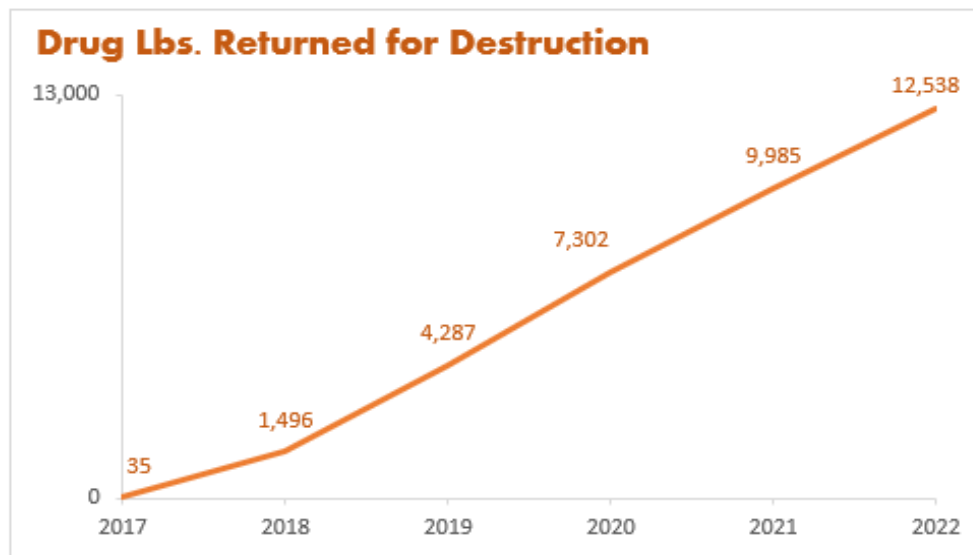
Questions?

Funding Updates

- DOH Grants
- DSS Grants

Opioid Settlement Fund Overview & Status Update

- Presented by Tiffany Wolfgang, Chief of Behavioral Health, SD DSS

Funding Overview

- **Funding Available**
  - Approximately $54M over 18 years
  - Funds have been received from two settlements to date
    - *Distributor – Year 1 and Year 2 payments totaling $2,508,362.81*
    - *Mallinckrodt – Year 1 payment totaling $215,643.19*
  - Funds associated with additional payments from the Distributor settlement and the Janssen settlement are not yet available due to a pending lawsuit
    - Distributor – Year 3 pending - $1,285,338.72
    - Janssen – Year 1 pending - $440,203.06
    - Janssen – Year 2 pending - $102,702.57

- **Guiding Framework**
  - Memorandum of Agreement signed in November 2022
  - HB 1038 – Establishment of the Opioid Abatement and Remediation Fund
    - Appropriated through normal budget process
    - Expenditures of the state must be assigned to Department of Social Services

Role of the Committee

- Ensure the State and Participating Local Governments have **equal input** into the distribution of the Statewide Share for Approved Uses across SD

- Shall **meet twice annually**

- Shall **establish a process for receiving input** from South Dakota communities, provider organizations, and cities and counties regarding how the opioid crisis is affecting their communities, understanding their abatement needs, and considering proposals for opioid abatement strategies and responses.

- Shall (at least annually) **make formal recommendations** to the Secretary of DSS on the use of the Statewide Share

Avoid Opioid
PRESCRIPTION ADDICTION

National Opioid Settlements

- **Distributor Settlement**
  - Payment 1 received
  - Payment 2 received
  - Payment 3 pending*
- **Janssen Settlement**
  - Payment 1 pending*
  - Payment 2 pending*
- **Mallinckrodt PLS Settlement**
  - Payment 1 received

  lawsuit pending

Distributor Settlement – Payment 1 (2022)

- $1,223,024.09 – funds received December 2022
- Expenditures approved by the Advisory Committee January 6, 2023
- Four key programs supported

PDMP – Controlled Substance Program: $219,586

Sustainability Fund: $391,926

Distributor Settlement Payment 1
$1,223,024.09

Opioid Overdose Follow-Up Program: $305,756

Community Grant Program: $305,756
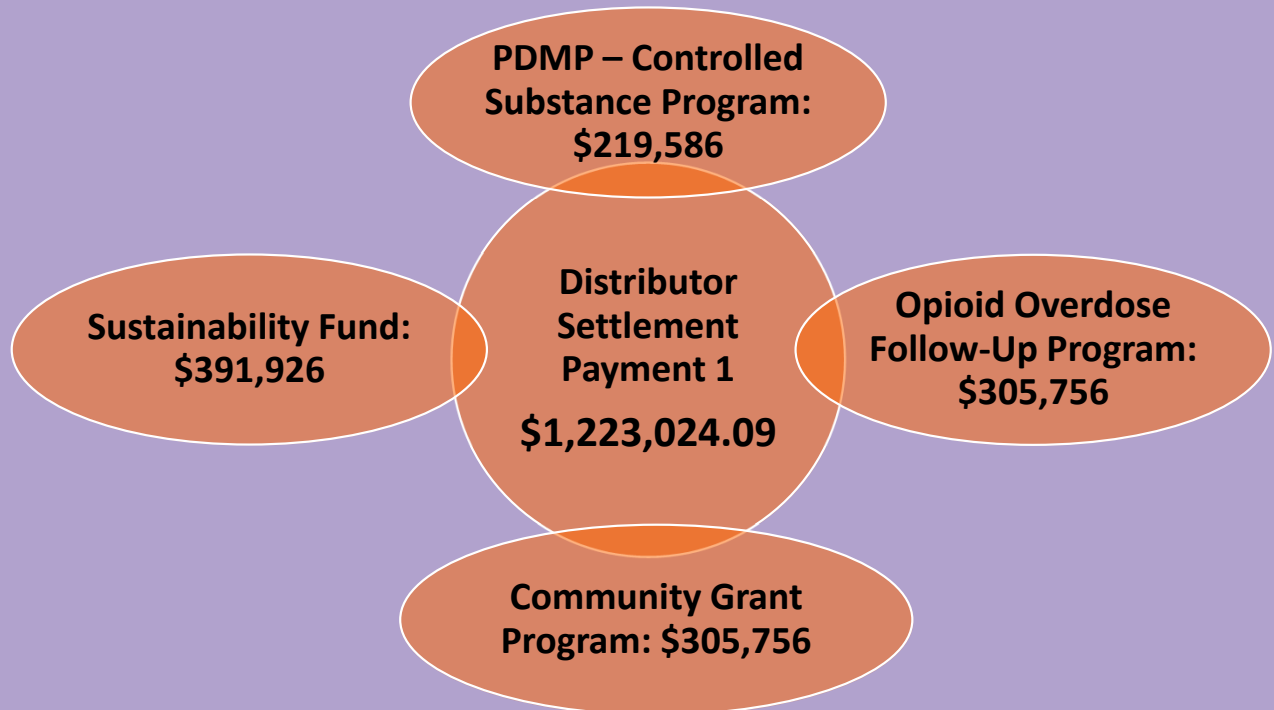
Distributor Settlement Payment 1 | Approved Projects

$219,586

- **PDMP - Controlled Substance Registry**
  - Goal: Provide critical supports for prescribers in monitoring patient opioid access and provide accountability for prescribing practices.
  - Of the total funding, $32,983 for FY23 and $11,733 for FY24 previously approved by the Committee are no longer needed to support the Controlled Substance Registry integration (DOH staff will maintain this effort in-house).
  - Recommend adding $44,716 to the funding available for the Community Grant Program

$391,926

- **Program Sustainability Fund**
  - Goal: Allow for continuation of key strategies in all areas of prevention, recovery, and treatment should federal funding end.
  - Federal funding (FY23) - $6.4 million

Distributor Settlement Payment 1 | Approved Projects

$305,756

- **Overdose Follow-Up Program**
  - Goal: Increase linkages between survivors of an opioid overdose and their loved ones to appropriate care in the community.
  - RFP process was used to solicit direct service providers for a pilot demonstration.
    - RFP released on July 5th
    - Responses were due August 18th
    - Three (3) responses received
    - Scoring Team has been assembled – includes representatives from both DSS and DOH
    - Efforts will be managed by DSS Crisis & Prevention Team
  - Anticipated award notification on or around September 18
  - Contracts to be established on or around October 1

$305,756

- **Community Grant Program**
  - Goal: Make funding available to providers and communities for targeted efforts that abate the opioid crisis at the local level.
  - If approved, $44,716 would move to this category bringing the total Community Grant Program funds from Year 1 settlement funds to $350,472.
  - Application Process
    - Forms and supporting materials have been developed
    - Aim to open application window on September 1
  - Outreach & Awareness
    - Information will be available on avoidopioidsd.com and on DOH and DSS pages
    - Committee members will be provided an email to forward on to contacts who may be interested in the program
    - Additional outreach will occur through list serv and other distribution lists in DOH and DSS

Community Grant Program --- *Committee Input Needed*

Current Budget $305,756

Proposed Budget $350,472

- **Decision |** *Approve proposed reallocation of funds*
- **Review |** *FAQs*
  - **Funding eligibility** – Would the committee like to support both in- and out-of-state organizations?
  - **Demonstration of partnership with local funds** – Would the committee like to see partnership with participating local governments from applicants, and if so, to what degree (e.g., a letter of commitment?)
  - **Grant award size** – Would the committee like to set a minimum grant amount? A maximum amount?
  - **Review process** – Would the committee like to establish a sub-group to review applications? Would the committee like to have the sub-group make funding decisions, or make recommendations back to the larger committee for funding decisions? Or another approach?

Authorization for Year 2 Fund Utilization---
Committee Input Needed

Current Budget $1,223,024

Proposed Budget $2,508,363

- Distributor Settlement Year 2 Funds received in January 2023
- Decision | *Authorize recommended funding split to match what was proposed for Year 1 funds*

--- Total Funds Available if Approved ---
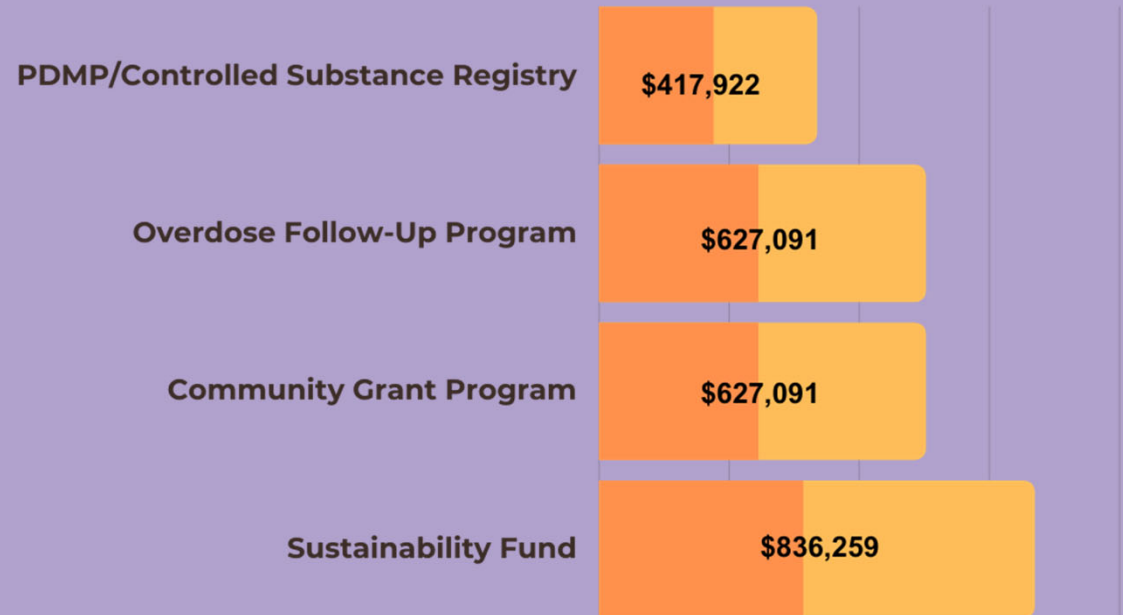
Program	Amount
PDMP/Controlled Substance Registry	$417,922
Overdose Follow-Up Program	$627,091
Community Grant Program	$627,091
Sustainability Fund	$836,259

![Avoid Opioid PRESCRIPTION ADDICTION]

National Opioid Settlements

- **Distributor Settlement**
  - **Payment 1 received**
  - **Payment 2 received**
  - **Payment 3 pending***
- **Janssen Settlement**
  - **Payment 1 pending***
  - **Payment 2 pending***
- **Mallinckrodt PLS Settlement**
  - **Payment 1 received**

lawsuit pending

National Opioid Abatement Trust II
- $215,643.19 – funds received April 2023
- **Recommended use – Workwell Mental Health Grant with DOH**
  - HB1162 passage allows SD employers to have Naloxone at their worksite
  - DOH annually awards funds to SD worksites to implement mental health programs
  - Funds would allow employers to develop a program and purchase Naloxone for their worksite.

Mallinckrodt PLS Settlement Payment 1

$215,643.19

Workwell Mental Health Grant with DOH

$215,643.19
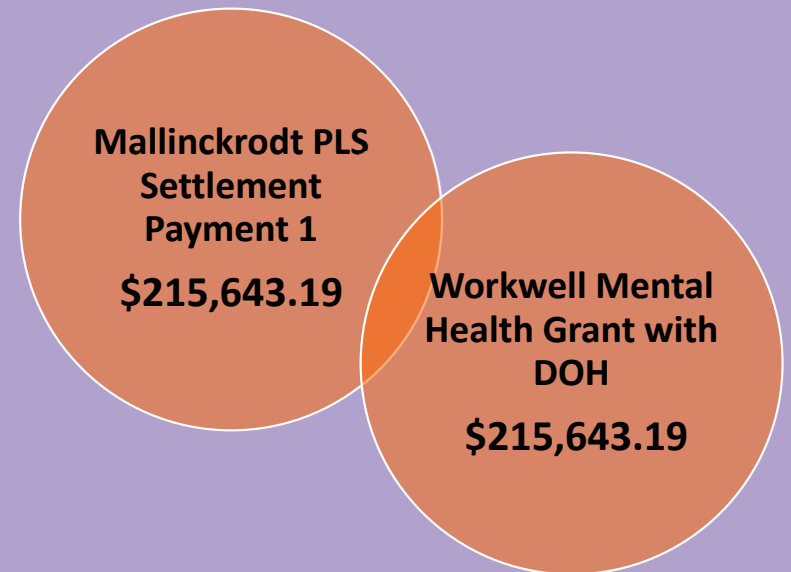
Decision | *Authorize use of funds as proposed*

Project Updates

- Treatment and Recovery Supports
- Prevention and Early Identification

MOUD in South Dakota
Strategies for Rural & Frontier Communities

Randee Peterson (DSS) and Pam VanMeeteren (Lewis & Clark)

DSS
South Dakota
Department of
Social Services

MOUD Service Delivery

Using primarily SOR funding, the Division contracts with providers that expand access to MOUD statewide through office-based and telemedicine-based care.

Project Recovery
- Rapid City, SD
- Outreach clinic capacity statewide via telehealth and office-based services
- Integrated peer recovery supports

Lewis & Clark Behavioral Health
- Yankton, SD
- Hub & spoke system spanning the state in partnership with CMHCs

Center for Family Medicine
- Sioux Falls, SD
- Provision of MOUD using a multidisciplinary team
- Training site for physicians

Minnehaha County Jail
- Targeted case management supports for incarcerated individuals in partnership with Southeastern Behavioral
- Provision of MOUD in jail through waivered provider

~450 active clients per month across all providers

Hub & Spoke Delivery of Care supported by SOR Funding

Hub

Spoke
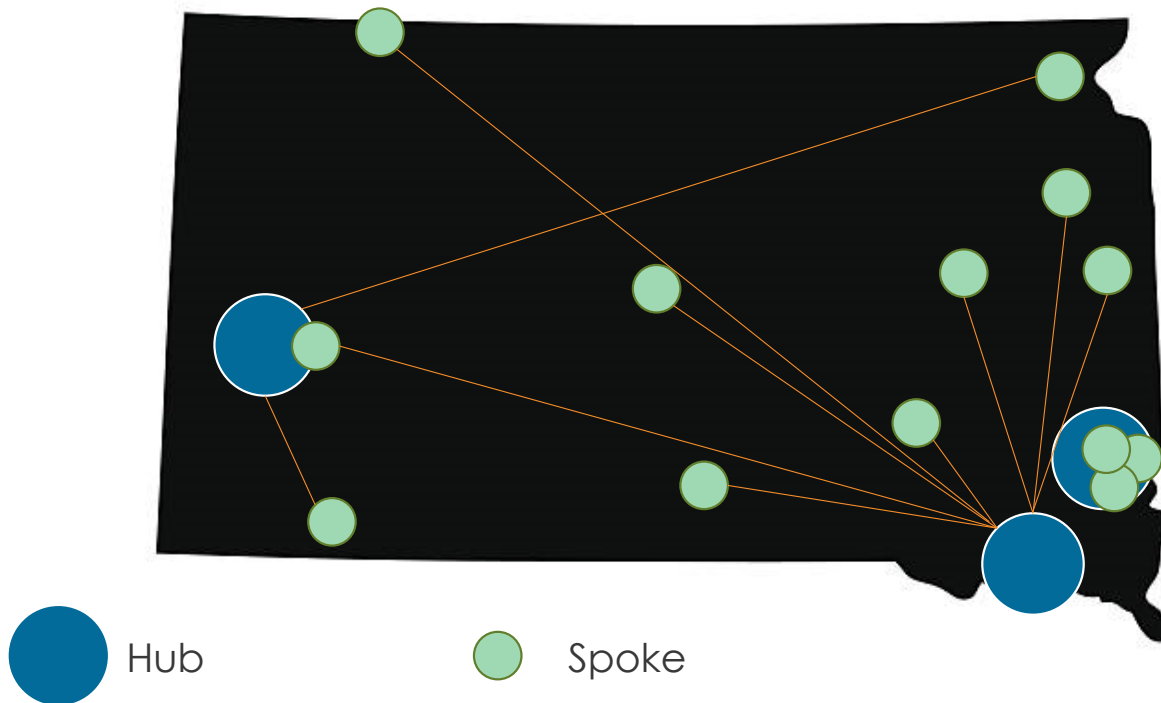
- Our rural and frontier geography creates challenges in providing sustainable treatment and recovery services.

- Prior to State Targeted Response and later State Opioid Response funding, MOUD was not prevalent across South Dakota.

- South Dakota has one OTP – located in Sioux Falls – that primarily provides methadone treatment.

- Most MOUD is provided through office-based appointments supported by telehealth due to our rural and frontier geography.

- **History – Where We Started and Where we Are Now**

- **Where most referrals come from to Lewis & Clark for MOUD**

- **Strategies for Connecting Services between Sites**

- **Roles of Lewis & Clark and Roles of Partner Sites – How We Work Together**

- **Ensuring care is available close to home for clients in need**

- **Challenges & Opportunities**

Questions?

Division of Behavioral Health 👤

605.367.5236 📱

dssbh@state.sd.gov ✉

dss.sd.gov 🔗

South Dakota
Department of
Social Services

OD2A IMPACT

Kevin DeWald
Executive Director
South Dakota Health Link

Amber Reints
PMHNP
Avera

OBJECTIVES

- Update on Priority Strategy: Impact of the Behavioral Health Navigator
- Goals for Next Year's Funds

STRATEGY: CONTINUE TO EXPAND BEHAVIORAL HEALTH NAVIGATION

- Why is a navigator needed?
  - Complex system for patients to navigate
  - Complex system for families to navigate
  - Complex system for educated providers to navigate!

Internal Support Algorithm for Mental Health Services
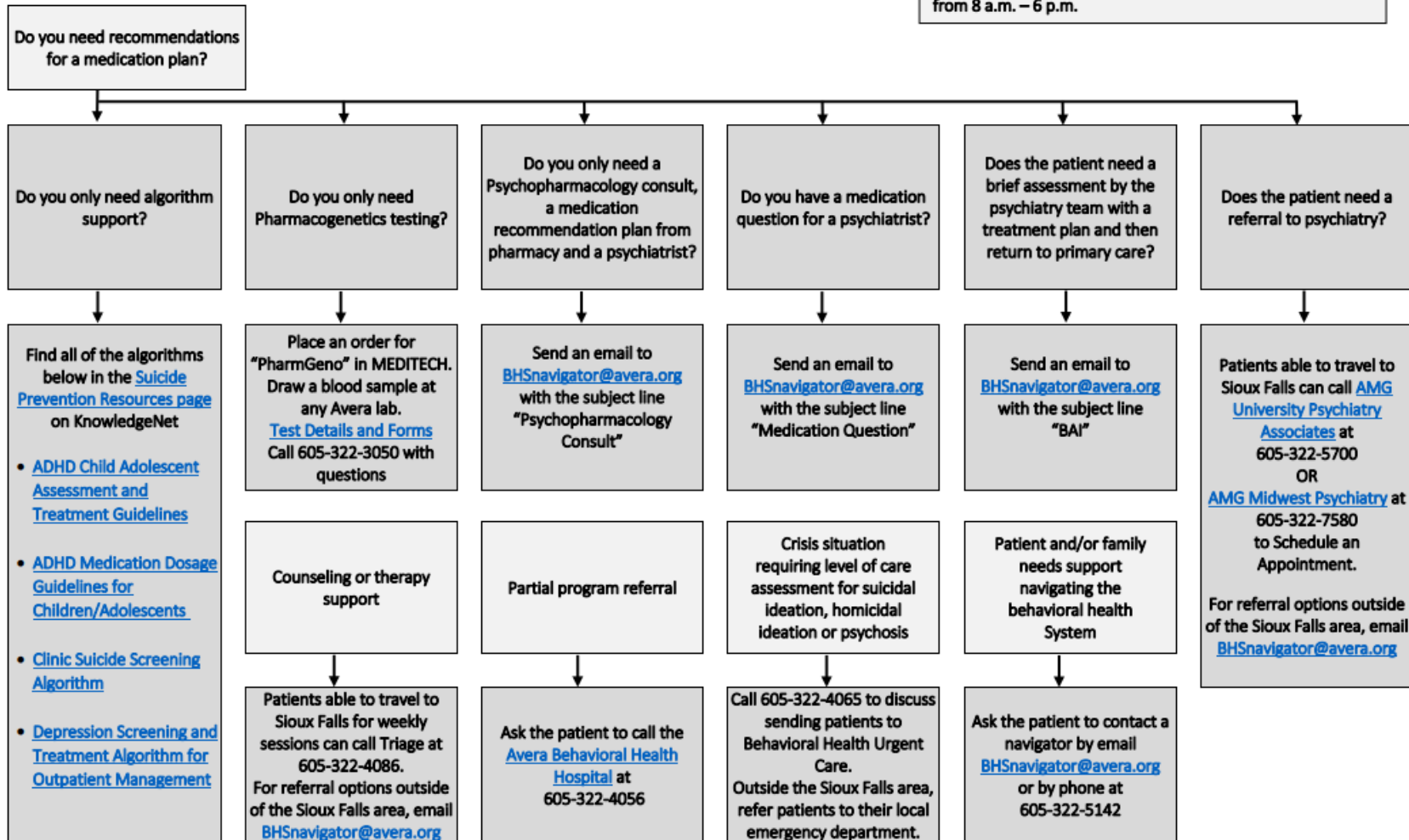
If you're unsure of where to refer a patient, or how to refer them, call behavioral health navigation at 605-322-5142, or email them at BHSnavigator@avera.org

Behavioral Health Navigation is open Monday – Friday from 8 a.m. – 6 p.m.

Do you need recommendations for a medication plan?

Do you only need algorithm support?

Find all of the algorithms below in the Suicide Prevention Resources page on KnowledgeNet

- ADHD Child Adolescent Assessment and Treatment Guidelines
- ADHD Medication Dosage Guidelines for Children/Adolescents
- Clinic Suicide Screening Algorithm
- Depression Screening and Treatment Algorithm for Outpatient Management

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Do you only need Pharmacogenetics testing?

Place an order for "PharmGeno" in MEDITECH. Draw a blood sample at any Avera lab.
Test Details and Forms
Call 605-322-3050 with questions

Counseling or therapy support

Patients able to travel to Sioux Falls for weekly sessions can call Triage at 605-322-4086.
For referral options outside of the Sioux Falls area, email BHSnavigator@avera.org

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Do you only need a Psychopharmacology consult, a medication recommendation plan from pharmacy and a psychiatrist?

Send an email to BHSnavigator@avera.org with the subject line "Psychopharmacology Consult"

Partial program referral

Ask the patient to call the Avera Behavioral Health Hospital at 605-322-4056

Do you have a medication question for a psychiatrist?

Send an email to BHSnavigator@avera.org with the subject line "Medication Question"

Crisis situation requiring level of care assessment for suicidal ideation, homicidal ideation or psychosis

Call 605-322-4065 to discuss sending patients to Behavioral Health Urgent Care.
Outside the Sioux Falls area, refer patients to their local emergency department.

Does the patient need a brief assessment by the psychiatry team with a treatment plan and then return to primary care?

Send an email to BHSnavigator@avera.org with the subject line "BAI"

Patient and/or family needs support navigating the behavioral health System

Ask the patient to contact a navigator by email BHSnavigator@avera.org or by phone at 605-322-5142

Does the patient need a referral to psychiatry?

Patients able to travel to Sioux Falls can call AMG University Psychiatry Associates at 605-322-5700
OR
AMG Midwest Psychiatry at 605-322-7580
to Schedule an Appointment.

For referral options outside of the Sioux Falls area, email BHSnavigator@avera.org

NEED TO CONTINUE TO MAKE NAVIGATION SIMPLE TO ACCESS AND EVALUATE HOW NAVIGATION CAN BE MOST EFFECTIVE

- Simplify access to navigation for providers: Embedded navigation in workload system within the EMR

- Changing Avera Website to Direct to Navigation for Non-Emergent Services

- Lots of Presentations: Internal and External (School, Church Group, Businesses, Conferences, HIMSS)

- Trialed Contingency Management Program

Utilization of a state-wide health information exchange for contingency management in a behavioral health population

Jordan Harra, PharmD, BCPS | Tonya Arneson, PharmD, BCPP | Jeremy Daniel, PharmD, BCPS, BCPP
Margaret Haberman, PharmD, BCPP | Amber Reints, CNP, PMHNP

Background

- Contingency management (CM): uses positive reinforcement to promote a desired behavior
- CM shown to increase abstinence from substances & improve retention in treatment for SUD, HIV, etc.

Primary Objective

- Assess influence of incentivization on medication adherence by tracking prescription fill history

Secondary Objective

- Observe change in re-admission rates following program implementation

Inclusion Criteria

- 18 years and older
- Discharged from Unit B from 12/1/22 to 2/28/23
- SD Medicaid

Exclusion Criteria

- No discharge Rx
- SD Medicaid not primary or secondary insurance

Primary Objective: Patient Prescription Adherence vs. Completion of Incentive Program

		Did Not Complete	Complete
Prescription Fills (14 & 30 Days After Discharge)	Completed Both Fills	3	5
	Completed 1st Fill	8	5
	Did Not Fill	8	1

Secondary Objective: Re-admissions Within 30 Days of Discharge

	N	# Re-admitted (%)
Not enrolled	54	4 (7.4)
Enrolled	30	2 (6.7)
Did not complete	19	2 (10.5)
Did complete	11	0 (0)

Strengths

- Organized data collection tool
- Ability to use the SD Health Link to track fill history

Limitations

- Fill check times frames of 14- and 30-days potentially too stringent
- Did not account for medication changes at follow-up
- Unclear if $15 Hy-Vee gift cards were enough to incentivize patients
- Potential for geographic and transportation barriers with providing Hy-Vee gift cards only
- SD Health Link only shows if the patient's pharmacy filled the medication

Conclusions

- Unclear if incentives influenced medication adherence or re-admission rates
- Similar re-admission rates for patients enrolled and not enrolled in incentive program
- Successful completion of incentive program may influence re-admission rates

WHAT DOES FUTURE STRATEGY LOOK LIKE?

STRATEGY	OUTCOME
Quarterly online trainings offered to clinicians statewide to address opioid prescribing best practices.	Provide internal support for prescribers via the navigation one email number. Internal prescribers requesting guidance on MOUD will have a mental health trained professional to assist in increasing confidence in MOUD prescribing.
Monthly outreach opportunity and development of website to support frequently asked questions	Expand SBIRT Screening in Emergency Departments
Development of program to monitor patients in healthcare system with the Notify system and collect data from Health Insights Tool (SDHL)	Lock Boxes and Pill Reminders and Inpatient Behavioral Health
Office Hour for Community Professionals to ask Questions on Navigating Avera Chemical Dependency Services	

QUESTIONS?

Committee & Partner Updates

- *Roundtable updates from Committee members*
- *Updates from other partners on shared strategies*

Facilitated by Lori Martinec

Public Input

Closing Remarks