TO: The Honorable Kyle Evans Gay, Lieutenant Governor
The Honorable Melissa Minor-Brown, Speaker of the House
CC: Delaware General Assembly
FROM: Overdose System of Care Co-Chairs:
Joanna Champney, Director, DSAMH
Dr. Rebecca Walker, Deputy Director, DPH
DATE: February 5, 2025
RE: Delaware Overdose System of Care 2024 Accomplishments and 2025 Goals

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The Overdose System of Care (OSOC) was established in 2018 by Delaware Legislation to coordinate the treatment and care provided to individuals who have experienced or are at risk of experiencing an opioid overdose. The legislation called for an OSOC Committee with specific representation to be established under the leadership of the Division of Public Health (DPH) and the Division of Substance Abuse and Mental Health (DSAMH). The OSOC Committee is supported by three Subcommittees: the Acute Opioid Use Disorder (OUD) Stabilization Subcommittee, the Naloxone Subcommittee, and the Data and Quality Subcommittee.

2024 was a year of transition and significant progress for OSOC. At the end of 2023, each OSOC Subcommittee developed goals for 2024. These goals were then turned into workplans that guided the work of the Subcommittees throughout the year.

Acute OUD Stabilization Subcommittee

The Acute OUD Stabilization Subcommittee focuses its efforts on supporting individuals who have accessed an emergency department (ED) and/or EMS and have either experienced an opioid overdose or are at high risk for overdose. Much of the Subcommittee's work has focused on initiating medications for opioid use disorder (MOUD) in acute settings followed by referral to community treatment. Over the past several years, the Subcommittee has successfully convened representatives from community treatment providers, emergency departments, and EMS to establish working relationships, develop referral pathways from acute to community settings, and troubleshoot barriers.

In 2024, the group shifted focus from developing and implementing MOUD initiation and referrals to increasing consistency across healthcare systems throughout the state. The Subcommittee Co-Chairs and OSOC Medical Advisor convened a group of direct care ED staff and leaders to develop Delaware-specific guidelines around treating patients with OUD in emergency departments and identify ways the State and health systems leadership can support implementation and consistency. The guidelines are also informed by community treatment providers and research on national best practices. The working group met three times in 2024 to discuss the following topics:

- August 20th: Introduction and working group goals
- September 17th: Transitions of care
- November 19th: Buprenorphine initiation

The working group will release a draft guidance document covering transitions of care and buprenorphine initiation in early 2025 for emergency departments to begin implementing and provide

feedback. In the meantime, the working group will continue to meet bi-monthly to discuss patient engagement, screening and triage, and funding.

The Subcommittee facilitated and championed several other critical initiatives in 2024. Based on feedback from Subcommittee members, DSAMH modified the Delaware Treatment and Referral Network (DTRN) functionality to accommodate after-hours referrals and promoted these changes among ED leaders and staff. User testing will begin in early 2025. This is a big win for the Subcommittee, as many patients are seen for OUD in EDs during evenings and weekends, and using DTRN is the most efficient way to make a referral to ongoing community care after ED discharge.

Lastly, the Office of Emergency Medical Services (OEMS) continued to implement improvements to the paramedic buprenorphine initiation pilot. They worked to improve the percentage of eligible EMS patients offered buprenorphine. Additionally, they collaborated with DSAMH's Post-Overdose Response Team (PORT) to develop a pilot to engage EMS patients who decline EMS transport or further treatment after receiving naloxone for an opioid overdose. The hope is these high-risk patients can receive harm reduction interventions from the PORT, and possibly have a second discussion about MOUD during follow-up engagement.

Data and Quality Subcommittee

The Data and Quality Subcommittee is charged with developing processes to evaluate the work of OSOC holistically and transparently, for which the Subcommittee uses four North Star measures listed below.

Patient rates of:

1. MOUD Prescription at ED Discharge
2. Outpatient Engagement in Follow-Up Treatment Following ED Discharge
3. MOUD Initiation after ED Discharge
4. Sustained Engagement in MOUD Treatment

In 2024 the Subcommittee co-chairs collaborated with the Division of Medicaid and Medical Assistance (DMMA) to refine the North Star measure specifications and implement a data quality assurance process. Additionally, the Subcommittee reported out on North Star measures #1, #2, and #3 during each quarterly OSOC Committee meeting. The Subcommittee also developed seven priority metrics that help describe the context within which OSOC operates (e.g., total number of fatal overdoses statewide, number of naloxone kits distributed). The priority metrics were also finalized and reported out during the fourth quarter OSOC Committee meeting.

Lastly, the Subcommittee continued convening a quarterly OSOC Quality Evaluation session to discuss system-level successes, gaps, and opportunities for improvement. During each Quality Evaluation session, OSOC partners from EDs, community treatment providers, and EMS provide deidentified case presentations so the group can discuss and learn from real-world examples. The Subcommittee co-chairs shared findings and recommendations with the OSOC Committee throughout the year.

Naloxone Subcommittee

The Naloxone Subcommittee works to increase naloxone access throughout Delaware, with an emphasis on ED dispensing, first responder leave-behind, and distribution to individuals leaving incarceration.

In 2024, all statewide naloxone distribution efforts, previously split between DPH and DSAMH, merged under DSAMH. This includes naloxone dispensed by EDs, DSAMH/treatment providers, mail order (via Next Distro), the Department of Corrections, and other DSAMH community partners, as well as naloxone purchased at pharmacies via the state's standing order and other programs. This merger allowed for consolidation and streamlining of naloxone distribution efforts within one team.

As part of these naloxone efforts, the DSAMH team finalized and implemented the state's new naloxone saturation and distribution plan. The plan focuses takes a quality-over-quantity approach, helping the state target distribution efforts to individuals and communities most likely to witness or respond to an overdose, rather than aiming to dispense an overall number of kits.

Lastly, a major accomplishment in 2024 was working with healthcare systems to increase naloxone dispensing beyond EDs and enter into franchise agreements with the state. Two healthcare systems have entered into such agreements, allowing any of the systems' entities (e.g., ED, outpatient, mobile team) to distribute naloxone under one contract agreement. This removes barriers to distributing at *any* point where patients interact with the system.

Rural Subcommittee

The Rural Subcommittee transitioned from OSOC to Delaware's Addiction Action Committee (AAC) in March 2024. The Rural Subcommittee supports interventions aimed at minimizing the harmful effects of the opioids in rural Delaware but is not primarily focused on acute settings. For this reason, state leaders and Rural Subcommittee members determined the group is better aligned with the AAC's mission to "foster collaboration amongst communities, providers, advocates, governmental agencies, and other stakeholders to develop and monitor a coordinated and comprehensive approach to Delaware's addiction epidemic."

2025 Goals

The OSOC Subcommittee members have collaborated to draft ambitious goals for 2025.

- Continue developing Delaware-specific guidelines for managing OUD in emergency departments. Once the document is complete, it will be shared with health systems leadership and the Delaware Healthcare Association to support implementation and consistency throughout the state.
- Set benchmarks for each of the four North Star Measures, so OSOC can monitor its progress towards a goal. Develop a second iteration of the North Star Measures that incorporates paramedic buprenorphine initiation data. Continue reporting North Star and priority measures to state stakeholders and facilitating the quarterly OSOC Quality Evaluation sessions.
- Monitor and adjust naloxone saturation strategies as needed. Develop naloxone distribution best practice guides for various settings in conjunction with identifying gaps in naloxone distribution and expanding participation in distribution and leave behind programs.