



# public health *revolution*

BRIDGING

CLINICAL MEDICINE AND POPULATION HEALTH

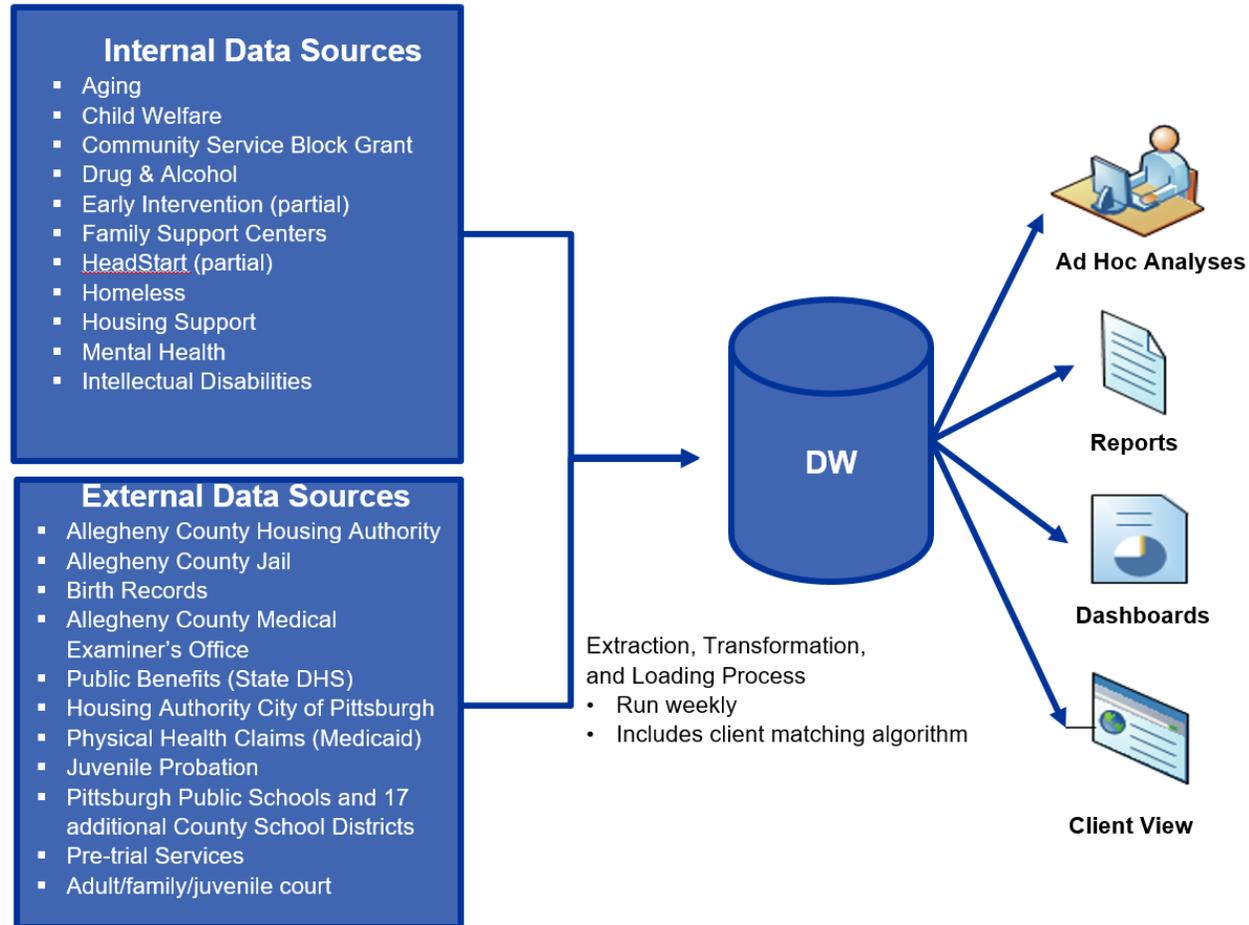
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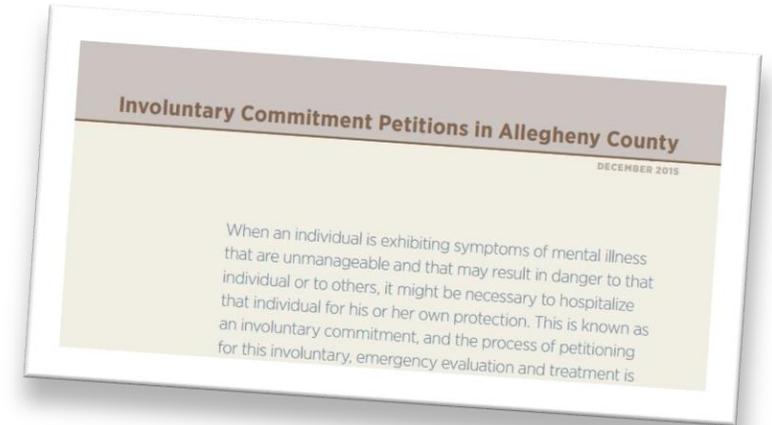
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2017

# DHS Integrated Data Warehouse



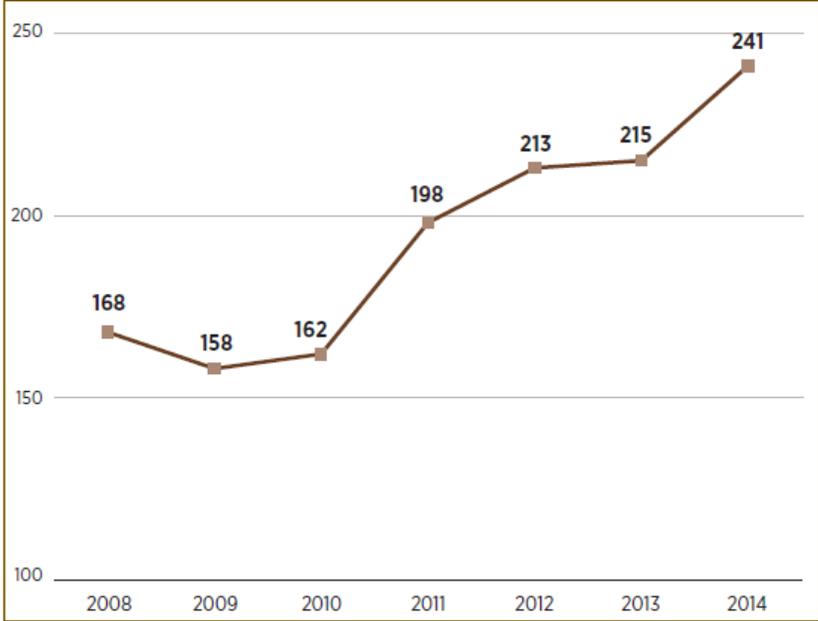
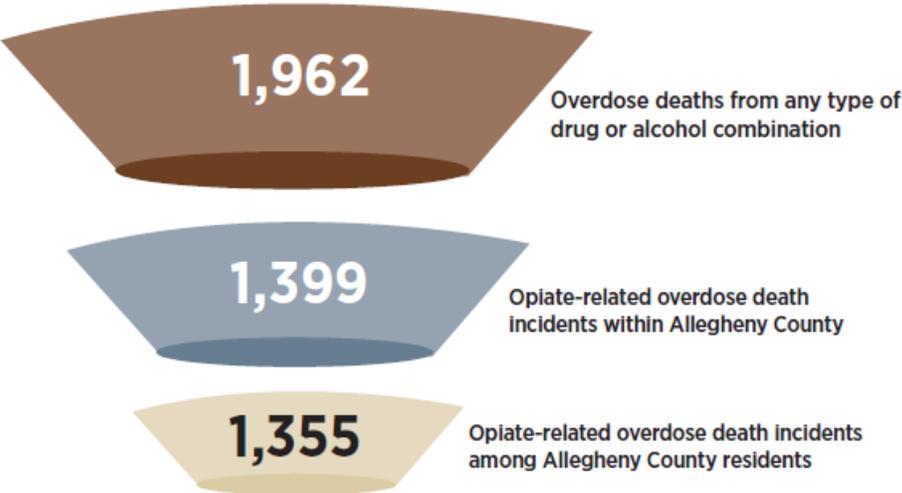
# Behavioral Health Analytics

- Develop a research and evaluation agenda
- Establish key behavioral health measures
- Build and maintain DHS Data Warehouse (health related sources)
- Support operational data needs of DHS and its program offices.
- Produce publications on major community behavioral health issues

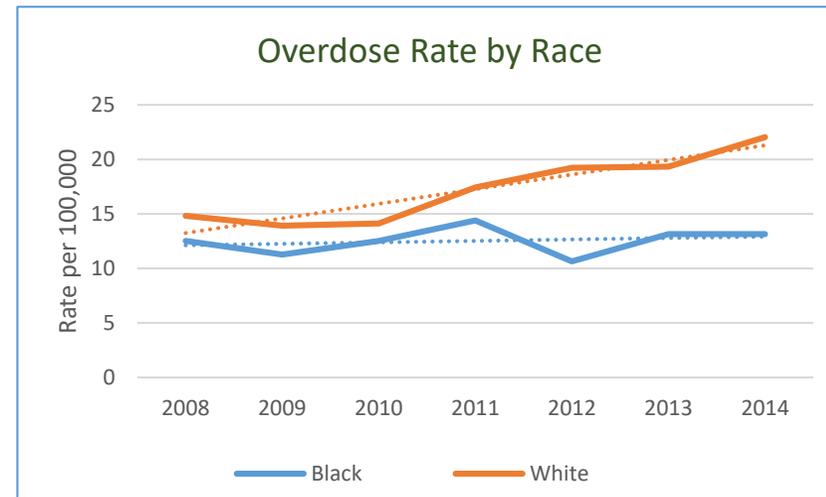
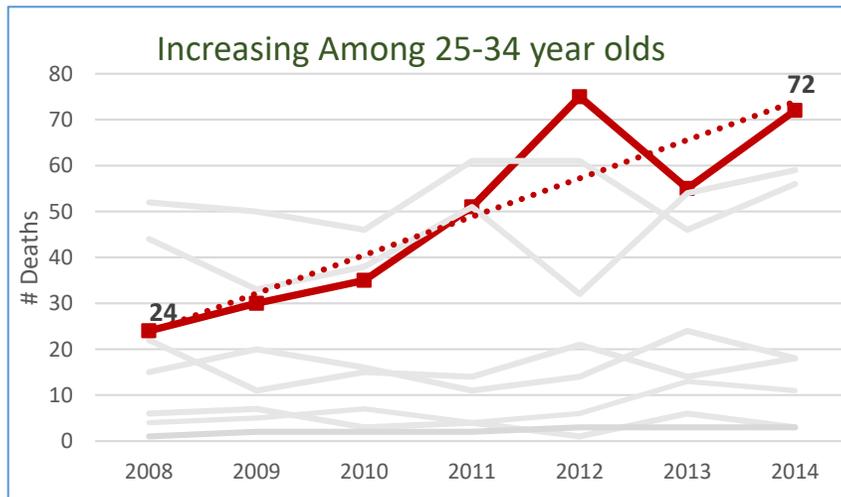
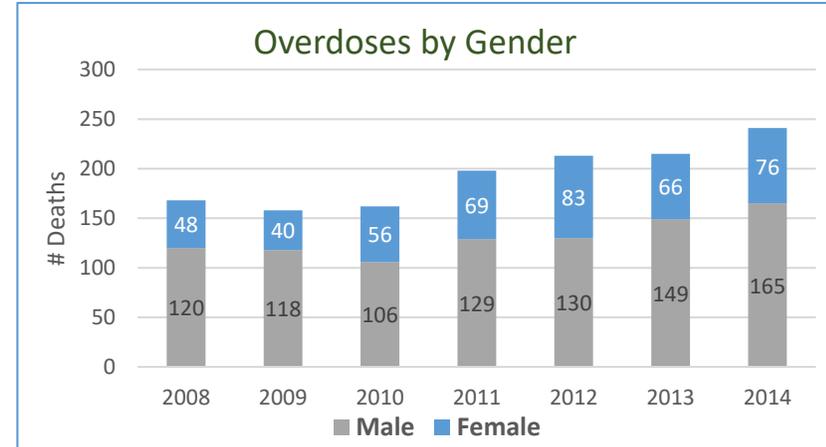
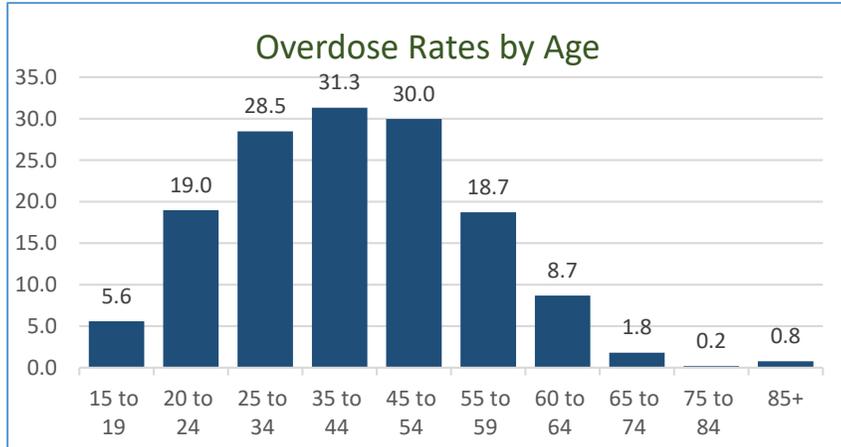


# Using Integrated Data to Identify Opportunities for Intervention: Opiate Overdose Epidemic

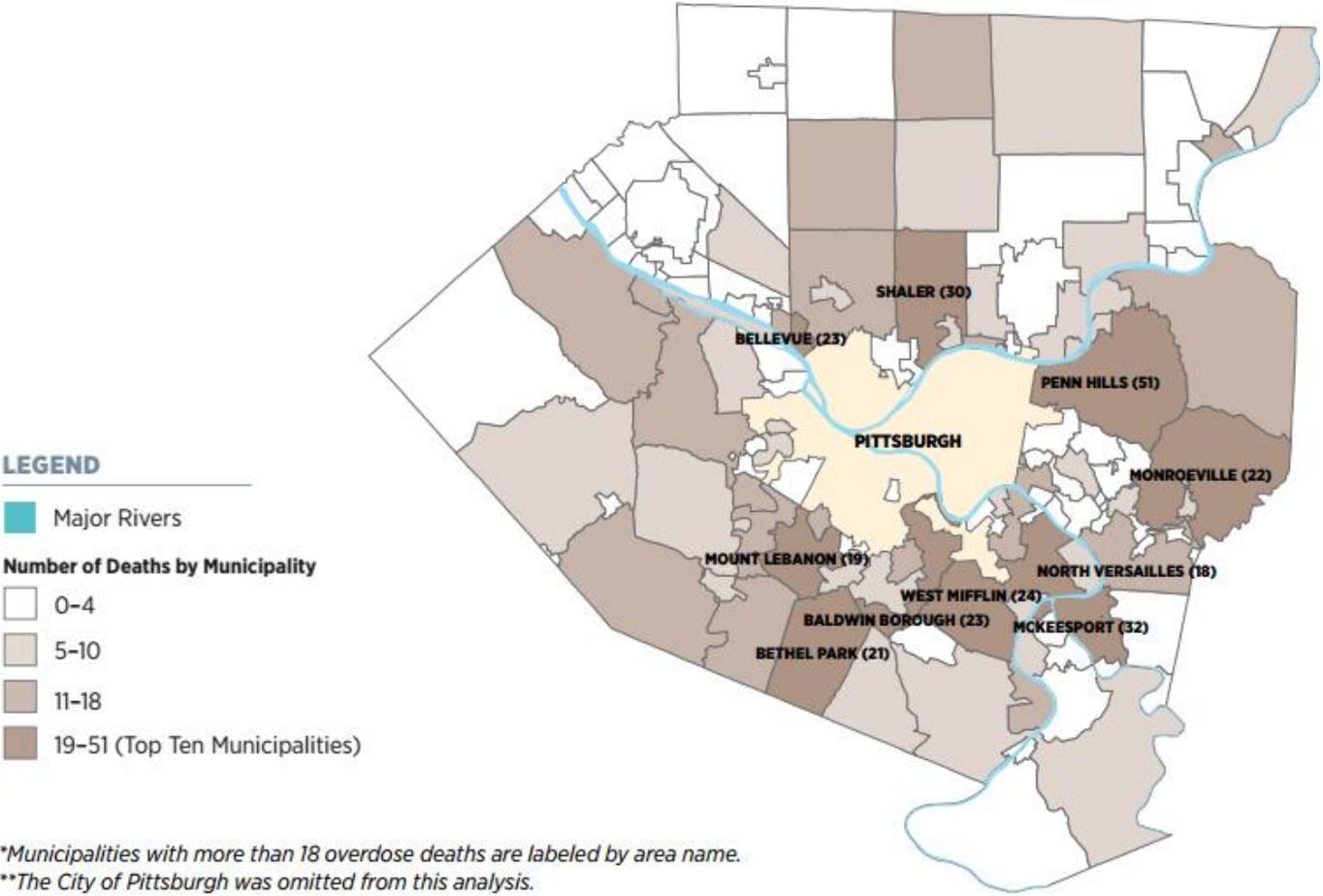
# Increasing Overdose Deaths in Allegheny County



# Demographics of Fatal Overdoses

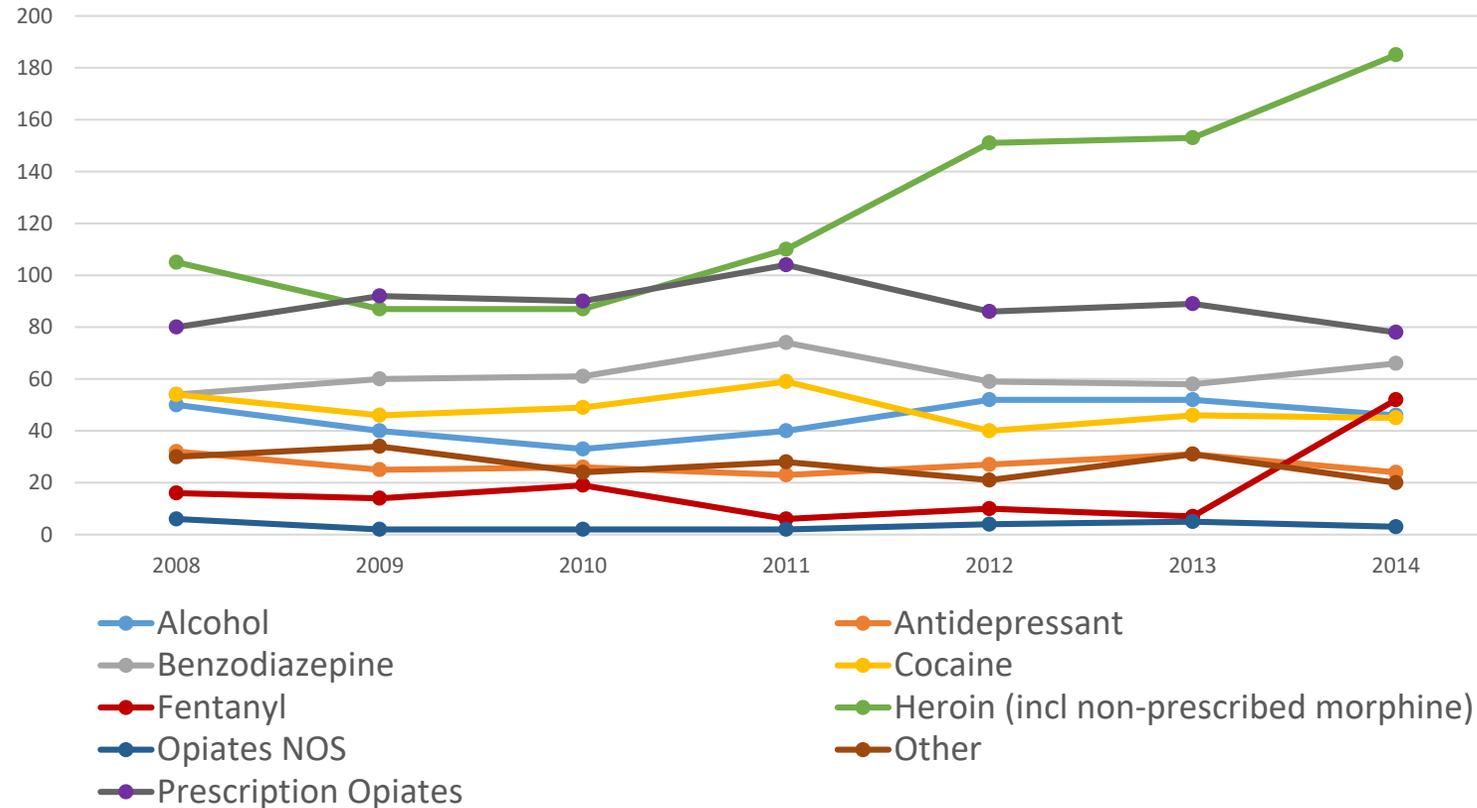


# Incidence of Fatal Overdose by Municipality: 2008-14



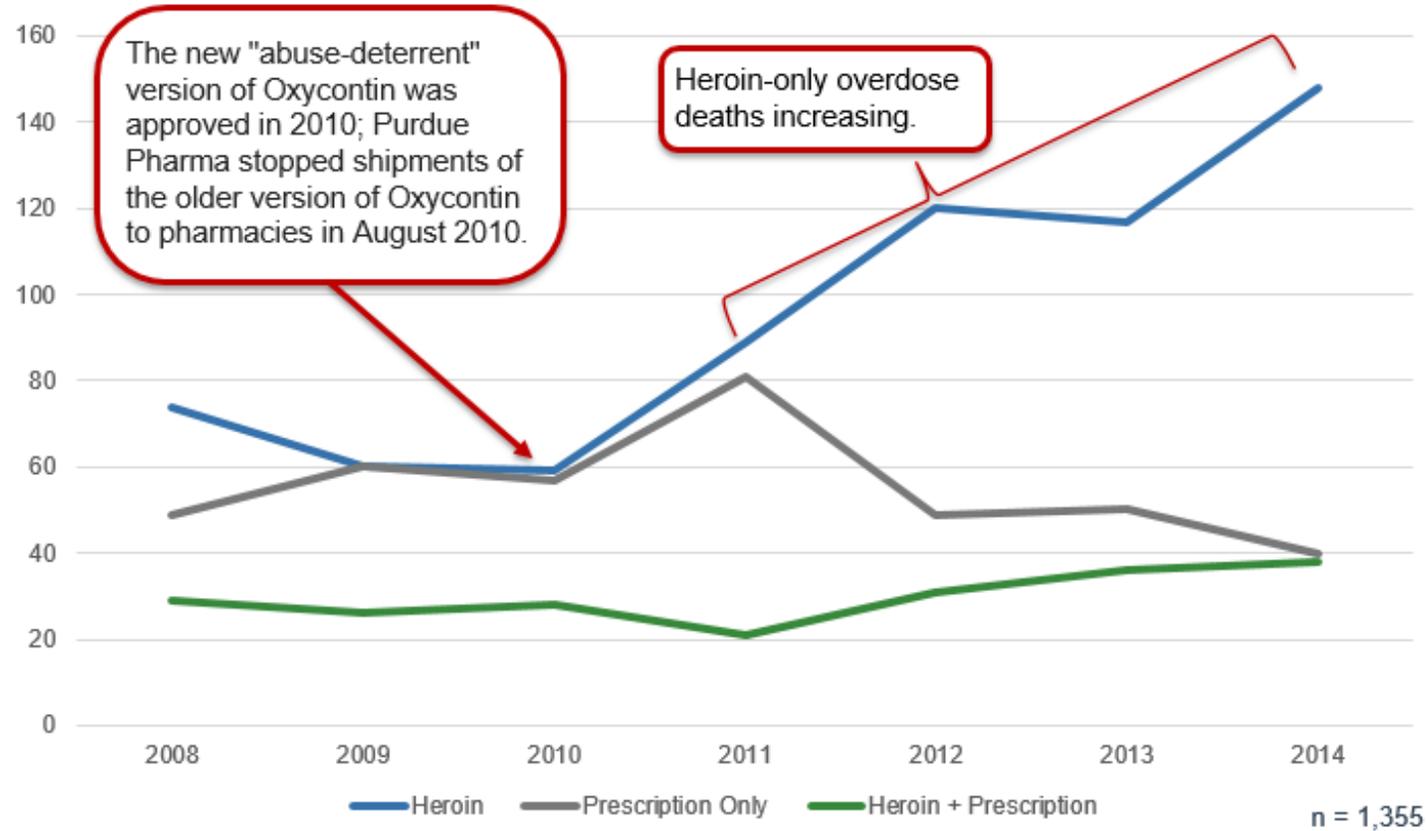
\*Municipalities with more than 18 overdose deaths are labeled by area name.  
\*\*The City of Pittsburgh was omitted from this analysis.

# Substances Involved in Medical Examiner's Autopsy Reports

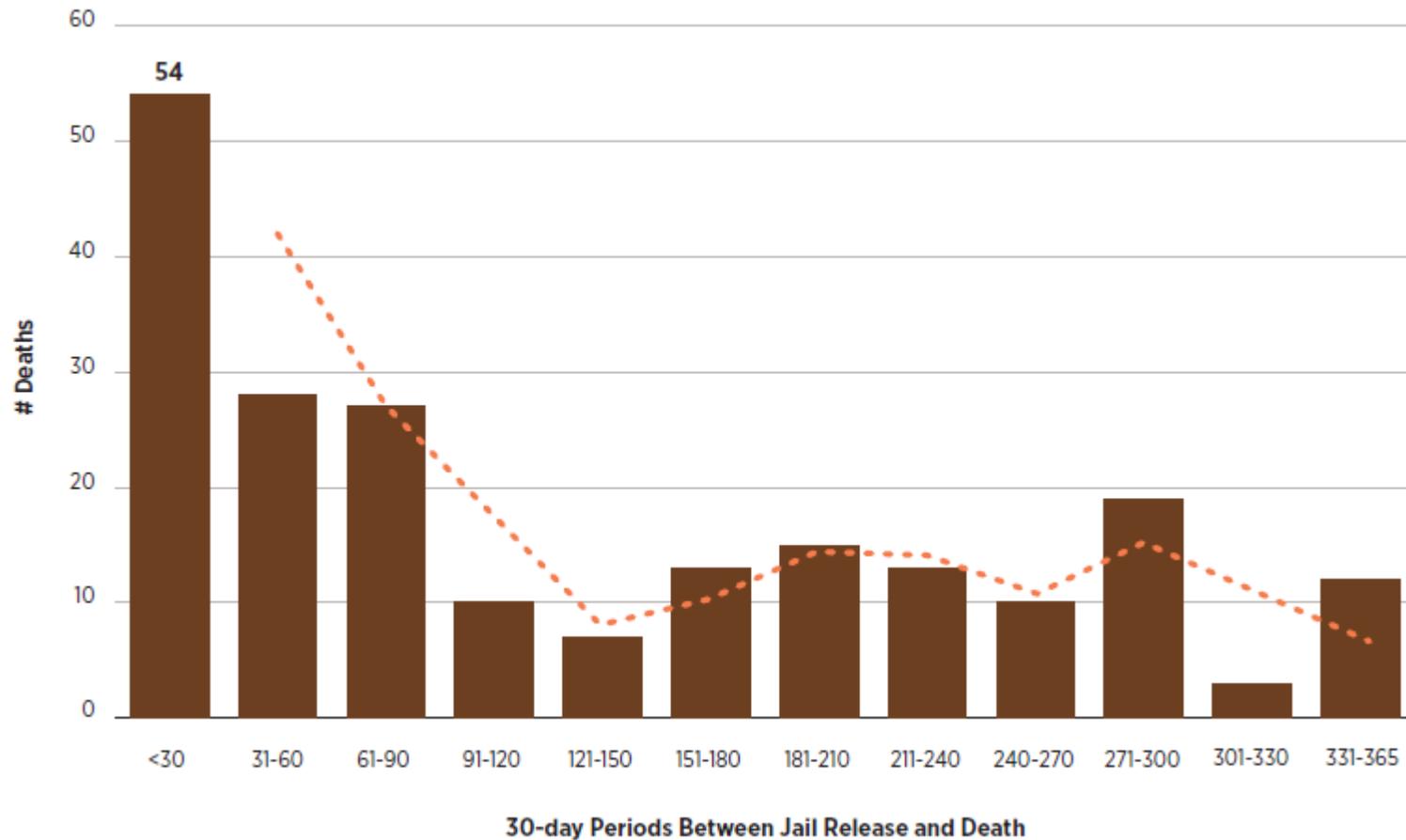


n = 1.354

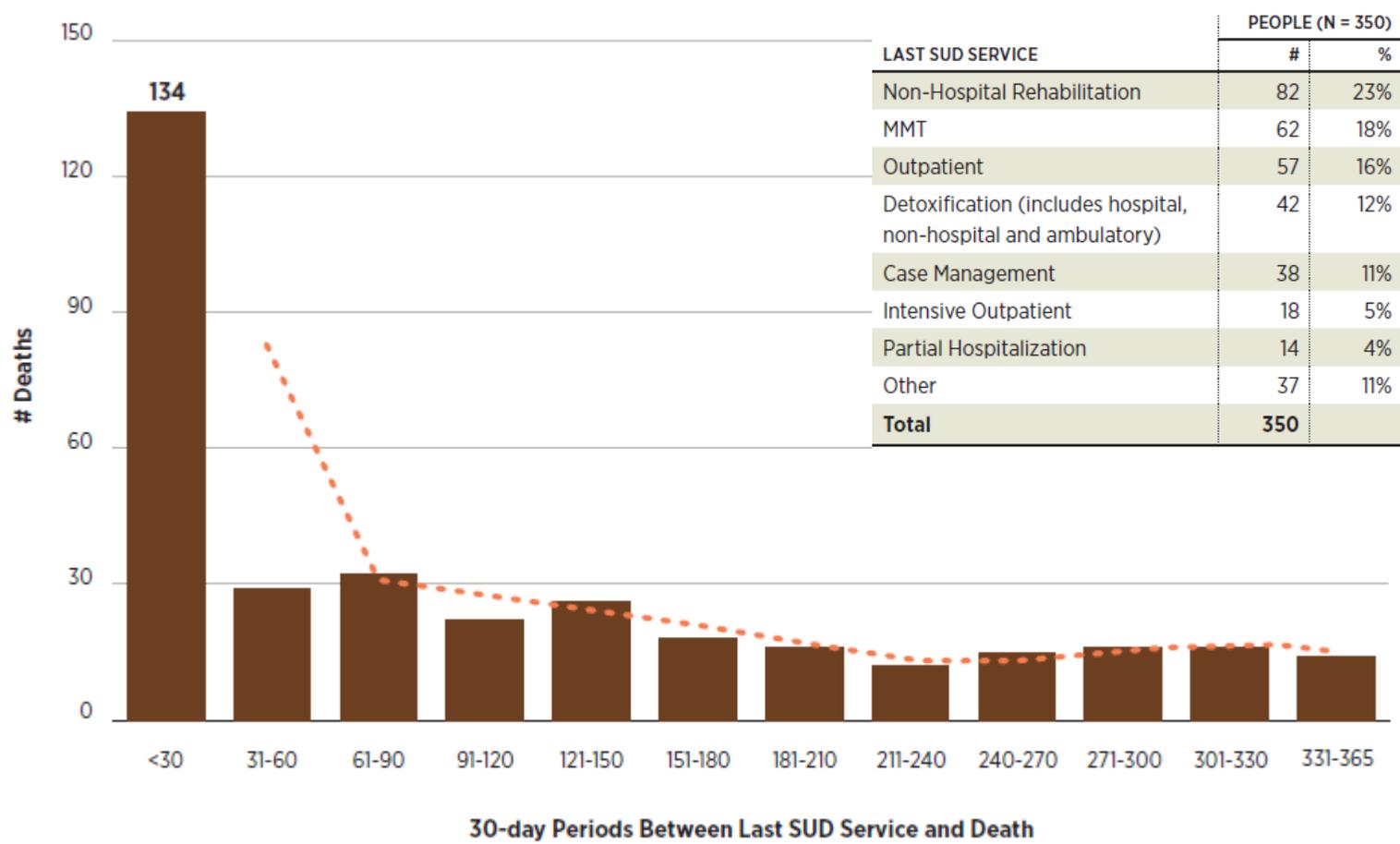
# Heroin vs prescription opioid medications among opiate overdose fatalities



# Time Between ACJ Release and Fatal Overdose: 2008-14



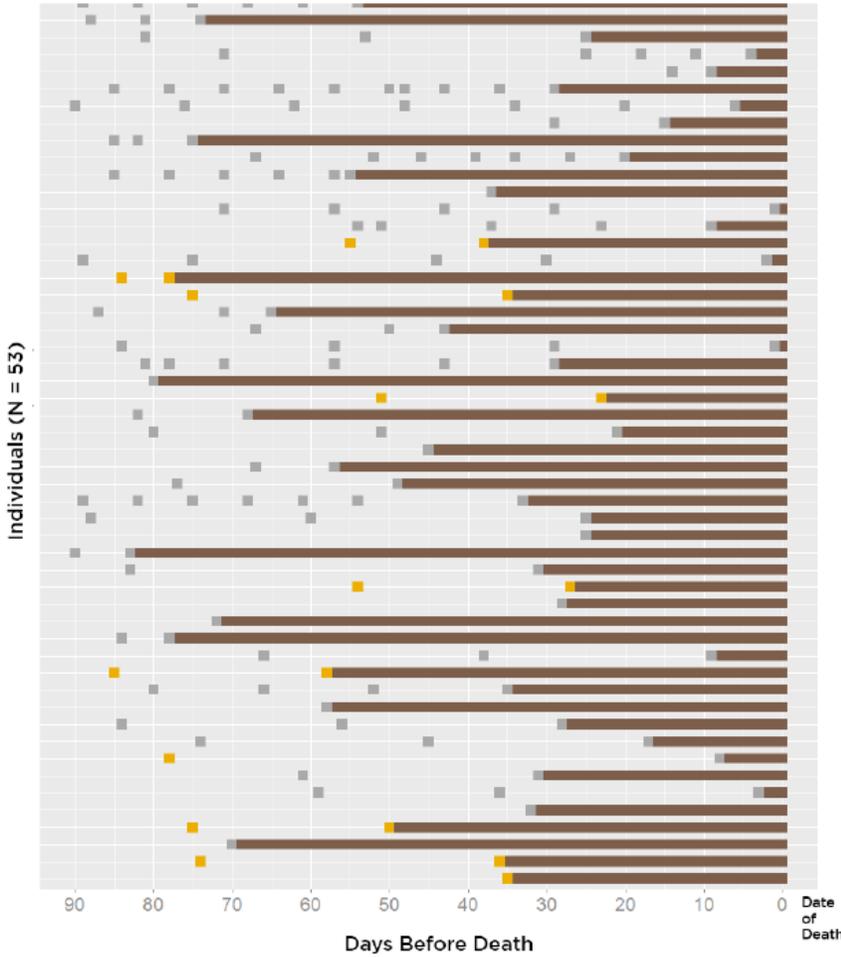
# Recent SUD Service and Fatal Overdose: 2008-14



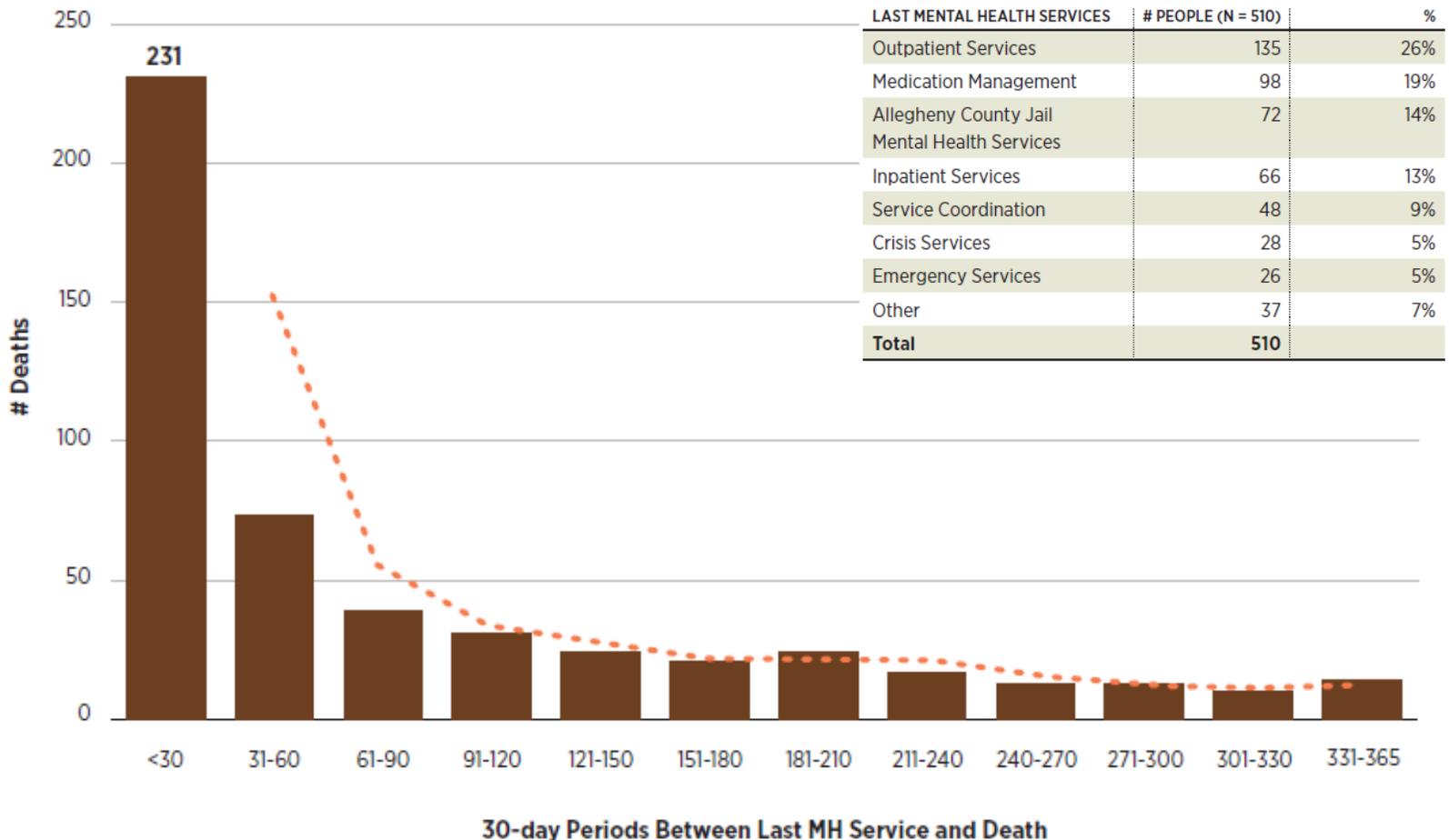
LAST SUD SERVICE	PEOPLE (N = 350)	
	#	%
Non-Hospital Rehabilitation	82	23%
MMT	62	18%
Outpatient	57	16%
Detoxification (includes hospital, non-hospital and ambulatory)	42	12%
Case Management	38	11%
Intensive Outpatient	18	5%
Partial Hospitalization	14	4%
Other	37	11%
<b>Total</b>	<b>350</b>	

# Periods of potential risk when discontinuing treatment

■ Suboxone® Prescription Refill   ■ Vivitrol® Prescription Refill   ■ Days between last prescription refill and death



# Recent MH Service and Fatal Overdose: 2008-14

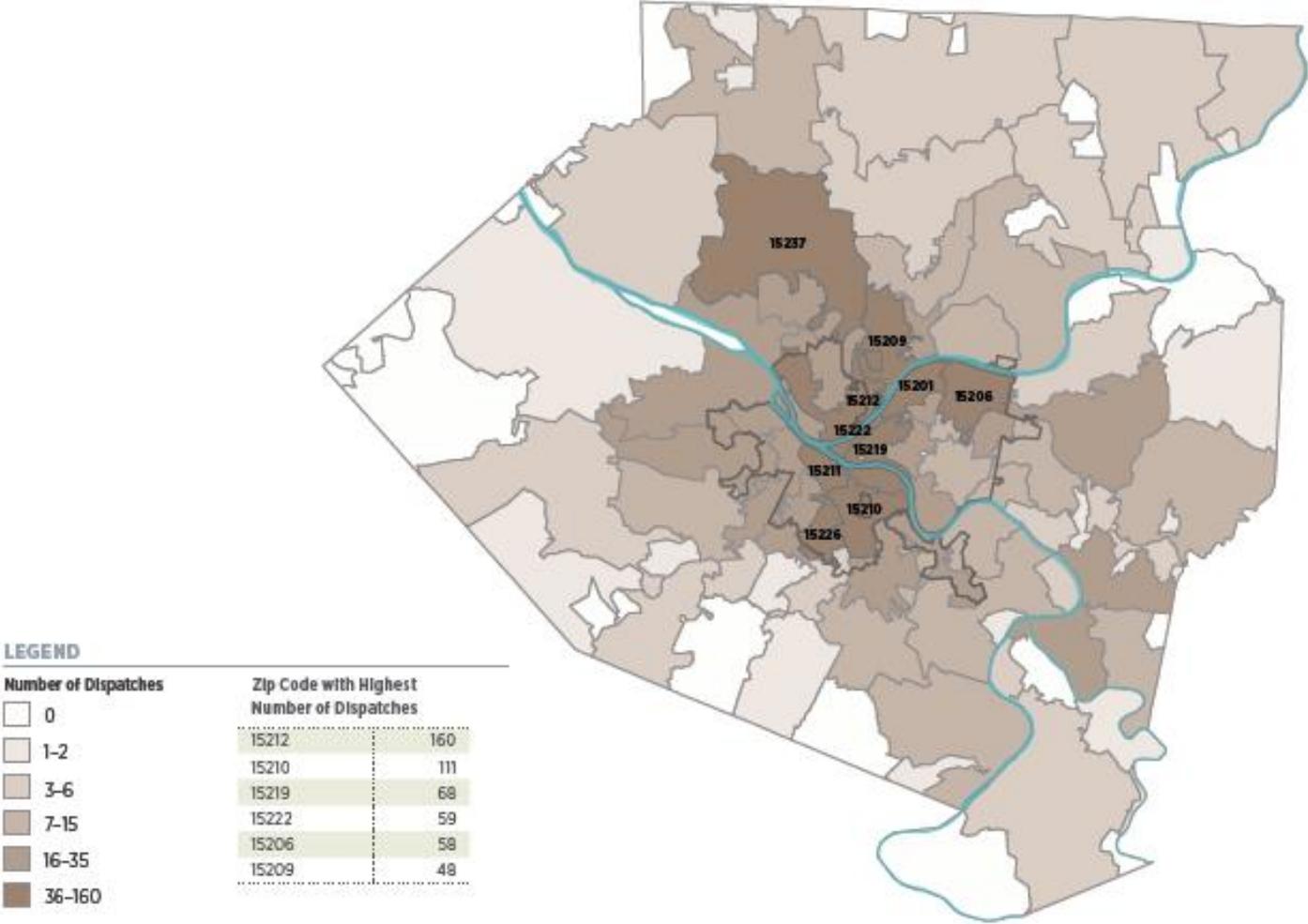


LAST MENTAL HEALTH SERVICES	# PEOPLE (N = 510)	%
Outpatient Services	135	26%
Medication Management	98	19%
Allegheny County Jail Mental Health Services	72	14%
Inpatient Services	66	13%
Service Coordination	48	9%
Crisis Services	28	5%
Emergency Services	26	5%
Other	37	7%
<b>Total</b>	<b>510</b>	

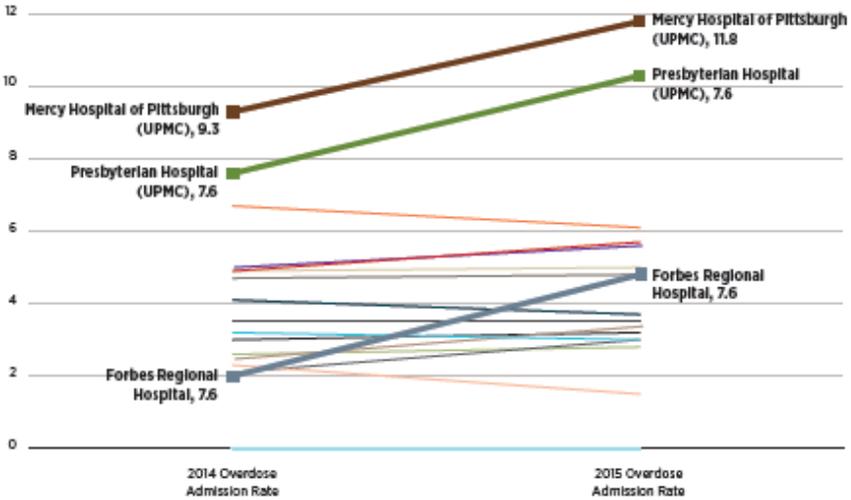
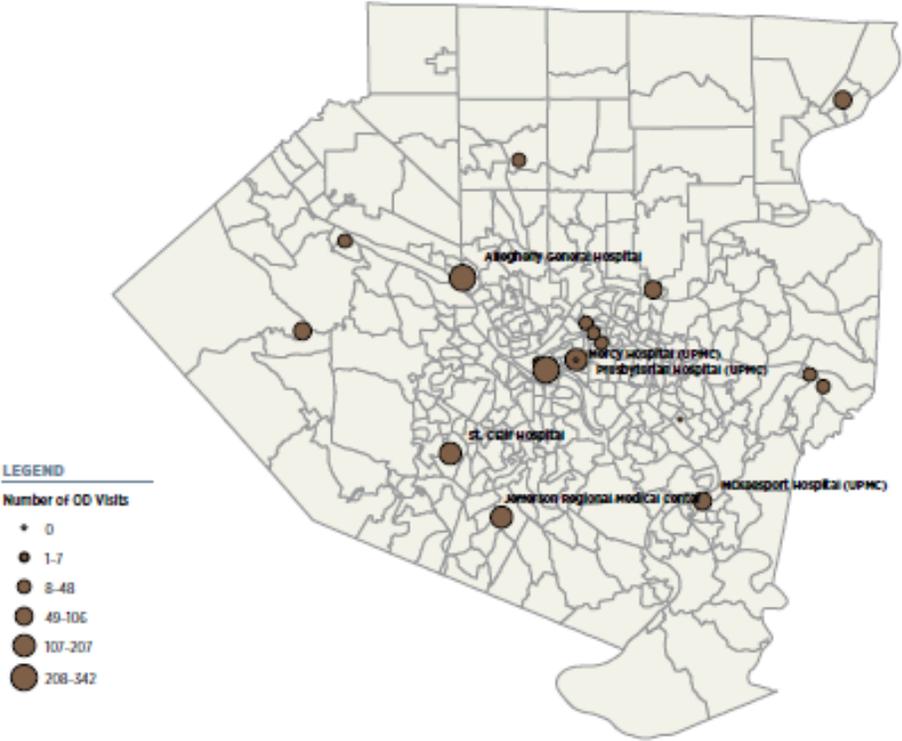
# Past 5yr Human Service History

PROGRAM DESCRIPTION	PAST 5 YEARS INVOLVEMENT, ADULTS 18+ (N = 1,399)
Child Welfare (Adult Caregivers/Parents)	119
Homelessness Services	100
Area Agency on Aging	53

# EMS dispatches when naloxone was administered: Jan – Sept 2015



# ED Admissions Related to Overdose: 2014



# Recommendations

# Act 139/Good Samaritan Clause and the Use of Naloxone

1. Improve education of the public regarding naloxone.
2. Expand the number of stakeholders who carry naloxone and actively refer to treatment..
3. Utilize targeted prevention strategies to reach active drug users and their families/friends to communicate the intentions and protections of Act 139.

# Medication-assisted Treatment

1. Promote health communication strategies that educate the public about effective treatments for opioid use disorders, how they work and, depending on a person's unique situation, whom might benefit from each.
2. Encourage providers of medication-assisted treatment (MAT) to more closely monitor their clients and develop protocols for aggressively engaging individuals who have missed appointment(s).
3. Incorporate a safety plan for overdose for all individuals receiving MAT, especially with regard to those in methadone maintenance treatment.

# Community-based Behavioral Health

1. Improve the identification of opiate use and overdose risk among community-based mental health service providers.
2. Increase overdose prevention education and naloxone access among people receiving behavioral health treatment especially those leaving “rehab”, those involved in methadone maintenance, and those receiving mental health services.
3. Increase the incorporation of an overdose prevention plan within the safety or crisis plans among all people served by community-based mental and substance use disorder providers.
4. Increase the utilization of medication-assisted treatment approaches among people receiving behavioral health treatment with an opiate use disorder.

# Allegheny County Jail

1. Universally assess for opiate use and overdose risk among all people incarcerated in ACJ.
2. Provide naloxone to all people identified as using opiates and therefore at risk of overdose upon discharge from ACJ.
3. Deliver evidence-based treatments (such as MAT) to individuals incarcerated within ACJ identified with an opiate use disorder

# Next steps for ACHD and DHS: Overdose Modeling

