MEMORANDUM

Date: August 29, 2017

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator

Re: **Update on Opioid Misuse in Pima County**

On June 20, 2017, the Board of Supervisors passed Resolution 2017-42 in support of research, funding and expanded access to treatment to address opioid dependence and addiction. This Resolution encourages Arizona's Governor to expand his commitment to this issue by taking concrete actions and bringing dedicated resources to local communities confronting this challenge.

I directed staff to continue to research the impact of opioids on Pima County and to develop processes to facilitate the regular monitoring of this issue. Attached is a memorandum from the Health Department, Behavioral Health and the Office of the Medical Examiner that provides new analysis to estimate the impacts of substance misuse in Pima County.

Pima County and other entities within our community continue to collaborate on initiatives to reduce the dangerous effects of opioid misuse and abuse. However, any future reduction in health insurance access provided by the Affordable Care Act and/or the Medicaid expansion will have a profoundly adverse impact on patients experiencing opioid addiction and its sequelae. Nearly 63 percent of opioid-related emergency department visits total 47.7 percent of inpatient stays, and at least 45 percent of the jail population qualifies for AHCCCS benefits. Therefore, any reduction in insurance coverage either by elimination of the Medicaid adult expansion or reduction of the federal marketplace will create serious obstacles to the prevention and treatment of opioid and other substance misuse. This will adversely affect individual patients and their service providers, creating pressures on local governments to find other funding sources for these services.

The Office of the Medical Examiner, Health and Behavioral Health Departments will continue to collaborate with each other and community stakeholders to understand the extent and root causes of opioid and other substance-related misuse in our community. Through collaborative partnerships, coalition building and efforts to facilitate access to

behavioral healthcare and treatment services, the County can begin to reduce opioid misuse in the community. Staff will continue to monitor opioid impacts and substance misuse throughout the County and work with partners on innovative approaches to create awareness of the dangers of opioid misuse, responsible prescribing guidelines, coalition building and creating opportunities for greater access to critical behavioral healthcare and substance abuse treatment opportunities.

CHH/mjk

Attachments

c: Jan Lesher, Chief Deputy County Administrator
Dr. Francisco Garcia, Assistant County Administrator and Chief Medical Officer
Dr. Greg Hess, Chief Medical Examiner, Forensic Science Center
Marcy Flanagan, Director, Health Department
Danna Whiting, Director, Behavioral Health Department

RESOLUTION NO. 2017-42

PIMA COUNTY RESOLUTION IN SUPPORT OF RESEARCH, FUNDING AND EXPANDED ACCESS TO TREATMENT TO ADDRESS OPIOID DEPENDENCE AND ADDICTION

The Board of Supervisors of Pima County, Arizona finds:

1. Since 2010, the Pima County Office of the Medical Examiner has been reporting on overdose deaths related to opioid use to facilitate planning of prevention and intervention services.

2. Since 2014, the Pima County Health Department has been tracking substance misuse as reported by hospitals in the inpatient and emergency department setting for the purpose of developing educational materials and empowering community advocates.

3. The 2015 Pima County Community Health Needs Assessment developed collaboratively by the Pima County Health Department, Tucson Medical Center, Banner University Medical Center, Carondelet, Northwest Hospital, El Rio Health Center, Pascua Yaqui Tribe and the Healthy Pima stakeholder coalition identified substance abuse prevention as a major public health priority.

4. Community hospitals, federally qualified health centers, and health practitioners have long recognized the increased public health concerns of opioid use and have been actively engaged in efforts to address the crisis through prevention, counseling, medical therapy, healthcare provider training, and healthcare systems improvement.

5. The Pima County Adult Detention Center has initiated an innovative Medication Assisted Therapy program for pregnant women in our jail population.

6. On June 13, 2017, Governor Doug Ducey issued Executive Order 2017-04 requiring public health officials to gather and report data as part of a statewide effort to improve coordination of opioid prevention activities statewide.

NOW, THEREFORE, BE IT RESOLVED that the Pima County Board of Supervisors hereby:

1. Commends the Governor for his leadership in the effort to combat the opioid overdose epidemic in the State of Arizona.

2. Requests the Governor call a Special Session of the State Legislature to appropriate funding for counties and local jurisdictions so they may comply with the mandates of the opioid emergency action.

3. Requests an appropriation to address the issues of opioid addiction, including financial support for expanded treatment capacity for substance abuse disorders, especially for adolescents and pregnant women.

4. Encourages the State Legislature to reform sentencing laws to reduce possession of narcotics, marijuana and dangerous drugs for personal use to misdemeanors when the defendant completes treatment alternatives, as well as to decriminalize driving on a suspended license by reducing the offense to a civil traffic violation.

Passed and adopted this 20th day of June, 2017.

Sharon Bronson JUN 20 2017
Chair, Pima County Board of Supervisors

ATTEST

Clerk of the Board

APPROVED AS TO FORM

Deputy County Attorney

MEMORANDUM

Date: August 29, 2017

To: C. H. Huckelberry
County Administrator

From: Gregory L. Hess, MD
Chief Medical Examiner

Marcy Flanagan, Director
Health Department

Danna Whiting, M.S., Director
Behavior Health Department

Via: Francisco Garcia, MD, MPH
Assistant County Administrator
and Chief Medical Officer

Re: Update on Opioid Response in Pima County

Background

On June 5, 2017, Arizona State Governor Doug Ducey declared a Public Health State of Emergency and directed the Arizona Department of Health Services (ADHS) to lead a statewide emergency response to opioid misuse, abuse and morbidity. As a result and pursuant to Arizona Revised Statute (A.R.S.) § 36–782, an Enhanced Surveillance Advisory was issued to track opioid morbidity and mortality.

This activity is within the context of a national increase in awareness of the growing toll of opioid related emergencies and fatal overdoses in our communities. Nationwide, opioids (both pharmacologic and illicit) killed more than 33,000 people in 2015, more than any other year on record. Communities across the nation are employing various multi-modal approaches to attempt to reduce and mitigate the impact of opioid overdose deaths, including Pima County. In addition to opioid related deaths, communities are seeing a higher rate of non-fatal opioid emergencies in local area hospitals, emergency response, law enforcement and justice environments.

The Pima County health services departments, specifically, Pima County Office of the Medical Examiner (PCOME), Pima County Health Department (PCHD) and Pima County Behavioral Health (PCBH), in partnership with law enforcement, correctional agencies, first responders and judicial partners continue to collaborate to respond to this community priority. Through this continued engagement with community stakeholders, the County can identify communities at greatest risk and work with partners to implement interventions to yield the most effective public health outcomes for those impacted by opioid misuse, dependence and addiction.

Pima County Community Health Needs Assessment and Identification of Opioid Prevalence

Pima County, in conjunction with local area hospital partners, federally qualified health centers, tribal partners, community and public health stakeholders, social service agencies, academic and governmental institutions, collaborated on the development of a Community Health Needs Assessment (CHNA) for Pima County. The CHNA relied on the analysis and triangulation of state and local, quantitative and qualitative data to identify the top public health priorities for this community; two related to behavioral health and substance abuse and dependency.

The CHNA suggested that Pima County has high prevalence, when compared against statewide and national statistics, of substance use. Pima County performs worse than the state in four of the top 20 causes of death, specifically, drug-induced death (21.9/100,000 vs. the 16.9/100,000 statewide); opiates/opioids (14.9/100,000 vs. 7/100,000); pharmaceutical opioids (11/100,000 vs. 5/100,000); and heroin (4.1/100,000 vs. 2/100,000). Clearly, stakeholders are correct to be concerned about the impact of substance misuse in our communities.

Impact of Opioid Use in Pima County

Medical Examiner Cases

Overdose deaths in Pima County have increased by 18 percent overall from 2010 (222) to 2016 (263), punctuated by plateaus from 2013 (240) to 2014 (241) and again from 2015 (262) to 2016 (263). In 2016, fatal overdoses made up 13 percent of total cases handled by the medical examiner. The PCOME has not historically reported overdose deaths in which an opiate compound was a component of the death separately from the total number of overdose deaths. However, 2016 overdose deaths were re-examined and an opiate compound contributed to 175 (67%) of the 263 total overdose deaths in 2016, either as a single or poly drug overdose.

At this time, Pima County has not been subject to the wave of synthetic opiate deaths (fentanyl analogs such as carfentanil) that other regions of the country have experienced. Opiate related deaths are likely under-reported, as opiates tend to metabolize quickly in the blood stream, in conjunction with a more prevalent poly-substance combination in the system.

In 2016, fatal overdoses by were highest between the ages of 30–39, followed by 40–49, 50–59 and 20–29. Male to Female representation is roughly 2:1 (66%:34%, respectively). Fatal overdose deaths were accidental in 89 percent of cases, whereas 8 percent represented suicide, and 3 percent are undetermined.

Figure 1. Pima County Overdose Deaths 2010 - 2017

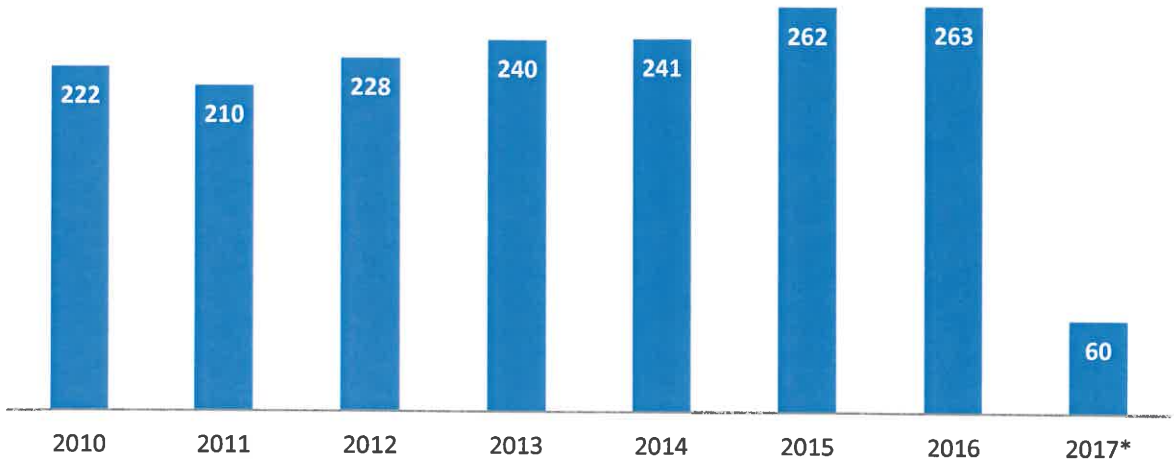
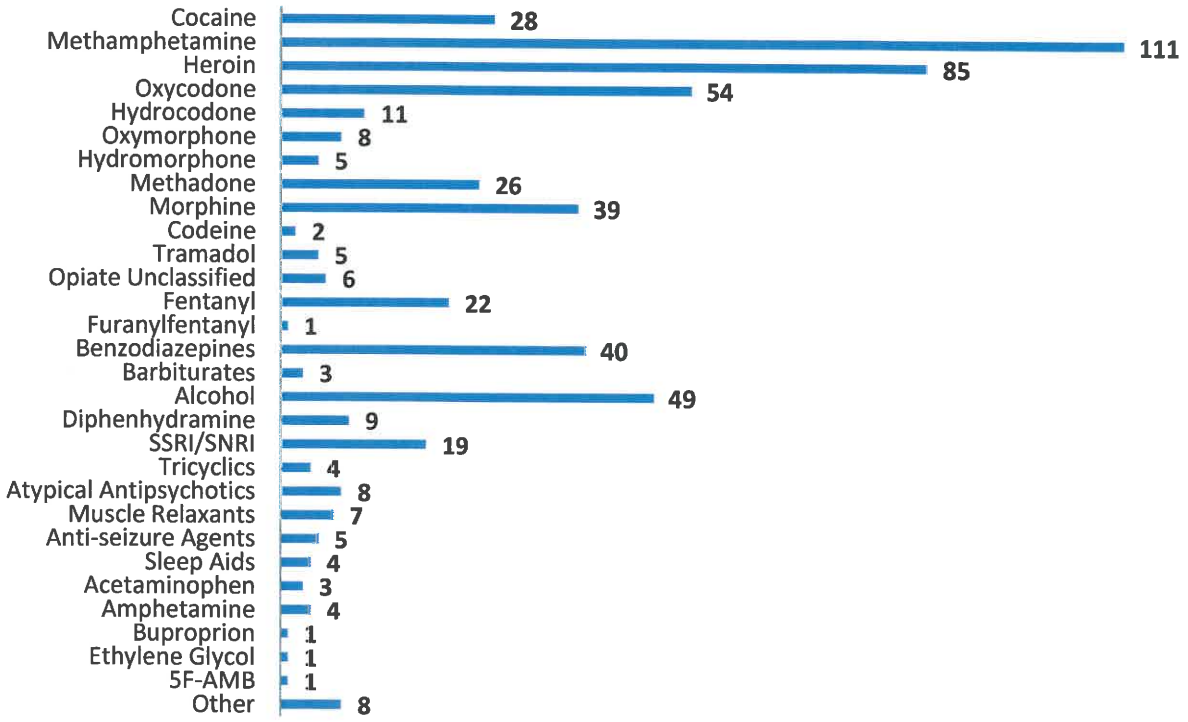


Figure 2. Pima County Overdose Deaths by Drug Type, 2016



The PCOME data does not mirror alarming trends seen in other settings in the Midwest and Southeast regions of the country. Based on 2017 1st quarter overdose data, the PCOME anticipates approximately 240 total overdose deaths, approximately 70 percent of which may involve an opiate compound.

Opioid-Related Emergency Department and Inpatient Hospital Utilization

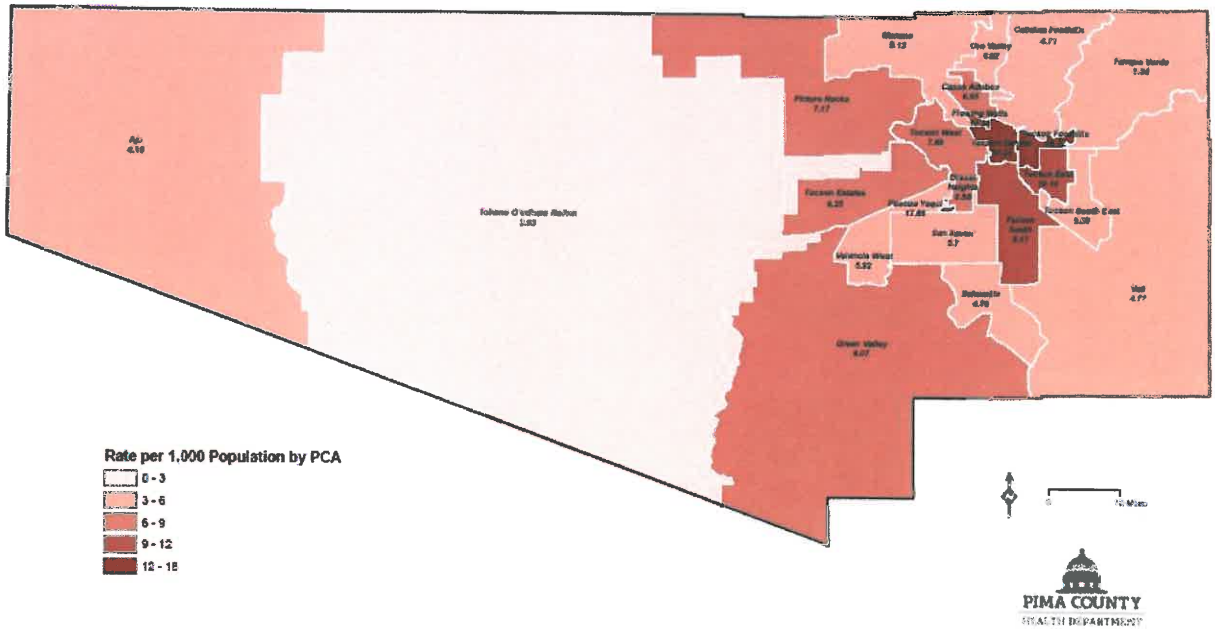
As part of a larger data-sharing agreement with ADHS, the PCHD receives hospital discharge data associated with local area hospital data for Emergency Department (ED) and inpatient stays. Using this resource, PCHD has been tracking substance misuse-related hospital care in Pima County. For these analyses, opioid related ED or inpatient visits are included if an opioid- related diagnosis (primary, secondary or tertiary) was associated with the episode of care.

The ED visits for opioid use have doubled between Fiscal Year (FY) 2008 and FY 2016 – showing a 102-percent increase, between 2008 (1,971) and 2016 (3,975).

Figure 3. Total Opioid ED and Inpatient Stays (2008 – 2016)

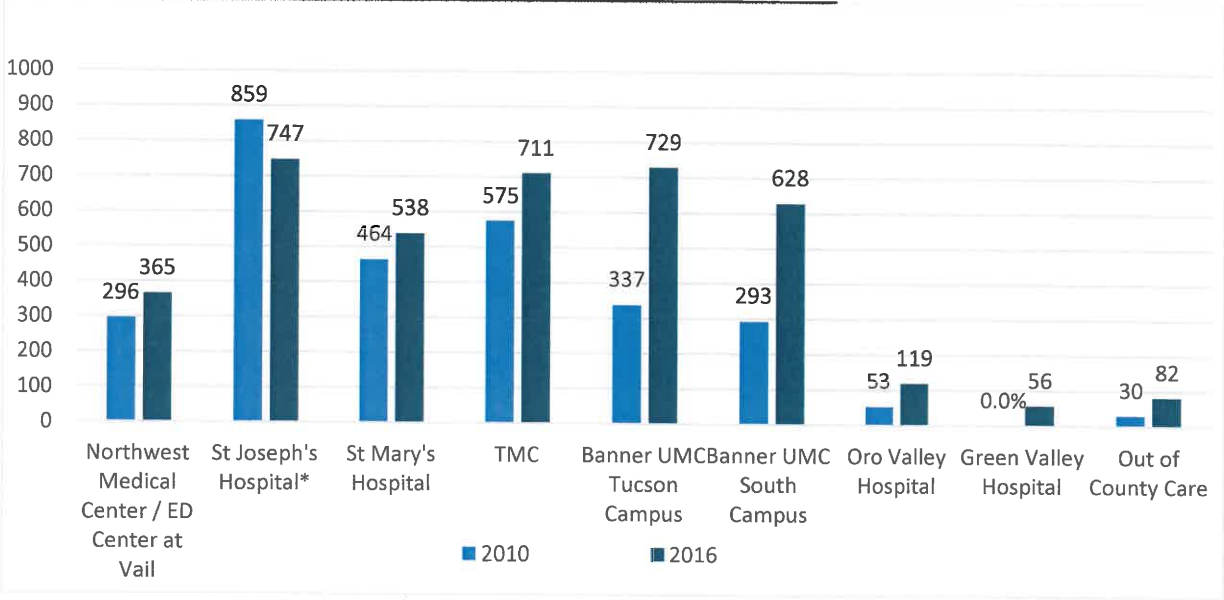
The ADHS designated Primary Care Areas (PCAs) with the largest number of opioid-related density; the ED visits also have the highest population density. To adjust for this variation we have calculated rates of hospitalization (inpatient and ED) per 1,000 residents. Using this approach, the Pascua Yaqui, Tucson Foothills and Tucson Central PCAs are the most impacted areas; a fact that serves to underscore that opioid misuse-related hospital care affects all corners of Pima County.

Figure 4. Map of Opioid Related Hospitalizations (ED / Inpatient Stay) by 1000 Residents



St. Joseph's Hospital had the highest volume of opioid-related ED visits between FY 2010 and FY 2016, followed by Tucson Medical Center and the two Banner-University Hospitals. (Figure 5). Notably, the ED length of stay varies substantially across the Primary Care Areas, with the longest length of ED stay for patients from rural and tribal areas (an average of 16.6 hours). Similar to opioid-related ED visits, inpatient stays are most frequent for patients from the Tucson Central, Tucson South, and Tucson Foothills PCAs, with the greatest percent increase seen in Valencia West and Tanque Verde (increase of 253% and 235%, respectively). Opioid- related hospital inpatient stays have increased 91percent between 2008 and 2016. In 2016, Pima County estimates five opioid-related inpatient stays per 1000 residents in Pima County. Opioid-related hospital care imposes a substantial drain on existing capacity; this will become increasingly disruptive to the health care system, as the need for these services continues to grow.

Figure 5. Opioid ED Encounters by Hospital, 2010 and 2016



Patient demographic information suggests that 70.9 percent of the inpatient volume is White/non-Hispanic, whereas 22.6 percent are Hispanic, and 6.6 percent are "Other." While hospital visits are primarily White/Caucasian, an upward trend of Hispanic patients with opioid-related clinical issues are served in hospital settings. This is true for both ED and inpatient visits. The majority of ED visits are male, contrasted with the majority of inpatient visits, which are female.

Costs Associated with Opioid Related Hospital Care

Median charges and length of time spent in the ED for opioid diagnosis-related care have not changed significantly between 2010 and 2016; however, the total charges accrued for these visits have risen dramatically, reflecting the increase in patient volume. In 2010, the sum of charges went from approximately $10 million to almost $25 million in 2016. Arizona Health Care Cost Containment System (AHCCCS) is the largest single payor, covering 63 percent of patients seen in 2016, and accounted for more than $14 million of the total charges. Medicare was the second largest payor accounting for just under 11percent of opioid-related ED visits and more than $3 million in charges.

Inpatient charges for opioid-related hospital visits totaled more than $229 million in 2016, with 47.7 percent of these patients (an increase of 20% since 2013) having AHCCCS as the primary insurer and 20.3 percent using Medicare. The increase in overall inpatient charges ($76 million more than the average of the five prior years) is driven by increased patient volume and length of stay associated with an inpatient opioid-related episode of care. For opioid-related local area hospital inpatient stays, in 2016, AHCCCS and Medicare reimbursable charges equaled nearly $98 million and $59 million, respectively.

It is a clear the federal government is the major payor for opioid-related care in Pima County. Any loss of insurance coverage will have a disproportionate impact on the care received by substance-involved populations in our community and a detrimental impact on the hospitals that serve them.

Impact of Opioids in the Pima County Adult Detention Complex

Narcotic and Dangerous Drug Violations

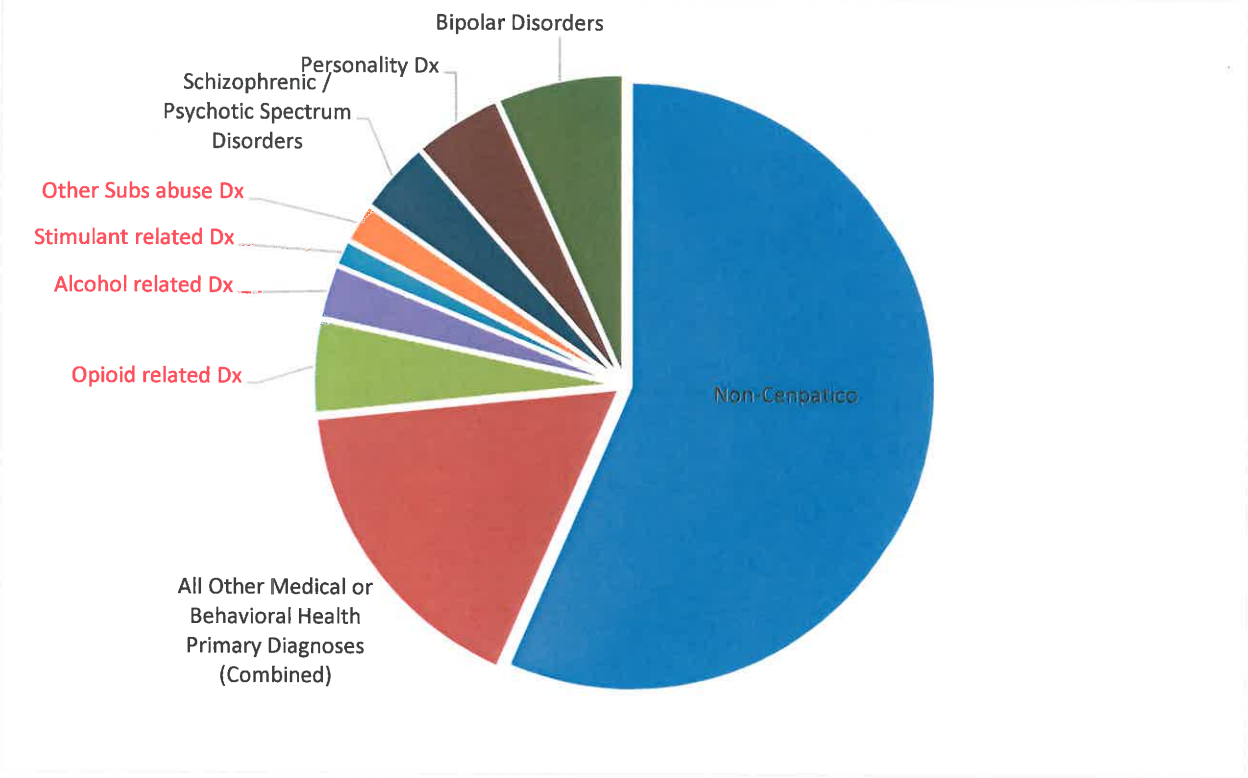
A.R.S. § 13-3408 prohibits the possession, use, administration, sale, manufacture or transportation of narcotic drugs. Narcotic drugs include, but are not limited to, heroin, opioids, cocaine and morphine. In 2016, Pima County Adult Detention Center (PCADC) detained 2,483 people charged with a narcotic drug violation under A.R.S § 13-3408 (A) and another 1,207 individuals charged with a Failure to Appear in court on narcotic drug charges. Methamphetamines are classified as a dangerous drug under A.R.S. § 13-3407 and 2,284 individuals were booked at PCADC for a dangerous drug violation. A total of 5,974 individuals were booked on either a dangerous or narcotic drug charges, representing just under 1 in 5 detainees in 2016.

Behavioral Health Treatment and Diagnosis

The PCBH has developed a number of Justice–Health data exchanges, coordinating data-sharing between corrections and Cenpatico, the state's designated Regional Behavioral Health Authority (RBHA) for Southern Arizona, to understand community behavioral health treatment history, trends and the impact of behavioral health diagnosis on the jail population. Through a secure, anonymized and population-based data analytics warehouse, Pima County is able to describe the impact of substance misuse related diagnoses on the jail population.

On average, PCADC books 30,500 people per year. Approximately 40 percent of total detainees booked into PCADC were enrolled in community behavioral health services and had a relevant behavioral diagnosis. At the time of booking, substance misuse related diagnoses (involving opioids, alcohol and stimulants) are among the top occurring behavioral health diagnoses in this population. As a group, substance abuse related diagnoses are more prevalent than bipolar, schizophrenic/psychotic, or personality disorders. In fact, among Seriously Mentally Ill (SMI) detainees, 65 percent will have a co-occurring substance abuse diagnosis. Between 2014 and 2016, a total 5,177 (averaging 1,726 per year or 5.7% of the total jail population) individuals were booked into PCADC with an opioid-related primary diagnosis assigned by a community behavioral health treatment provider, as shown in Figure 6.

Figure 6. Community Behavioral Health Diagnosis in PCADC (unduplicated) for 2014-2016



The PCADC-contracted medical provider conducts a series of clinical assessments for recent drug use and potential detox needs of all new detainees. Those undergoing opioid or alcohol withdrawal are managed medically using established evidence-based protocols. In FY 2016, the contracted provider served 1,726 individuals requiring opioid detox treatment (80% previously enrolled in behavioral health services).

Of those booked into PCADC with an opioid-related diagnosis 2014 through 2016, a total 66 percent are between the ages of 25 and 34 years old. The ratio of men to women among detainees with an opioid-related diagnosis is largely 2:1.

The 5.7 percent subset of detainees with an opioid-related diagnosis experienced a disproportionately high length of incarceration, as shown in Figure 7. In FY 2016–17, PCADC had a daily step-down housing rate, with the first day booked costing $299.53 and each subsequent day at $89.02. We estimate that detainees booked with an opioid-related diagnosis into PCADC cost Pima County approximately $1.8 million between 2014 and 2016, with a total average length of incarceration of just under 43 days.

Figure 7. Average Length of Detention (ALOD) by Opioid Related Diagnosis at PCADC (CY 2014—CY 2016)

Diagnosis Category	ALOD	Jail Count	Cost
Opioid Abuse	40.38	455	$ 156,730.25
Opioid Dependence	52.83	4,385	$ 1,504,648.75
Opioid Use	23.00	337	$ 121,902.35
TOTAL		**5,177**	**$ 1,783,281.35**

Health Policy Impacts and Summary

Opioid misuse has grown dramatically across the nation, and it affects all states and almost every local jurisdiction. A consequence of opioid abuse and substance misuse is the operational and fiscal impact it has on hospital emergency departments and inpatient units, which are ultimately underwritten by the public. Drug-related charges are involved in nearly one in five PCADC detainees. Substance misuse-related medical diagnoses are prevalent and a major cost to Pima County and the criminal justice system. The PCOME, PCHD and PCBH are fully committed to working with partners to develop and implement solutions to this complex set of problems.

The PCOME is actively developing systems to track substance misuse related fatal overdoses and continues to be the authoritative source for mortality in this community. Their analysis highlights the complicated nature of opioid abuse and the role of polysubstance misuse in contributing to opioid fatalities. Of particular interest is the ability to identify and trend the spectrum of specific substances prone to misuse that may be coming into this community and contributing to fatal overdoses.

The PCHD has shepherded a series of collaborative efforts to identify and address the problems and priorities articulated in the 2015 Community Health Needs Assessment. As part of this effort, Healthy Pima has convened a cross-sector collaboration to address Substance Misuse and Mental Health. Three identified priorities include:

1. reducing access to prescription and non-prescription opioids through training on responsible medical and prescribing practices;

2. creating opportunities for enhanced public awareness and education on the risks of opioid misuse and abuse; and

3. enhancing referral and treatment networks.

This sub-committee includes representatives from hospitals and federally qualified health centers, non-profits, behavioral health and public health stakeholders, academia, law enforcement, and governmental agencies and departments. These efforts build on PCHD's longstanding collaboration with the Arizona Department of Health Services to disseminate

the Rx Drug Misuse & Abuse Initiative Toolkit and dissemination of responsible prescribing practices to local health care institutions and providers.

The PCBH continues to coordinate the Justice–Health data exchange with system stakeholders including the Pima County Sheriff's Department, the RBHA and the contracted medical provider at the jail. These data exchanges serve to improve the quality of behavioral health diagnoses and treatment for the justice–involved populations, and assist in the coordination of, and continuity of, critical behavioral health care services. These analytic tools will permit stakeholders to understand the relationship between substance misuse treatment and linkage with subsequent offense and recidivism.

Pima County, human service organizations, first responders, health care sector, governmental and other entities across this community continue to collaborate on initiatives to reduce the dangerous effects of opioid misuse and abuse throughout this community. However, it is critical to acknowledge that any future reduction in health insurance access, provided by the Affordable Care Act and/or the Medicaid expansion, will have a profoundly adverse impact on patients experiencing opioid addiction and its sequelae. Currently, nearly 63 percent of opioid related ED visits, 47.7 percent of opioid-related inpatient stays, and at least 45 percent of the jail population qualified for AHCCCS benefits. Any reduction in insurance coverage either by elimination of the Medicaid adult expansion or reduction of the federal market place will create serious obstacles to the prevention and treatment of opioid and other substance misuse. Consequently, this reduction will have a negative impact on individual patients and their service providers, creating a pressure on local governments to find other sources fund these services.

The Pima County Office of the Medical Examiner, Pima County Health Department and Pima County Behavioral Health will continue to collaborate with each other and with community stakeholders to understand the extent and root causes of opioid and other substance related misuse in this community. Through collaborative partnerships, coalition building and efforts facilitate access to behavioral health care and treatment services, the County can begin to curb opioid misuse in this community. These departments will continue to monitor the impact of opioid and substance misuse throughout the County and work with partners on innovative approaches to create awareness around the dangers of opioid misuse, responsible prescribing guidelines, coalition building and creating opportunities for greater access to critical behavioral health care and substance abuse treatment opportunities.

FG/lsm

c: Jan Lesher, Chief Deputy County Administrator
Ellen Wheeler, Assistant County Administrator, Justice and Law Enforcement