

Opioid Task Force

2:00PM-4:00PM, Friday, June 12, 2015

Community Health Institute, 501 South Street, 2nd Floor, Bow, NH

Agenda

- Welcome and Introductions
- Review Minutes
- Planning and Discussion
 - Review identified priorities and TF role
 - Naloxone strategy/role of TF
- Updates and Information Sharing (time permitting)
 - Legislative
 - Agency & Organization Updates
 - Membership Updates
 - Meetings, Events, Conferences
 - Governor's Task Force on Opioids

Next Meeting:

July 10, 2015 - 2:00PM-4:00PM

NH Governor’s Commission on Alcohol and Drug Abuse
Prevention, Intervention, Treatment and Recovery

Opioid Task Force Meeting
June 12, 2015 – 2:00PM-4:00PM

Notes

Attendees: Seddon Savage, Lisa Mure, Rekha Sreedhara, Jack Wozmack, Anna Ghosh, Melissa Silvey, Kenneth Carr

Goals, Priorities & Next Steps

During this meeting, the task force identified three measurable goals to work toward over the next several years and further discussed priorities identified during the last meeting to determine how important this is and who will take the lead.

Goal 1: *To reduce the number of people in NH, particularly young adults, who are misusing opioids (non-medical prescription pain relievers and non-pharmaceutical opioids).*

Measure: The percentage of NH residents who report having used illicit drugs other than marijuana in the past 30 days

Data Source: National Survey on Drug Use and Health (NSDUH)

Parameters: 12-17 year olds, 18-25 year olds, and 26 and older

NSDUH	Baseline (2012-2013)	Two year target (2014-2015 NSDUH)
18-25 year olds	10.04%	8.53%
26 and older	2.58%	2.19%

Goal 2: *To reduce harm associated with opioid misuse*

Measure 1: Decrease opioid-related deaths by 15% within two years

Data Source 1: NH Medical Examiner’s report

Parameters: 18 and older; all counties

Baseline: 281 opioid-related overdose deaths in 2014

County Opioid Related Deaths	Baseline (2014)	Two Year Target (2016)
Belknap	14	12
Carroll	8	7
Cheshire	14	12
Coos	8	7
Grafton	17	14
Hillsborough	93	79
Merrimack	35	30
Rockingham	54	46
Strafford	36	31
Sullivan	2	2

County Opioid Related Deaths	Baseline (2014)	Two Year Target (2016)
State	281	239

Measure 2: Decrease emergency department visits by 15% within two years

Data source 2: Emergency Department (ED) diagnoses by ICD9/10 codes for opioid-related medical/health problem

Parameters: All ages; all counties

Baseline: 1,115 visits in 2014

County Opioid Related ED visits	Baseline (2014)	Two Year Target (2016)
Belknap	50	43
Carroll	25	21
Cheshire	19	16
Coos	28	24
Grafton	28	24
Hillsborough	414	352
Merrimack	130	111
Rockingham	225	191
Strafford	195	166
Sullivan	1	1
State	1,115	948

Goal 3: Increase the availability of treatment and recovery support services (RSS) relative to opioid use disorders within two years

Measure 1: Ensure that at least 50% of buprenorphine providers and methadone clinics in the state have capacity to accept new patients (i.e. No waiting lists)

Data source 1: Survey of OTPs and buprenorphine prescribers (annual)

Parameters: State-wide

Baseline: 0 OTPs; Unknown number of prescribers with availability

Measure 2: Increase the types of recovery support services available within communities

Data source 2: Community survey (TBD)

Parameters: All public health regions

Baseline: Unknown

To achieve these goals, the task force prioritized the following action areas, anticipated lead organizations, and the task force’s role in the action area. These priority areas will become the standing agenda items for regular task force meetings with each member noting progress in the area as applicable.

Opioid Task Force Priorities 2015-2016					
Priority Area	Related Goal	Level of importance*	Lead	TF Tasks	Update notes
Recovery help line	3	1	Hope for NH Recovery Recovery Task Force	Help identify funding opportunities Support as needed	
Market research of young adults (18-24)	1, 2	1	Center for Excellence Regional Networks	Center to conduct focus groups related to how to reach young adults, first initiation of use, etc.	Requires funder approval
Continuum of care work within regional public health networks	3	1	Health Care Work Group And C of C coordinators in RPHN	Once in place, have a COC coordinator attend Opioid Task Force and Healthcare workgroup	COC coordinator will help foster services and coordination in regions; reduce service gaps
Recovery Centers	3	1	Hope for NH COC Facilitator Recovery Community BRSS TACS		
SBIRT in ER	1, 2	?	Healthcare Workgroup	-Center to help convene and coordinate activities -Seddon to contact ACEP	ERs would use an adapted brief screening tool + RSS
SBIRT in Primary Care	1, 2	1	Tricia Tilley Center for Excellence to help convene and coordinate activities	Healthcare Work Group to monitor, network & facilitate dissemination	
Broader prescribing & dispensing of naloxone	1, 2	1	Center for Excellence Medical Society MGMA	-Center to review prescribeprevent.com and create materials -Healthcare Work Group to coordinate promotion within healthcare	Provide caregiver and prescriber training/materials
Public Messaging	1, 2	1	DCARE Center for Excellence	-Center to create materials -Melissa and Seddon to send some examples	Harm reduction; Signs for recognizing use and overdose
Crisis Response and Recovery Promotion Teams	1, 2, 3	1	TBD	Pilot with Strafford County if funding available	Position could be peer-based and would help people enroll in HPP, provide case management, handout naloxone kits, tx and rec supports
Assessment Centers	1, 2, 3	1	TBD (Jack Wozmak for now)		

*level of importance based on scale of 1-3

A meeting will be held on June 26th between all the task force chairs to discuss priorities and how to effectively work on issues together.

Next Opioid Task Force meeting: July 10, 2015, 2:00PM – 4:00PM at the Community Health Institute

SAMPLE OPIOID TASK FORCE AGENDA

July 10, 2015

I. Introductions

II. Updates from Priority Areas

Priority Area	Lead (s)	Other	Updates
Recovery help line	HOPE Recovery TF		
Market research of young adults (18-24)	CFEx		
Continuum of care work within regional public health networks	BDAS COC coordinator Opioid TF (all)		
Recovery Centers	HOPE BDAS/BRSS TACS COC coordinator		
SBIRT in Primary Care	DPHS/ BDAS CFEx	Health Care Work Group	
SBIRT in ER	Health Care Work Group		
Broader dispensing of naloxone	Opioid TF (all) Medical Society CFEx		
Public Messaging	DCARE CFEx		
Crisis Response and Recovery Promotion Teams	TBD		
Assessment Centers	TBD		

III. Other Updates

IV. New business

V. Next Meeting: _____