AMENDED

Governor's Commission on AOD Opioid Task Force

Healthcare Sector Work Group Meeting
Offices of the NH Hospital Association, Airport Rd, Concord
Thursday, April 23, 2015

Minutes

Present: Seddon Savage, Susan Latham, Joe Harding, Tom Barnes, Lisa Muré, Jack Wozmak, Janet Monahan, Julie Hazellfeld, Adrian Thomas, Peter Mason, and Susan Laverack participated by phone.

Seddon welcomed everyone and opened the meeting and requested introductions around the table.

Seddon requested folks to look over the minutes. Minutes were approved.

BRIEF UPDATES

1. Status of SBIRT grants & programs
    - We have put out funding for co-hort 1.
    - We are making funding available for co-hort 2.
    - Funding the Community Health Centers.
2. Status of MAT grant
    - Bureau is putting some funding in their contracts. We are amending the current contracts for a six month period and for the remaining part of the biennium will include some resources for Medicated Assisted Treatment.
    - Identified funding within the alcohol fund.
    - Using Federal Block Grant funds for MAT.
    - Putting finishing touches on proposal for SAMHSA for Medicated Assisted Treatment grant that will pay for infrastructure development and services in a number of pilot sites.
    - Have funding in the Center for Excellence for technical assistance.
3. Conferences
    - Heroin Summit – April 9th, 2015
        - Very successful – 260 people attended.
        - Fentanyl accounts for most of the problems this year.
        - They can tell the months that Fentanyl hit the streets.
        - Senator Jeannie Forrester is a champion for the cause.
        - PET – Prevention, Enforcement and Treatment. Being done by the Laconia PD.
            a. Put out an email to the department to not be arresting for overdose.
            b. It is not about arresting people.
            c. Local Good Samaritan program.
            d. A number of representatives from Recovery Houses.

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e. One of the legislators' stated that they know this is a problem but where is the money coming from? Schools? Dept. of Transportation?
f. We need to raise more money.

- Taking Action to Reduce Opioid-Related Harm – May 7, 2015 (see handout).
  - We need to make the legislature aware of this.
  - Sponsored by the Opioid Task Force and many people from the taskforce speaking and highlighting initiatives and strategies being used.
  - The data seems to not look different.
  - We need to come up with what we "aren't doing," or "what do we need to do differently" to add to the discussion.
    a. With healthcare we know screen, provide medication assisted treatment, integrative care through primary care,
    b. What's the one thing businesses can do?

4. Legislative Update
   - Naloxone bill HB271 had a hearing on Tuesday and everybody was in favor.
   - This bill is not a part of the "Good Samaritan" bill.
   - People have testified that we need both.
   - We need to do some advocacy among the "Chiefs of Police" and other like groups.
   - This is a perfect topic for the full Governor's Commission to discuss.
5. Reaching out to the public and legislature
   - Law enforcement changing their ways on how they approach substance abuse.
   - Getting the Recovery Community involved.
   - Connections and communication are important. Law enforcement, etc. knowing where to send people.
   - Underlying motivation to get this out in the open is the Recovery Community, parents, and the patient's themselves sharing their story.
   - Maybe we need to change the messaging in some way.
   - We do not want to disconnect prevention, treatment and recovery.
   - You cannot arrest your way out of it. You have to prevent your way out of it.
   - We need to keep the words "opioid epidemic" front and center.
   - We should focus on the thing that is pulling them right now.
   - They are hearing dismal stories.
   - It will lead to that sense of obligation.
   - Neal Kurk wants proof that treatment works.
   - There are other people who think it is not government's role to get involved. If people want to use drugs that is their problem. Government needs to stay out of it.

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- The number of ultra conservative rights of limited government has increased over the years. That makes everything that Health and Human Services does more difficult. It is not just about substance abuse and mental health but about every ill that plagues us all the way down to children's health.
- We are bringing this to the legislature in the next couple of weeks.
- What are the key messages we should be bringing to a group like that?
- We have established some key talking points for the budget.
  - We have to have Medicaid Expansion continue.
  - We have to have the substance use benefit in the current Medicaid Program.
  - Keeping the Drug Czar position.
  - Fully funding the alcohol fund.
- According to the Medical Examiner there are an increasing number of overdose due to fentanyl alone.
- The heroin is being cut with fentanyl. This is not pharmaceutical fentanyl. It is fentanyl being manufactured in Mexico and coming into the country in bulk as heroin.
  - It is not diverted.
  - People do not know that they are not shooting heroin.
- The problem is the legislators are not being asked specifically "please do something about the opioid problem."
  - Would the legislature be more inclined to think about it if it were described with the dollar amount?
  - If we keep attention and awareness out there the more effect we will have in corralling the legislature.
- If we don't treat and care for these populations it ends up costing us more.
  - This does resonate with a number of legislator's.
  - There are a number that state this is not the role of government.
  - Their feelings are that government needs to be smaller and less intrusive.
  - Misuse of alcohol and drugs is costing the state 1.8 billion dollars a year.
- The suboxone and buprenorphine clinics have waiting lists.
  - The wait time is about 3 weeks.
    a. In some cases due to workforce development crisis and some MD availability.
    b. There are very strict regulations on who can provide those services either from insurance companies, whether it is expanded Medicaid or not. There does not seem to be consideration for grandfathering which is aiding in the crisis.
    c. There is a Workforce Taskforce that is discussing this.
    d. We want to be able to promote better training, and supervision of psychotherapists in general and providing guidelines to them so we can have LICSW's and Licensed

Mental Health Clinicians and other practitioners providing these services.

e. Could it be written up what service levels specifically and what the required licensure type is and what you would desire it to be?
f. Need to find out capacity.
g. Send out a quick survey "how many people can you take" and "how many people are you taking right now."
h. We need to know if they are actively seeking patients for buprenorphine/suboxone.

- Another question that needs to be answered is "the number of people who aren't in treatment but are still using heroin.
  - Not everyone is open to treatment.
  - Not everybody is dying.
  - Not everybody is overdosing.
  - There are a lot of people that are still using that have not fallen over the line.
  - The argument is "we've a lot of people to take care of and you want us to worry about a few hundred?"
- For opioid use we are the top user in the country in the 18-25 year olds.
- The argument we can make is there are 320 people that have died in this state. If there were 10% of that in any other health condition they would be mobilizing a public health response in a big way to address it.
- We have had almost 2,000 people show up in emergency rooms for drug overdose and that is very costly.
- We have had naloxone ems mobilized at least 1,600 times in the last year which is very expensive.
- We do need to make those kinds of arguments.
  - 3% of 12 and older report using. If you take that against the 1.3 million you get 39,000 people. Of anybody who tries it 29% become dependent.
  - Just by statistics you have 10,000 people who are opioid dependent.
  - Part of what we tell them is that there are over 100,000 people in this state who are misusing alcohol and drugs and there is a cost associated with that.
  - We have the capacity to provide services to about 12,000.
- We need to create a scoring mechanism or a way to categorize the highest need communities.
  - Take the ER visits for opioids, the narcan doses and deaths by county. Then take 2013 through 2014 and get the percent of increase. This was taken by EMS data.
- Laconia has seen a decrease in heroin overdoses and this has nothing to do with narcan.
  - From January 1 to mid-March there have been 35 overdoses and five deaths.
  - From mid-March to present there have been 2 overdoses.

- It has more to do with the sector approach working in some ways.
- Having a Prevention Enforcement Treatment Officer, and having a few big arrests in the area, cutting down on access, the prevention efforts of the local coalition of our network, all of the sectors have come together. Who knows if it is a trend but the Public Health System model is working.

- To get back to what information to share with the legislators in order to address the issues.
  - Data is really important to crystalize what the problem is.
  - Talking about money and long term savings can only go so far because people do not look that far in advance.
  - Medicaid expansion to continue.
  - Expand to the existing Medicaid population.
  - Fully fund the alcohol fund.
  - Keep the Drug Czar.
  - Keep the term Opioid Epidemic front and center.

6. We need a handle to refer to heroin and fentanyl.
   - More than academic as both drug behave very differently.
   - Non-pharmaceutical opioids.
   - Street opioids were suggested but diverted prescription drugs are referred to as street opioids.
   - Keep it in mind as we need to come up with a short handle for them.

TREATMENT LOCATOR

1. If you have a patient who needs "x" type of treatment you can plug it into the website, do a 20 mile or the mile radius you want, specify what kind of treatment you are look for and find all the providers in the area requested.
   - It has been revised to include more information.
   - All safety personnel should have it.
   - Police forces need to be aware of it.
   - Hospitals, providers, clinics, and even oral health providers need to be made aware of it.
   - Materials have been ordered: magnets and posters (which will go to the ER's).
   - There should be a central kind of information referral which there isn't right now.
     - Used to be Headrest – which has the capacity for that and other things although it could be set up better.
     - We really need to get the state to do a better job such as 1-800-Get-Help or something.
     - We need to bring Service Link into the conversation.
     - 211 have been educated on the treatment locator but Service Link still has to be made aware of it.
     - Seddon is going to call Service Link (1-866-634-9412) to see what they say as far as referral goes.

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  - Center for Excellence will reach out to all ten Service Links and give them information on the treatment locator.
- We will return to this next time and review what has been done and Seddon will try to outline a strategy and make sure we are checking off everything.
- We should be taking things from here and bringing them to the full Governor's Commission.

Adrian Thomas is newly joining us. He is well-positioned as a surgeon and helping us deal with acute pain management and help think about a strategy to reduce excess residual opioids in the state. Adrian has stated that many states are dealing with prescription writing. Only so many prescriptions can be given if you go over that amount you have to go to Licensed Pain Management. What it does is it corrals people. Instead of getting the scripts from everywhere they eventually get corralled to only certain providers who are only giving out and then those providers can do an assessment to figure out if the person does have chronic pain or something else.

This will be a priority discussion for next time we meet.

Next meeting Thursday, May 28, 2015