DATA AND EVALUATION TASK FORCE

Governor's Commission on Alcohol and Other Drugs

Co-Chairs: Steve Ahnen and Jonathan Ballard

Monday, May 20th, 2019 – 1:00PM-3:00PM
New Hampshire Hospital Association, 125 Airport Rd, Concord, NH 03301, USA

Meeting Minutes

I. Welcome & Introductions (Mar. minutes approved)	**Participants:** Alex Casale [on phone], Allison Parent, Amy Costello [on phone], Chiahui Chawla, Chris Chant, David Mara, Djelloul Fourar-Laidi, Helen Hanks, Jill Burke, JoAnne Miles Holmes, Joe Harding, Jonathan Ballard, Jonathan Stewart, Kim Fallon, Leena Joshi, Mark Cioffi [on phone], Maureen Mustard, Neil Twitchell, Steve Ahnen , Xiaohui Geng.

Agenda Item	Discussion	Action Steps
II. Other business **(group discussion)**	1. Update from JoAnne Miles Holmes: Application for Overdose Data to Action grant has been submitted. If awarded, could be $3M per year for three years. Several different strategic areas to be addressed. 2. Strategic areas: Continuation of ESOOS (Enhanced State Opioid Overdose Surveillance) grant (emergency department and emergency medical services data); supporting the CORbi (Comprehensive Opioid Response Business Intelligence) database (opioid response data dashboard); public health lab (DHHS) for testing opioids from live patients from hospitals; prevention efforts – supporting the prescription drug monitoring system; working with Jill Burke in supporting older caregivers of children whose parents have either died/are incarcerated/in long-term recovery due to opioids; syringe services support; academic detailing, training ER doctors how to give better referral services to those addicted to opioids, and; teaching oral health providers about opioid misuse. 3. Should hear by September about outcome of submission. 4. L. Joshi and Ashley Greenfield (Dartmouth) looking at treatment provider data; exploring methamphetamine, cocaine, crack/cocaine, and fentanyl use (sometimes combined); asking users if they're aware of taking combined substances. Will analyze data (include demographic and treatment facility data). 5. Looking at possible phase II, exploring prescription drug addiction in treatment centers; will explore correlations, as well as geographical areas of risk. 6. Department of Corrections has memorandum of understanding with Medical Examiner's Office to understand impact of harm reduction; understand prevalence of overdoses post-incarceration (similar to Mass.)	

	7. DoC also has MoU with DHHS to share data around incarceration encounters > understand TANF population. Summarized, aggregated data back to DoC to help answer question: has Medicaid expansion opened doors to treatment that weren't there before? 8. Also looking at diversification of reported substances at intake. Not just opioids, but increase in stimulants, methamphetamines, and prescription drugs (e.g., Adderall). 9. Update on CORbi project: Current WISDOM platform will be migrated to CORbi (opioid-related indicators). All of WISDOM expected to be migrated by March, 2020. 10. Level of internal/external access to data to be determined (data governance and management). 11. Levels of data classification are still being discussed; in final phase. 12. CORbi project will use Tableau; all web portal/reporting capabilities will incorporated into one system.	
III. Finalize Task Force purpose and goals **(*S. Ahnen / J. Ballard, group discussion*)**	1. Membership piece is open-ended description about who is part or who is needed to be part of TF. Anything limiting in language? 2. Are there people not in TF who need to be represented? If not, why not? 3. Also think about what data are available. 4. GC Chair approves TF membership. 5. Question about "…substance use and behavioral health issues and outcomes" language in Charter. Is this too limiting? 6. Difficult to encompass everything. Maybe, instead add "…substance use, behavioral health, and **related** issues and outcomes." 7. Focus of TF for some time has been substance misuse (opioid epidemic, in particular). State Epidemiologic Outcomes Workgroup (SEOW) emanating from SAMHSA. Mental health may be under-represented. 8. Goal 6 is the newest goal to be added to Charter since last review. 9. J. Miles Holmes (as part of the Overdose Data to Action grant), will need to establish advisory board for use of information being collected. Can members of Data TF be utilized for advisory board? Yes, as an agenda item. 10. Once amended, Charter can be approved.	
IV. Annual report of the cost effectiveness of programs funded by the governor's commission (HB1626, 2018) **(*J. Harding, J. Stewart, group discussion*)**	1. How are funded programs working? 2. Rep. Neal Kurk (along with other legislators) put HB1626 forward last year to look at cost effectiveness of prevention, treatment, and recovery programs funded in whole, or part, by Governor's Commission. 3. First report due by Jan 1st, 2020, looking first at treatment programs. 4. BDAS has contracted with Center for Excellence to assist with work. Technical assistance from Pew-MacArthur Results First Initiative. 5. A model used by different states (not just for substance misuse) looking at what the intended outcomes are compared to actual outcomes. What is the evidence of the effectiveness?	

	6. Relying on established evidence-based practices that research has demonstrated to be effective (as per SAMHSA resource center). 7. Which programs are cost-effective? Which programs should have more resources allocated to them? Which programs need changes/modifications, or need to be discontinued? 8. Once submitted report is reviewed by legislators and relevant departments, House finance forms a committee to review report and determine usefulness of information provided, and make any necessary modifications. 9. Pew-MacArthur has taken successful Washington State cost-benefit model and is taking it to other state legislators/executive branches. 10. NH statute has more emphasis on cost-effectiveness, as opposed to cost/benefits (i.e., less emphasis on dollar amounts). 11. First part of task has been to develop a program inventory > what is GC funding? Other variables include program duration, target population, delivery setting, etc. 12. Report and spreadsheet available. Eight prevention programs, 14 treatment programs, and three recovery programs in NH partially-/fully-funded by GC. 13. Distinguishing programs from agencies is the existing challenge. 14. Because it centers on Governor's Commission funding, it should also involve GC and its task forces. 15. Milbank Memorial Fund will be launching opioid resource library ranking levels of evidence of opioid response and interventions. 16. Any ideas regarding data, methodologies, etc., D&E TF can provide input to J. Harding.	
V. HIV/HCV Vulnerability Assessment; potential indicators and data sources **(*J. Stewart, group discussion*)**	1. Several years ago, there was an outbreak of HIV in rural, southern Indiana related to drug use. 2. From this, a study from CDC looked to determine which areas/counties around the country were high-risk for either HIV or IDU and associated infection, or opioid-related overdose. 3. Hepatitis-C incidents used as variable for study. 4. Around 225 counties were identified as high-risk. Many were rural; none were in NH. 5. Since then, NH and other states have received funding (CDC emergency funds) to conduct vulnerability study. Looking at IDU, HIV, Hep-C, and STIs. 6. D&E TF was presented with a list of potential indicators/variables. 7. Existing predictive methods looking at legal pathway to addiction, not illicit pathway. 8. Most recent NH hospital discharge data available is 2016; 2017 and 2018 data will hopefully be available in fall, 2019. Difficult to obtain data for NH residents who sought treatment out-of-state. 9. Needle exchange programs in NH are expanding. Rochester has biggest program. 10. Prevalence of Hep-C has increased significantly among corrections population year after year. 11. VT/Claremont area has seen increase in prevalence of bath salts/synthetic cannabinoid use. Difficult to test, too. 12. Increased use of methamphetamines in NH. NH should prepare > maybe a summit?	

VI. What questions do you have related to the opioid epidemic in NH that could be addressed with more or better data? What are the potential data sources for answering these questions? (***J. Ballard, group discussion***) and **VII.** What are your current priorities for improved data collection and reporting related to substance misuse / substance use disorders? (***Agency report-outs, group discussion***)	1. Should there be some DEA representation on D&E TF? 2. Every year, there is National Drug Threat Assessment produced by the DEA. 2018 report is available. 3. L. Joshi and D. Mara might be able to reach out NE HIDTA about data opportunities and/or attending a future D&E TF meeting. 4. J. Harding > would be useful to know about prevalence (if any) of prescribed fentanyl cases, given that so many overdoses in NH are fentanyl-related. This could inform about how to direct resources. 5. Nearly all fentanyl cases are from illicit sources. 6. What was being taken before fentanyl? Very difficult to know. 7. However, it has been reported that prescription drugs are a precursor in many cases. 8. Does WITS/GPRA ask how individuals how their addiction started/developed? 9. Information from Chief Medical Examiner's Office is helpful; could benzodiazepine-related deaths be examined, too? Demographics and geography related to these deaths would also be helpful to know. 10. What about drug diversion data? 11. What are predictors of addiction? 12. Prevention efforts and interventions are important. 13. Some basic data collection with Naloxone distribution through Doorways. 14. There have been instances of people obtaining Naloxone on behalf of somebody else, but the individual obtaining has it recorded on their medical records; later issues. Hopefully, there will be legislative change.	⇒ **L. Joshi and/or D. Mara to reach out NE HIDTA about data opportunities and/or attending a future D&E TF meeting.**
VIII. Future Task Force Meetings and Agenda Topics (***Ahnen/Ballard, group discussion***)		

Next meeting: **Monday, 15th July, 2019 (1:00 PM – 3:00 PM).**
<u>Please note the change of venue for this meeting:</u>

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