DATA AND EVALUATION TASK FORCE

Governor's Commission on Alcohol and Other Drugs

Co-Chairs: Steve Ahnen and Jonathan Ballard

Monday, July 15, 2019 – 1:00PM-3:00PM
Community Health Institute 501 South Street, Floor 2, Bow, NH

Meeting Minutes

I. Welcome & Introductions (May minutes approved)	**Participants:** Jonathan Ballard, Jonathan Stewart, Amy Costello, Chiahui Chawla, Deirdre Boulter, Helen Hanks, JoAnne Miles Holmes, Neil Twitchell, Steve Ahnen , Xiaohui Geng, Anna Ghosh, Aurora Drew, Kerry Nolte Phone: Jill Burke, Joe Harding, Rachel Kohn, Peter Friedman, Tom Stopka, Randall Hoskinson, David Swensen, Fengxiang Gao

Agenda Item	Discussion	Action Steps
Preliminary Results from DISCERNNE (Drug Injection Surveillance and Care Enhancement for Rural Northern New England) *Aurora Drew, Geisel School of Medicine at Dartmouth, Kerry Nolte, UNH Department of Nursing, Tom Stopka, Department of Public Health and Community Medicine, Tufts University School of Medicine* *Peter Friedman, University of Massachusetts Medical School-Baystate, Springfield MA, Randall Hoskinson, University of Massachusetts Medical School-Baystate, Springfield MA*	DISCERNNE study team presented preliminary findings of their work. The team is made up of a variety of disciplines and backgrounds. • Funding for the study was motivated by Scott County IN outbreak of HIV • Looked at epidemiology of injection drug use, its infectious consequences and service accessibility in 10 rural counties in MA, VT and NH. • Anticipating positive news about funding from NIDA for second phase to conduct intervention to improve care • Hoping to come back to the Task Force and present again in November • This is the only study site that crosses 3 state borders: NH, VT, MA • Locations of data collection are indicated by stars on map (see slides) <u>Study Process</u>: • Document review • Bi-weekly conference calls to bring together stakeholders • Refining data definitions • Compiling health policy analysis and summaries • Developing state timelines of activities related to service delivery • Developing policy logic models • Developing GIS maps and spatial analysis	Study team to join November meeting

	• When find a case, try as much as possible, to hand off to care • Drug use is self-report • Bath salts was not asked specifically • The study timeframe was around 2017-2018. There have been changes made in states since then. <u>Study Barriers</u>: • Data available in NH for Hep C is provider reported, not lab reported. Helen Hanks reports that they have data in Corrections. • It is possible that providers are not reporting because it is treatable. • Lot of limitations on data availability. Hoping to use the data to look at more robustly to include claims, overdose, to do a better job especially in rural areas. • Found that NH reporting requirements are burdensome to research and consent <u>Qualitative Data</u> Stakeholder interviews: used for planning and also for planning the next 3 years 2013 1 hour long interviews Noticed an increase in injection drug use Noticed gaps in access to care Lots of staffing challenges/burnout <u>Quantitative, social network and lab</u> Over 500 respondents through respondent driven sampling 90 minute quantitative and social network survey Rapid HIV, HCV, syphilis finger stick If positive HIV or HCV, asked to get lab test. Has been a challenge to get labs to agree to anonymous testing. <u>Findings</u>: • Have not identified any new cases of HIV • Syringe access: lowest in NH compared to other 2 states	

	• Syringe sharing is common • HCV: NH=70% positive based on rapid test • Injection drug users lack access to clean syringes • Participants did not regard as Hep C as a deterrent to sharing needles. • People who inject drugs (PWID) in NH are at higher risk than other two states <u>What can NH do?</u> • Increase access to clean syringe access, especially hours of availability • Pharmacies which suddenly stop stocking supplies are a barrier: Help them to maintain supplies • Naloxone to high risk populations; it was more difficult to access in NH than in VT • Support novel treatment delivery <u>Next</u>: • The study team welcomes students and others who want to work with data given they have not had a chance to go through and use all of it. • Mobile telemedicine treatment of HCV • Validate accuracy of dried blood spot testing • Need to teach people about HCV • Intervention to reduce syringe sharing. By integrating services. • Hope that care would be co-located at syringe service programs Why is this not co-located with Doorways? Naloxone is distributed at the Doorways. Health systems have not been the leaders in harm reduction across the country. • Since the analysis was done: Keene and Claremont has started syringe service programs in the study area • Trauma is a critical component. Sexual, emotional and physical. Women and also men. Marital status is also a factor. Interest in these true risk factors. However, this research is not focused on these, but rather limited to looking at risk of HCV	
Proposal for Incorporating "Lived Experience"	Discussion of proposed Statewide Resident Advisory Council to gain the perspective and feedback from those affected by substance use disorder.	

Perspectives in the Work of the Governor's Commission (S. Ahnen / J. Ballard, *group discussion*)	• People shared experience with other boards they know of • Group wanted to understand goal: Is it to give voice to people? Is it to review materials? • Comment that there is no one voice. • An alternative idea would be to just go to people in their natural settings • Are people being asked to come speak for themselves or on behalf of community, etc.? If on behalf of the community, we need to be clear about that and instruct how they get information to bring • If have current drug users in the community, how can we ensure their confidentiality and safety? • Might want to distinguish whether it is people who are currently using or in recovery Conclusion: There is some support for gaining the perspective of people affected by substance use, but the group wants to consider the questions about what are we asking of the person and are there are other means to get input through listening sessions or other outreach.	
Plans for data section of Commission Annual Report - October 1 due date (*J. Stewart, group discussion*)	• An annual report needs to be submitted to the Governor's Commission about progress on the key metrics identified in the Governor's Commission Strategic Plan • Propose a similar format as what Rhode Island has done for a reporting mechanism/dashboard related to Governor's Commission strategies. The objective is to replace the paper report with a website. • Would try to get as granular with the data in maps as possible • There is no other place where the Governor's Commission strategic plan is being tracked. . • This method would take static data in reports to into a more dynamic web-based format • The dashboard would live on the Center for Excellence website • This is not the same thing as what Corbi* intends to do. Corbi: slated for phase 1 on November 2019 • Not included on the Doorways campaign • The DMI data is being updated on a website: Concern about not duplicating efforts. • Does the Governor's Commission have its own website? There have been conversations about a one-stop place. ○ Should there be a .gov site for the report? Conclusion: - In favor of web-based instead of paper. - Need to understand how this data interplays with other data sets and how it gets posted.	

	- How to meet letter of law needed?	
Current behavioral health / SUD-related data and evaluation priorities and activities (*Agency / member updates*)	CORbi (Comprehensive Opioid Response Business Intelligence) • In the midst of this work. • Have brought in a DCYF provider • Will develop a dashboard • Model for using claims data—to give ability to say this is an alcohol use disorder diagnosis, etc. • Going to bringing the WITS data in house so can use and query • Will connect all, with exception of all payer claims Rachel Kohn announced that a revised NH Prevention Outcomes Dashboard has been developed and is accessible on the Center for Excellence website. It is an interactive data dashboard showing regional and statewide prevention activities (PWITS) and substance misuse and mental health outcomes (YRBS). Feedback is welcome. Helen Hanks reported that since May 2018 the Department of Corrections has offered anyone who leaves state corrections naloxone. They are starting to look at acceptance of naloxone data. They have 3 re-entry coordinators. Have also expanded MAT options from buprenorphine to Sublocade and Vivitrol. Are waiting on Dr. Lee to begin as a testing for an intervention.	**From May meeting: L. Joshi and/or D. Mara to reach out NE HIDTA about data opportunities and/or attending a future D&E TF meeting.** Send feedback related to the Prevention Outcomes Dashboard to Rachel Kohn Rachel_kohn@jsi.com
II. Future Task Force Meetings and Agenda Topics **(*Ahnen/Ballard, group discussion*)**	September: Overdose Data to Action Grant strategies (*J. Miles-Holmes*) November: DISCERNNE	

Next meeting: **Monday, 16th September, 2019 (1:00 PM – 3:00 PM)**
125 Airport Road, Concord, NH