



# DATA AND EVALUATION TASK FORCE

## Governor's Commission on Alcohol and Other Drugs

*Co-Chairs: Steve Ahnen and Jonathan Ballard*

<p>Monday, September 16, 2019 – 1:00PM-3:00PM                  The New Hampshire Hospital Association, 125 Airport Road, Concord, NH</p> <h3 style="margin: 0;">Meeting Minutes</h3>		
<p><b>Welcome &amp; Introductions</b> (July minutes approved)</p>	<p><b>Participants:</b> Marilyn Burkowski, Chiahui Chawla, JoAnne Miles Holmes, Neil Twitchell, Steve Ahnen, Xiaohui Geng, Kerry Nolte, Jill Burke, Joe Harding, Rachel Kohn, Caroline Lavoie, Alex Casale, Michelle Ricco Jonas, Jonathan Stewart                  Phone: Amy Costello, Alison Parent, Maureen Mustard</p>	
<b>Agenda Item</b>	<b>Discussion</b>	<b>Action Steps</b>
<p>Overdose Data to Action Grant Strategies (JoAnne Miles-Holmes)</p>	<p>NH’s implementation of the Overdose Data To Action Grant Overview:</p> <ul style="list-style-type: none"> <li>Xiaohui Geng will be the principal investigator and point person for this grant. JoAnn Miles-Holmes will be working on the Response to Notice of Grant Award.</li> <li>The project period under this award is three years. The first grant year will be from September 2019-August 2020.</li> <li>In order to remain eligible for this award there are seven strategies that must be implemented. Three of these strategies must be surveillance and four must be prevention.</li> </ul> <p>Overview of Strategies:</p> <p><u>Strategy 1:</u> Collect and disseminate timely ED data, a continuation of work started under the ESOOS grant.</p> <ul style="list-style-type: none"> <li>Requested funds: \$79,209</li> <li>This will fund monthly queries prepared by IPP staff, using the CDC case definitions related to overdose, from the AHEDD system – these will be sent to the CDC.</li> <li>A contract with John Hopkins related to ESSENSE software will be finished to ensure that more complete emergency department (ED) data can be sent to the CDC.</li> <li>These funds will also assist with training staff in Tableau to interact with CORBI when it launches.</li> </ul> <p><u>Strategy 2:</u> Collect and disseminate description of drug overdose deaths, a continuation of work started under the ESOOS grant.</p> <ul style="list-style-type: none"> <li>Requested funds: \$209,716</li> </ul>	

- This strategy will supply funds to support medical examiners and the hiring of a medical examiner’s assistant to help the workload of opioid examinations.
- Using the CDC definitions related to overdose, from death certificate data, medical examiner report toxicology reports will be prepared and sent to the CDC.

Strategy 3A: Support NH Public Health Lab (PHLab) for testing suspected opioid samples from NH ED and other sources, a continuation of the work started under the ESOOS grant.

- Funding requested: \$128,610
- A portion of these funds will pay a toxicologist to test up to 2000 clinical samples for opioid over the 3-year grant period. They will also be sharing aggregated data related to testing and test result to the IPP program on a quarterly basis.

Strategy 3B: Create a comprehensive opioid business intelligence (CORBI) to standardize and simplify data dissemination, a continuation of the OPIS S2 grant

- Funding requested: \$389,026
- A contractor will assist DHHS in the development of a data dashboard that displays opioid data.
- These funds will also be used to assist staff in understanding and using CORBI

Strategy 4: Prescription drug monitoring program (PDMP) enhancement, a continuation of OPIS S2 grant

- Funding requested: \$765,311
- This strategy will be assisting the Prescription Drug Monitoring Program (PDMP). It will include more accurate and complete data tracking of opioids and other scheduled drug prescriptions.
- These funds will also assist prescribers and pharmacists in making informed and safe prescribing and dispensing decisions, as well as educating and identifying high risk prescribing indicators.

Strategy 5: State-local integration, supporting grandparents as caregivers of grandchildren due to parental opioid addition or overdose deaths.

- Funding requested: \$609,041
- These funds will be used to support local organizations in supporting kinship care. This will be implemented through a contract system that will support many grants to many local organizations for facilitation.
- Funding of awareness of and access to services and supports for grandparents and/or other older adult relative caregivers and the children who are living with them.

Strategy 6: Linkage to care, supporting syringe services.

	<ul style="list-style-type: none"> <li>• Funding requested: \$390,127</li> <li>• The bulk of this funding will be used to hire a contractor to reduce community based harm. Increase awareness and linkages to care. They will also be educating communities on communicable diseases. DHHS cannot facilitate/fund needle exchanges, so this will support the educational portions of these organizations.</li> </ul> <p><u>Strategy 7A:</u> Support providers and health systems by providing training related to academic detailing.</p> <ul style="list-style-type: none"> <li>• Funding requested: \$179,942</li> <li>• These funds will be used to improve healthcare providers’ knowledge on safe opioid prescribing, collaboration with SSP’s, harm reduction goal setting, and opioid withdrawal management.</li> <li>• This will also continue the current contract with UNH that will train doctors on these practices.</li> </ul> <p><u>Strategy 7B:</u> Support providers and health systems by training ED and health care facilities in the use of the PDMP and providing integrated care for patients who present with dental carries and may be at risk of SUD</p> <ul style="list-style-type: none"> <li>• Funding requested: \$179,942</li> <li>• These funds will be used to educate oral health providers on best practice and continue their current contracts.</li> </ul> <p><u>Oversite Funds:</u> These funds will be used to cover staff salary and overhead costs.</p> <p>There will be another strategy that has yet to be decided. JoAnne is reviewing their optional strategies to create an RFP. There is potential to support first responders with compassion fatigue- the funding for this strategy would be \$240,000.</p> <p>The award has been given and the notice of response for reward is in the works. The total grant is close to \$4,000,000.</p>	
<p>NH Drug Monitoring Initiative, Overview of the interactive DMI viewer (Marilynn Burkowski)</p>	<ul style="list-style-type: none"> <li>• M. Burkowski provided a demonstration of the interactive Drug Monitoring Initiative report viewer.</li> <li>• The <a href="#">DMI</a> project has been ongoing for nearly 5 years, and the August updates should be out soon. This system is the best way to consolidate data and allows users to see it all in one place as opposed to the paper products.</li> <li>• The system was made to be interactive, so that it can be updated as information comes in. This has allowed for a streamlined delivery network.</li> </ul>	

	<p>Questions:</p> <ul style="list-style-type: none"> <li>• Is there any concern with showing small numbers in overdose deaths? The maps show ranges for each town, so these are not hard numbers of overdose deaths.</li> <li>• How are numbers from Safe Stations validated? These numbers come directly from Nashua and Manchester’s Safe Stations.</li> <li>• Will the Doorways information be disseminated in the same way- using an interactive story map and data software? It would be great, but Marilynn was not sure. <a href="#">The Doorway</a> does distribute their numbers on the Department’s website.</li> <li>• Is there data from law enforcement and forensic labs? The DMI team would like to add data for drug seizures, but not within the DMI.</li> <li>• How many individuals who had fatal or non-fatal overdoses showed up in Emergency Departments? In addition, could we look at demographics and communities to see any trends? JoAnn- we can map out ED visits and deaths, but not every single case has the necessary data so it is not a good variable to use. So there are ED maps and death maps. The CORBI data dashboard (in progress through NH DHHS) will hopefully allow us to do that.</li> </ul>	<p>Many meeting participants were not familiar with the public activity reports for the Doorway initiative. S. Ahnen shared the following link to those reports.</p> <p><a href="#">doorway data metrics</a></p>
<p>Prevention Outcomes Data Dashboard (Rachel Kohn)</p>	<p>Rachel Kohn, CHI/JSI, provided a demonstration of an online <a href="#">dashboard</a> developed to help Regional Public Health Networks share their activities and associations with YRBS measures.</p> <ul style="list-style-type: none"> <li>• The audience for this dashboard are primarily the Public Health Networks (PHN), consultants, and stakeholders in the field who may not be data minded. It’s meant to be an accessible way to engage with local data about substance use and related risk/protective factors.</li> <li>• Data is displayed by the 13 PHN regions and allows each network to provide a brief synopsis about the area/region. There are also links to each of the PHN websites.</li> <li>• A link is also available to the <a href="#">Centers for Disease Control (CDC) Youth Risk Behavior Surveillance System (YRBS) data page</a>.</li> <li>• The data used for this dashboard is all from NH YRBS and PWITS (the data collection system maintained by the Bureau of Drug and Alcohol Services to track prevention of substance use activities.) This dashboard displays the types of activities that prevention work is based upon (Alternatives, Community based processes, Educational, Environmental, Information dissemination, and Problem Identification)</li> </ul>	

	<p><u>Questions/Comments:</u></p> <ul style="list-style-type: none"> <li>• What are “alternatives”? Alternatives are activities that do not involve the use of substances, e.g., an after school program, youth leadership programs. There is a need for increasing access/finding funding sources for an organization to provide those resources.</li> <li>• There are many nuances and information about activities that need to be add in. Some schools didn’t have enough YRBS data to be added- some regions were just getting off the ground so there wasn’t much to be reported, and there were a lot of data quality issues. This is just to give a sense of the activities and where the money is going. Additional instructions for downloading and navigating the dashboard would be great.</li> <li>• If users discover glitches or missing information, please reach out and let Rachel know: Rachel_kohn@jsi.com.</li> </ul>	
<p>Current priorities for improved data collection and reporting related to substance misuse/substance use disorders</p>	<ul style="list-style-type: none"> <li>• <a href="#">Senate Bill 120</a> passed. Michelle Ricco Jonas mentioned that an early version of the bill would have allowed PDMP data sharing, but it was taken out of the bill.</li> <li>• Senator Giuda is putting together a summit to discuss data sharing needs and issues including privacy concerns. The first meeting of the summit is scheduled for September 25th at 10 am. Michelle Ricco Jonas is getting input from regulatory boards about sharing PDMP data that will balance public health, public policy and patient privacy requirements.</li> <li>• <a href="#">Spark NH</a> has a new data dashboard of indicators related to adverse childhood experiences.</li> <li>• Juvenile diversion program is wrapping up the 5th year of recidivism rates for participants. Raw data will be coming by October and will tentatively be ready by December.</li> <li>• There is now a diversion program in every county of the state.</li> <li>• The PDMP program is working on their annual report for prescription drug monitoring which should be out in November. One new aspect will be an analysis of Medication Assisted Treatment (MAT) activity by aggregate comparison of waived provider locations with actual MAT prescription activity.</li> <li>• J. Stewart reported that the data dashboard focusing on the objectives and targets of the current Governor’s Commission Action Plan, as discussed in the July Task Force meeting, is currently in development and should be ready for review in the next few weeks.</li> </ul>	<p>The first phase of the NH Governor’s Commission Action Plan Dashboard is now available for review here:  <a href="#">GC Action Plan dashboard</a></p>

**Next meeting: November 18, 2019 1pm-3pm, Community Health Institute 501 South Street, Bow, NH**