DATA AND EVALUATION TASK FORCE

Governor's Commission on Alcohol and Other Drugs

Co-Chairs: Steve Ahnen and Jonathan Ballard

Monday, July 20, 2020 – 1:00PM-3:00PM Virtual meeting **Meeting Minutes**		
Welcome & Introductions (May minutes approved. Motion to approve by JoAnne Miles-Holmes, seconded by Allison Parent)	**Participants:** Jonathan Ballard, Anna Ghosh, Hannah Lessels, Mark Cioffi, Dave Mara, Joseph Harding, Amy Daniels, JoAnne Miles-Holmes, Allison Parent, Amy Cook, Xiaohui Geng, DJellou Fourar-Laid, Maureen Mustard, Mike Rogers, Rachel Kohn, Alex Casale, Amy Costello	
Agenda Item	**Discussion**	**Action Steps**
Update from June Governor's Commission meeting	• Dave Mara shared that nothing in particular to this task force stood out from the last meeting. • The main topic was COVID-19 and its impact on SUD treatment. • JSI presented recommendations for the selection of programs to include in the treatment cost effectiveness study. The Commission accepted their recommendation to move forward.	
Measurement of COVID-19 impacts on drug overdose deaths	• There have been recent news articles describing an increase in overdose deaths. • State DOC reported that border closures had decreased access to drugs like fentanyl. This could potentially decrease overdose deaths, however, we have continued to see overdose deaths (from controlled drugs) during this time. 161 confirmed, 73 pending toxicology overdose deaths so far this year. The 73 pending toxicology cases span across June, May and other prior months. Once these are confirmed, the data may change depending on how they are determined. • Deaths due to overdose are a little higher at this time than last year. Last year, NH showed decreases in overdose deaths. • Shift in March to remote treatment came with a learning curve, but treatment providers have now expressed more comfort in providing treatment virtually, • It would be helpful to be able to track the number of people accessing MAT and other services to understand if there is change. • Naloxone administration and ED visits would also be helpful to track along with overdose deaths. • Fentanyl and other drugs account for the majority of overdose deaths. • Manchester and Nashua's overdose deaths are trending down from last year. • In other areas of the country, overdose deaths have increased. • Mike Rogers shared that OTPs had indicated an increase in individuals travelling to the state from metropolitan areas in the south. They have seen an increase in "guest-dosing" for clients from other	

	locations. This can result in providers not getting information about the correct dosage needed from a client's prior provider.
	• Mike Rogers shared that based on data of primary substance being used at time of admission to state SUD treatment centers there has been a decrease in cocaine, increase in methamphetamine, increase in prescription opiates among males in the state. Some supply is getting in of prescription opiates.
	• At this point, this information is just anecdotal, since the state Medical Examiner's Office does not have any of this data. There is not a reliable source to confirm.
	• The Medical Examiner's Office is unable to determine if any increase in opioid deaths is due to COVID-19. It may be years before we can determine this with certainty. In order to determine this, the state would also need to invest in collecting more primary data.
	• Would like to know the experience of those who have had non-fatal overdoses - to what extent have they been able to access services?
	• Doorways Data
	  ○ Decrease in clients served until the Doorways were able to adapt with telemedicine. This is increasing again.
	  ○ Naloxone distribution has been decreasing.
	  ○ Clinical evaluations and referrals have been increasing again after the initial drop off. Safe stations have reported similar drop offs with increases recently.
	  ○ Nashua closed its Safe Station program as of July 1, 2020. Harbor Homes had a grant which ended and thus discontinued their crisis response contract. The Nashua Doorway is covering the needs.
	• Nationally, the House passed another $3 trillion relief package. The state has written a letter requesting substance use service support funding as part of this. Some in the SUD field had feared funding would be funneled away from SUD support during COVID.
	• Senator Shaheen secured funding for more treatment facilities.	

SUD-related data and evaluation challenges in the current environment (group discussion)	• Currently, the Office of the Chief Medical Examiner has limitations for what data they may use. There are some programs where they have mutual agreements to share data, but if this agreement is not in place, they cannot access that data. • The state is working on a data dashboard, but privacy issues still remain with data. Being able to look at what services a person who died of overdose accessed would be helpful, but this is where the privacy issues are.	

	• Once an Opioid Fatality Review Commission is established, they will be able to look at these factors around overdose deaths. MA has a similar commission (called Chapter 55) which works on connecting data sets, and has been able to report some helpful information. • The Office of the Chief Medical Examiner has been working with the PDMP and has had access to PDMP data for about a year now. The pathologist looks at this when determining deaths, however other programs like corrections and treatment do not share any data with the Medical Examiner. • Looking at all of these factors in overdose deaths is a heavy lift and may be beyond the capacity of the Office of the Chief Medical Examiner with its current staffing. There might be potential for the commission to partner with an educational institution to do this work. • Data collection capacity is also an issue. In other states, this would be the responsibility of the Commission to collect data from the different agencies. • The house did not concur with SB 1491 which would have allowed data sharing among DHHS and OPLC. • To understand and address prevention, the Office of the Chief Medical Examiner needs access to more data to help identify gaps within the system. • HB 1639 outlines the designated members to be represented in the Opioid Fatality Review Commission: http://gencourt.state.nh.us/bill_status/billText.aspx?sy=2020&id=1620&txtFormat=pdf&v=current	

Current priorities for improved data collection and reporting related to substance misuse / substance use disorders (Agency report outs, group discussion)	• The hiring freeze is an issue in being able to collect and report data
	• There are many questions to consider related to data collection and interpretation
	  ○ The next round of YRBS data collection is in 2021. How will we interpret any changes we see? We now have an anomaly year where services are being delivered very differently. How will this year impact all statewide program evaluations?
	  ○ We also need to consider the evaluations that are relying on trend (multi-year) program implementation which now have a major shift in how the services are being delivered. For example, in the diversion programs of drug courts, participants are not getting services in the same manner as prior to the pandemic. How do we control for "COVID-19"? Do we remove any data from 2020? Do we have a separate analysis of before COVID-19 changes compared to after COVID-19?
	  ○ How will survey delivery methods in 2020 affect the data? State might administer YRBS electronically but has not decided yet
	  ○ Challenges in identifying functional improvements people make over time (pre/post tests), which a lot of the payers conduct. Need to identify ways of measuring outcomes and improvements.	

	○ BRFSS and NSDUH data: Will the data be more robust since more people are at home to receive the calls? How would we interpret these changes? • Identify challenges and barriers (maybe quantitatively) people have in accessing SUD services. • The Task Force would like to hear an update about the ED grant • CDC has released a new ICD 10 code for COVID-19. This data is based on the patient's chief complaint upon admission and updated later with whatever the doctor discovered was going on. • DMI data: includes some data from the Office of the Chief Medical Examiner, but also from EDs and other areas. • New Futures has shown concern for the significant fiscal challenges that SUD providers have faced during COVID-19.	
Future Task Force Meetings and Agenda Topics	• Update from the August 28 Governor's Commission meeting • Review of DMI data • Update about the ED grant • Cost Effectiveness study	