

Opioid Task Force

2:00PM-4:00PM, Friday, May 8, 2015

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

Agenda

- Welcome and Introductions (3 minutes)
- Review Minutes (2 minutes)
- Updates and Information Sharing (20 minutes)
 - Legislative
 - Agency & Organization Updates
 - Membership Updates
 - Meetings, Events, Conferences
 - Dartmouth Symposium
- Review and Discuss Business Survey and PolEcon Economic Impact Report (40 minutes)
- Planning and Discussion (55 minutes)
 - Develop 2015 Work Plan & Priorities

Next Meeting:

June 12, 2015 - 2:00PM-4:00PM

**Opioid Task Force Meeting
May 8, 2015 – 2:00PM-4:00PM**

Meeting Minutes

Prioritization Outcomes and Next Steps

Attendance: Seddon Savage, James Vara, Lisa Mure, Rekha Sreedhara, Kate Frey, Jack Wozmack, Joe Harding, Anna Ghosh, Melissa Silvey (phone), Cheryle Pacapelli, Charla Stevens

Two new members joined the task force.

Cheryle Pacapelli represents recovery and is from HOPE for NH Recovery.

Charla Stevens represents the Business and Industry Association and is an attorney at The McClane Law Firm.

The task force considered priorities for 2015-2016 to “decrease opioid misuse and its negative consequences.”

Brainstorming was guided to consider:

- Four components of continuum of care: Prevention, Early Identification, Treatment and Recovery Support
- State and Community level action
- Activities within six sectors of Business, Education, Safety/Courts, Health Care, Community/Family Supports, and Gov’t

This brainstorming led to 14 possible work areas. The group also discussed their feasibility and impact (high, medium, low) to further prioritize, and they discussed reviewing them in terms of whether this task force would lead the work area, support it, and/or request another Commission Task Force lead. Each item has been categorized for state plan area, sector and level.

Area	Feasibility	Impact	State Plan Category	Sector	Level of TF Engagement
Recovery/Support call #-warm line	X	X	Effective Policies, Practices, and Programs	N/A	Supporting
Market Research of young adults (18-24) on where they are, why they start using, what messages	X	X	Data Utilization	N/A	Leading

Area	Feasibility	Impact	State Plan Category	Sector	Level of TF Engagement
might work, how accessing services					
Increase understanding and integration of prevention, early identification, treatment and recovery at community level through regional public health networks	X	X	Public Education	All Sectors	Supporting
Recovery support centers (2-3)	X	X	Effective Policies, Practices, and Programs	Community & Family Support s	Supporting
SBIRT-R in primary care and Emergency Rooms	X	X	Effective Policies, Practices, and Programs	Hospital s	Supporting
Wide naloxone availability	X	X	Effective Policies, Practices, and Programs	Hospital s, Safety and Law Enforcement Community & Family Support s	Supporting
Public messaging	X	X	Public Education	Multiple	Leading/Supporting/Requesting
Increasing buprenorphine availability/prescribers in primary care	Low	X	Professional Development & Training	Hospital s	Supporting
Change prescribing practices of acute care through education (recognizing drug-seeking, feedback on rx, incentivizing practice	Low	X	Professional Development & Training	Hospital s	Supporting

Area	Feasibility	Impact	State Plan Category	Sector	Level of TF Engagement
change)					
Street Outreach with resource cards, etc	?	?			
Workforce Development (BA level, MLADC, CRSW, sector professionals)	Low	X	Professional Development & Training	Multiple	Supporting/Requesting
Supporting financing strategies for drug courts and alternative sentencing	Low	X	Financial Resourcing	Government	Supporting
Promoting Business/Industry awareness and action	Low	Low	Public Education	Business	Leading/Supporting
State and federal legislation to increase resourcing and best practices	?	?	Leadership Expansion, Financial Resourcing, Public Education, Effective Policies, Practices, and Programs	Government	Supporting

Notes from the discussion of each priority area are provided below:

Area	Notes/Details
Recovery/Support call#-warm line	Don't really have one now. 2-1-1 is for info; Headrest has some funding but is not statewide. High need for this by peers; help them navigate where they are and what help they might be ready for. Community healthworker/rapid response worker – someone who can help navigate tx and recovery supports.
Market Research of young adults on where they are, why they start using, what messages might work, how accessing services	We don't have good data on this population, what messages would resonate, why they're starting to use opioids, where they might go for services, etc.
Increase understanding and integration of prevention, early identification, treatment and recovery at community level through regional public health networks	Needs to be facilitated process for adequate and accessible services locally.
Recovery support centers (2-3)	HOPE is working on this; Block Grant funding may support start-up
SBIRT-R in primary care and Emergency Rooms	Continue this work in primary care, expand to emergency rooms, add "R" to emphasize need to support people in recovery through long-term health/wellness goals, etc.

Wide naloxone availability	<p>Consider promoting prescribing of naloxone (overdose reversal) with any opioid scripts? Encourage docs to prescribe to family members; encourage family members to ask docs for prescription.</p> <p>Could have Medical Society send memo to all prescribers?</p> <p>What about covering cost of naloxone for family and individuals?</p>
Public messaging	<p>Many needed topics:</p> <ul style="list-style-type: none"> - Addiction happens to all levels of society - Messages and message routes to appeal to young adults about opioid dangers - Message to heroin users of street fentanyl dangers - Overall increase in understanding within all sectors and what people can do about the drug problem - Look at Canada homeless tweet PSAs for consideration re stigma
Targeted prevention	<p>Student assistance programs in schools, maybe start to learn from young adults through focus groups first and then design targeted prevention efforts with them.</p>
Change prescribing practices of acute care through education (recognizing drug-seeking, feedback on Rx, incentivizing practice change)	<p>Incentives work better than mandates; maybe connect to PDMP registration to show knowledge of appropriate prescribing practices. Education on how to recognize drug-seeking behavior, use of patient contracts, etc.</p>
Street Outreach with resource cards, etc	<p>Not enough info to categorize – table for next meeting</p>
Workforce Development (BA level, MLADC, CRSW, sector professionals)	<ul style="list-style-type: none"> - Discussed lack of awareness of problem or disinclination to know the extent of the problem b/c wouldn't know what to do about it. - Insurance incentives and businesses having anonymous health risk assessments to know extent of impacts. - Talked about some industries who can't fill positions because can't find people to pass the drug test. On the other hand, opportunity to connect people in recovery to businesses needing work force.
State and federal legislation	<p>Consider looking at funding related to prescription monitoring; good samaritan provisions and other best practices the TF should be supporting.</p>
Drug Courts	<p>Judge Nadeau doing good job of promoting and expanding; TF can ask how to support this effort more. Cost-saving does not = low cost. TF considering focusing just on financing strategies to expand drug court reach?</p>

In next meeting, will discuss how TF can influence awareness and action this year.

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