



OPIOID TASK FORCE

Governor's Commission on Alcohol and Drug Abuse, Prevention, Intervention, Treatment & Recovery

Task Force Chair: Seddon Savage/James Vara

September 11, 2015

Agenda/Minutes

Attendees: James Vara, Peter Mason, Laurie Harding, Lisa Mure, Rekha Sreedhara, Jack Wozmack, Michelle Ricco-Jonas, Kenneth Carr, Helen Pervanas, Pamela O'Sullivan, Seddon Savage, Charla Stevens (phone)

Introductions and agenda review/orientation

- Members discussed task force participation as a result of a recent incident with a former member. Members discussed if the topic and goals of this task force would undermine this members' recovery and if his/her presence would interfere with other members and their ability to participate in meetings. A consensus was not reached on how to handle such situations but the group did feel that the person should be encouraged to get better and focus on their recovery.

Drug Monitoring Initiative Data Report Review

- A group has met to discuss current format of this report and how it can be improved.
 - o Overdose deaths by year need to be broken down by type of drug – rx opioids, heroin, fentanyl.
- Based on current figures, it is estimated that NH will have 384 overdose deaths by the end of the year.

PDMP Data

- Data can be reviewed by drug, county, class, region and top 10 doctors not using the PDMP can be determined to identify which specialties to target
- The task force discussed whether the Healthcare Task Force might be a good group to help determine what the most helpful data to collect and how to use it might be.

Reports from active groups and input from attendees

- Governors office
 - o Working on how to effectively regulate methadone clinics.
 - o Creating legislation on pain clinics in conjunction with the Attorney General's office is being worked on. Seddon has requested that the Healthcare Workgroup be invited to participate in these conversations.
 - o First regional Scope of Pain event to be held soon which will describe how to prescribe opioids.
 - o Are working to have 2-1-1 conduct a high level assessment for what is available when someone calls
 - o Met with NH Hospital Association, Chief Medical Officers of each hospital; 85% are willing to increase treatment availability – 19 hospital beds
 - o 50 treatment beds – 15 detox in Manchester and 30 residential in Franklin

- A meeting with managed care organizations has been scheduled to discuss reimbursement and use of ASAM criteria.
- Naloxone TF
 - The NH Bureau of Drug and Alcohol Services is obtaining 4,500 naloxone kits that will be distributed to community agencies who will be trained to train those who receive the kits.
 - Any individual can be prescribed naloxone – user, family, concerned person
 - BOM and NHMS working on making support materials available to prescribers
 - Pharmacies can also be prescribed standing orders that will allow them to also hand out and train individuals.
- Justice and law enforcement
 - Working on a standing order to obtain naloxone
 - Working on a waiver to decide on drug destruction and how many police officers need to be on site for future drug take back events. Drug Take Back Event scheduled for Saturday, September 26th.
- Heroin campaign
 - Campaign title is Anyone. Anytime. – Taglines, color palette, fonts, and images were shared.
 - Press release scheduled for Tuesday, September 29th

Updates on Priority Areas

| Priority Area | Lead(s) | TF Tasks/Other | Status/ Accomplishments | Updates |
|---|---|--|---------------------------------|---|
| Recovery help line | Hope for NH Recovery Task Force | Help identify funding opportunities Support as needed | Hope Director funded by CF 2015 | |
| Market research of young adults (18-24) | Center for Excellence Regional Networks | Center to conduct focus groups related to how to reach young adults, first initiation of use, etc. | | Preparing to conduct Young Adult Assessment |
| Continuum of care work within regional public health networks | Health Care Work Group And C of C coordinators in RPHN | Once in place, have a COC coordinator attend Opioid Task Force and Healthcare workgroup | | |
| Recovery Centers | Hope for NH COC Facilitator Recovery Community BRSS TACS | | Hope Director funded by CF 2015 | Recovery Center started in Manchester and two other centers in the works. |
| SBIRT in ER | Healthcare Workgroup | -Center to help convene and | | Differed |

| | | | | |
|--|--|---|--|---|
| | | coordinate activities -Seddon to contact ACEP | | |
| Online Treatment Locator | Center for Excellence | | -Launched January 2015 -Awareness campaign in progress | Ongoing marketing with organizations and agencies |
| SBIRT in Primary Care | Tricia Tilley Center for Excellence to help convene and coordinate activities | Healthcare Work Group to monitor, network & facilitate dissemination | -All CHCs in the State are funded by BDAS to develop and implement in SFY2016-2017 -7 organizations and 15 practice sites are funded by NHCF to implement SBIRT | |
| Broader prescribing & dispensing of naloxone | Center for Excellence Medical Society MGMA | -Center to review prescribetoprevent.com and create materials -Healthcare Work Group to coordinate promotion within healthcare | -Enabling legislation passed 5/15 -NHMS disseminates info to docs 7/15 | |
| Optimum use of PDMP | Board of Pharmacy | HC WG to determine data needs, support development | -Launched October, 2014 -Deadline registration 6/15 -Enrichment legislation 5/15 -Data collections underway | Healthcare Task Force is providing optimal recommendations. |
| Crisis Response and Recovery Promotion Teams | TBD | Pilot with Strafford County if funding available | | |
| Assessment Centers | Jack Wozmak | | Met with NH Hospital Association, Chief Medical Officers for each hospital; 85% willing to assess patients using ASAM criteria | |

Next Meeting November 20th 2:00-4:00, Community Health Institute, 501 South Street, Bow NH