



# OPIOID TASK FORCE

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

Task Force Chair: Seddon Savage/James Vara

November 20, 2015

## *Agenda/Minutes*

Attendees: Peter Mason, Chris Shambarger, Sandra Kiplagat, Seddon Savage, Rekha Sreedhara, Kate Frey, Kathy Bizarro-Thurnberg (phone), Melissa Silvey (phone), Charla Stevens (phone), Dick Crate (phone)

### I. Introductions and Agenda Review/Orientation

### II. Meeting Schedule and Membership

- Task Force members discussed meeting schedule and decided to switch meeting time in an effort to better accommodate everyone's schedules. The task force will meet on the second Wednesday of each month from 8:30AM-10:30AM at Community Health Institute, 501 South Street in Bow.
- The task force also discussed diversifying membership to include other stakeholders outside of the health/medical and safety sectors.
  - o Rekha will contact the following people to see if they would be interested in joining the task force or can identify people who may be interested in participating.
    - Joe Hannon – legislature rep
    - Sandi Coyle – recovery rep
    - Mary Steady – education rep (Melissa Silvey to forward contact info)
    - Contact Rachel Kohn from CHI to suggest Dept. of Correction/Drug Diversion/County Jail reps.

### III. Reports from active groups and input from attendees

- Integrated Healthcare Workgroup
  - o The Board of Medicine voted to adopt specific emergency rules for opioid prescribing. These include increasing use of the PDMP with exceptions; brief online exam versus mandating CMEs when registering for license relevant to addiction and pain (training would be required for those who do not pass the exam); data dissemination to providers; interoperability; patient agreements for those on opioids for over 90 days; and allowing for recommendations to be open for public input.
- Naloxone Task Force
  - o FDA has approved Narcan nasal spray. A fact sheet needs to be developed.
  - o Reconvene corporate pharmacy representatives.

- Roll-out of naloxone kits has been difficult. Community health center kits are not being used. Many community events have been held through regional public health networks but has been a tedious process.
  - Molly Rossignol has interest in setting up a standing order for Concord.
  - It was mentioned that some pharmacies are not accepting standing orders.
- Justice and Law Enforcement
- According to an article in the Union Leader on October 17, 2015, 16,285,259 schedule II prescriptions were filled in April, May and June in NH. Chris Shambarger indicated that these data must be flawed in that NH has 311 pharmacies all of which are not retail which would indicate that each pharmacy filled 52,364 prescriptions, 17,454 per month, and 581 per day in each pharmacy. It is believed that perhaps the article is referring to doses rather than prescriptions as mentioned.

#### IV. Updates on Priority Areas

Priority Area	Lead(s)	TF Tasks/Other	Status/ Accomplishments	Updates
Central help line	2-1-1	Help identify funding opportunities Support as needed	Center for Excellence is providing training and collecting data to identify the types of calls received and TA needed	
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.	Center for Excellence is conducting Young Adult Assessment.	To date 475 surveys received; focus groups being conducted
Continuum of care work within regional public health networks	-Healthcare Work Group -CoC Facilitators	Once in place, have a CoC Facilitator attend Opioid Task Force and Healthcare workgroup		11 out of 13 facilitators have been hired
Recovery Centers	BDAS NHCF BRSS TACS		-HOPE has a new director; Holly Cekala	-Recovery Center started in Manchester and two other centers in the works. -Assessment being conducted to identify level of readiness to deliver peer recovery support services (PRSSs).
SBIRT in ER	Healthcare Workgroup	-Center to help		Differed

		convene and 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	AHEC received large grant to train health professionals in all schools (funded through NHCF and other funding sources)
Broader prescribing & dispensing of naloxone	Center for Excellence Medical Society MGMA	-Center to review <a href="http://prescribetoprevent.com">prescribetoprevent.com</a> 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	Pilot in Keene

#### Other Updates

- DCARE MAT Conference – December 3

**Next Meeting: December 9, 2015, 8:30AM, Community Health Institute, 501 South Street, Bow NH**