Task Force Chair: Seddon Savage/James Vara

### April 14, 2016 – 8:30AM – 10:30AM

#### **Minutes**

Attendees: James Vara, Jeanne Moser, Kimberly Fortier, Pam O'Sullivan (phone), Elizabeth Hughes, Joe Hannon, James Potter, Helen Pervanas, Kathy Bizarro, Jacqui Baker, Nicole Rodler, Chris Shambarger, Melissa Silvey (phone), Kayla Fogg (phone), Seddon Savage, Sandra Kiplagat, Kate Frey, Courtney Gray

# I. Introductions and Agenda Review/Orientation

- March minutes were approved with the addition of an edit to be made to the section which discussed the New England High Intensity Drug Trafficking Area (HIDTA) and their meeting with the Medical Society and Hospital Association to instead be replaced with meeting with the Healthcare Task Force.

## II. Review NH Opioid Related Data – February Drug Monitoring Initiative Report

- The February report was not reviewed during this meeting as it was reviewed during the March meeting.
- In following up on a discussion about data during the March meeting, Kimberly Fortier from HIDTA indicated that a 5-year trend analysis for treatment data by age would not be possible in that data is only available going back to July 2014. The Task Force felt it would still be important to have this data. Kimberly will create a line graph by month and age.
- Discussion about naloxone data was held. Specifically, it was questioned about who is tracking naloxone data. Kayla Fogg, Helen Pervanas and Center for Excellence staff will look into this and will report back at next meeting.

## III. Review 2015 Priority Areas & Establish 2016 Priorities

- 2015 priorities were briefly reviewed to determine the area of focus each priority falls into. Many seemed to fall into the addiction or clinical practice category (see grid below).
- Since the inception of the Opioid Task Force in 2012, several meeting structures have been used including attempting to bring sectors together. The task force has had a difficult time engaging the business and education sectors.
- Seddon Savage shared a strategic plan and graphic which the Healthcare Task Force uses as an example for how this task force may move forward with strategic planning. Task Force members approved of this structure and the different areas of focus highlighted with the addition of harm reduction and emphasizing that data, stigma, and the whole continuum touches each of these areas of focus. Rekha will update graphic to reflect these additions.
- Task Force members reviewed each area of focus and identified who on the task force represented this focus area. Rekha will reach out to Jennifer Patterson from the Insurance Department to see if she may be interested in joining the task force as the Payors

- representative. It was agreed that a representative was not needed from professional education as Helen brings her students to the meeting.
- In an effort to develop a comprehensive state-wide set of strategies to address opioid misuse and to submit to the Governor's Commission for consideration, task force members agreed to brainstorm key strategies NH should address in relation to opioids as it relates to the specific sector/area of focus before the next meeting on May 12. Members will submit a list of bulleted strategies, no more than a page, to Rekha. Over the next several meetings, members will review these strategies working to narrow down to key strategies that are feasible and realistic.

# **IV. Other Updates**

- Nicole Rodler mentioned that Strafford County has implemented the curriculum, "Samantha the Skunk" which teaches appropriate messaging about prescription drug awareness in middle schools. They are working to have this curriculum available for kindergarten through second grade.
- Jim and Jeanne Moser indicated that they started a 501 (C) (3). They provided education to the retirement community at Riverwoods about their prescriptions and being aware of their medications when someone comes to visit them. They also shared the Target Zero initiative they have started with Exeter Hospital and the use of the product Deterra.
- Nicole Rodler discussed the Strafford County Response Team and how law enforcement is working with three hospitals who will transfer people to work with a Recovery Coach and utilize recovery centers as additional support. If a person does not have a standing arrest or warrant they will be granted amnesty and can receive this support. Currently no funding is available to support this initiative. A fundraiser is being held called "Recovery Rocks". A Coordinator will be hired and this program will be marketed to hospitals, recovery centers, police departments, etc.

| Priority Area        | Lead(s)                | TF Tasks/Other           | Status/                  | Updates                   |
|----------------------|------------------------|--------------------------|--------------------------|---------------------------|
|                      |                        |                          | Accomplishments          |                           |
| Central help line    | 2-1-1                  | Help identify funding    | Center for Excellence is |                           |
|                      |                        | opportunities            | providing training and   |                           |
| (addiction)          |                        | Support as needed        | collecting data to       |                           |
|                      |                        |                          | identify the types of    |                           |
|                      |                        |                          | calls received and TA    |                           |
|                      |                        |                          | needed                   |                           |
| Market research of   | -Center for Excellence | Center to conduct        | Center for Excellence is | Data distribution slated  |
| young adults (18-24) | -Regional Networks     | focus groups related     | conducting Young         | for June 2016.            |
|                      |                        | to how to reach young    | Adult Assessment.        |                           |
| (addiction)          |                        | adults, first initiation |                          |                           |
|                      |                        | of use, etc.             |                          |                           |
| Continuum of care    | -Healthcare Work       | Once in place, have a    |                          | 13 out of 13 facilitators |
| work within regional | Group                  | CoC Facilitator attend   |                          | have been hired           |
| public health        | -CoC Facilitators      | Opioid Task Force and    |                          |                           |
| networks             |                        | Healthcare workgroup     |                          |                           |

| (addiction)  |   |   |   |   |
|--|---|---|---|---|
| Recovery Centers (addiction)   | BDAS<br>NHCF<br>BRSS TACS   |   | -HOPE has a new<br>director; Holly Cekala   | -Recovery Center started in Manchester and two other centers in the worksAssessment being conducted to identify level of readiness to deliver peer recovery support services (PRSSs). |
| SBIRT in ER (Clinical practice)  | Healthcare Workgroup  | -Center to help<br>convene and<br>coordinate activities<br>-Seddon to contact<br>ACEP   |   | Differed  |
| Online Treatment<br>Locator<br>(addiction)   | Center for Excellence   |   | -Launched January<br>2015<br>-Awareness campaign<br>in progress   | Ongoing marketing with organizations and agencies   |
| SBIRT in Primary Care (Clinical Practice)  | Tricia Tilley Center for Excellence to help convene and coordinate activities | Healthcare Work<br>Group to monitor,<br>network & facilitate<br>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  (Justice, Clinical Practice, Public Education, Pharmacy) | Center for Excellence<br>Medical Society<br>MGMA                              | -Center to review prescribetoprevent.co m and create materials -Healthcare Work Group to coordinate promotion within healthcare | -Enabling legislation<br>passed 5/15<br>-NHMS disseminates<br>info to docs 7/15   |   |
| Optimum use of PDMP  (Pharmacy, Justice, Public Policy)  | Board of Pharmacy   | HC WG to determine<br>data needs, support<br>development  | -Launched October,<br>2014<br>-Deadline registration<br>6/15<br>-Enrichment legislation<br>5/15<br>-Data collections<br>underway                                | Healthcare Task Force is providing optimal recommendations.   |

| Crisis Response and | TBD         | Pilot with Strafford |                      |                |
|---------------------|-------------|----------------------|----------------------|----------------|
| Recovery Promotion  |             | County if funding    |                      |                |
| Teams               |             | available            |                      |                |
| (Justice)           |             |                      |                      |                |
| Assessment Centers  | Jack Wozmak |                      | Met with NH Hospital | Pilot in Keene |
|                     |             |                      | Association, Chief   |                |
| (addiction)         |             |                      | Medical Officers for |                |
|                     |             |                      | each hospital; 85%   |                |
|                     |             |                      | willing to assess    |                |
|                     |             |                      | patients using ASAM  |                |
|                     |             |                      | criteria             |                |

Next Meeting: Thursday, May 12, 2016 – 8:30AM – 10:30AM

Community Health Institute, 501 South Street, Bow NH

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