

Addiction Action Committee

Meeting Minutes

July 9, 2018

4:00pm-6:00pm EST

DHSS Herman

Holloway Chapel

I. Welcome and Introductions

- Brought to order at 1604
- AAC member introduction

II. Data Update

Tabatha Offutt-Powell, state Epidemiologist, presented data on Surveillance of Substance Use Disorder Epidemic focusing on:

- NVDRS
- WV Report
- Data Tracking Network
- Addiction Scorecard
- Reportable Conditions

The surveillance of SUD epidemic focuses on development, and collaborative surveillance system that will include ongoing, systematic collection, analysis, and interpretation of timely, high quality, and actionable data. The surveillance strategy is a multipronged approach that uses existing public health surveillance and other administrative data systems. It is a statewide collaboration among many state agencies and partner organizations. Surveillance looks at “levers” that will be identified to assess the impact of Delaware’s substance abuse strategy on the epidemic.

Delaware Violent Death Reporting Surveillance System abstracts data from 3 data sources: OVS (death certificate), DFS (autopsy report, toxicology report), and DELJIS (law enforcement report). This contributes to CDC’s National Violent Death Reporting System. Delaware now abstracts opioid overdose death data into the NVDRS:

- Funded since September 2017.
- Currently abstracting present OD deaths as well as data from 2017 (backlog).

III. Legislation Update

Dr Rattay shared information in regards to current legislation that has recently passed /not passed.

SIGNED

- SB 147- Signed by the Governor on 6/12/18. Immunity from liability for individuals rendering emergency assistance to an overdose patient coverage expanded definition to all public safety personnel, such as law-enforcement officers, lifeguards, park rangers, firefighters, ambulance and rescue personnel, communications and dispatch specialists, and other public employees and emergency service providers charged with maintaining the public safety.

PASSED

- HB 440 - establishes an Overdose System of Care (SoC) to improve care, treatment, and survival of the overdose patient, to establish stabilization centers that can receive overdose patients from EMS and designate acute health care facilities, free standing EDs, and hospitals that meet established requirements as overdose system of care centers.
- SB 206 – links specific patient care data related to overdose collected by EMS or the Office of State Epidemiologist with data in the Delaware PMP. Linking this data may assist prescribers and pharmacists in the identification of substance use disorder and promote safer prescribing. It also provides access to prescriber and dispenser identified data to the PMP Advisory Committee and the Addiction Action Committee, which will enable these committees to do the following: 1. Appropriately identify prescribing and dispensing patterns of concern. 2. Make recommendations to the PMP administrator. 3. Provide targeted education to those individuals whose prescribing or dispensing practices fall outside the Delaware average.
- SB 225 - will remain inactive until funds are appropriated– Act encourages prescribers and patients to use proven non-opioid methods of treating back pain by doing the following: 1. Prohibits numerical limits on physical therapy and chiropractic care, which might deter prescribers or patients from using those treatments rather than opioids. 2. Adds continuing education requirements for prescribers relating to risks of opioids and alternatives to opioids. 3. Creates a pilot program within the state employee health care plan that allows the use of massage therapy, acupuncture, and yoga for the treatment of back pain.
- SB 230 - amends Title 18 of the Delaware Code, § 3343, by setting annual reporting requirements for insurance carriers with regard to coverage for serious mental illness and drug and alcohol dependencies. This bill also amends Chapter 35, Title 18 of the Delaware Code by adding a new § 3571T to set annual reporting requirements for insurance carriers providing mental illness and drug and alcohol dependencies benefits, and the carriers' compliance with the Mental Health Parity and Addiction Equity Act of 2008. This bill also amends Title 31 of the Delaware Code, § 525, by setting annual reporting requirements for insurance carriers regarding coverage for serious mental illness and drug and alcohol dependencies for recipients of public assistance.

NOT PASSED/LOT(laid on table)/OUT OF COMMITTEE

- SB 176 - creates a Prescription Opioid Impact Fund (“Fund”) through a prescription opioid impact fee (“Fee”) that is assessed on manufacturers of prescription opioids.
- HB 458 - removes language from the state’s Prescription Drug Monitoring Program statute that unreasonably prevents law enforcement officials from accessing the PMP database when officials can show that the information on the database is relevant to an investigation or prosecution. This Act leaves intact the statutory right and responsibility of the Office of Controlled Substances to maintain the privacy of patients and patient information except under circumstances enumerated in the Delaware Code.

IV. Behavioral Health Consortium Update

Tanner Polce provided an update on the Behavioral Health Consortium, which is an advisory body comprised of community advocates, law enforcement, healthcare professionals, and state leaders that will assess and outline an integrated plan for action to address prevention, treatment, and recovery for mental health, substance use, and co-occurring disorders.

The members of the Behavioral Health Consortium have been meeting for over six months listening to members of the community tell their personal stories and experiences of how the addiction epidemic has affected them and gathering their feedback on how we can improve our behavioral health care system and better serve Delawareans and provide the governor with their initial report "Three-Year Action Plan".

Based on the data gathered by the Consortium, and from the voices of more than 600 Delawareans that participated in a community forum process, the report is divided into six main areas of action and committees:

- Access and Treatment
- Changing Perceptions and Stigma
- Corrections and Law Enforcement
- Data and Policy
- Education and Prevention
- Family and Community Readiness

The Consortium committees will be up and running soon.

Next Meeting

- Tuesday, July 24 at 10:00 AM -12:00 PM

V. Subject Matter Workgroups

Criminal Justice – Rob Coupe

The Criminal Justice Subcommittee is focusing on the engagement of individuals into treatment from the criminal justice system. The committee consists of 19 members from law enforcement, correctional facilities, EMS agencies, and other related partners.

Secretary Coupe presented on the work of the subcommittee which has been mapping flowcharts for access to care from various points in the system: Police/fire/Ems, corrections, courts, and the community. As a result of the process mapping, several key questions were identified by the Subcommittee:

Police/fire/ems

- Need a Statewide option for LE agencies (Crisis, TASC).
- How do Police follow up with Treatment programs?
- Who manages the caseload for Police (Hero Help and Angel Program)?
- Who does transportation on Police track?
- EMS can only transport to ER/Hospital.

Corrections

- Delaware is a unified system. Intakes could be pre-trial, sentenced, and LV4 Work Release. Pre-Trial could be released at any time depending on charges.
- What do they test for at intake? Mouth swab and breathalyzer.
- When is the Texas Christian University Drug Screen (TCUDS) administered?
- What treatment is available (Crest, 6 for 1, Key)?
- What about offenders on Methadone Maintenance Treatment (MMT)?
- Look at a track for pregnant offenders.
- Discharge planning accounts for setting up medical appointments, patient action plan, medications, and resources. Only done for offenders incarcerated a min. of 30-days.
- Offenders shall receive a 30-day supply of prescription of meds at discharge (Different for Pre-Trial).
- Does medical system offer treatment outside of the classification process?
- Does Offender Classification hinder treatment needs?

- Does DC planner follow up with released offender?

Courts

- When and where are assessments completed?
- Sometimes interest of client does not always align with getting help.
- Clients want the least amount of strings attached
- Prosecution has to weigh in about victim impact when handling cases.
- Some guidelines are very rigid and outdated based on current trends.
- What options beyond TASC?
- Clients can be out on bail awaiting Trial/Plea

Jack Charlier, National Director for Justice Initiatives, conducted a webinar for the CJ sub-committee on 6/26 focused on deflection and pre-arrest diversions programs. 19 members of the sub-committee attended.

Next Meeting

- Tuesday, July 24 10:00-11:30am at Troop 2.

Access to Treatment – Terry Horton for Elizabeth Romero

The Access to Treatment Subcommittee is focusing on improving access to treatment components that are necessary for sustained recovery, wrap around services such as employment, housing, and relapse prevention.

The committee would like to serve as a resource to policy makers, developing a guide for information regarding wrap around services and identify entry points.

- Employment issues – many industries are actually the triggers for those in recovery which makes it challenging when finding sober support teams, job locations, and areas. A very large construction industry would like jobs to those in recovery. The restaurant industry has also showed interest in providing employment opportunities. The subcommittee has members from Division of Vocational Rehabilitation (Dept. of Labor)
- Housing issues – What is the housing stock available for someone in recovery? Are there supervised houses? Define the gap analysis by allowing more opportunities to go forward through licensing changes.

The project with Deljis is moving forward to incorporate drug overdose-related data from LE agencies (overdose reversal, etc.) into Deljis. The information in Deljis will then be forwarded to DSAMH for referral to services. DSAMH is moving forward with the Open Bed software system development, which will also receive the information from Deljis. A soft launch is scheduled for August and a full launch in September.

Safe Prescribing – John Goodill

The Safe Prescribing Subcommittee is a public-private partnership focusing on the summarizing and identifying current knowledge on, and efforts to, curtail prescription medication abuse.

The subcommittee has met twice since last AAC meeting and continues the work on changing the habits of prescribing opiates.

- Changing the CRS licensure requirement to a 2-hour education specific to Delaware on opioid prescribing (webinar).
- Improvements to the Provider Section of HelpsHereDE.com website. The new Provider Section will launch soon.
- Getting the prescribers registered to use the PMP – registration numbers are going up
- Integrating PMP into the electronic health records (EHR) around the state and should be going live with the first providers within the next 2 weeks.

- Identify outliers and putting together an academic detailing program that will be run out of DPH to reach those providers and give them education and support around opioid prescribing. Hoping to start within the next couple of months.
- Informed Consent form discussion on if this should be a standard form used every time an opiate prescription is written. Dr. Gibney is conducting a pilot at St. Francis emergency department to which patients' feedback has been very positive.
- E-Prescribing is an agenda item for the future.

Matthew Powell, MD from Christiana Care has invited the AAC committee to attend Grand Rounds concerning post-surgical discharge with opioids at Christiana Hospital being held on Wednesday, August 15, 7:00-8:00am.

Next Meeting

- Tuesday, August 28 at 4:00-6:00pm at DHSS Chapel

Pain Management – Matt Denn

No new update

Public Education

The target audience is youth and their families, and the general public. Currently in a partnership with DOE regarding a life skills program with school districts within DE (Botvin). Would like to build up the outreach campaign. A chair is still needed for this working group.

VI. Next Steps

Next AAC meeting

- Will be scheduled for October.

Suggested agenda items

- Detox facilities
- What happens when someone with an addiction leaves the ER? Where do they go?
- Second hand opioid exposure (nurses, police officers, K9s)

VII. Public Comment

- Dustin Thompson from American Massage Therapy Association – Thank you to the AAC committee for all the work on SB225. An issue that came up at AMTA last committee meeting: lack of specificity on parameters on the pilot program and how it interrupted their ability to create a solid fiscal note. Anything that AMTA can do to assist when the pilot program comes back up for discussion please let them know. dthompson3662@gmail.com
- Fran Russo-Avena - Are the health care providers/committee members within the AAC interested in creating a unit within their own organizations/agencies that are specific to caring for individuals with substance use disorders?
frances.russo-avena@redclay.k12.de.us
- Lisa Flaherty shared an article from the New England Journal regarding primary care opioid overdose crisis.
lisacflaherty@comcast.net

VIII. Close Meeting

- Meeting adjourned at 1809.