

## LOUISIANA LEGISLATURE ACT 88:

### ADVISORY COUNCIL ON HEROIN AND OPIOID PREVENTION AND EDUCATION

Date: March 4, 2020

Time: 2:00 – 4:00 p.m.

Location: Louisiana Department of Health

628 North 4<sup>th</sup> Street, Bienville Building, Room 118

Baton Rouge, LA 70802

#### Minutes:

1. Call to Order - Dr. James Hussey called the meeting to order at 2:05pm
2. Roll Call – A quorum was not reached.

*Present:*

Dr. James Hussey (Chair) – Dept. of Health

Mona Michelli (Co-Chair) – Dept. of Children and Family Services

Michael Comeaux – Dept. of Education

Major Bob Brown – State Police

Sheral Kellar –Workforce Commission

Blake LeBlanc– Dept. of Public Safety and Corrections

*Absent:*

Linda Theriot – Veterans Affairs

Judge Jules Edwards – 15<sup>th</sup> Judicial District Court

Dr. Allison Smith – Board of Regents

Senator Regina Barrow – Senate

Monica Taylor – Attorney General’s Office

Elsie Joan Brown- House of Representatives

Travis Thomas- Dept. of Insurance

3. Approval of agenda- Chair Dr. Hussey walked through the agenda, but due to no quorum, the agenda was not approved.
4. Approval of November 2019 meeting minutes- The council did not vote on the minutes, as there was no quorum.
5. Co- Chair Discussion- Chair Dr. Hussey announces that Co-Chair Mona Michelli is willing to continue as Co-Chair but wanted to see if anyone else is willing or eager to step in as Co-Chair instead. It is agreed by the council that Co-Chair Mona Michelli is doing a great job and would like for her to continue in that role.
6. Review of Final Recommendations- Before going in to the recommendations, Chair Dr. Hussey gave thanks to all who helped and contributed to the HOPE Council 2019 End of Year Report. The recommendations from the 2019 Report are as follows:
  - a. Continue Community of Caring Workgroup dialogue,
  - b. Improve access to alternatives to opioids for management of chronic and severe pain,
  - c. Educate public and providers relative to dangers of synthetic opioids, opioid misuse, stigma, alternatives to opioid pain management, opioid addiction-related trauma, early recognition of symptoms, as well as education on availability of services,
  - d. Incentivize providers to care for those with opioid use disorders, especially those in specialized populations,

- e. Work to expand access to Medication-Assisted Treatment in emergency departments, hospitals and substance use residential facilities,
- f. Enhance harm reduction strategies,
- g. Increase access to, affordability of and utilization of Naloxone,
- h. Continue development of Care Coordination, Peer Support Services, and Peer-to-Peer Consultation.

7. Discussion of 2020 Advisory Council Strategy

- a. Continuation of Impact Workgroups- Dr. Hussey mentioned that three workgroups were formed last year to spur discussions for recommendations. If anyone is interested in joining, they may contact Dr. Hussey or Catherine Peay. He asked for thoughts on the continuation of these groups.

Jay Besse spoke up, stating he thinks it is important to revisit items previously outlined, items that are feasible to do this year, and then what is potentially missing. He would like to figure out a project the workgroup can do such as gauge individuals from other states and apply some of the same principles here in LA.

Co-Chair Mona Michelli stated that a Committee Chair is needed for the Community workgroup, and if anyone is interested, they may reach out to Mona Michelli, Dr. Hussey, or Catherine Peay.

- b. Review/Presentations of Promising/Best Practices- In order to keep this going and to make an impact, Chair Dr. Hussey said he would like to include presentations on the agenda like promising practices and model programs to inform, which may get others interested in carrying out these practices in their communities. He mentioned that he would like to hear about substance use courts, naloxone programs within Higher Ed. If anyone has ideas of good presentations, send them to Catherine Peay or Dr. Hussey. Kristy Miller recommends having presenters on practices the council may want to recommend. So the council should consider how to scale up the model, as this will help the council in reaching its charge of the Interagency Coordination Plan.

8. Office of Public Health/LODSS - Nell Wilson gave a presentation on continued projects, new projects and data offered by LODSS. Some of the continued projects include:

- a. Report ED data from syndromic surveillance “chief complaint” data on suspected drug overdoses.
- b. Work with coroners and toxicology labs to collect descriptions of drug overdose death circumstances; report to CDC and disseminate trends through BHI data products
- c. Funds directed to NMS Labs for comprehensive toxicology testing on behalf of 56 parish coroners.
- d. Continuation of death, injury, and healthcare utilization data on LODSS (<https://lodss.ldh.la.gov>)

New projects include:

- a. Examine the associations between opioid morbidity and mortality with social, psychological, and environmental factors in Louisiana
- b. Publish more detailed summary data on the demographics of opioid prescription data
- c. More analysis of toxicology data – types and combinations of drugs used
- d. Evaluation of reported drug specificity before and after the implementation of the LEERS “Opioid Button.”
- e. Pilot parish-wide implementation of ODMAP in Orleans Parish

LODSS Surveillance data discussed includes:

- a. Drug-involved deaths in LA

- b. Opioid-involved deaths in LA
  - c. Deaths by specific opioids used
  - d. Drug-poisoning deaths by Region
  - e. Hospital admissions involving opioid poisoning and heroin poisoning by quarter
  - f. OTP coverage in LA
  - g. Types of providers in LA
9. LSU LaSOR/Hub & Spoke Overview - Michelle Hamrick gave an overview of LSUHSC's role with the LaSOR Project, which is to enhance and expand the capacity of OUD Treatment. She reviewed the Hub & spoke model and then spoke on the benefits of LaSOR to the OBOTs, which include:
- a. SCT Team works directly with OBOT staff to support treatment
    - i. Screening, brief intervention, and referral to treatment (SBIRT) services, clinical assessment, case coordination, recovery support
  - b. Financial compensation for case consultations between prescriber and SCT
    - i. \$300 for initial visit and \$150 for monthly visits thereafter
  - c. Able to bill Medicaid for reimbursement for services
  - d. LSUHSC Addiction Psychiatry staff available for professional consults

Michelle Hamrick then shared some of the LaSOR updates, successes, and barriers. Some of these barriers include:

- a. Shortage of qualified staff in the state, especially rural areas
- b. Lack of X-waivered prescribers in the state and physician reluctance
- c. Stigma about MAT and resistance to switching to a treatment model from an abstinence model
- d. OBOT and prescriber turnover
- e. Onboarding requirements at OBOTs can delay start treatment
- f. Lengthy contracting and hiring processes

She said the LaSOR Project has expanded statewide capacity in the following ways:

- a. Encouraged more prescribers to obtain or use their X-waiver
- b. Provided X-waiver trainings to prescribers
- c. Recruited multiple types of prescribers: Nurse Practitioners and Physician's Assistants are also eligible to apply for an X-waiver not just physicians
- d. Ensured that multiple OBOTs are available in each region throughout the state
- e. Emphasis on underinsured and pregnant females as patients expanded care for those who often cannot find or afford OUD treatment

Michelle Hamrick wrapped her presentation up with some recommendations:

- a. Educate prescribers and general public about MAT—stigma reduction
  - b. Incentivize prescribers: financial, clinic set-up and improvement, service reimbursement
  - c. Implement and expand the use of telehealth to support MAT
  - d. Link providers with resources such as Project ECHO and SAMHSA's Providers Clinical Support System (PCSS) <https://www.samhsa.gov/providers-clinical-support-system-medication-assisted-treatment>
  - e. Encourage organizations with wraparound services (e.g. FQHCs) to offer MAT
10. CAHS Mobile Unit - Jan Laughinghouse with Capital Area Human Services District gave an introduction on the mobile unit. The purpose of the CAHSD Opioid Mobile Outreach Unit is to provide outreach primarily targeting opioid use or misuse in emergency rooms, criminal justice population, pregnant women, homeless individuals, state-recognized tribes, veterans, and other diverse populations. She said that they are contracting with Capital Area Re-entry, as CAHSD did not want to duplicate the work they are already doing. The team has been working and collecting data, but the unit has been difficult to launch while dealing with bureaucracy. They do, however expect to

launch in March. Barriers include, that they have not been able to get certain initiatives working well in others states to move forward because they get bogged down in legal. An example of a harm reduction initiative is the fentanyl test strips. There was a question about BTNX strips, which has been tested by Johns Hopkins. The BTNX strips detect fentanyl and the price is \$1 a strip. They want to know if this is something they can do going forward, as they want this unit to be affective. Office of Behavioral Health (OBH) staff is looking in to it.

Rhonda Irving is the CEO and Founder of Capital Area Re-entry, and she spoke about the mobile unit, as well. She also touched on the syringe service program she provides.

Fentanyl test strips came up again, and Dr. Hussey suggested that this is something to consider as an upcoming recommendation. Dr. Jose Calderon, from the audience suggested possibly forming a legal taskforce to discuss and resolve these issues around care coordination.

Dr. Hussey asked members if they liked having three presentations each meeting. All members agreed to three and offered suggestions which included: drug courts, Board of Regents, pain management, chiropractors, FQHCs, OBOTs, stigma affecting the care system, peer support specialists, treatment services for pregnant mothers, National Association of Drug Investigators (NADI), other state efforts. Chair Dr. Hussey also mentioned setting up virtual presentations to cover more topics, as well. The group was open to this.

11. Public Comment- no comments

12. Next Steps

a. Potential speakers at future meetings will be discussed and decided.

b. Change of date for upcoming HOPE meeting: September 2<sup>nd</sup> date is now moved to September 9<sup>th</sup>.

13. Dr. Hussey adjourned the meeting at 3:50pm.