

Governor’s Opioid and Substance Use Disorder Advisory Group Meeting

February 12, 2020

LOCATION: State Department of Education, Boise, Idaho

DATE: Wednesday, February 12, 2020

TIME: 8:00a - 2:00p

ATTENDANCE:

Present:

Melinda Smyser, Chair
 David Robins (Davis)
 Hon, Michael Tribe
 Rick Henry
 Janice Fulkerson

Ben Smalley
 Dr. Neil Ragan
 Helo Hancock
 James Fry
 Daniel Clark

Sen. Abby Lee
 Bree Derrick (Tewalt)
 Nicki Chopski
 Anne Lawler
 Susan Miller

Dr. Christine Hahn (Jeppesen)
 Ked Wills
 Marv Hagedorn
 Pam Eaton (Smith)
 Lisa Kramer (Studebaker)

Absent: Edward McEachern, Rep. Mike Kingsley

Staff: Nate Fisher, Marianne King, Shaina Cales, Camille McCashland, Nikki Regent

TOPIC	DISCUSSION	Action Items/Responsible Party
Welcome/ODP Updates	<p>Melinda Smyser, Chair - Welcome and special thanks to Lisa Kramer and the State Department of Education for hosting us. Today, a lot of group and collaboration ideas are on the agenda.</p> <p>Member introductions that pertain to involvement with each member’s perspective field.</p> <p>Nate Fisher: The Governor was pleased to see the progress here with this Task Force. He was particularly interested in the prescription monitoring program and the market conduct study.</p> <p>Committee Member Introductions:</p> <p>Lee: I’ve been working with the prescribing practices subcommittee and relevant stakeholders on introducing legislation to strengthen the Prescription Drug Monitoring Program (PDMP). Should be introduced in the near future.</p>	

Hahn: We've been working with the various divisions within the Department of Health and Welfare on these issues. It's important for us to get more and the best data possible, particularly on overdose deaths.

Derrick (Tewalt): We've been working hard at IDOC on our MAT pilot program. We hope to have more updates in the future.

Fry: Drug and substance use continue to be an issue for law enforcement. There's a need for more information and data within the correctional industry.

Daniel Clark: We continue to prosecute cases and work with the relevant parties to identify issues for law enforcement on these issues.

Lawler: Working with Ada County Coroner's Office in getting data for overdose deaths. Also working on educating providers on appropriate prescribing.

Hancock: Focusing on the prevention side by focusing on children. It is difficult to get these kids help, because law enforcement, school programs, and after school programs, they will go about things in their own way. Some unification and standardization may help.

Miller: We've been looking into dental prescribing history with assistance from the Board of Pharmacy. Working on education and awareness.

Ragan: Our MAT patient population has increased from 80-125. I see most of those patients. We're working to grow and improve our program. I've learned that childhood issues are the real problem behind these MAT patients.

Hagedorn: Veterans are more apt to die by suicide in Idaho – in fact, four times as likely. Some of the nexus surrounds substance use disorder.

Smalley: Working to reduce the number of prescriptions provided within the hospital. One interesting solution is anesthesia blocks, which can provide pain relief for up to 72 hours and significantly reduce threat of addiction.

Eaton (Smith): Working on education within pharmacy communities surrounding this issue.

	<p>Fulkerson: Working on a collaboration with Suicide Prevention Hotline to explore and discuss possible partnerships and combining resources. Northpoint has also started an adolescent program.</p> <p>Wills: ISP is working on mid to upper level drug dealers and drug crimes. We're working with our detectives and county coroners to work backwards from opioid and other drug overdoses.</p> <p>Kramer (Studebaker): CDC and SDE working on study examining youth substance use and other trends. Just completed and posted on the SDE website.</p> <p>Tribe: Asked by the chief justice to attend various trainings and come back to Idaho to work with other drug court judges.</p> <p>Robins: We're working on prosecutions and investigations of high-level, interstate, and international drug crimes.</p> <p>Henry: We're working a lot of cases. Working a lot with BYU-I and trying to identify how our youth are involved and getting addicted.</p> <p>Chopski: Working on and tracking various opioid legislation specific to pharmacists. Working to get more providers signed up with Gateway</p> <p>Audience introductions. ODP maintains a list of audience participants.</p>	
Idaho Opioid Symposium	Melinda asked the Committee if they are in favor of supporting an Idaho Prevention: Substance Use, Opioid, Safety Symposium on October 15 th .	Set for October 15, 2020 Topics include what we've been doing as a state in the past five years in regards to substance use/opioids and where we see out future prevention education awareness and treatment programs headed in the next 5-10 years at this time, we will give Gov. Brad Little our final recommendations for his Governor's Executive Order.
Charge Group 3	Charge Group 3: Prescribing practices including usage of the prescription monitoring program, prescription limitations, and required continuing medical education.	

	<p>Hagedorn: Prescribing PDMP (Prescription Drug Monitoring Program). This subcommittee, along with other stakeholders, has drafted legislation that Senator Lee will introduce next week. We haven't seen effectiveness in behavior with CE (continuing education). We are not ready to make a solid recommendation at this time.</p> <p>Last topics we discussed: Should there be limits on prescribing to youth? To be explored by the subcommittee moving forward.</p> <ul style="list-style-type: none"> - We want to have a speaker come to the next April meeting who is an expert in pediatric addiction, and how they become addicted. We <i>can</i> address the prescriptions (sports injuries, dental work, etc). We would like to get more data. - <i>(Lawler)</i>: Want to do more research on youth and prescriptions, and what we can do to prevent addiction for children. We also want to continue discussions on third party access to PMP and discussion on MAT waivers. <p><i>(Melinda Smyser)</i>: is this subgroup finished?</p> <ul style="list-style-type: none"> - We still need to address concerns with more research to manage youth prescriptions. We may also look at merging our efforts with other charges and directives from the Governor. <p><i>Questions and Answers</i></p> <ul style="list-style-type: none"> o <i>Hahn</i>: "Innocent addiction" is a term that has a stigma. o <i>Hancock</i>: I agree, there could be a better term. I think the way I would define it as "what is inside our control." 	
Charge Group 1	<p>Charge Group 1: Advancing the goals and strategies from the Idaho Opioid Misuse and Overdose Strategic Plan</p> <p>Between last meeting and this meeting, we spend a lot of time looking at curriculum, and how it is defined in the state. We are working with superintendents, school educators, principles, to look at evidence-based education to see what made a difference and what did not.</p> <p>We are also discussing how we can advance the conversation of adding "Crisis Services" beyond the Suicide Prevention. We do not have a recommendation on this topic today, as we need to discuss this in a couple more meetings.</p>	<p>Recommendations to send to Governor Little:</p> <p>Beginning with the 2021 school year, Idaho Public Schools will receive support to integrate evidence-based substance misuse prevention instruction in alcohol, tobacco, and other drug misuse in grades six through eight. Funding support includes but is not limited to block grant funding from the Office of Drug Policy.</p>

	<p>** This subcommittee will continue to meet. We will need to have a couple more meetings for further discussion.</p> <p><i>Questions</i></p> <p>Q: Can you expand on curriculum? - I am not an educator, so we rely on those people (superintendents, public educators, principals) to see what has made a difference.</p> <p>Q: Is there a requirement standard for the school districts to teach these issues? A: Yes, K-12, but hopefully they are being taught up to standards.</p> <p>Q: <i>(Hagedorn)</i> I don't know how I feel about the "Option to receive support" and have issues with the wording. What does support mean? A: <i>(Kramer)</i> Funding the curriculum, materials, so that the school has schools, materials, and training so that the school does not have to pay for it. <i>(Hagedorn)</i>: Could we make it stronger by saying the Dept. of Education shall provide options? This could be one way to word it without a mandate.</p> <p><i>Additional Comments</i></p> <p><i>(Fulkerson)</i>: We should invest in prevention education. What we need is a systematic program that will carry kids over to be able to talk about suicide, depression. Prevention is the intent behind this, and gives kids skills they need before they get caught up in the mess. When we talked with Dr. Studebaker, he suggested a Prevention Conference, and look at the pros/cons. What we talked about was making it supplemental first, and then move forward.</p> <p><i>(Hagedorn)</i>: I don't like the option to integrate, I think it should be mandatory</p> <p><i>(Smyser)</i>: what does integrate mean?</p> <p><i>(Fulkerson)</i>: primarily funding for these programs, resources for the teachers, the curriculum necessary, and train the trainer events.</p>	<p>-Moved by Fulkerson, seconded by Hagedorn. Approved unanimously.</p>
<p>Charge Group 8</p>	<p>Charge Group 8: Various treatment pathways possible to combat opioid and substance misuse.</p> <p>No proposed recommendation at this time.</p>	

	<p>Recommendations still being considered:</p> <ul style="list-style-type: none"> - We do have one area that discusses <i>various treatment pathways</i>. We deal with substance/justice involved individuals...what is one point of contact where these people can be funneled? These people are dealing with our local public vending offices. An idea could be to develop a pamphlet that attorneys can hand out, addressing where these individuals can go to for treatment? <p>**This subcommittee will continue to meet**</p>	
Charge Group 2	<p>Charge Group 2: Best practices in other states used to combat opioid misuse and substance use disorder.</p> <p><i>Hahn:</i> Three recommendations for the groups' consideration:</p> <ol style="list-style-type: none"> 1. The Governor should support community efforts to remove restrictions and barriers to establish Opioid Treatment Programs (OTPs) as he meets with community leaders around the state. 2. The Governor should support the efforts to establish recovery and support services, including for people using Medication Assisted Treatment (MAT)/Medication for Opioid Use Disorder (MOUD), as he meets with community leaders around the state. 3. The Governor should support House Joint Memorial 13 To take action necessary to make buprenorphine available to people who need it. <p>**We all support an Idaho Opioid Symposium allowing participation for people around the state.</p> <p><i>Additional Comments</i></p> <ul style="list-style-type: none"> - <i>Hahn:</i> When the Governor engages in <i>Capital For a Day</i> (or other community events), the establishment of OTP's (Opioid Treatment Programs) could be something that he could promote. Some of the barriers have been payment that Medicaid is paying for methadone. The problem we face now is encouraging the community to support these providers. There is some concern about moving 	<p>Recommendations to send to Governor Little:</p> <p>The Governor should support community efforts to remove restrictions and barriers to establish Opioid Treatment Programs (OTPs) as he meets with community leaders around the state.</p> <p>The Governor should support the efforts to establish recovery and support services, including for people using Medication Assisted Treatment (MAT)/Medication for Opioid Use Disorder (MOUD), as he meets with community leaders around the state.</p> <p>The Governor should support HJM 13 and efforts to remove barriers to prescribing MAT.</p> <p>-Moved by Hahn to support all three in a block, seconded by Marv Hagadorn. Supported by advisory group on unanimous vote.</p>

	<p>away from educating doctors. Valuing education placed on buprenorphine is important.</p> <ul style="list-style-type: none"> - <i>Hahn:</i> As we've expanded Medicaid, funding and money for these types of clinics and programs will become more available. - <i>Ragan:</i> To receive MAT (Medication Assisted Treatment) services, I highly recommend counseling in my practices but do not require it. 	
Lunch Presentation	<p>Idaho Drug Court Committee Presentation: Judge Tyler Smith, Judge Michael Tribe, Judge Deborah Bail</p> <p>Judge Michael Tribe</p> <ul style="list-style-type: none"> ○ Once the program is approved, it is designed for 12-18 months. We ask for \$1500 in our county for this process. Once they are in the program, each of the 4 phases are made up of 10-16 weeks. Phases are completed based on performance level. I meet weekly and try to have a 3-minute face-to-face conversation with each individual. ● I struggle with random observed testing in Drug Courts. They truly need to be random. ● There are tiered sanctions to focus on accountability and goals (honesty, meeting attendance, etc.). Examples of sanction warnings include verbal warnings, writing essays, or occasionally making them pay for it. ● If they are approved, they are then discharged. We also hold a graduation and make a big deal out of it. We invite local legislators, speeches, we try to celebrate their accomplishments, and they are entitled to 192604 relief. <p>Judge Deborah Bail</p> <ul style="list-style-type: none"> ● We tend to deal with the discouraged population. It is important to set accountability, but also celebrate accomplishments and set goals. ● We are full and at capacity in Ada County to hire counselors, expand our Treatment Centers. It would be beneficial to expand. When they graduate, their economic impact in our area is large. ● We are also including training for judges, parenting classes, a real variety. This is truly beneficial because 95% of women that land in drug court have been victims of trauma. ● What makes drug courts so effective is that our staff meets and discusses each person every single day. <p>Judge Tyler Smith</p>	

- Presenting/pitching a new program, Gem County and Emmet that increases attendance/graduation rate, decreases suicide. This program involves feeding children (PB&J and a glass of whole milk). This program has been implemented in Gem County/Emmett, and occurs after kids are involved in a physical activity (after conditioning or lifting).
- The more we increase kid's attachment to their school, attendance increases, attitudes rise. This improves self-esteem/mental health/academics
- The reason for this presentation is because it is important to intervene earlier (before Drug Court).
- This program involves 600 sandwiches and 25 gallons of milk per week. For one month, it costs \$500. This is at Emmett High School. This program shouldn't be paid solely by the people in Emmett. The coach that developed this program would love to come and talk/present to everyone.

Questions and Answers

Q: In the PB&J program, what are the genders of the high school students?

A: 125 boys and 3 girls last year; 180 boys and 24 girls this year.

Q: What difference in the numbers do you see between methamphetamine and opioids?

A: A mixed number; a combination of abuse. We tend to have better success with the meth addicts.

Q: (*Ragan*) Do drug courts support MATs?

A: (*Bail*) I strongly support it, as do many drug courts across the state. Some prosecutors have concerns surrounding DWI.

Comments:

- You commented that you see better results with meth users. In my practice, there is a lot of overlap. I have a lot of people who are doing well with opioids but not meth, and there is not much I can do beyond counseling.

Question to Panel: What could make a difference that you would suggest to the Governor?

- More funding for more slots. I have a hard time getting people into mental health court, and as a result they are dropped into drug court.
- The housing situation is impossible to fix. Those in drug court will be exposed to drug use in their homes. Establishing housing would be effective.

	○ Considerably more mental health treatment.	
New Charges	<p>New Charge Possibilities</p> <p>[Group 1 Proposal]:</p> <p>4, 7 11, 5 9, 3 10</p> <p><i>*6, 12 have the potential to be paired with any group</i></p> <p>[Group 2 Proposal]:</p> <p>9, 10 4, 7 11, 5 6, 12</p> <p><i>*11 has the potential to be paired with any group</i></p> <p>[Group 3 Proposal]:</p> <p>3, 9 7, 8 5 11 4</p> <p><i>*6, 12 have the potential to be paired with any group</i></p> <p>Discussion and Comments (for new charges)</p> <ul style="list-style-type: none"> - Group concurrence with joining 9 and 3 - Keeping Charge 10 and Charge 7 separate because they speak to different audiences and will resonate differently. - We should be careful combing mental health problems with offenses outlined legally, so Charge 4 and Charge 7 are best addressed separately. Nampa PD situation did everything they could for a program. It is not enough for just local 	<p>Final Charge Agreement:</p> <p>Final: 11,5 9,3 4 7</p> <p>*10</p>

	<p>law enforcement. There might be more programs available now to law enforcement that they are not aware of.</p> <p>Decision:</p> <p>11, 5 (Chaired by Dave Jeppsen/Christine Hahn)</p> <ul style="list-style-type: none"> o Lawler, Chopski, Gammette, Cathy (ODP) <p>9, 3 (Chaired by Marv Hagedorn)</p> <ul style="list-style-type: none"> o Chopski, Lawler, Miller, Ragan, Hancock, Pam Eaton (Smith), Nikki Regent (ODP) <p>7 (Chaired by Janice Fulkerson)</p> <ul style="list-style-type: none"> o Smalley, Kingsley, Marianne King (ODP) <p>4 (Chaired by Judge Tribe)</p> <p>**Group 10: will be discussed at a later date.</p> <p>Additional Charge Comments:</p> <ul style="list-style-type: none"> - I'd like to have a presentation/discussion about mental health and information regarding behavioral health programs in the state. 	
Group Meetings	<p>**Meetings with next groups: Polls will open in the next couple of weeks to solidify meeting times**</p>	
Public Comment	<p>Cynthia Macri, Chief Medical Officer (Eagle Force Health, United States Navy Medical Officer with 35 years of service)</p> <ul style="list-style-type: none"> - Thank you for including us. I felt welcome and joined Group 3 (plus 9) this morning. - Administrative burdens placed on medical professionals should be alleviated. - One problem I have seen (with veterans) is bias. For example, if you are a vet and go to the VA in , they may ask who you are/what you do. The primary doctor in rural areas are the last straw in any community (they practice everything). In a rural area, if you are a veteran and say that you have PTSD and need medications, many doctors may not have time to check that they <i>actually need</i> that medication. The disempowerment of the patient and not engaging the patient in recovery afterward is a problem. A facilitated discussion here would be beneficial. - A discussion of not engaging the patient in recovery afterward (we see this particularly in VA hospitals) should be held. 	

	<p>Jeanie (Personal Testimony)</p> <ul style="list-style-type: none"> - Presentation includes a photograph of her brother’s scarred sternum. He has a chronic pain condition. - My brother suffers from a condition that causes chronic pain. He had three different surgeries on his sternum. As a result of his surgeries and pain he was on a variety of medication. He attempted to get off numerous times. He went in for his latest surgery in December but had a difficult time with pain and was prescribed suboxone. He attempted to quit suboxone cold turkey after not receiving the treatment he needed. He died by suicide shortly after in February of 2019. He was unable to receive pain management or medication after his surgery for his chronic pain condition. <p>Sean Alfritz (Health Information Exchange)</p> <ul style="list-style-type: none"> - I’m impressed that you are all really getting into the details for an opioid response - Clinical staff should be a part of those conversations to recommend to the Governor - Data is a big, important, complicated topic. The information on the opioid crisis that we all have is not efficient. You need good, more complex data to come to these decisions. - With support from DHW and the Support Act, IHDE should be close to operational and self-sufficient this year. <p>Travel Reimbursement/Meeting Details (Nate Fisher)</p> <ul style="list-style-type: none"> - Travel reimbursement is included in the folder - We would like to host the next task force meetings across the state. If you would like to host or know of a venue, please reach out. <p>Reoccurring Themes (Melinda Smyser):</p> <ul style="list-style-type: none"> - Silos are a big challenge - Childhood trauma is also another theme we should be discussing 	
Meeting adjourned	Meeting adjourned, 1:45 p.m.	
NEXT MEETING	April 8, 2020 - Coeur d’Alene ISP District 1	