



Opioid Abuse Advisory Committee

Meeting #7 Minutes
Thursday, July 19, 2018

Red Rossa Conference Center
Pierre, SD

The seventh meeting of the Opioid Abuse Advisory Committee was called to order by Advisory Chair Tom Martinec at 10:00 a.m. (CST). The following members of the Advisory Committee were in attendance: Tom Martinec - Chair, Kristen Bunt, Maureen Deutscher, Amy Hartman, Amy Iversen-Pollreis, Steve Lee, Kari Shanard-Koenders, Senator Jim White, and Brian Zeeb.

Advisory Committee members not in attendance were Sara DeCoteau, Chris Dietrich, Margaret Hansen, Jon Schuchardt, Barb Smith, and Robert VanDemark.

Support staff in attendance included: Sharon Chontos, Melissa DeNoon, Derrick Haskins, Katie Hill, Kiley Hump, Amanda Nelson, Rachel Oelmann, Susan Sporrer, Laura Streich, Colleen Winter, and Tiffany Wolfgang.

Guests included: Mark East (South Dakota State Medical Association), Emily Kerr (South Dakota Legislative Research Council), Jeff Deutscher (family advocate), Tyler Klatt (South Dakota Board of Medical and Osteopathic Examiners), Brandon Pfaff (advocate), and Hally White (USDA Rural Development).

December 13, 2017 Minutes Approval. The December 13, 2017 minutes were approved via e-mail in January 2018.

Welcome. Tom Martinec welcomed the Advisory Committee members and guests. Tom provided encouraging remarks regarding the progress of the South Dakota Opioid Road Map activities as well as outcomes observed through data collected by the Department of Health (detailed below). The outcome of the meeting was set to a) provide a status update of the strategic plan, and b) develop ideas for upcoming grant applications being pursued by state agencies in the prevention of and response to incidences of opioid use/misuse.

Funding Sources Review

CDC Prescription Drug Overdose: Data-Driven Prevention Initiative (CDC DDPI). Reported provided by Laura Streich. CDC DDPI's purpose is to support efforts to track and understand the full impact of prescription opioid use/abuse in SD. The grant is a three-year grant awarded at approximately \$250,000 per year; the grant is nearly at the end of the second year. Additional supplemental funding was awarded for Year 2 and was used to support the media campaign. Supplemental funding is also available for Year 3. CDC conducted a site visit in March 2018. Several support team members and Advisory Committee members presented to the CDC representatives.

Keeping with the grant intentions, the SD DOH facilitates the Prescription Opioid Abuse Advisory Committee meetings to provide continued guidance on strategic plan activities and to prioritize future activities using the needs assessment to make data-informed decisions. The strategic plan (SD Opioid Road Map) will be updated to reflect status changes, incorporate new activities, and prioritize projects in preparation for the next Advisory Committee meeting.

The CDC DDPI grant supports a) the surveillance system to receive and track real-time reports on opioid overdose cases; b) hospitalization and death data tracking; c) work with SD State Medical Association (SDSMA) to increase prescriber education of opioid abuse and the PDMP; d) work with the SD Board of Pharmacy (BOP) and Prescription Drug Monitoring Program (PDMP) vendor to obtain access to PDMP data, with the intent to analyze and better utilize PDMP prescription data; e) work with tribal partners to determine resource needs, and to develop resources; g) co-development of the Avoid Opioid SD mass media campaign including television and radio placements, a social media campaign, and a website, featuring drug take-back locations, treatment resources, provider resources and data dashboards. Further detail is outlined in the strategic plan update section below.

CDC Cooperative Agreement for Emergency Response: Public Health Crisis Response (PHCR). Tom Martinec reported SD DOH is applying for the CDC PHCR grant. The PHCR was designed to build upon the Public Health Preparedness Grant, which has been received and managed by the DOH since 2002. As a component of this grant, CDC is offering one-time funding (\$1,000,000 up to \$2,500,000) to support opioid efforts. Proposed projects include further opioid training for personnel and rapid response teams; training for hospital personnel on opioid abuse; law enforcement training on stress, compassion and fatigue; emergency medical services (EMS) chart reviews (looking at Naloxone use and overdose protocols); integration of EMS patient records with electronic health record (EHR) systems; additional PDMP enhancements; health information exchange (HIE) enhancements and further integration of data systems; and increasing capacity of the state public health laboratory to analyze opioids.

SAMHSA Screening, Brief Intervention, and Referral to Treatment (SBIRT) State Implementation Grant. Update provided by Tiffany Wolfgang. SBIRT is an evidence-based practice used to screen for health-risk behaviors, including substance abuse, within communities and then provide responsive services to patients screened at low, moderate or high-risk levels in partnership with community providers. South Dakota's SBIRT Implementation project is focused on integration of screening and brief interventions and referrals to treatment, as applicable, in partnership with primary care clinics. The South Dakota Department of Social Services (DSS) Division of Behavioral Health, Prevention Program, is managing the five-year grant which is currently in Year 2. Four primary care clinics are currently implementing SBIRT: Avera Medical Group – 69th & Cliff (Sioux Falls), Avera Medical Group Family Health Center (Sioux Falls), and Avera St. Benedict Health Center (Parkston and Lake Andes clinic sites). Onboarding of an additional clinic in northeastern South Dakota will commence August 2018. To date, nearly 7,500 patients have been screened since January 2017 throughout the project. The DAST-10 is being used for drug use screening. In addition, the SD SBIRT Project includes focus on integrating Medication-Assisted Treatment (MAT) options for patients afflicted with an opioid use disorder as identified; work in this area has begun in partnership with Avera Health through its existing SBIRT implementation sites. Efforts will leverage STR- and SOR (State Opioid Response)-funding to fulfill that aim in alignment with both grant goals.

SAMHSA State Targeted Response to the Opioid Crisis (STR-Opioid Grant) Update provided by Tiffany Wolfgang. South Dakota received \$4,000,000 over a 2-year period to address treatment/recovery services and prevention. Tiffany Wolfgang, DSS BH Division Director and STR-Opioid Grant Project Director reported SD DSS is in Year 2 of the grant which ends April 30, 2019. Year 1 focus was on laying the groundwork with prevention activities – a number of key projects lifted off: Connection to Resources (which established the Opioid Resource Hotline and resource database), Prevention program delivery to communities and schools, and the public awareness campaign in partnership with DOH. Year 1 also funded the entire Naloxone project done in partnership with DOH. Year 2 will focus on building connections between community treatment providers and physicians to deliver Medication-Assisted Treatment for OUD, as well as expanding a peer recovery support model that can be delivered both in-person and virtually in partnership with Face It TOGETHER.

SAMHSA State Opioid Response Grant (SOR). Update provided by Tiffany Wolfgang. SAMHSA recently announced availability of additional opioid response funds to support states' efforts in combatting the opioid crisis; a total of \$8,000,000 is available to South Dakota. The award will begin September 30, 2018. Applications are due August 13. The Division of Behavioral Health as the Single State Agency will again be lead on this effort, similar to the STR-Opioid grant. A Request for Information was issued to gain insight into organization and agency needs across South Dakota; responses continue to come in and numerous conversations are happening to clarify assumptions and/or identify areas of opportunity with potential partners. Focus will be on 1) continuing STR-Opioid funded efforts as appropriate, 2) building additional capacity for MAT and teleECHO expansion as identified by organizations and agencies through their RFI responses, 3) direct marketing to consumers, providers and the public at large regarding the Opioid Resource Hotline and AvoidOpioidSD campaign components, and 4) building additional capacity to leverage the peer recovery support model statewide.

USDA Rural Development: Opioid Misuse in Rural America. Hally Witte, USDA Rural Development (RD), announced USDA RD provides grants to small community agencies to provide equipment, facilities, and support to prevent and address opioid misuse and abuse within their communities. Equipment examples include drug take-back receptacles, medical equipment, safety equipment, ambulance, police vehicle, and fire truck equipment, and telemedicine and distance learning equipment.

CDC Pregnancy Risk Assessment Monitoring System (PRAMs) Supplemental Opioid and Disability Research. Colleen Winter, SD DOH Family and Community Health Division Director, announced SD DOH is applying for a grant to collect information on pregnancy outcomes and practices post-delivery, specifically opioid use/drug use for pregnant women. PRAMS is a surveillance system that has been used in South Dakota for several years. This additional module will use existing methodology to implement rapid surveillance of maternal behaviors and experiences related to use of prescription pain relievers and other opioids, and the presence of disabilities among women who deliver a live-born infant in US states.

The Advisory Committee asked what measures are in place to ensure this remains a coordinated effort, given the plethora of grant opportunities available for not only state agencies but private groups. The DOH and DSS pointed out existing measures in place including but not limited to this committee and

regular meetings between DOH and DSS. The group agreed that continued efforts to bridge communications are important and should be deliberately pursued.

SD Opioid Road Map / Strategic Plan Update

Data Update. (Refer to attached PowerPoint – *SD Drug and Opioid Overdose Deaths*)

Amanda Nelson, SD DOH Epidemiologist, provided update on the SD drug related morbidity and mortality data. In 2017, there were 74 drug associated deaths in SD; 47% were female and 53% were male and 78.5% were white and 19.2% were American Indian. SD has the second lowest age-adjusted rate of drug overdose deaths in 2016 at 8.4 per 100,000 versus 19.8 nationwide.

Of the 74 drug-related deaths in SD in 2017, 35 were opioid related deaths including deaths where opioids were reported as a contributing or underlying cause. Of the 35 opioid related deaths, 45% were female, 55% were male and 82% were white and 16% were American Indian. SD had the 5th lowest age-adjusted rate of opioid overdose deaths in 2016 at 5.0 per 100,000 population versus 13.3 nationwide. Hospitalizations attributable to or associated with drugs was 330 in 2015. The ICD (International Code of Diseases) codes changed in 2016, therefore it is not possible to compare data from prior to 2016 versus 2016 and afterwards. Once enough data is collected post-2015, a new trend graph will be generated.

Following a question from Mark East, Amanda confirmed that the ratio of all opioid-related deaths to just those attributed to prescription drug opioids; are seeing decreases in prescription drug abuse but increases in illicit drug use and adverse effects.

Strategy 3: Maximize the use and effectiveness of the SD PDMP. (Refer to PowerPoint – *PDMP Update 07.19.2018*).Melissa DeNoon, SD PDMP Director – SD State Board of Pharmacy, reported 95% of prescribers and 86% of pharmacists have registered on PMP AWARe (the SD PDMP platform). The number of queries from pharmacists and prescribers increased in 2018 as compared to prior years, while the number of opioid prescriptions and total days of supply have decreased. SD PDMP data can be found on the SD Board of Pharmacy website where monthly stats are available to the public.

Due to recent enhancements (funded by the STR-Opioid grant), the SD PDMP system now provides notifications on patients that meet one or more of the following thresholds: a) multiple provide episodes, b) daily active morphine milligram equivalents (MME), and c) concurrent opioid and benzodiazepine prescribing. The number of clinical alerts in 2018 averaged 7,126 – 9,005 per month, to date. Prescriber reports are provided on a quarterly basis on the last six-month period and aim to inform the prescriber on his/her own prescribing history including a) comparison to red flag indicators and to peers in their specialty field, b) summary of patient and prescription volumes, c) notification of potential multiple provider episodes, and d) summary of prescriber and delegate PDMP utilization.

The SD PDMP integration at Avera Health System went live May 2016. The Yankton Medical Clinic (two physicians) went live May 2018 and Walmart and Sam’s Club Pharmacies went live June 2018. Regional Health System’s PDMP integration is scheduled to go live by the end of 2018. Sanford Health System PDMP integration is pending.

The SD Board of Pharmacy applied for the Harold Rogers PDMP Enhancement grant for up to \$750,000 in June 2018. The awards will be announced in September 2018. The proposed scope of work is a) to enhance PDMP reports, including risk score assessment for each patient (based on narcotics, sedatives and stimulants use and predictive modeling techniques applied based on various data-inputs); and b) to provide visual, easy-to read reporting for both prescribers and pharmacists which allows for care team note sharing.

Strategy 11: Expand drug take-back programs to increase accessibility to safe disposal options for prescription opioids. (Refer to PowerPoint – *PDMP Update 07.19.2018*). The MedDrop Program has been established in nine pharmacies: Lewis Family Drug (Milbank, Chamberlain, DeSmet, Viborg), Lewis Drug (Madison), Lewis Drug Southgate (Sioux Falls), Lynn’s Dakotamart (Pierre), Randall Pharmacy (Redfield), and Cornwell Drug (Webster). Since October 2017, 555 pounds have been collected and returned for destruction. The list of pharmacy and law enforcement take back programs are listed on the AvoidOpioidSD website. The list is also available by calling the Opioid Resource Hotline (1-800-920-4343) or 2-1-1 where available.

The Advisory Committee asked what the barrier for pharmacies is to have a take-back receptacle. Melissa qualified that it was only recently (2014) that the DEA allowed for pharmacies to be collector sites for controlled substances and that most pharmacies would like to have a take back receptacle. Multiple funding sources are being considered for statewide expansion of takeback sites. Individual pharmacies could also apply to the USDA RD Opioid Misuse in Rural America program for this scope of work if so desired.

Strategy 1: Develop and update guidelines for opioid prescribers in SD. Laura Streich reported the Board of Nursing updated administrative rules for nurse practitioners and nurse midwives to closely mirror current guidelines for physicians and physician assistants for opioid prescribing. The rules will be effective August 29, 2018. In addition, SDSMA has formed an Ad Hoc Committee on Pain Management and Prescription Drug Abuse. The committee has: a) reviewed current statutes/rules related to effective pain management/opioid prescribing; b) reviewed current opioid prescribing practices and guidelines; c) developed guidelines that will be made available to SD prescribers to aid in the effective management of pain; and d) develop other recommendations aimed at reducing prescription drug abuse.

Strategy 2: Promote and provide education and training for all opioid prescribers on the appropriate prescribing of opioids. (See attached *SDSMA Opioid Grant Report 2018.07.13*)

Mark East, SDSMA, reported creation of a Prescription Drug Abuse page within their website featuring a Provider’s Toolkit, provider educational opportunities in the form of four Controlled Substances Stewardship Provider Education modules, information on prescription drug storage and disposal, information on addiction services and treatment, South Dakota PDMP information, and South Dakota laws and rules. Four hours of continuing education are granted to each prescriber that participates in the Controlled Substances Stewardship Provider Education Modules, one hour for each module. In addition, 1.0 and 0.5 hours of continuing education were granted to participants in presentations to the South Dakota Academy of Family Physicians and the South Dakota Chapter of the American College of Surgeons, respectively.

SDSMA has conducted 16 live presentations in front of approximately 400 physicians. SDSMA also held a Medication-Assisted Treatment Workshop in collaboration with the South Dakota Academy

of Family Physicians and the American Society of Addiction Medicine with the aim of providing education to providers interested in becoming DATA-waivered to prescribe buprenorphine. This eight-hour workshop was attended by 33 prescribers, including physicians, residents, nurse practitioners, and physician assistants. In Summer 2018, SDSMA also launched a six-part opioid webinar series looking at prevalence and dangers, law enforcement perspective, understanding addiction, addiction and pregnancy, tapering, and MAT. In addition, they also gave a live presentation to 250 members of the SD Sheriff and Police Association. Tom Martinec acknowledged appreciation on behalf of SD DOH to SDSMA for their leadership in this arena and for the partnership.

Tiffany Wolfgang, SD DSS BH, reported in April 2018 that DBH made funding available to support training and continuing education around opioid use/misuse. A [press release](#) was drafted and issued April 25, 2018. Up to \$250,000 was available in support of SD-based organizations and agencies seeking to plan and host training events around opioid use/misuse. Training supported by this opportunity included but is not limited to best practices for prescribing opioids, case management for individuals affected by opioid use, overdose prevention, and education and awareness related to opioid use/misuse. To date, six organizations have received notification of award in support of local training activities.

Training for prevention professionals was held April 2018. DBH Prevention Program staff facilitated the one-day *“Community Opioid Prevention Planning Workshop”* held in Chamberlain in partnership with contracted speaker/trainer Joe Markiewicz, a nationally-recognized community prevention planner. Core training topics included trends in data among youth, review of a public health model for prevention planning, small group activities simulating mock-prevention exercises, components of effective coalitions, and strategies for community action planning. In follow-up, DBH hosted a second session on June 25, 2018, to the same target audience focused on needs assessments and action planning at the local level. A standardized community needs assessment workbook was prepared and reviewed with the attending coalition members; assessments will be complete between now and early September 2018. Action plans will then be developed to augment existing training plans for middle- and high-school youth that are responsive to local needs

Strategy 4: Raise public awareness about the dangers of prescription opioids. Derrick Haskins and Katie Hill, SD DOH, provided an update on the public awareness campaign. A media RFP was released in December 2017 and a contractor selected March 2018. Planning, branding, and media development occurred directly after the contract was executed, with the Avoid Opioid SD brand and logo being selected shortly thereafter. An Avoid Opioid SD Facebook page (<https://www.facebook.com/AvoidOpioidSD>) was developed and launched, with regular posts starting in April. Television ads from the CDC Rx Awareness campaign ran statewide in January, April and May to increase awareness of opioid abuse and misuse.

The Avoid Opioid SD website (<https://www.avoidopioidsd.com/>) was launched June 6 and includes general information on opioids, data dashboards, treatment options, drug take-back sites and safe disposal options, provider information and resources for family members. Additional content and resources for the website are being developed and will be launched summer 2018, notably the integration of the Opioid Resources Portal developed in partnership with and maintained by The

Helpline Center. Efforts are underway to provide full interactive capability to the data dashboard component in future updates to the website.

Tiffany Wolfgang reported, beginning in October 2017, the three Prevention Resource Centers (PRCs) worked with their community coalitions to increase public awareness of the dangers of opioid use. Through town hall meetings, they have collectively impacted more than 800 individuals in communities across SD. Town hall programming focused on the Toolkit for Community Action as part of SAMHSA's Opioid Prevention Toolkit, providing information on opioids; action steps for community leaders, schools, parents, health care professionals, and employers; awareness campaign materials including posters, fact sheets, and videos; and links to trusted resources for additional information. The PRCs also worked with their community coalitions to conduct training and awareness forums with middle- and high-school youth across the state. To date, more than 3,600 youth have been directly impacted by this programming. Life Skills evidence-based curriculum was utilized, including classroom sessions addressing social and psychological factors leading to drug experimentation as well as games, discussion, role playing, worksheets, online content, posters and videos. Both efforts will be continued into Year 2 of the STR funding.

In cooperation with KATMarketing (vendor selected following a RFP process) and its GoodHealthTV® network, several opioid awareness videos have been developed, targeted to 15 American Indian Health Clinics and Hospitals as well as a 11 schools across tribal lands within SD. The medical-setting videos will run June 2018 – April 2019, playing twice a day. The school-based videos will begin September 2018 and run through April 2019. Additional efforts are under development in partnership with the Great Plains Tribal Chairman's Health Board.

Strategy 5: Improve treatment access via connection to resources and information. Tiffany Wolfgang reported the Helpline Center has led efforts at completing this aim following an RFP process. Year 1 activities focused on implementation of call center staff training and enhancement of basic services. A Project Coordinator within the Helpline was hired in April 2018. The Helpline Center operates the 2-1-1 phone number and currently serves 17 counties or approximately 68% of the population in SD; as the complete expansion of the 211 number requires sustainable funding sources, this effort purchased and now supports a 1-800# as the Opioid Resource Hotline. The Helpline staff have spent considerable time and effort in curating available resources specific to opioids and have developed a searchable web-based portal specific to opioid-related resources that will be integrated to the AvoidOpioidSD website in the summer of 2018. Efforts in Year 2 will focus on creating engaging marketing materials that draw individuals to the Resource Portal and/or the 1-800#. Capacity for one- and two-way texting services will also be built and launched.

Strategy 6: Increase professional competency in OUD treatment, and better connect treatment providers, prescribers, and recovery support services in complex case management and staffing of OUD cases. Implementation planning discussions were held within DSS leadership and cross-agency meetings throughout Year 1. In conjunction with Strategy 7: MAT, a [RFP](#) was developed late spring and issued June 2018 soliciting proposal from interested entities to enhance or expand capacity to provide MAT across South Dakota through in-person or telehealth care delivery models. Proposals are due August 21, 2018. The number of contracts and dollars allocated per contract will depend on the number of proposals received that address the targeted priority areas as well as are in alignment with the recent issue of SAMHSA's Treatment Improvement Protocol (TIP) 63,

Medications for Opioid Use Disorder. In addition, carryover funds from Year 1 have been set-aside to support the creation of stand-alone ECHO model workforce support hubs.

Strategy 7: Expand access to Medication-Assisted Treatments (MAT) across South Dakota through enhanced referral systems and linkages to in-person and virtual MAT clinics. A Medication-Assisted Treatment Learning Collaborative was formed to support continuing education and awareness of addiction professionals specific to MAT. The Collaborative was developed in response to a Listen & Learn Session hosted April 17, 2018 in Sioux Falls, where leaders from all accredited behavioral health agencies were invited to gather and share their ideas and needs around MAT-related training or implementation for their agencies. In result, a four-part webinar series was created representing the following:

- Session #1: A History of MAT (June 8)
- Session #2: An Overview of MAT Pharmacology (June 29)
- Session #3: Integration of MAT & Coordination of Care (July 27)
- Session #4: Considerations for Special Populations (August 24)

Capstone training (8 hours) will be offered in conjunction with the South Dakota Association of Addiction and Prevention Professionals Fall Conference to be held September 26 in Sioux Falls. Content presented in the Learning Collaborative is in alignment with TIP 63: Medications for Opioid Use Disorder for Healthcare and Addiction Professionals, Policymakers, Patients and Families, issued by SAMHSA in Feb. 2018. STR funds will be used to offset conference registration expenses for individuals attending the MAT Capstone training.

Strategy 8: Enhance awareness of treatment options and cost assistance available. An application form and process for review/approval was implemented by the DSS Division of Behavioral Health in May 2018. Communication was subsequently sent out to all accredited substance use providers in the state regarding available funding to support MAT for the treatment of OUD.

Advisory Committee members asked if the recently passed legislation regarding the ability to drug-test infants impacted the opioid abuse efforts. SD DOH responded stakeholders will want to be sure that information is shared so resources can be provided, and physicians know what to do when the situation presents itself (e.g. what services are available and what are the resources to connect families to supports in the event of an opioid related matter).

Strategy 9: Improve treatment retention and recovery through peer and family support services. Face It TOGETHER was selected via RFP process in June 2018. Initial planning meetings are underway with plans to launch virtual recovery coaching services in Fall 2018.

Advisory Committee members asked what the best approaches are to keep people in recovery. Tiffany Wolfgang and Amy Hartman, VOA, responded eliminating the stigmatization of substance order disorders is important, so individuals seek treatment. Another approach is to provide assistance for families, so they can better support their loved ones going through treatment. In addition, follow-up care is important thus the peer recovery objective in the strategic plan.

Strategy 10: Explore the potential for a comprehensive opioid management program within South Dakota Medicaid. Tiffany Wolfgang reported that opioids specifically in addition to ongoing efforts related to controlled substance overuse are now part of drug utilization review within the

Division of Medicaid Services. In addition, semi-annual letters to top prescribers informing them when prescribing is outside of normal range are being considered; DSS is analyzing data for the previous state fiscal year to determine best next steps and process. The Pharmacy & Therapeutics (P&T) Committee has developed recommendations regarding opioid utilization and is implementing several strategies. At its December 2017 meeting, the P&T Committee recommended several activities via a formal vote: 1) peer-to-peer review of top opioid patient profiles, including peer review discussions with providers and implementation of an 85% Early Refill Threshold for Controlled Substances; 2) implementation of Morphine Equivalents starting at 300 MMEs and tapering down by 50 MMEs every 60 days; 3) implementation of a limit for opioid naïve patients at 7 days scripts of no more than 60 MMEs, and 4) implementation of a physician alert for patients utilizing more than one long-acting and one short-acting opioid.

Opportunities for coordination with the offerors selected to provide/enhance MAT services will be launched in Fall 2018.

Assessment of pain management guidelines and covered services (alternative therapies) is in progress.

DSS BH is also working to educate/inform prescribers about available mental health and substance use supports.

Strategy 12: Equip first responders and emergency departments with naloxone to increase statewide access. (Refer to *Naloxone Annual Report* attachment.) Tom Martinec provided the naloxone report on behalf of Marty Link, SD DOH. Over the course of several months beginning October 2017 the project staff have trained 730 first responders in over 40 independent training classes. The ‘Train the Trainer’ classes have equipped participants with educational materials to provide training to staff unable to attend the 2017 regional sessions. A total of 1,280 doses have been distributed for use in communities. There have been approximately 70 administrations to patients by first responders since October 2017. Outcomes are tracked through the EMS software system managed by DOH. As a direct result of this project, several lives have been saved. Year 2 activities will focus on identifying and training first responder agencies unable to attend the 2017 sessions, with a strong focus on tribal partners ensuring statewide naloxone access and distribution.

Strategy 13: Offer training on available treatment options to jails statewide. Tiffany Wolfgang distributed a resource packet developed by Minnehaha County Sheriff’s office to provide resources/information to families after response to an opioid overdose or related event. The packet may be replicated in other SD counties through SOR funding.

Public Testimony. Brandon Pfaff, Sioux Falls, attended the meeting as an advocate to individuals and their families who are impacted by opioid misuse/abuse. He noted he was at the meeting to listen and learn.

Proposed Grant Application Projects and Activities

SD DSS and DOH are in the process of applying for additional grant funding to prevent and respond to opioid misuse and abuse. The Advisory Committee members offered the following suggestions to consider.

- **Expansion of naloxone efforts.**
 - Provide individuals or family members support to off-set costs for Narcan from the pharmacy.
 - Build a mechanism to relay when Narcan is administered to the impacted individual's prescriber(s).
- **Treatment during and post incarceration.**
 - Work with law enforcement to help continue or initiate treatment or other support services related to opioid addiction while incarcerated in the jail system.
 - Educate law enforcement and correctional staff regarding the nature and treatment of addiction.
 - Leverage the model some areas/local jails employ to proactively seek mental health and substance abuse resources for incarcerated individuals.
- **PDMP data research.** Use de-identified PDMP data for research purposes to further understand opioid misuse and abuse trends.
- **Expanded prescriber education.** Several key audiences were highlighted: Indian Health Services, Veteran's Administration Hospital, Dentists and oral surgeons, Nurse practitioners, Physicians assistants.
- **Illicit opioids.** Review states that have addressed illicit opioids and what have they done/what measures were taken to get ahead of the problem. Invest in investigative resources including but not limited to prescription drug diversion and expansion of tools to target illicit suppliers.
- **Law enforcement education.** Provide advanced training including but not limited to available resources, how to answer questions of families, and peer recovery resources.
- **Promotion of Opioid Hotline.**
- **Family education and supports.**
 - Educate families on how referrals work.
 - Provide a list of after care programs and peer recovery.
- **Referral to treatment.** Increase primary care engagement and awareness; educate primary care providers about resources available so they can facilitate a strong referral.
- **After care support.** Promote and reinforce need for aftercare post treatment.
- **Project Stand Up.** Establish an anonymous text platform seen by local law enforcement; buy-in at the community level and marketing of that number.
- **Data sharing and use of data**
 - Map overdose incidents.
 - Broaden the audience beyond law enforcement.
 - Research how other states collect and analyze data.
- **Collective Medical Technology – Emergency Department Information Exchange (EDIE).** Can provide real-time, automatic clinical alerts in emergency departments regarding a patient's prescription history.
- **Workforce training.** Enhance workforce capacity to address prevention and response to substance use disorder through training and university programs.
- **Evidence-based pain management.** Educate prescribers on alternative chronic pain management. Promote Better Choice Better Health chronic pain workshop.

Action Items

- Laura Streich and Amanda Nelson to follow-up with SD Board of Pharmacy to confirm Year 3 DDPI approved scope of work regarding integration of data.

- Tom Martinec to follow-up with SD Board of Pharmacy to discuss best next evolution of the PDMP system overall.
- SD Board of Pharmacy to draft a newsletter article or materials to help spread the word to pharmacies.
- Brian Zeeb will reach out back to the Sherriff's and Police Chief's to see how we can better educate folks on resources available and identify gaps.

Closing Remarks. Sharon Chontos, facilitator, will reach out to the Committee members and support staff to schedule the next meeting in 2018. In the interim, contact Tom Martinec or Sharon with questions or concerns.