Opioid Abuse Advisory Committee

Meeting #10 Minutes
Wednesday July 15, 2020   **Zoom Video Conference**

The 11th meeting of the Opioid Abuse Advisory Committee was called to order by Advisory Chair Laura Streich at 9:00 am CT. The following members of the Advisory Committee were in attendance: Laura Streich - Chair, Kristen Bunt, Sara DeCoteau, Amy Hartman, Maureen Deutscher, Margaret Hansen, Tiffany Wolfgang, Kristen Carter, Kari Shanard-Koenders, Brian Zeeb, and Senator Jim White.

Advisory Committee members not in attendance included Chris Dietrich and Jon Schuchardt.

Support staff in attendance included: Melissa DeNoon, Kiley Hump, Ashley Miller, Amanda Nelson, and Kaitlyn Broesder.

Guests included: Rachel Oelmann (Sage Project Consultants, LLC); Tosa Two Heart (Great Plains Tribal Chairmen's Health Board); Josie Deutsch (Sisseton Wahpeton Oyate); Nikki Prosch and Lori Oster (Better Choices Better Health); Holly Riker (Imagine Agency / Hot Pink Ink); Michaela Johnson (Coteau des Prairies Hospital); Jeff Deutscher; Thea Patrick; Mark East (South Dakota State Medical Association); Cindy Schuch (South Dakota Association of Healthcare Organizations); Chelsea Wesner, Susan Puumala, Nancy Jackson, and Susan Strobel (University of South Dakota Evaluation Team); Aly Becker and Susan Kroger (Sanford Research); Erin Miller (SDSU College of Pharmacy & Allied Health Professions); and Sandra Melstad (SLM Consulting).

Minutes Approval.
The January 7, 2020, meeting minutes were approved via e-mail in February 2020.

Welcome.
Laura Streich welcomed the Advisory Committee members and guests. The outcome of the meeting was set to a) provide updates on several key initiatives supported by opioid funding managed by the Department of Social Services (DSS) and Department of Health (DOH), and b) provide opportunity for sharing of project information and networking across state and non-state agencies working in the area of opioid prevention, treatment or response.

Funding Updates.
Streich advised that the *Department of Health* was awarded an Overdose Data to Action Grant from the Centers for Disease Control and Prevention (CDC), receiving notice of award in January 2020. The Overdose Data to Action Grant serves as follow-up funding to the previously received and now complete Data Driven Prevention Initiative (DDPI) grant, also from the CDC. The work plan for Year 1 is well underway. The work plan for Year 2 has been submitted, pending response from CDC.

Tiffany Wolfgang provided updates on behalf of **Department of Social Services**. Wolfgang relayed that the Division of Behavioral Health continues to access federal funding sources to support opioid efforts. The currently active State Opioid Response (SOR) grant, provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) officially ends September 2020; the Division will be applying for a no cost extension for unspent funds through May 2021 to support continuation of key project activities including medication assisted treatment (MAT), peer recovery support services, and care coordination services. The Division was invited to apply for a second SOR grant, due to begin October 2020 as a programmatic extension of the current SOR funding. An application was prepared and submitted in June 2020. Funding and priorities are similar to those in the current SOR grant - $4 million per year for two years – with one key difference being that new SOR funding can be used to address stimulant use in addition to opioid use. Grant activities supported will continue to include the statewide opioid awareness campaign, prevention activities, MAT, the resource hotline, care coordination, training and education, overdose education and naloxone distribution (OEND), treatment cost assistance, and peer recovery supports. Additional activities will include establishing additional recovery houses that are MAT friendly, intensive case management for pregnant and postpartum women who are impacted by opioid and/or stimulant use, and expansion of the naloxone distribution program.

Wolfgang also relayed that the SOR team is presently working to support a standing order for naloxone / Narcan HCl nasal spray, with the aim of equipping anyone in a position to assist someone at risk for an opioid overdose. Committee member Brian Zeeb posted a question regarding scope of the anticipated changes to the statewide order for Narcan; Wolfgang advised that the team was still in the exploratory planning stages and gathering information from the appropriate stakeholders, including but not limited to the Board of Pharmacy. Committee member Kari Shanard-Koenders, Board of Pharmacy, added that an updated standing order would allow pharmacists without a protocol to have a prescription option for that medication – at current, Narcan requires a physician signed protocol, and this would expand that to support provision of the medication to anyone in a position to assist as a statewide standing order versus individual orders/prescriptions per person. Committee member Sara DeCoteau remarked that Sisseton Wahpeton Oyate has successfully implemented an approach that expands access to Narcan for individuals in a position to assist, leveraging grant support through the Tribal Opioid Response (TOR) program (SAMHSA) to support this activity. Training in OEND is delivered by Josie Deutsch, targeting efforts to family and friends of people who have a diagnosed Opioid Use Disorder. Indian Health Services (IHS) has a standing order in place as well, stated DeCoteau, as well as a private pharmacy serving that same area. The private pharmacy has a standing order in place, but those using that service would be responsible for paying for the medication.

Sara DeCoteau on behalf of **Sisseton Wahpeton Oyate Tribe** reported that their existing TOR grant ends at the end of September 2020. The Tribe applied for another cycle, which would start August 31 if granted. DeCoteau indicated they, too, would be applying for a No Cost Extension. A lot of the same activities will be pursued as SOR – categorically – with less emphasis on recovery support housing. Funds are primarily used to hire a nurse care connector that works with providers prescribing MAT, and promotion of safe medical disposal methods and take back sites/associated events. The Tribe is planning to implement a medication lock box dispersal pilot project (delayed due to COVID-19); would distribute to individuals to help keep prescribed meds under lock and key. DeCoteau reported that the Tribe actively partners with DSS and Great Plains Tribal Chairmen's Health Board.

Michaela Johnson on behalf of **Coteau des Prairies Hospital** reported that the hospital received federal funding for MAT expansion; awarded September 2019 for a three-year project. The hospital is using the

funds to expand use of telehealth services to provide MAT and coupling that with care coordination services. The Hospital works very closely with Sisseton Wahpeton Oyate in our community to collaborate.

Presentations. Meeting slides presented are included in these meeting minutes.

South Dakota's Opioid Road Map – Data & Surveillance
Presentation #1: Data Updates
Presented by Amanda Nelson, Epidemiologist for the Department of Health. In addition to the information presented in the slides (see enclosed), Nelson noted that additional data collection activities have been ongoing through the State Unintentional Drug Overdose Reporting System (SUDORS). In review from the previous advisory committee meeting, SUDORS is a surveillance system designed to collect information on drug overdose deaths of unintentional or undetermined intent to enhance state surveillance of drug overdoses. SUDORS will be used to help inform prevention strategies.   Nelson reported that data collection for the current period (July 1, 2019 to December 31, 2019) is nearly complete and data analysis will begin soon.

In follow-up, Senator White asked about the correlation, if any, among the higher percentage of younger populations being seen in the hospital as a result of suspected overdoses yet lower death rates among that same age sector. It is difficult to make too many correlations for this data, but it is possible that youth are more likely to be hospitalized for a drug overdose than to die from an overdose. The more data we collect, such as SUDORS data, the better we can start to understand the circumstances around fatal overdoses.

Presentation #2: Prescription Drug Monitoring Program Updates
Presented by Melissa DeNoon, Prescription Drug Monitoring Program (PDMP) Director for the South Dakota Board of Pharmacy. In addition to the information presented in the slides (see enclosed), the following points were made:

- Trends seen in the clinical alerts area have been positive. DeNoon reported that data is provided on a monthly basis to prescribers using the clinical alerts system within the PDMP. From 2018 to 2019, an approximate 20% decrease was seen in total alerts for all prescribers. Over the same time frame, a 25% decrease in daily active Morphine Milligram Equivalents (MME) thresholds was also observed. DeNoon stated that the hope is that prescribers are really taking a look at these alerts and utilizing them to make the best decisions for their patients.

- Prescriber reports are available on a quarterly basis. DeNoon reviewed the new report format, which includes sections for various indicators, including opioids, buprenorphine, sedatives, and stimulants. The report also flags at-risk patients, defined as a) patients with multiple providers, b) MME threshold limits, and c) dangerous medication combinations. The report also includes PDMP usage as measured by number of queries made.

- DeNoon reported that the PDMP is focused on interoperability at the moment and accomplishing that vision through a variety of strategies. At present, the South Dakota PDMP shares data with 31 other PDMPs (31 states) plus the military health system.

- Health system/clinic integrations of the PDMP into medical record systems continues to be a key initiative of the Board of Pharmacy. DeNoon reported that at present the South Dakota PDMP is

integrated live with 32 healthcare entities, which allows for ready access by the provider in clinic within their host EMR system.

- Lastly, DeNoon updated the Committee on the MedDrop permanent take-back receptacle project, supported by SOR grant funding. The goal of this project initially was to equip every county with access to a permanent drug take back receptacle within a pharmacy setting. Of the 66 counties in South Dakota, 14 counties do not have a pharmacy. Of note, 43 of the possible 52 counties with a pharmacy now have installed permanent takeback receptacles.

At the conclusion of the presentation, Mark East posed a question regarding whether the data within the clinical alerts package associated the patient with the county where they live or by some other factor. DeNoon advised that the system tracks patients by their residence zip code.

Presentation #3: Tribal Treatment Needs Assessment
Presented by Kaitlyn Broesder, SOR Project Director. Broesder presented on behalf of Amanda Flores, Great Plains Tribal Chairmen's Health Board, who was contracted to complete the assessment. The assessment was completed in February 2020. Broesder relayed a high-level summary of the survey results, including a breakdown of services available along the continuum of care for individuals impacted by opioid use. Please see the enclosed report for the full findings and summary.

Presentation #4: Review of Statewide Assessment of Overdose Policies & Practices in South Dakota Emergency Departments
Presented by Chelsea Wesner, University of South Dakota, and Sandra Melstad, SLM Consulting. In addition to the information available in the enclosed presentation materials, Wesner advised that the key request of the committee today is to solicit input on subject matter experts to form the workgroups that will help curate/develop the toolkit. Goal is to finalize and disseminate the initial toolkit to an initial group of emergency departments in the form of a pilot in the spring/early summer of 2021. The toolkit will be refined based on pilot feedback and distributed en masse thereafter.

Following the presentation, discussion continued amongst the committee. Several members advised that the assessment provided a solid starting point for continued understanding of how best to support front-line health care systems and clinicians in identifying potential overdoses and providing wrap-around services to those individuals to best support their treatment and recovery.

The assessment quantified the number of providers responding to the survey that indicated utilization of the PDMP in their assessment process in the emergency department. As a point of clarification and additional context for that data element, Kari Shanard-Koenders clarified that there is not a statewide requirement for providers to check the PDMP at this time. Shanard-Koenders advised it should be noted that pharmacists are often pre-checking the PDMP for the prescriber, particularly within mid- to large-sized hospitals. This impacts statistics on utilization of the PDMP as reported by the prescriber, as in some cases the prescriber isn't necessarily part of the workflow in checking the PDMP and therefore would answer "no" even if the system was indeed being queried by a nurse of pharmacist, for example.

Wesner recognized Elizabeth Ruin, who works as a Program Manager at Helmsley Charitable Trust. Ruin was an MPH student and played a key role in developing this project. Wesner also recognized the larger evaluation team.

Project Spotlight:

Implementation of the Chronic Pain & Opioid Management ECHO at the University of South Dakota
Presented by Mary Rogers, Melissa Dittberner and Shelby Jepperson
There were no additional comments or questions following the presentation; please see enclosed presentation materials for details on University of South Dakota's ECHO.

Impacts on Treatment resulting from COVID-19
Streich facilitated a brief conversation among meeting attendees regarding any impacts or barriers to treatment seen resulting from COVID-19. The following represents a summary of that discussion:
- Wolfgang reported that the Division of Behavioral Health has worked to support treatment providers (Substance Use Disorder and Mental Health) collaboratively to pivot and be nimble in delivery of services. The cumulative impacts of increased anxiety and social isolation attributed to COVID-19 are recognizable. The Division also worked with providers to allow for flexibility within the billing structure to leverage telehealth to support client needs, and for agencies to bill for audio/telephone contact with patients. The Division also received an emergency treatment grant to support additional funding ($2M) to support increased needs of patients served by behavioral health treatment agencies. Funds can be used to purchase PPE, technology to deliver virtual services, and the like. The Behavioral Health Advisory Council met a few weeks ago; one member is a client and she shared how it was very scary for her during this time but the ability to stay connected virtually was critical. Prior to the availability of this she did only in person appointments and shared that having this support through telehealth was lifesaving for her. All MAT providers from the beginning have used telehealth, so that continued. From a treatment provider perspective, it pushed entities who maybe were not as comfortable with technology to become comfortable; there are still challenges and concerns, but the providers have really embraced the transition and become innovative.

  In a separately funded effort, the Division worked to further develop 605strong.com – a Crisis Counseling Program supported by FEMA/SAMHSA through disaster declaration funding – to raise awareness across the state for individuals experiencing distress as a result of COVID-19. Individuals can call 211 regardless of what county they live in to receive supports. Counselors on the other end of the hotline are trained in providing crisis counseling services and follow-up.

- Wolfgang and Broesder discussed transition to promote safe at home medication disposal options (e.g. DisposeRx) given the cancellation of the take-back day in April as a result of COVID-19. The AvoidOpioidSD.com website was updated to include an order/request form to make it easy for individuals to access DisposeRx for safe medication disposal at home.

- Streich and Holly Riker, representative for the contracted media agency supporting the Avoid Opioid campaign, discussed the addition of specific COVID-19 information to avoidopioidsd.com to help people understand that there are some increased risks for individuals with OUD. Social media plans were pivoted to focus on making sure people were aware of COVID-related information as well as increased promotion of the resource hotline and MAT.

- Sara DeCoteau, through TOR, relayed that Sisseton Wahpeton Oyate went with the *Clean Out Your Medicine Cabinet* campaign – they worked to collect medications in the parking lot and deposit them in Lewis Family Drug. Law enforcement was involved to monitor/provide oversight. DeCoteau reported that they are using more social media and have a billboard up in Sisseton showing the locations of the MedDrop permanent takeback receptacles. The committee discussed impact on drop off receptacles if located within clinics, which had limited to no access

during the height of the pandemic this spring; DeNoon noted she did not observe any major changes in collection attributed to that. DeNoon talked about how the DEA states that the ultimate user is the one who must drop the prescriptions in the receptacle, creating the need to be innovative. Kristen Bunt asked if there were any waivers from DEA that allowed for disposal requirements to be loosened in this time; per Kari, since most of the disposal of controlled substances is DEA mandated it is difficult for other agencies/clinics/sites to waive that requirement. DEA did suspend rules in other areas, but not this area.

Project Spotlight:
Alternative Pain Management Strategies provided via Better Choices Better Health
Presented by Lori Oster and Nikki Prosch
There were no additional comments or questions following the presentation; please see enclosed presentation materials for details on University of South Dakota's ECHO.

Advisory Committee & Grant Updates
Streich called for round-table updates from committee members and state staff to be shared via email; these will be shared with the meeting minutes if received.

Public Testimony. Streich called for public testimony; none was provided.

Streich advised the next meeting would be held late Fall 2020. Meeting logistics will be announced at a later date and a poll will be sent to schedule the meeting based on everyone's availability. Comprehensive project updates will be provided at that time.

Meeting was adjourned.