

CATTARAUGUS COUNTY HEROIN/OPIOID TASK FORCE

July 29, 2016, 10:00 a.m., Meeting

Good Times of Olean, 800R East State Street, Olean, NY 14760

PRESENT:

Mayor Bill Aiello, City of Olean
Steve Beattie, Pastor
Robert Bell, City of Olean Fire Chief
John Congdon, Regional EMS Coordinator
Andrew Dombek, NYS Parole Officer
Jene Gardner, CARES Clinical Director
Ashley Halloran, Olean General Hospital Pharmacist
Cindy Irish, Parent
Donna Kahm, So. Tier Health Care Syst. Pres. /CEO
Debra Lacher, Cattaraugus County Health Dept.
Rachel Linderman, CARES Comm. Coordinator
Cathy Mackay, Cattaraugus County Director of Aging
Lisa McPherson, Olean General Hospital BHU Mgr.
William Mills, MD, Olean General Hospital Sr. VP
Kevin Monroe, Allegany County Undersheriff

Mary O’Leary, Catt. County Comm. Svcs. Director
Dan Piccioli, Catt. County Social Svcs. Commissioner
Mike Prutsman, CARES Executive Director
Jeff Rowley, City of Olean Chief of Police
Julie Schmidt, NY Senate District Coordinator
Megan Schmitt, TLC Health Substance Abuse Coord.
Kim Shay, Olean Medical Group Director of Nursing
Jacqueline Shine-Dixon, Bradford Regional Med. Ctr.
Brad Spink, Funeral Director/Coroner
Howard VanRensaleer, Jr., Coroner
Donna Vickman, Cattaraugus County Legislator
Vic Vena, Vic Vena Pharmacy/Pharmacist
Kevin Watkins, MD, Catt. County Public Health Dir.
Gerry Zimmerman, Catt. County Probation Director

Dr. Kevin Watkins, Public Health Director, called to order the second official meeting of the Heroin/Opioid Task Force and asked those present to introduce themselves and the agencies they represent. Minutes of the May 27, 2016, Heroin/Opiate Task Force Meeting were accepted by majority vote with no opposition.

Committee Reports:

Data Surveillance – Donna Kahm reported that she and Jackie Shine-Dixon, Lisa McPherson, Andy Dombek, Dr. Kevin Watkins, and Jeff Cimineski (STHCS Prevention Specialist) met July 18th, at Southern Tier Health Care Systems (STHCS) and created the following Purpose Statement: “The Data Surveillance Committee’s goal is to collect the county’s raw data for heroin-opiate use in order to give the task force a perspective of how severe the opiate problem is in our county. The data will also help to justify the additional resources that are needed to deal with the heroin-opiate problem within the county.” At that July 18th meeting, the Committee reviewed, discussed, and took the following actions:

- Reviewed 2015 and 2016 STHCS Quality Improvement Usage Form data from the Southern Tier Overdose Prevention Program (STOPP) along with data provided by Dr. Watkins (Dept. of Health) for opiate and heroin overdose deaths. STHCS gathered QA Forms on 42 cases in 2015 and on 49 cases as of 07/22/16 in Cattaraugus County, indicating usage has already doubled that of last year.
- Committee seeks additional data from: Police Assisted Addiction Recovery Initiative (PAARI); Cattaraugus County Sheriff’s Office; Cattaraugus County Departments of Social Services, Community Services, and Probation; as well as area hospitals, local pharmacies, treatment facilities (including Council on Addiction Recovery Services [CAREs] and Personalized Recovery Oriented Services [PROS]); and those trained for Narcan use.
- Advanced Life Support (ALS) agencies now report intravenous (IV) Narcan use, not included with the statistics for nasal Narcan use.
- Increase in heroin use is seen among the male population.
- EMS and Fire Responders aided 39 individuals and Police aided 10 individuals so far in 2016.

- The number of Narcan doses needed to resuscitate has also increased: 11 out of 31 needed one dose in 2015, but 27 of 49 needed at least 2 doses in 2016. Historically, fentanyl can be produced and imported from China at extremely low cost to the addict, and horse tranquilizers may also have been found in some of the heroin seized. STHCS Medical Director suspects that the increased Narcan dosage is because fentanyl laced heroin is more potent than morphine, and may have a slow dissociation from the opioid receptor. In addition, fentanyl causes respiratory depression and arrest much faster making resuscitation more difficult. STHCS is providing additional education to ensure first responders wait at least 3-5 minutes before administering a second dose of Narcan.
- STHCS trained 755 people to-date through STOPP.
- Approximately 100 of the 312 EMS Providers in Cattaraugus County were already certified for IV administration of Narcan and did not go through the nasal Narcan training. Most of the EMS providers in the county, with exception of new recruits or long-time veteran EMS providers, have Narcan training.
- 23 of 109 patients at Olean General Hospital from May to July 2016 self-identified or received a diagnosis of drug dependence; 12 male and 11 female; 15 were Cattaraugus County residents.
- Community Services identified 117 clients involved in drug treatment.
- Social Services reported 123 children were displaced from their homes due to parental use of opiates from January 2015 to June 2016.
- County jail identified from January 2015 to May 2016 that 153 inmates self-reported using opiates.
- CARES has 49 people enrolled in its Suboxone program with 11 individuals on a waiting list, and 10 people are enrolled in the agency's Vivitrol program with 10 more people pending insurance approval for Vivitrol.
- Seneca Strong partners with STOPP and can now do peer training. They had 67 "outreaches" with 13 of those admitted into inpatient care, 19 accessed outpatient care, and 35 denied having any problem.
- Pharmacy Programs are now approved nationally to distribute Narcan, to date, a local CVS has sold 1 kit.
- Death Certificates in Cattaraugus County reveal 10 opiate overdose deaths in 2016.
- State Parole Officers are now trained to use Narcan and carry the kit in their vehicle, to date, there are reports of Parole Officers using a kit.
- State Parole survey 3 months ago identified 25% of caseloads were addicted or actively using opiates.
- County Probation preliminary data shows approximately 10% of 727 adult probationers self-identify as having opiate addiction issues and 3 died in the last year from opiate overdose. Juvenile caseloads reveal more shocking numbers: a Salamanca Probation Officer reported having 3 youth under age 16 in the last year self-identify as opiate addicted. Another 3 youth probationers overdosed in the last several years and one death (under age 16) was reported.
- Cattaraugus County Probation did 235 investigations for criminal sale or possession of controlled substances in the last year
- Every County Probation Officer is trained in the use of Narcan and has a kit.
- Approximately 10% of drug-related offenders on probation are Native American.

Naloxone Access and Funding Resources Committee – Donna Kahm reported that data is critical to the actions of this committee, and the committee felt its efforts would best serve the functions of the Task Force if combined with the Data Surveillance Committee. PAARI representatives noted free access to Narcan is a fundamental first step in outreach to addicted population, and either committee's actions will ensure that Narcan is readily available as needed. A concern of combining the committees is that the body of people on the joint committee would

become too large to effectively meet and collaborate; Donna responded that she and one or two other members serve on both committees. Though the data reviewed by both committees seems to be the same, the function of this committee is to ensure funding resources will be available when the Naloxone Grant ends. The recommendation to combine the two committees (total of 16 members) was presented to the Task Force by Donna Kahm, no objections were heard, and a vote by show of hands resulted in combining the two committees, Data Surveillance with Naloxone Access and Funding Resources. Donna will send an invitation to schedule the next meeting of the newly combined committee. Summary of Access/Funding Committee's July meeting is:

- STHCS awarded an additional year of funding for the Naloxone Kits.
- Discussed training of Olean Police Department staff.
- "Hot Spots" were identified as Bradford, Salamanca, and Gowanda.
- Seneca Nation annuity checks seem to be identified as a trend for increased Narcan usage.
- STHCS sent copies of the QA Forms to New York State to ensure the State has current information.
- Funding the PAARI Project is also essential to the County to ensure access to treatment, in addition to continued availability of Narcan kits.
- TLC Health Network applied for a shift in treatment beds and expansion of the Lakeshore treatment facility in Irving, along with more treatment options under a new "resource center" model.
- Recognizing the mentality that no one wants treatment facilities "in my back yard," the Task Force may need to address the stigma and increase community education to help the general public understand that addiction is "already in their back yard."

OASAS Committee – New York State has awarded the Office of Alcoholism and Substance Abuse Services (OASAS) funding to combat the statewide heroin epidemic. This committee is charged with preparing a county-wide response (answering the Request For Proposals [RFP]) to use the funding in Cattaraugus County. Mike Prutsman reported the committee met 06/24/16 to plan the 07/12/16 OASAS Provider Forum, which included Patricia Zuber-Wilson, Patrick Morrison, and several other representatives from the State Oversight Agency (OASAS). Essentially, OASAS came to the forum to hear providers and professionals express local needs with county-wide statistics, specifically those presented by the City of Salamanca and Seneca Nation of Indians:

- Peer Coaching, Step-Up/Step-Down Programs and other interventions were presented as immediate needs, and OASAS responded that new state residential guidelines will meet Step-Up/Step-Down needs.
- CAREs is redeveloping its residential program to meet new guidance from OASAS.
- OASAS Commissioner is returning next week (early September) to meet with local agencies to discuss the additional funding streams. CAREs received an RFP for a capital project to create or modify housing in a shared regional effort with other counties or agencies (i.e., Seneca Nation). OASAS does not want to see silos or duplication of services but wants to see shared services to maximize funding, especially considering the rural outlying counties in the Southern Tier.
- OASAS goal is for standard protocols to be developed throughout all 8 counties of this region.
- Provider education would establish for prescribers in all 8 counties the best means/protocols for prescribing controlled substances and how to taper the narcotics that patients are currently prescribed.
- Millennium Collaborative Care has been part of the regional discussion forums.
- Allegany County is in initial stages of developing a Task Force similar to Cattaraugus County, also recognizing the need for beds for both crisis and inpatient treatment.
- Funding will not likely occur for another 2 years.
- TLC HealthCare currently has an application for 20 inpatient beds to be approved in Irving, as well as an application for residential beds.
- WCA also has an application pending approval for residential beds.

- There is currently no plan to add treatment or detox beds at Olean General Hospital.
- All detox needs are currently referred to the Buffalo area.
- Even if Olean General had 5 opiate detox beds for short-term treatment, there is no long-term residential “step-down” for the 30/60/90-day follow-up necessary on discharge from detox. Residential treatment is necessary to ensure success from detox.
- If a separate 90-bed facility were established regionally, the detox could be “stepped down” to the residential bed safely in the same program facility.
- CARES is also making changes for new referrals to expedite the entire admission process within 7 days.

Parent Support Committee – Mayor Aiello reported he and Cindy Irish, Dawn Colburn (Seneca Strong), Dan Piccioli, Heidi Hartley (Assemblyman Giglio’s Office), and Julie Smith (Senator Young’s Office) met 06/20/16 and identified the following needs/concerns:

- Adolescent treatment (none in Cattaraugus County)
- Options and support for families who discover drugs in the home, need ongoing support for family members in treatment, or need to plan for safety while the addicted individual is in the home.
 - Law Enforcement also noted that they would much rather help a family member obtain recovery treatment for youth so they can mature, work, and fully enjoy a healthy role in community, rather than move the youth through the criminal justice system or even worse, lose a life to an overdose. Most welcome the opportunity to talk to a parent/child/family about the dangers and implications of addiction.
- PAARI to be available county-wide and information readily available to friends/families.
- Coordination of judicial and corrections systems to have the court direct the individual to treatment; repeated Narcan use indicates a need for more help, which points to need for more collaboration with criminal justice system to remand for treatment.
- Training and education is vitally important to families:
 - Overcome stigma/shame and learn coping skills.
 - Create a safe environment for the rest of the family members, i.e., installing security systems in the home and padlocks on the doors to prevent theft, which disrupts the entire family structure.
 - Learn environment options after discharge: help the addicted family member find new friends/activities to prevent a return to the element from which he or she was just removed.
 - Learn to monitor medications for other family members in the home.
 - Mental health for parents of the addicted individual; how does the parent get some respite and not have to be on alert 24/7.
 - Where can parents attend meetings or attend support groups, face-to-face or on-line.
- Mayor Aiello thanked Cindy Irish for her contribution to the group, her advocacy for her family, and her courage in helping her family and in assisting the Committee in identifying needs.
- CARES also is starting a Parent/Family Support Group, and they will offer guidance and support to any family who questions next steps for children or family members.
- Need to recognize the family’s sense of stigma/shame, especially when creating marketing campaigns for support groups or advertising for treatment options; remember that addiction is multi-generational and multi-cultural. Until a family experiences the addiction problem first-hand, most will say “not in my backyard” and “not my son/daughter/mother/father.”

Police Assisted Addiction Recovery Initiative (PAARI) Committee – The committee shared that local law enforcement first responded to the scene of a reported overdose in 2013 and awareness of overdoses and fatalities has only increased since that time. Even with education and training for Narcan, local law enforcement agencies recognized the need for treatment options. After learning about the PAARI Project in Gloucester, MA, both the Salamanca and Gowanda Police Departments have partnered with PAARI to improve treatment referral options for addicted individuals within Cattaraugus County. The Cattaraugus County Sheriff’s Office has begun the training to be among this partnership. PAARI looks to make an inpatient treatment referral as simple as possible to alleviate an arrest and help break down the barriers to convince the individual that treatment is the best option. Committee reports the following:

- Since 2015, PAARI partnered with 2 inpatient treatment facilities, which will accept insurance if available or offer scholarships (2 per month) so the uninsured can access treatment.
- Since 03/01/16, PAARI referred 56 individuals to inpatient treatment for opiates, noting the ripple effect of impact on families and communities. Of the 56 referrals, 27 were from Salamanca.
- Seneca Strong created an Outreach Team of peers, which has been very successful in referring more people to treatment through the Seneca Nation. If there is an overdose in Salamanca now, the police call Seneca Strong to send the Outreach Team if the individual resuscitated on Narcan refuses transport to the hospital. The Outreach Team will show up immediately to encourage the individual to get the extra help and to stay with the individual until they are secure in a controlled environment.
- There are not enough resources, specifically inpatient treatment beds, available for all the referrals.
- Detox beds (none in the area) could handle crisis situations when an inpatient bed is not immediately available; it would give a “step-up” option to the individual who is waiting for the inpatient bed. If the individual leaves without any interim treatment option, it’s more difficult to get them engaged in an inpatient referral.
- PAARI also encourages the public to lock up controlled prescription medications to help in preventing overdoses or theft of medications.
- PAARI would benefit from a case manager, who would prepare the referrals and coordinate the admission with the treatment facilities and insurance companies and individual, so that the corrections officer can get back to law enforcement duties.
- CAREs trained officers to use the Level of Care for Alcohol and Drug Treatment Referral (LOCADTR3) which is a clinically-based scoring system created to aid in the decision-making process for treatment facility referrals. The 3.0 stands for the 3rd updated version of this tool.

Provider Education Committee – Dr. Mills reported the committee met twice in June, assigned to the task of educating providers specifically about reducing the number of prescriptions for controlled substances and lowering the dosages for long-term prescriptions. Discussions included:

- Developing a standard tapering program: how to determine who should be tapered and identify processes/procedures to ensure medications are used appropriately.
- Provide training to include discussions about optional methodologies, i.e., acupuncture or massage therapy, for addressing pain management, in lieu of prescribing opiates.
- First training scheduled for high-end providers in the fall will educate prescribers about current CDC recommendations.
- Training might be video-recorded in order to take the information to outlying providers.
- Pharmacological CME offered in Buffalo tomorrow, 07/30/16. Dr. Watkins reported some of the local providers are enrolled for that training, which is specifically geared to opiates.

State Regulations Update: Mary O’Leary reported Gov. Cuomo released a series of 26 recommendations for Legislative changes to address the statewide opiate epidemic. Not all were approved, but some of the laws were changed as follows and take effect immediately:

- Ended insurance prior authorization requirements to allow for immediate access to inpatient treatment as long as such treatment is needed.
- Treatment Plan is no longer required until 14 days after admission so that the individual settles into the treatment program for a few days before deciding whether or not to remain inpatient.
- Ended prior insurance authorizations to provide for greater access to drug treatment medications to address withdrawals and provide immediate response medications. That legislation prohibits insurance companies from requiring prior approval for these medications which would typically be administered in an emergency or crisis situation for which time is of the essence. Similar provisions were also applied to Managed Care providers treating Medicaid recipients who are seeking access to Narcan.
- Required all insurance companies to use objective, state-approved criteria to determine level of care.
- Mandated insurance coverage to cover for opiate overdose reversal medications (i.e. Narcan); this is also for family members to obtain the medication for a child who might not be covered under the parent’s insurance.
- Enhancements to addiction treatment services - increased the evaluation period for individuals incapacitated by drugs from 48 to 72 hours.
- Required hospitals to provide follow-up treatment from the ER; individuals currently released from ER after recovery from overdose do not receive any follow-up treatment referrals.
- Allowed trained professionals to administer life-saving overdose reversal medications without impact to professional license. Previously, a nurse couldn’t use Narcan without a doctor’s order if s/he found a patient laid out due to respiratory distress and suspected overdose; this law eliminates such restrictions.
- Expanded background services to support long-term recovery.
- Reduced prescription limits from 30 days to 7 days for an initial opiate prescription, requiring ongoing education on addiction and pain management for all physicians and prescribers.
- Mandated pharmacists to provide easy-to-understand risks associated with drug abuse and addiction.
- Required data collection on prescription overdoses.
- Additional initiatives included budget for adding beds and more support services; Family Support Navigators was also included in those other initiatives.

Dr. Watkins adjourned the meeting, noting the next meeting all committees will be held to a tighter time limit for reporting interim actions of their August and/or September meetings.