CATTARAUGUS COUNTY HEROIN/OPIOID TASK FORCE MEETING

5/27/16

Location: The Point/Good Times Complex

Present: Mayor Bill Aiello, Chris Baker, Jeff Cinimesi, Dawn Colburn, John Congdon, Andrew Dombek, Jene Gardner, Heidi Hartley, Barb Hastings, Donna Kahm, Dr. Michael Kalsman, Sue Labuhn, Rachel Linderman, Gail Mayeaux, Lisa McPherson, Mary O'Leary, Dan Piccioli, Mike Prutsman, Jeff Rowley, Julie Schmidt, Mike Sharbaugh, Kim Shay, Dan Strauch, Howard VanRensaleer, Jr., Donna Vickman, Dr. Kevin Watkins, and Troy Westfall.

The meeting was called to order by Dr. Watkins.

Mrs. O'Leary welcomed those in attendance, and stated that the task force meetings will provide updates, a focused plan, and recommendations to combat the local heroin/opioid epidemic.

Dr. Watkins explained that a resolution will be submitted to the county legislature to officially establish the Cattaraugus County Heroin/Opioid task force. He stated that the task force has been organized to bring key agencies to the table, examining all areas of opioid addiction and coordinating a community-wide response. In addition, the task force will address complex issues of addiction that have affected many communities throughout New York State and not just Cattaraugus County.

Introductions were made and the agenda was reviewed.

Dr. Watkins spoke about the scope of work of the task force, he stated that the task force will provide recommendations to the county legislature to address the rising incidence of heroin use, the rising number of opioid prescriptions and deaths due to opioid overdoses.
Areas that need to be addressed include: a centralize calling center, expanding access to treatment, naloxone training, revamping prescribing practices, improving opioid treatment, law enforcement efforts, collection of data, parent support groups, any collateral consequences of policies considered by the task force, and any other areas identified by the task force.

Mrs. Mayeaux suggested that topics to add include health literacy, raising awareness of addiction, and educating the primary caregivers on providing safety with prescription medications in their household.

Chief Westfall commented just like guns, prescriptions can be dangerous and should be locked up.

Mr. VanRensselaer commented that he finds it very helpful when he is responding to a death in a home to have an itemized list of medications that has been prescribed by the medical provider. This makes it easy for him to recover the drugs in question at the time of death. Mrs. Hastings agreed that this was an important point as she related a personal experience when her father-in-law was ill she received many phone calls of offers to "share opioid medications" from friends and neighbors who had left over medications from someone who had passed away. In her father-in laws case, hospice came in and removed all medications after he passed away.

Mayor Aiello interjected that coroners should be given access to the I-STOP/Prescription Monitoring Program so medications can be verified when coroners are in the home at the time of death. Ms. Hastings suggested that the regional health information organization of WNY called HEALTHeLINK would be another source to obtain personal health information including medications that a patient has been prescribed. She stated that she would be willing to talk to a HEALTHeLINK representative regarding an option for coroner's access to patient's health information when investigating a death. Ms. Mayeaux agreed that access for a coroner would be appropriate as it is part of health care operations.

Mrs. Kahm stated that the Southern Tier Overdose Prevention Program (STOPP) receives a lot of negative feedback because they are providing Naloxone (Narcan) to prevent fatalities. Some concerns is that the program is enabling addicts. She stated that a future goal of the program is to be able to refer/enroll a user to a treatment program after they have been administered narcan. Ms. Colburn agreed that an outreach program after the use of narcan was vital. Mr. VanRensaleer shared a recent case where an individual received narcan (5) times, the parent made a sweep of the home for narcotics, went to work, and came home later to find her son deceased on his bed. Toxicology results showed that he had fentanyl, heroin, synthetic marijuana, regular THC, and cocaine in his system. Everyone thought he was clean but yet he died with multiple drugs in his system.

Dr. Watkins asked for suggestions of other community members who would be an asset for the task force. Suggestions included a faith based member, emergency room provider (i.e. Dr. Pam Sullivan), Seneca Nation of Indian representative, Pharmacist (i.e. Ashley Halloran from OGH), Olean City fire chief Bob Bell, Southern Tier Environment for Living, Inc. (STEHL) representative, Cattaraugus County Community Action representative and a school representative.

Mrs. O'Leary informed the task force that currently, there is no funding allocated to the task force. She stated that this is a voluntary task force and all resources at this point must be contributed by task force members. She shared that she recently received an email on the new 820 funding or funding for redesign of residential services. Part of the new 820 statute includes transition from residential to stabilization and rehabilitation facilities with clinical, medical or peer staff. The funding will support the cost for additional staff as a one-time payment for programs that do not currently have the clinical, medical or peer staff or it can be used for any allowable program purpose if a program already has some of or all of the necessary staff.

Dr. Watkins reviewed the action plan that was presented to the County Legislators and stated that the action plan is a draft to what is perceived to be an assessment of what is needed immediately in the community to combat the opioid/heroin epidemic in the community. He stated that the first goal is to employee a centralized case manager or coordinator for Cattaraugus County residents who are seeking resources, treatment, or alternatives to opioid prescriptions and or heroin addiction. Currently it takes too long for a resident to find a treatment facility, and residents are complaining that there is not a central number for them to access information. Dr. Watkins reported to the legislators a need for a centralized coordinator to fill this void. The question that remains is how will we pay for this service, and will it be community based or county based.

Ms. Kahm suggested that partnering with the crisis service of WNY in Buffalo may be an option as they just received funding to put in place a hotline specifically for this purpose. It may be possible for them to take the call initially, complete the crisis counseling and then forward it to our area for further connection with follow-up. Jessica C. Pirro is the CEO of crisis services and their hotline number is 716-834-3131 for Buffalo and Erie County. Dr. Watkins stressed how important it is for residents to receive timely service and follow-up to prevent residents from falling through the cracks.

Mrs. Mayeaux stated that there are care coordinators at UPC who meet every two months, who direct patient delivery services. These individuals are now connected with both county and community based organizations. The coordinator who will be managing this central number should be connected with the care coordinators at UPC.

Ms. Linderman interjected that the Office of Alcoholism & Substance Abuse Services (OASAS) has expressed their willingness to support funding community projects if the municipalities are willing to put forth some resources of their own. She stated that if the legislators will give support for this position, OASAS may add additional resources once the program gets going. She added that we will probably need more than one coordinator or case manager for the community. Dr. Watkins stated we should look into the various suggestions for a centralized case manager and in a worst case scenario he will seek funding from the county legislature to fund this venture.

Dr. Watkins informed the task force that several resources have been identified in the region and a resource list has been created. He asked the task force to look through the list and see if any additional resources could be added to the list. He stated that the list shows that there are not many resources within Cattaraugus County, most of the resources are from the surrounding area. Our goal is to try and get some of those resources locally for our residents. Suggested additions to the resource list included; Behavioral Health Therapy, TCC, and Seneca Outreach Program whose contact number is 716-307-5538 it's a newly developing program which will reach out to the surrounding area of Salamanca and Gowanda. Officer Westfall stated that page 3 under the Police Assisted Addiction and Recovery Initiative (P.A.A.R.I.) program, should include both inpatient and outpatient treatment.

Mrs. O'Leary explained that the OASAS website can be accessed at OASAS.ny.gov and it is a great resource which has a lot of information. She explained that a section on the website called "access to treatment" provides a dashboard with bed availability throughout the state; regional/county bed access information is also available on the dashboard. She added that the section also has a treatment provider directory, a list of methadone/suboxone providers, and a list of treatment service types. Locally, CAReS has a fully integrated treatment trained therapist (FITTT) housed within the agency.

Ms. Gardner spoke regarding CAReS outpatient services that are offered in Gowanda, Salamanca, Machias, Randolph Children's Home, and a site in Olean. She stated that recently the intake process has been changed. Intake evaluators have been hired to triage and expedite a person's placement.

She informed the task force that the intake evaluator will be following up with individuals who are waiting for placement by continuing to check for bed availability. She stated that this level of care is changing based on OASAS regulations.

She added that as of July 1st if the level of care indicates that a patient requires longer inpatient care, insurances will have to cover the cost. This is web based information therefore insurance companies will be able to look to see that a provider has indicated that inpatient stay is required. Surrounding area beds fill up quickly, and patients are now being sent from their local communities to areas like Syracuse and Albany to accommodate their inpatient treatment.

Ms. Gardner also shared that CAReS does not offer methadone treatment but they do offer suboxone, and vivitrol medication-assisted treatment. She added that if the level of care indicates that this treatment is recommended, insurances will help pay for this treatment. Vivitrol is an opioid receptor blocker, it costs $1,300.00 and is usually given in the form of an injection, sometimes insurances do not want to pay for vivitrol, but due to the new regulation, they are now required, if that is the recommended course of treatment. Vivitrol is designed to last 30 days. and it will help with the cravings for both opioids as well as for alcohol. CAReS also offers daily groups, individual counseling, and a psychiatrist services as needed to accompany the medication-assisted treatment. CAReS has approximately 15 clients on vivitrol at this time and have found it to be very successful. Each patient in the clinical program, must be enrolled in some form of counseling in order to receive the vivitrol injections or suboxone medication.

Ms. Colburn asked if an individual on vivitrol reports cravings towards the end of their 30 day window if the individual would be given suboxone to help bridge the gap. Ms. Gardner stated they would never prescribe the two medications at once but would instead urge the individual to come for counseling more often to intensify their therapy services.

Ms. Mcpherson inquired as to how long an individual can be on vivitrol. Ms. Gardner stated that normally they are on vivitrol for 6-8 months at which time they can be tapered off of the injectable form and switched to the oral version of naltrexone for a few months. Some will need to be on the medication for life. It all depends on how long they were users. The suboxone is usually given for 2 years if they were intravenous drug users prior. Ms. Mcpherson asked if there is abuse of suboxone. Ms. Gardner said yes, there is a chance for abuse with any drug but our job would be to remove them from the program if they are going to abuse it.

Mrs. Hastings shared that in this morning's New York Times, there was an article describing that the U.S. Food and Drug Administration (FDA) approved Probuphine, the first buprenorphine implant for the maintenance treatment of opioid dependence. She stated that Probuphine is designed to provide a constant, low-level dose of buprenorphine for six months in patients who are already stable on low-to-moderate doses of other forms of buprenorphine, as part of a complete treatment program. Unfortunately, vivitrol implants has not been approved by the FDA.

Mr. Piccioli asked if the HMO's are complying with the coverage laws that have recently changed, and wondered if the insurances were paying for the coverage. Ms. Gardner confirmed that they were. She stated that patients are reporting that once they start vivitrol, it is like someone has turned a switch that ends their cravings. It appears that this treatment is very effective.

Mrs. Mayeaux asked what happens if a client has a bronze health insurance plan where the insurance company pays 60% and the patient has to pay 40% of the medical cost.

Ms. Gardner stated that most patients they see have Medicaid but no patient is turned away due to the inability to pay, and patients can be placed on a payment plan.

Mrs. Hastings asked if Health Homes was a referral source that was being utilized. Ms. O'Leary stated it's a very simple to be enrolled in a health home. You must have a mental health disease, a chronic disease, or a body mass index (BMI) above 25 to be in this program. The Zoar Valley Clinic in Gowanda offer both substance abuse and mental health treatment. They are a huge part of the P.A.R.R.I. project and TLC health network has also tried to come to the table offering both inpatient and outpatient services that they provide.

Dr. Watkins asked Mr. Prutsman to elaborate on the limited number of beds within the community. Mr. Prutsman stated that OASAS is releasing a new residential redesign program that will address this issue. CAReS will be offering more intensive residential services in the future. He stated that CAReS is in the process of submitting an application for this redesign program which is in concert with OASAS restructure of future programs. This will change the way CAReS conduct services. The new structure will include a short stabilization phase of 7-10 days (medically focused), then relatively quickly move the individual into an inpatient rehabilitation phase of the program, this would be a long term program that could take 6 months to a year, individuals will learn to manage recovery within the safety of the program; and the final phase of the redesign program is the community re-integration phase, individuals will further develop recovery skills and begin to re-integrate into the community. Currently, CAReS have 16 beds and will submit an application to increase the number of beds by at least 50 more, which should hopefully be in place by 2017. This new redesign will allow individuals to self-identify if they need to reenter a certain phase of the program, and it has the potential to be much more effective.

Dr. Watkins stated that back in the early 1990's physicians were given the directive to assess, treat and monitor a patient's pain level. He stated that the Joint Commission on Accreditation of Healthcare Organizations launched a campaign to make pain the "fifth vital sign". The number of medical provider's prescriptions for opioids increased in the millions as opioids became the drugs of choice for providers as a way to manage a patient's pain condition. He stated now we need to retrain physicians on how to manage pain more effectively without always using opioids. Dr. Kalsman spoke regarding the educational piece that could be provided to local providers. He stated that it is his belief that there still is a place for prescribing opiate medications in chronic pain situations but it must be done in a safe manner to minimize harm. He added that he hopes the task force could initiate a retraining program for local medical providers, teaching them how to monitor their patients very closely for misuse, abuse, and addictive behaviors, how to withdraw therapy when needed, and how to get the patient into therapy when needed.

Mr. Strauch stated that what he is hearing from the Olean Medical Group providers is that physicians would like a standard but effective protocol for weaning patients off of opioids. Another important point is that physicians need to instruct patients that when they are prescribed opioids the medication is for short term therapy and tapering the doses should begin as soon as possible. Ms. Labuhn stated that a physician should also inquire regarding the patients family history of addiction. Ms. Colburn suggested that education should include alternatives to pain management like acupuncture, acupressure, etc.

Dr. Watkins spoke regarding the jails which are filled with individuals who are addicted to opioids and who are being detoxed in the jail. He stated that there is a need for credentialed counselors to go into the jails and provided counseling for these individuals. Ms. Gardner added that there is a CAReS employee who goes twice a week to the jail in Little Valley and assess the need for housing upon release for inmates addicted to drugs. She stated the service is there it just needs to be maximized.

Dr. Watkins spoke about the importance of committees when there is a large membership on a task force and asked the task force for possible names to establish task force committees; after discussion, six committees were established; (Provider Education, Naloxone Access/Funding Resource, OASAS, P.A.A.R.I., Data Surveillance, Parent Support). Dr. Watkins stated that every task force member will be assigned to a committee. He stated that the committees will come back to the task force with their reports in order to make appropriate recommendations to the legislature.

At the next task force meeting Dr. Watkins asked Mayor Aiello to talk about naloxone access for first responders and law enforcement officers in Olean. Mrs. Kahm stated they have, an open invitation to anyone who would like narcan training, and they provide narcan kits at no charge after the training. Mrs. Hasting asked how many officers, and first responders are trained. Mrs. Kahm stated that there are over 600 providers trained. Dr. Watkins asked that the number be broken down to show how many law enforcement officers, fire officers, and first responders have been trained.

It was suggested that Patricia Zuber-Wilson from OASAS come to our area to do a listening forum in order for us to try and access some of the funding that is available through OASAS.

The next task force meeting will be held in the month of July but committees should plan to meet separately in the month of June.