

## Advisory Council on Heroin and Opioid Prevention and Education

Date December 7, 2017

Time 1:30pm – 3:30pm

Location Louisiana Department of Health  
628 North Fourth Street  
Bienville Building, Room 118  
Baton Rouge, LA 70802

Chair Michelle Alletto, Deputy Secretary, Louisiana Department of Health

### Agenda

#### Call to Order

- Roll Call - Quorum

##### *Present:*

Michelle Alletto, LDH – Chair  
Mona Michelli, DCFS  
Michael Comeaux, DOE  
Dr. Susan Tucker, DOCPS  
Major Robert Brown, State Police  
Matt Adams, Board of Regents  
Sheral Kellar, LWC  
Senator Regina Barrow  
Keetsie Gunnels, Attorney General  
Thomas Travis, DOI  
Judge Jules Edwards, 15<sup>th</sup> Judicial Report

##### *Absent:*

Linda Theriot, Veterans Affairs  
Troy Prevot, LCTA Workers' Comp, appointed by the Speaker of the House

- Approval of Agenda
  - Mona Michelli made a motion to approve the agenda, Michael Comeaux made a second motion; motion approved.
- Purpose of Meeting/Deliverables in Legislation
  - Chair Alletto reviewed the purpose of the council and deliverables as listed in the legislation

## Business Requiring Council Action

- Co-Chair nomination and vote – Chair Alletto
  - Matt Adams’ name was submitted to be considered as Co-Chair. Motion to nominate Matt Adams by Thomas Travis and second motion by Keetsie Gunnels, motion approved; nominated.
  - Motion to vote Matt Adams as co-chair by Mona Michelli and second by Major Bob Brown, Matt Adams is elected as co-chair.
- Work Groups
  - Initial thoughts by Chair Alletto: Break into two work groups:
    - Data and surveillance – website development
    - Programmatic, Policy, Initiatives, and Impact
      - Matt Adams suggested breaking down this work group into smaller groups to tackle other missions like recommendations, education, stats, etc. Chair Alletto agreed.
- Structure/Future Meetings- Chair Alletto asked for those who have concerns or availability issues to email that information to Catherine Peay, and we can try to work around it, but as of now, we are looking at the months of February, May, August, and November for 2018.
- Report Drafting- Chair Alletto stated that there will be a year-end report for 2017, a mid-year report in 2018 and the full report due December 31<sup>st</sup>, 2018. She asked for someone to take the lead in writing and drafting the report. Sheral Kellar and Matt Adams agreed to be the leads on this.
- 2017 Year-End Report Draft- Chair Alletto said we will email a date for members to send each agency’s individual portion for the Report.

## Discussion

- Opioid Data Presentation – Dr. Esteban Gershanik; Data included in attached power point presentation
  - Dr. Gershanik presented national and local data. He also discussed OPH’s accomplishments with the help of federal grants projecting up to \$2.3 million through 2020. The current goals and initiatives of OPH were included in the presentation, as well as information on the opioid surveillance data dashboard he has created and is working on. Data included in the attached power point.
  - Matt Adams asked how close this gets us to the goal of parish-level data. Dr. Gershanik explained we do have parish-level data and Bureau of Health Informatics (BHI) is working in collaboration with others to gather this. He said we want to work with the council to find out what we need.
  - Sheral Kellar mentioned Governor Christie’s delivery of the president’s recommendations.
- Overview of the national and state opioid commission recommendations – Dr. Janice Petersen
  - Dr. Petersen reviewed the *Crosswalk of Recommendations: President’s Opioid Commission and Louisiana’s Opioid Commission* document (attached) and broke down each recommendation listed on the handout. She explained how the president’s recommendations connect with the local recommendations and described how these are being considered and enacted.
  - Sheral Kellar recommended that everyone take 2 to 3 hours to watch the President’s recommendations on CSPAN, as it covers all facets related to opioids with great conversation and information.

- Link to the Louisiana Commission on Preventing Opioid Abuse:  
<http://ldh.la.gov/assets/docs/BehavioralHealth/Opioids/LCPOAFinalReportPkg20170331.pdf>
- Link to the President's Commission on Combatting Drug Addiction and the Opioid Crisis:  
[https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final\\_Report\\_Draft\\_11-1-2017.pdf](https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf)
- Overview of LDH's Opioid Strategy – Chair Alletto
  - LDH's goal is to decrease opioid deaths in Louisiana; LDH's strategies are better data, prevention, rescue, treatment, and recovery. Data is the one thing LDH has worked on the most over the last year and a half. We want to gather as many Federal resources for Louisiana. OPH is able to use this towards surveillance, and OBH can use toward community outreach and life saving measures. We still need more money around treatment- Chair Alletto shared a list of the federal grants that LDH has been awarded. Chair Alletto stated that we hope to distribute a certain number of Narcan to certain areas with this funding.
- Partnerships and contributions of each council member – Dr. Esteban Gershanik
  - Dr. Gershanik gave suggestions in coordinating amongst agencies. Dr. Gershanik offered some questions to consider when forming these potential partnerships including:
    - How can we properly monitor and address inappropriate prescribers of opioids?
    - Are high crime areas the same locations we have over-prescribers or deaths due to opioids?
    - HHS data shows parental drug abuse a factor in rising number of kids in foster care- Can we track? What service can be provided? How can we support these children?
    - Naloxone saves lives. Where is it being provided across the state and where is it needed?
  - Dr. Petersen also offered questions to add to the conversation.
    - How do we build capacity for prevention, treatment, and recovery supports? Plan includes integrating prevention, intervention, treatment, and recovery support services
      - Prevention: Each of the 9 LGEs has been given funding to hire an Educational Outreach Consultant, who will work with the LGE to provide education and awareness activities, dependent upon local needs and targets. Prevention team is working internally with BMAC to identify next steps to identifying a media consulting agency to help develop the statewide campaign so the same messaging can be used by the LGEs.
      - Intervention: Includes naloxone distribution to communities and providers. OBH supply has not been ordered yet. Each LGE is submitting a distribution plan and identifying how they will use and track the kits (nasal sprays).
      - Treatment: Each OTP has been provided funds to enhance accessibility to treatment services. Majority of State Targeted Response (STR) funds will help to build treatment capacity. In addition, each Opioid Treatment Program (OTP) has funding to hire a Resource Coordinator who will work with the region to provide referral services. Will work closely with the LGEs as well to ensure the Peer Support Specialist have a seamless system of referral to the OTP. Using lessons learned from MAT-PDOA grant being implemented in New Orleans area about recruitment and retention of consumers in treatment.

- Recovery Supports: Each LGE is also given funding through the STR grant to hire peer support specialists, who are trained and receive credentials through OBH to provide peer services. Peer support services outreach can be done in emergency rooms, one-stop centers, or wherever locally the need is to reach those consumers who are in need of treatment.
- Senator Barrow said she is looking forward to hearing the council’s recommendations so she may tackle this issue in the upcoming legislative session.
- Chair Alletto prompted discussion with members:
  - Asked Public Safety and DOE if they have any comments regarding the “high crime areas” slide as first mentioned by Dr. Gershanik. Dr. Susan Tucker with DOCPS spoke and said that she appreciates LDH’s data, but also wants to offer DOCPS’s data. They started assessing each offender as they come to prison and one question is around addiction. 20% of the offenders coming in are opioid addicts and most started with pain pills. 12% of these addicts are interested in vivitrol. She went on to say she appreciates the partnership between LDH and DOCPS with vivitrol and MAT. She also said that these offenders have nowhere to go after prison where they won’t be judged, and she would like to have them stay on some opioid track, although it requires time and resources. Chair Alletto asked if the offenders were linked to LDH with managed care. Dr. Susan Tucker’s prison in Bossier is the only prison involved with Medicaid at this point.
  - Sheral Kellar recommended the members read Dreamland. She also suggested tracking opioid deaths by zip code. She also recommended a better delivery system on educating students about opioids and to do away with brochures because they don’t read them.
  - Dr. Gershanik responded to data recommendation stating what he needs in order to get good data: 1. How is data stored? 2. How detailed? 3. Validation of data. He asked the council to think about that.
  - Chair Alletto asked about screening for students that may be at risk for substance use? Matt Adams brings ScreenU to the council’s attention. Ohio State University is using this- they are screening students as they come in with a cumulative score and then refer them. He hopes this can start a conversation here.
  - Judge Jules Edwards asked what the definition of “high-risk” is. Matt Adams answered that it is students prone to substance abuse.
  - Judge Edwards suggested that data should be collected on location of death and location of residency for these opioid deaths. He also asked which students would be screened. Sheral Kellar said these students need to be reached before the university level- it needs to start in high school. Matt Adams responded that screenings in Maryland begin in 3<sup>rd</sup> and 5<sup>th</sup> grade; 6<sup>th</sup> and 8<sup>th</sup>; 9<sup>th</sup> and 12<sup>th</sup>; and then college.
  - Mona Michelli brought up the prescriber slide- How to report inappropriate prescribers. She said that if you really want to get to them, we need to make sure family members and individuals know how to report on this.
  - Mona Michelli also wanted to discuss the Foster Care slide. One thing she wanted to add is how to increase consistent screening. How do we track and monitor the newborns who are born with neonatal abstinence syndrome more? She believes the reporting is not consistent in all the hospitals. Currently, it works where if the

physician has reason to believe the newborn has been exposed, then the physician can order a toxicology test on the newborn.

- Senator Barrow said this is a cause for concern and that she will discuss further to make reporting more consistent in hospitals. Wants to put something into law.
  - Chair Alletto said it's a fine line because you don't want to discourage a mom from getting treatment and being separated from their kids. It can be very difficult implementing this. We don't want to create barriers for these women getting treatment.
  - Mona Michelli said more consistent screening early on during pregnancy would be the best avenue to take to get them to engage in treatment.
  - Sen. Barrow said she hopes they decriminalize that aspect in order to make sure the child is taken care of.
  - Chair Alletto said she wants to see some trends on this and will possibly share.
  - Sheral Kellar said the issue should not just be on how to report prescribers but when do you know there is something wrong and the prescriber should be reported. It's usually too late. When looking at the opioid grants, she didn't see anything about education or public relation. She said we need to let people know warning signs, when to report and how to report suspected abuse.
  - Dr. Petersen responded that there are resources being spent on community outreach. The State Targeted Response (STR) Grant is from SAMHSA that allows us to do the prevention coordinated plan. Office of Communications is following up with interviews for ad agencies currently. Other pieces include education, awareness, social media, zip codes, targets (hotspot data), etc.
- Public Comment
    - Dr. Alison Smith, an Associate Director of Louisiana Center for Addressing Substance Use in Collegiate Communities (LaCASU) office at LSU, spoke about some of the initiatives of the campus, including LSU Police Department carrying naloxone, CORE alcohol and drug survey, Screening on campus, training individuals on campus to give naloxone, and working on collegiate recovery program
    - Jamie Boudreaux, Executive Director Louisiana and Mississippi Palliative Care Association, informed the group about his association urged the council to consider cancer and end of life patients so they may get the care they need.
    - Morris Hawkins with ACER said he provides outpatient treatment for pregnant women, ambulatory and MAT. He spoke about the stigma of addictive disorders and plans to work with Woman's Hospital to provide treatment.
  - Date, Time, and Place of Next Council Meeting
    - Chair Alletto had one question for the council- How would you like to engage the stakeholders listed in the legislation? She requested for members to send her or Matt ideas
    - Date of the next meeting is February 6<sup>th</sup>- if date does not work, reach out to Catherine Peay.
    - Contact Catherine Peay if you would like to host a meeting in the future.
    - Senator Barrow asked if the council wants to walk away with recommendations before session. Chair Alletto said we most likely will not have any formal recommendations in time for legislative session this year. She said she is happy to share with council what the legislative strategy will be going into session, and if there is anything to push, we can all help each other.

## Adjournment

- Motion to adjourn by Matt Adams. Adjourned at 3:32 pm

## Attachments

- Power point presentation
- Crosswalk of Recommendations Handout
- NAS Toolkit

*Upon unanimous approval of the taskforce members present, the taskforce can take up a matter not on the agenda, under the authority of LSA-R.S. 42:19 – Notice of (Open) Meetings. If necessary, under the authority of LSA-R.S. 42:16-17, the public body may meet in an executive session of the taskforce; the minutes must show the reason for holding the closed meeting; and no voting or binding action will be taken in the closed session. Proxy voting is not allowed, per LSA-R.S. 42:14. This taskforce will follow the Open Meetings Law as set forth in LSA-R.S. 42:11 et seq.*