

ALLEGANY COUNTY HEROIN & OPIOID ABUSE AD HOC COMMITTEE

July 14, 2016
NOT APPROVED

Committee Members Present: J. Hopkins (Chairman), T. O'Grady, L. Ballengee, M. Biddle, A. Buchholz, M. Carbone, K. LaForge, W. Penman, B. Riehle, C. Zenoski (Absent: M. Biddle, J. Chaffee, M. Chamberlain, M. Damiano, V. Grant, L. Haggstrom, C. Ivers, G. Muscato, R. Root)

Others Present: S. Decker, G. Kocsis, Dr. Kevin Watkins (Public Health Director, Cattaraugus County Department of Health), C. Whitwood

Call to Order: The meeting was called to order at 1:05 p.m. by Committee Chairman Judy Hopkins.

Approval of Minutes:

A motion was made by Mrs. Ballengee, seconded by Mr. Penman, and carried to approve the Allegany County Heroin & Opioid Abuse Ad Hoc Committee minutes of June 23, 2016.

Dr. Kevin Watkins, Public Health Director, Cattaraugus County Department of Health

Chairman Hopkins remarked that Cattaraugus County is ahead of Allegany County in addressing the Heroin and Opioid Epidemic and so she asked Dr. Kevin Watkins, Director of the Cattaraugus County Department of Health to share what they're doing in Cattaraugus County.

Dr. Watkins started by saying that they hadn't prepared themselves like they should have when the epidemic hit Cattaraugus County. They've since put together a task force to address the problem. He remarked that this is the third heroin epidemic. The first was after World War II, and the second was after the Vietnam War. The third epidemic started in the 1990s, and that's the epidemic we're seeing today. The abuse of opioids many times starts with the need to manage pain. Medical practices started measuring pain levels in their patients and opioids became the drug of choice by physicians. Unfortunately, addiction rates weren't being looked at and patients kept getting refills. Physicians are required to continue to treat pain, but they have now learned to change the way pain is managed. Dr. Watkins also mentioned that many of the drugs today are coming from South and Central America and that they are more potent. Because of their potency, nothing needs to be added to them, but other drugs are being added.

Dr. Watkins shared information that he had presented to the Cattaraugus County Board of Legislators. This included statistics on death rates attributed to heroin. It also included incarceration statistics as well as rates of children displaced by heroin. It was realized that they had resources in Cattaraugus County that weren't being tapped into. There was no identifiable agency to get services, or the wait list became so long or discouraging that people chose to continue to use rather than seek help. Cattaraugus County has since formed a task force for putting these resources together. They held their first meeting back in May. The task force includes individuals from the community. They have put together a centralized calling center for the county. Prior to this, residents complained that there was no central office to call and that people were placed on hold or didn't get a call back. Now the county can follow up with these individuals. The task force has also discussed the need for expanded treatment. The jails are filled with addicts and there is no continuation of service once they've been released.

Community based Narcan training is being offered. They've also begun to address prescribing practices of physicians. He noted another important facet is the reduction in drug trafficking through the work of law enforcement agencies. He mentioned they would also like a parent support group. Parents have expressed the difficulties in getting treatment for those under the age of eighteen.

Dr. Watkins stated that they have looked at Senate and Assembly task force recommendations and hope to use those as guidelines for their task force. One obstacle to overcome is lack of funding. The resources are easy to identify but difficult to obtain. He remarked that rural counties are less likely to receive funding because they have a smaller volume of people in need. He said that Cattaraugus County is still learning, but he did offer some suggestions for Allegany County. He feels a community task force works really well. Physicians and pharmacists are excited to get involved. Don't set goals so high that you don't get a measurable achievement. He suggested working together with other counties in order to get treatment beds in the area. Expect that you're going to see a number of relapses. It doesn't show a failure of the program.

Carrie Whitwood, Executive Director of Ardent Solutions, Inc. asked if it would be possible for anyone from the Allegany County task force to be part of the Cattaraugus County task force. Dr. Watkins indicated that he would love to have someone from Allegany County participate with their task force and vice versa.

Committee Chairman Hopkins asked about legislation for getting additional treatment beds. Mr. Penman replied that he is still waiting to hear from New York State as to how they're going to allocate money for services. He said that rural areas tend to get the short end of the stick for funding. He feels that counties working together for a regional effort might be more attractive. Dr. Watkins mentioned that although a county may receive funding, by the time the money is allocated, communities come together to fight against having the treatment centers. A suitable location must be found. Another issue is having doctors available who are able to prescribe Suboxone, Vivitrol and Methadone. There is some limit on how many Suboxone prescriptions can be given by a doctor at one time. Mr. Penman said his organization is working to get another physician to come into their clinic. At this time, there is only one provider in Allegany County who can prescribe Suboxone.

The committee discussed the ability of a person to get high from a drug like Suboxone and also selling it in order to buy heroin. They also discussed people using these treatment drugs long term when they should have been weaned.

Chief O'Grady asked what attraction there might be for a doctor to become involved. Dr. Watkins noted that they have a couple of retired physicians who have offered to work on the problem. Chief O'Grady asked if it's difficult for physicians to be involved in treatment. Dr. Watkins replied that it is. Physicians must follow a patient who is receiving Suboxone. They have to be in a treatment program in addition to taking the Suboxone. They have to be followed to make sure they are getting additional treatment. Mr. Penman stated that this is why they are looking to get another physician in their facility. With a prescribing physician on location, everything can be done in one spot. It will help cut down on abuse of the system. It can be a hassle to have to get drug testing and therapy. Primary care physicians don't want to get involved. County Administrator Tim Boyde shared his experience in working in mental health. He remembers a number of overdoses after people were released from incarceration. Dr. Watkins said that in meeting with their Probation and Sheriff's organizations, these things work

great while the inmates are there. Vivitrol seemed to be the best drug they've found for use once released. It only has to be taken once per month. Probation staff still needs to follow up. Mr. Boyde added that when it's in a controlled environment it works, but once they are released the temptation is there.

Mrs. Ballengee asked about a Standard of Care for pain medications and if it is something done in Cattaraugus County. Dr. Watkins indicated that they have included the CEOs of the area hospitals, the Olean Medical Group and others to be part of the task force. They have agreed to work on a standard protocol to wean people off from opioids. Mrs. Ballengee asked Dr. Watkins to share the protocol with the group once it is developed.

Old Business:

Update on Ardent Solutions Proposal for Allegany County:

Carried Whitwood disseminated a proposal that Ardent Solutions has been working on. The first step would include looking at and developing the following: Current State and Federal Legislative Landscape, Asset Mapping – What's Available, Community Engagement, Data Collection and Analysis Strategies. The second step would include a Prioritization Process and Shared Ownership of Community Health. Committee Chairman Hopkins asked about three areas that would be worked on by different teams of people. Ms. Whitwood indicated that the groups would be Asset Mapping, Community Engagement, and Data Collection/Analysis. Mrs. Hopkins remarked that there are so many people who want to get involved, and this is a way to have them participate. She feels it's important to align with what the State is doing. The focus should be prevention, treatment, recovery and enforcement. Requests for people to get involved will be sent out. Chief O'Grady remarked that he thought it made sense to break it down by area of expertise, similar to how the County Legislature is set up. Committees report back to the whole group. Legislator LaForge asked about funding. Mr. Penman stated that he hasn't received specific information yet. Funding of \$66 million for new residential beds is expected, but nothing has been said about how to access that. He feels regionalization makes sense. Ms. Whitwood remarked that it's important to have the groundwork laid so when money is available we're all set. Mr. LaForge asked if it made sense for Allegany and Cattaraugus County to work together. Dr. Watkins said that he thinks it makes sense and we could welcome other counties to refer patients as well.

Update on PPAC Heroin Group:

Mr. Penman stated that they spent a good amount of time talking about asset mapping. They are willing to participate also. They discussed the town hall meeting and re-initiation of a state-wide tip line. The tip line is back and they've actually done some radio spots for it. We will get some statistics on it. It is set up so the calls go to an 800 number and then are referred to dispatch. We are working with the Sheriff on that. A panel has been set up for the Town Hall Meeting on July 21 at the County Fair. In addition to the drug problem, underage drinking will also be discussed.

Update on Meeting Location:

The group decided that it worked well to sit at the Legislator's desks in the Legislative Chambers.

Mandatory Action for Using Narcan:

Legislator LaForge addressed the idea of putting together a motion to go to the Human Services Committee to request legislation to petition the State of New York to come up with some sort of action for after the administration of Narcan. Currently there is no penalty for receiving Narcan. After tossing some ideas back and forth he asked, "Is it a disease or a crime?" Dr. Watkins remarked that this issue has been argued over and over again. When EMS goes out to an overdose they see repeat offenders. Sometimes it's only a matter of three hours before they go out to the same residence. In one case, they revived one individual five times in one day. Dr. Watkins' opinion is that it is a disease. An addict's mind has to have the sensation satisfied, and they will do anything to make it happen. Currently it's not against the law to have Narcan administered. EMS does not have to call it into the police. Narcan can be expensive. The State is going to make insurance providers begin paying for this. Legislator LaForge remarked that some think we should just let people die, but he doesn't subscribe to that. Dr. Watkins added that some people don't like to see tax dollars spent on this. However, families want their loved ones to be taken care of. Police Chief O'Grady mentioned the Good Samaritan Law which waves criminal penalties so a person can get help. He feels sometimes the only way to truly help these people is to force treatment. There has to be something where people say I need to change what I'm doing. There aren't any consequences. Somehow we have to change the behavior. There has to be a happy medium. I just don't know what it is. Dr. Watkins stated, "It's still against the law for them to possess." Referrals to a recovery clinic can be made at the ER, but if they're not willing to go, ACASA won't take them. A discussion was had about how often an addict voluntarily asks for help. There is the idea that if you get someone into treatment involuntarily, you may have a better chance of getting them long-term treatment. Mrs. Hopkins suggested that maybe some of this discussion should be part of the assessment process. If they decide to go ahead with a resolution, we want to make sure it's workable, legal, possible, and that the people will support it. The group discussed tracking data about Narcan usage. Due to privacy laws, tracking would more likely be of usage by area, not individual. The group feels it should be a priority to create one database. Dr. Watkins pointed out that now that pharmacists are going to be able to give out Narcan, it's going to be harder to track. Ms. Zenoski suggested that pharmacists could record when they dispense it.

Next Meetings:

- * Town Hall Meeting on July 21 @ County Fair (*after the Legislative Board meeting.*)
- * Ad Hoc Committee Meeting, Thursday, August 11, 1 p.m. @ Legislative Chambers

Adjournment

There being no further business to come before the committee, the meeting was adjourned at 2:45 p.m. following a motion by Mr. LaForge, seconded by Mr. Penman, and carried.

Respectfully submitted,
Sarah M. Decker, Journal Clerk/Deputy Clerk of the Board
Allegany County Board of Legislators