



Data Work Group

A local epidemiology workgroup focused on alcohol and other drug problems as well as prevention, treatment and recovery services

DRAFT Meeting Summary (revised 4/5/18 AM)

**February 22, 2018, 2:00 - 3:30 PM at
New Orleans Regional AIDS Planning Council
2601 Tulane Ave., Ste. 400**

Participants: Edward Puyau (MHSD Prevention Services); Dr. Kashunda Williams (MHSD Quality and Data Management); Virginia Ezenwa (Office of Behavioral Health, Prevention); Donald Petty (Gulf Coast HIDTA); Michael Murphy (Gulf Coast HIDTA); Dayaamayi Kurimella (Office of Public Health, Infectious Diseases); Emily McAweeney (Family Services of Greater New Orleans); Craig Wiles (Drug Enforcement Agency); Nell Wilson (Office of Public Health, Health Informatics); Genny May (U.S. Marshals Service); Harold Patin (Global Drug Consultants, LLC); Stephanie Haynes (GNO Drug Demand Reduction Coalition); Seton Jenkins (GNO Drug Demand Reduction Coalition); D.G. Maun (Intuitive Synergies); David Seal (Tulane School of Public Health and Tropical Medicine); Bob Gallati (ARC Associates)

Updates

America's Community Coalitions Expanding SBIRT Services (ACCESS) – Seton Jenkins

- This GNO-DDRC effort focuses on the development of screening, brief intervention and referral to treatment services for youth and is supported with modest funding through a Hilton Foundation grant to Community Anti-Drug Coalitions of America (CADCA).
- The project is in the planning stages. An assessment and action plan have been completed. The logic model from the action plan was shared with meeting participants.
- Coalition grantees will continue to receive training and opportunities for learning collaboration and consultation from academic centers.

Gulf Coast High Intensity Drug Trafficking Area (GC-HIDTA) – Donald Petty

- Drug survey data collection is completed. Drug threat assessments for 4 states and two sub-state areas (in Tennessee and Florida), as well as the Gulf Coast region, should be completed in April. Preliminary results for Louisiana indicate that the drugs of threat in priority order are: methamphetamine, heroin, other opiates, prescription drugs, marijuana and cocaine.
- The Mississippi State Epidemiological Outcomes Workgroup (SEOW) has a “Snapshots” data website [<https://www.msegov.com/dmh/snapshots/>] with state, regional and county indicators including overdose deaths.
- Stimulant misuse may be the next trend. Pharmacy prescriptions for stimulants have increased in a number of states including Maine. Methamphetamine use has increased in the Gulf Coast area over all as well as in Louisiana. An increase in cocaine availability is anticipated.

- GC-HIDTA will prepare a brief profile for Greater New Orleans in addition to the LA state profile.

Office of Public Health/ Bureau of Health Informatics (BHI) – Nell Wilson

- The opiate surveillance system should be publicly available in April. System desing has been completed and data has been sent to the vender for testing.
- Behavior Risk Factor Surveillance System (BRFSS) questions for the 2018 Louisiana survey have been sent to the CDC for review. New items include 4 questions on prescription drugs.
- BHI is collaborating with OPH Bureau of Family Health to develop data on neonatal abstinence syndrome which should become available at least at the regional level, if not county level.
- BHI is working with the Attorney General’s office to collect more complete data on naloxone administrations.
- BHI data officer staff are participating on the data and surveillance work group of the Governor’s Heroin and Opiates Prevention and Education (HOPE) Council.
- Opiate Overdose Deaths – Coroners are responsible for reporting all deaths to the state health department. Although all coroners report to the same state data system, reporting of opiate poisoning deaths is not standardized. Of the 1,000 drug poisoning deaths reported in 2016, about half did not include specific drugs. This especially occurs when multiple drugs are involved and it may not be possible to assign the cause of death to any one drug. BHI is in working with coroners and is conducting a coroner reporting validation exercise. For Orleans Parish, 218 drug poisoning deaths were reported by the coroner in 2016, but 123 records (56%) did not include a specific drug as the cause of death. Only 35 opiate poisoning deaths were “certified.” However, the Orleans Parish coroner’s office records indicate that opiates were involved in 166 drug poisoning deaths based on details in the coroner’s records, e.g., tests for specific drugs. (A death record reported to the state remains open until the coroner certifies it based on completed tests and investigation. Once certified, it is closed and cannot be changed.)

Dashboard for Substance Use Health – Bob Gallati

- A web-page was designed for the Dashboard (as displayed on the handout), organized by data source and indicators based on the data source. (<http://arc-associates.net/gno-dashboard>) Currently there are three data sources: the Louisiana Early Event Detection System (LEEDS); New Orleans Emergency Medical Services naloxone administration service calls; and alcohol-related crash data compiled by the LSU Highway Safety Research Group.
- The most recent dashboard analysis indicates that, although previously consistently increasing over a 5-year period, from the 1st quarter 2016 through the 3rd quarter 2017 alcohol-related injury crashes in Orleans Parish decreased by 40 percent. This suggests that New Orleans Police Department took some actions to effect this change.
- Ideally dashboard indicators to be developed would be: leading rather than trailing indicators; based on timely data updated at least on a quarterly basis; updated as data become available, at lease semi-annually; available at the parish or neighborhood level; and include explanatory text describing findings. *Suggestions are needed from work group members and others regarding: potential indicators and data sources as well as how the dashboard can be presented and made useful.*

2018 Caring Communities Youth Survey (CCYS) – Ed Puyau

- The Behavioral Health Education Council met yesterday. Progress on CCYS implementation was discussed. MHSD legal department is reviewing confidentiality provisions of Act 837 relevant to CCYS administration. MHSD Prevention staff are waiting for legal advice before approaching schools so that we can accurately respond to confidentiality issues and related concerns.
- Ed Puyau recently met with Brady Shannon of the Louisiana Association of Charter Schools as well as with Ken Francis of the Orleans Parish School Board (OPSB). Ms Geraldine Warren, MHSD Director of Children’s Services, and he will attend a meeting OPSB school principals on March 6th and a meeting of charter school leaders in April to discuss the 2018 CCYS. It is expected that Dr. Ray Bigger of the Picard Center will also participate in these meetings with school leaders to provide further details about the CCYS content and procedures.
- Schools receiving MHSD-funded prevention services will have agree to administer the CCYS and prevention service providers under contract with MHSD will be required to assist the schools in administering the CCYS.
- The St. Bernard School District superintendent is still reluctant to participate in the CCYS because of confidentiality concerns which may be due to an action taken in the early 2000’s, but they should be participating once Act 837 issues are resolved.

Rural Opioid Cooperative Agreement – Dr. David Seal

- This study is being conducted at multiple sites by 8 different research teams across the country. His site is in Wisconsin. The study includes quantitative surveys and qualitative interviews with opiate users, qualitative interviews with service providers, and biological testing of opioid users for HIV and syphilis. A handout provided a list of assessment domains and the types of data that are being collected to address a variety of research questions and policy concerns.
- The paper, “Criminal justice continuum for opioid users at risk of overdose” has been accepted for publication and should soon be available to be shared.

Business

Review of Recommendations on Data Infrastructure – Bob Gallati

- The GNO Drug Demand Reduction Coalition’s fact-finding report, “Drug and Alcohol Problem in Greater New Orleans 2011-2017,” published last September, included both programmatic and data infrastructure recommendations. One of the Coalition’s roles is to advocate for policies and programming at the local, state and federal levels in order to *improve the health, safety and wellness of Greater New Orleans residents, guest and visitors* by addressing substance use problems in the community. The meeting handout, “Recommendations on Data Infrastructure for Assessing Needs, Developing Policy, Planning Programs and Evaluating Outcomes,” is a working draft that organizes proposed recommendations by population needs and the response to those needs, for adolescents and adults.
- Data Work Group participants are asked to critically review recommendations related to data infrastructure based on their individual areas of knowledge and expertise in order to help the

Coalition develop policy and programming recommendations that are reasonable and actionable.

- Ed Puyau is asked to review the section on adolescent need including CCYS implementation. Nell Wilson is asked to help in the development of recommendations related to the Behavioral Risk Factor Surveillance System for adults. Regarding the Core Institute survey for college students, Ed Puyau indicated that MHSD is sponsoring Core Survey training in March in collaboration with Jefferson Parish.
- *In helping to develop data recommendations, work group participants can think about “What could the Coalition do for you?”—mostly in terms of advocating and educating.*
- Regarding the Criminal Justice System, Bob Gallati indicated that we met the person [Kevin Massey] responsible for health services at the Orleans Parish Justice Center (jail) at the Health Department’s Opiate Task Force meeting and hoped to follow-up with him about assessment data for detainees or prisoners. Craig Wiles suggested substance use status might be recorded at time of arrest. He said that according to police offices most shootings involve some type of substance use, but it is not currently recorded for analysis. Similar data could be collected on contact cards from police calls. Genny May said her NOPD contact indicated that currently no data on coincidental substance use is captured for analysis. Genny May indicated that she would reach out to involve EMS and NOPD for our next meeting.
- Dr. Kashunda Williams indicated MHSD provides mobile crisis unit services through a contract with RHD and that performance was monitored on a monthly basis using utilization data and outcome indicators. Dr. Williams asked to know more about the relationship of the Data Work Group and the Coalition as well as what kinds of data were needed. Bob Gallati indicated that the work group is sponsored by the GNO DDRC but is independent of the Coalition. He described how the data would be used by the work group and the Coalition. Dr. Williams asked whether there was an existing data sharing agreement between MHSD and the Coalition, or does one have to be developed. Stephanie Haynes said that a data sharing agreement would be helpful. She further said that the Coalition greatly appreciates the partnership with MHSD and Dr. Williams presence at this meeting.

Anticipated date for the next meeting: Thursday, April 5, 2018.