



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

April 5, 2018 – 2:30-4:00 PM

New Orleans Drug Enforcement Agency Field Office, 18th Floor Training Room 3838 North Causeway Blvd., Ste. 1800 - Three Lakeview Center, Métairie, LA. 70002

Participants: Edward Puyau (MHSD Prevention Services); Dr. Kashunda Williams (MHSD Quality and Data Management); Dr. Esteban Gershanik, (Office of Public Health, Bureau of Informatics); Virginia Ezenwa (Office of Behavioral Health, Prevention); Michael Murphy (Gulf Coast HIDTA); Janet Hines (Drug Enforcement Administration, GC HIDTA); Christopher Ortiz, (Drug Enforcement Administration, GC HIDTA); Dayaamayi Kurimella (Office of Public Health, Infectious Diseases); Emily McAweeney (Family Services of Greater New Orleans); Craig Wiles (Drug Enforcement Agency); Genny May (U.S. Marshals Service); Harold Patin (Global Drug Consultants, LLC); Seton Jenkins (GNO Drug Demand Reduction Coalition); D.G. Mawn (Intuitive Synergies); Dr. David Seal (Tulane School of Public Health and Tropical Medicine); Bob Gallati (ARC Associates); Dr. Jeff Elder, (New Orleans Emergency Health Services); Angela Wiggins, (Recovery School District, Youth Opportunities Program); Amanda Martin -Sanchez, (Lammico, Healthcare), Katherine Cain, (New Orleans Health Department); Meagan Relle, (Louisiana Public Health Institute); Ben Horowitz (New Orleans Police Department, Director of Analytics); Dr. Billy Robinson (DHH/LSU)

Attachments

- MHSD Performance Measurement and Management
- “Criminal justice continuum for opioid users at risk of overdose” (Article in Press)

OPH/ Bureau of Health Informatics

- Dr. Gershanik said that the Bureau of Health Informatics currently has five federally funded grants, one through the CDC and four through the Department of Justice. The ultimate goal of the Bureau is to have accurate, comprehensive and timely data to report to communities and to provide the capability to act on the information.
- Vital Records indicates that there were over 1100 overdose deaths in Louisiana in 2016. The CDC states over 2/3 of those deaths involved opioids. Data indicates that this number has doubled for 2017. However, the overdose deaths have not been officially reported in order to securely ascertain the accuracy through Vital Statistics that is required. There are questions

related to how a death is classified when there are multiple drugs in the system, and whether opioids are the main cause of death. (A key example is when someone who takes an opioid prescription dies in an accident or is the victim of drowning.) These facts are important in messaging given to communities regarding the nature and extent of the opioid epidemic.

- The Bureau has data on prescription opioids from the Pharmacy Board and the Prescription Monitoring Program (PMP) which Dr. Gershanik considers highly accurate. However, there are reporting discrepancies in some parishes. In one Parish there is a major difference between statistics reported by the Board of Pharmacy and Center for Disease Control and Prevention (CDC).
- Dr. Gershanik said that such discrepancies highlight the importance of assuring valid and reliable data pertaining to the opioid epidemic. There is significant under reporting in our State regarding the seriousness of the opioid epidemic. Analysis of reporting accuracy is supported by various funding resources. The Opioid Surveillance System will be “live” at the end of the month.
- The funding provided to the Bureau and partnerships with data-driven agencies and community organizations has provided opportunity for interventions, such as naloxone dissemination. Dr. Gershanik stressed the Importance of Building an Infrastructure and expanding Partnerships. He invited everyone to attend the State Opioid Education Council. Dr. Seal requested that Dr. Gershanik send information regarding the State Opioid Council meetings to Dr. David Seal or Seton Jenkins for distribution.
- DEA ASAIC, Craig Wiles asked if there was an educational component that accompanies the work of the Bureau specifically for Medical Examiners. Dr Gershanik said that his goal is to disseminate the information. He recently met with State Medical Examiner and questioned the toxicology capabilities and the procedure for autopsies. He also recently met with State Troopers and District Attorneys throughout the State for their input. Mr. Wiles applauded Dr. Gershanik for his efforts stating that, since the law enforcement community has increasingly been looking at charging death “as a result of,” not having accurate reporting from the Medical Examiners has impeded enforcement and prosecution capabilities.
- Dr. Gershanik reiterated the importance of partnerships as well as the necessity of working together to make impactful statewide and community effort to save lives.

MHSD Data and Quality Management Effort

- Dr. Williams reviewed the Metropolitan Human Services District’s systematic approach to performance measurement and management implemented in 2016, which included the establishment of the Quality and Data Management (QDM) division. (See attached handout.) QDM seeks to create a data driven environment for performance management, monitor the linkage between performic and budgeting and support continuous quality improvement (CQI) across MHSD. QDM is responsible for data management and MHSD’s electronic health record (EHR) system.
- Activities of the QDM division include: reporting monthly to state systems data on behavioral healthcare encounters and services; monitoring service contractors and coordination of care provided to MHSD clients; supporting the State Strategic plan, the MHSD strategic plan and the accountability plan required for human services authorities (HSAs); reviewing the District’s Call Center; conducting client and staff satisfaction surveys; monitoring the quality

of services and quality of services provided and ensuring that MHSD programs meet CARF certification requirements; monitoring the performance on the SAMHSA grant for medication assisted treatment (MAT) and meeting data reporting requirement; sharing data with New Orleans Health Department and the New Orleans Health Information System through a formal agreement.

- Dr. Gershanik asked how the information is being collected related to clients served and what is done with the information. Dr. Williams responded that service information is primarily being collected through electronic health records. However, if a client has a specific need and a specific type of referral then information is collected through Share Point Data which is configured in order to capture key variables from those persons whose need may not qualify them for electronic record entry. Additionally, client satisfaction and outcome survey measures are captured. Information is used for internal reporting, decision making and performance measurement as well as state and federal reporting requirements.
- Meagan Reille of LPHI requested information regarding Access to Care. Dr. Williams stated that Access to Care data is tracked on monthly basis through the MAT report on service type and clinic location which has been in place for a year and indicates positive trending. Adjustments are made by the Internal Team to ensure timelier appointments and utilize client perception of care in making these changes.

CCYS and Prevention Needs in NOLA

- Ed Puyau (Metropolitan Human Services District Prevention Services) informed members that the Communities that Care Youth Survey (CCYS) is administered to 6, 8, 10 and 12 grade students bi-annually. The next survey will be implemented in November 2018. He is working with Dr. Ray Biggar of the Picard Center (CCYS Contractor) to increase participation and implementation of the survey. Orleans Parish had 0% participation in the survey in 2016. Plaquemines Parish was the only MHSD parish that participated. MHSD is working with Kenneth Frances and Brittany Shannon to get the survey into the Orleans Parish School System which has been very challenging. Dr. Biggar will be addressing school Board Members this week to discuss the importance CCYS. Dr. Rochelle Dunham, MHSD Director, has sent letters to school principals and school Board Members urging participation. MHSD has an action plan to ensure implementation and participation which includes listening sessions in schools. The state CCYS contract includes various partnerships that should take an equal role in ensuring participation and implementation of CCYS: The Department of Education (DOE), The Office of Behavioral Health(OBH), The University of Lafayette Picard Center, Bach Harrison, and the Human Service District
- A discussion followed regarding the importance of increasing CCYS, particularly in light of the escalating consequences related to substance use. Angela Wiggins suggested reaching out to the Department of Education. Seton Jenkins replied that the Coalition has had meetings and conference calls with Superintendent White regarding the low participation rate in the survey. Jenkins stated that a copy of the survey would be attached to the meeting summary notes.
- Ed Puyau responded that a letter from Superintendent White will be mailed at the end of April to all schools. DEA ASAIC Wiles suggested the Coalition address and sign a letter to Schools as well as request a letter from the incoming Mayor. Dr. Seal stated that Ed's invitation to invite Dr. Biggar to the next Data Work Group Meeting would be welcomed. Dr Gershanik

stated that contacting Matt Adams, the legislative assistant to the Board of Regents may be helpful in this endeavor.

- (As requested, Information regarding the CCYS statewide report may be found at: <https://picardcenter.louisiana.edu/research-areas/quality-life/caring-communities-youth-survey-ccys>. A full detail of the Coalitions' efforts related to the CCYS as well as a copy of the 2016 CCYS survey questionnaire may be found at : http://www.arc-associates.net/2014_ccys)

America's Community Coalitions Expanding SBIRT Services (ACCESS)

- Seton Jenkins said that the ACCESS 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). An assessment, logic model and action plan have been completed and have been accepted by ONDCP evaluators to be inserted in the Coalitions 12-month Action Plan. A lengthy conference call was held in March with the UCLA evaluation team regarding the products submitted by the Coalition which the evaluators requested to be utilized in other communities. We reported that 2500 10th grade youth in Greater New Orleans have a Substance Use Disorder (SUD) according to DSM-IV criteria with an additional 5000 experiencing serious consequences from Substance use.
- Jenkins questioned Dr. Elder regarding the demographics of those NO EMS has serviced through EMS. Dr. Elder replied that he had the capability of obtaining the number of adolescence who had been administered Narcan by the Emergency Medical System and said that the adolescent population is a definitive subset of those administered Narcan.

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

- Mr. Murphy informed the workgroup that the annual Drug Threat Assessment will be reviewed by the HIDTA Board in May and is expected to be distributed in June. Over 100 law enforcement officials participated in the survey and 29 prevention/treatment providers (less than last year's survey).
- The survey of law enforcement officials indicated the priority of drug threats in the Gulf Coast region as follows: (1) Methamphetamine (a heavy threat in rural LA); (2) Heroin; (3) Fentanyl; (4) Controlled Prescription Drugs; (5) Marijuana in conjunction with other drugs, e.g., bath salts; and (6) Cocaine. (This year was the first year that the assessment separated fentanyl and other opioids from heroin. There was a minimal 2% difference in percentage rates from Fentanyl to Heroin.)
- The priority of drug threats indicated by the survey of treatment and prevention providers is: (1) Heroin; (2) Fentanyl; (3) Controlled Prescription Drugs; (4) Methamphetamine; (5) Marijuana.
- Other findings included: a case with a single bottle of Nose Spray containing Fentanyl analogue and a psychotropic drug was confiscated on the Alabama line which was purchased on the dark web and would have precipitated immediate death if it were received.
- Discussion ensued regarding the importance of the survey, particularly the treatment and prevention portion since, as Dr. Gershanik mentioned, emerging drug trends often come through the prevention/treatment partnerships and are first observed on the 'street.' It was

stated that the Collation has a position statement regarding the importance of the HIDTA survey and that the Coalition may need to be more aggressive in ensuring through legislation and awareness in prevention/treatment circles of the importance of the survey for saving lives and securing resources. Bob Gallati requested information regarding to a separate profile for Louisiana and the Greater New Orleans that Analysts Don Petty had graciously agreed to develop. Mr. Murphy responded that one would be developed following publishing the Standard Threat Assessment Profile.

Louisiana Early Event Detection System (LEEDS)

- Dayaamayi Kurimella (OPH Bureau of Infectious Diseases) informed members that data on alcohol, drug and opiate-related emergency department visits is still being compiled to present to Bob Gallati in order to update the dashboard.

Criminal Justice Continuum for Opiate Users at Risk of Overdose

- Dr. Seal reported on the paper that he and other authors developed which argues for treatment rather than incarceration for those who enter the Criminal Justice System. (See attachment.) Dr. Seal stated that an excellent model has been created in Appleton, Wisconsin, where enforcement officials consider substance use/abuse to be the purview of public health rather than the criminal justice system. He described the Law Enforcement Addiction Assistant (LEAA) model: anyone who voluntarily comes to the Appleton Police Department with drugs in their system will not be prosecuted as long as they voluntarily agree to a treatment protocol that includes assessment within 48 hours. Judges, mental health professionals, and treatment professionals are all committed to the model. Law enforcement specifically states that “we prosecute crime, not addiction” with the exception of a violent offence. The chief of police in Appleton recently lost a nephew to addiction. Dr. Seal indicated that this model is still in the pilot phase but offers great promise
- DEA ASAIC Wiles stated that this approach is similar to Operation Angel in St. Tammany Parish where those who voluntary enter Sheriff Randy Smith’s office can be driven to a treatment facility.
- Ben Horowitz (NOPD) stated that although the 8th District Assisted Diversion Model program for distribution of Narcan is effective, they feel that they are not doing enough and are in need of more funding. He stated that there is tremendous positive sentiment regarding the training of NOPD in Narcan administration. Hopefully there will be additional funding to expand the program particularly in the French Quarter area.
- Comment: there is a strong relationship between conflict resolution, the murder rate and the narcotic market. Dr. Seal added that his analysis of the murder reduction rate confirms the relationship with narcotic trends.

Naloxone Administration and Enforcement Data

- Dr. Elder added that naloxone administrations by No EMS have increased. Last year Narcan had been administered 1200 times which had increased from 900 in 2016. This year in the first quarter there were there were 342 administrations which is up by 20 from the first quarter in

2017. The program was originally started with NOPD. EMS receives information from word of mouth therefore if a medic delivers naloxone they can track Dr. Elder has done extensive research in tracking Naloxone through various resources. At this point it has beneficial to know that naloxone administration can be tracked through EMS, Fire and NOPD.

NOLA Infrastructure of Grant Development

- Dr. Seal discussed with membership the difficulty in responding to RFA in a timely manner. A subcommittee was invited to discuss this potential.

Announcements from working members and associates

- Ed Puyua distributed information regarding ASIST Suicide Prevention Training, April 17-18

Next Data Work Group Meeting

- June 14th