Greater New Orleans
Data Work Group

MINUTES

August 30, 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
Metairie, LA. 70002

Agenda
1. Roll call
2. Review agenda and Minutes
3. OPH/ Bureau of Health Informatics (Theresa Pham)
4. 2018 CCYS Implementation in NOLA (Ed Puyau)
5. ACCESS 2017 SBIRT (Seton Jenkins)
6. Gulf Coast High Intensity Drug Trafficking Area (HIDTA) (Don Petty)
7. Enforcement Data and Initiatives (NOPD) (Ben Horwitz)
8. Federal Sources for Treatment Data (TEDS, N-SSATS) (Bob Gallati)
9. National Survey on Drug Use and Health (NSDUH) (Bob Gallati)
10. Announcements from working members and associates
11. Schedule next meeting and adjournment

1. **Roll Call**
   George Cazanavette (DEA Diversion), Virginia Ezenwa (OBH/Prevention Epidemiologist), Leslie Faulkner (DEA Diversion Outreach Coordinator), Stephanie Haynes (President, GNODDRC), Elaine Giglio (Gulf Coast HIDTA/Strategic Analyst), Benjamin Horwitz (NOPD Department of Analytics), Mandy Martin-Sanchez (LAMMICO), Chris Ortiz (Gulf Coast HIDTA), Murphy Painter (Choices of LA), Harold Patin (Global Drug Consultants), Don Petty (Gulf Coast HIDTA), Theresa Pham (OPH Informatics), Ed Puyau (MHSD Prevention Coordinator), Dr. David Seal (Chair of Data Work Group, Tulane University), Angela Wiggins (Orleans Parish School Board), Dr. Kashunda Williams (MHSD, Quality and Data Management), Seton Jenkins (GNODDRC Program Director), Ruby Kirsch (DRE St. Philip Neri), Bob Gallati (Consultant, GNODDRC)

2. **Review of Agenda and Minutes**
   No changes or additions to the agenda were offered. Seton Jenkins stated that there was a malfunction in the recording system and we are attempting to recovery the meeting summary notes from the last meeting, which will be posted on the ARC website when available.

3. **Office of Public Health Bureau of Health Informatics**
   Theresa Pham stated that BHI was close to launching an online opiate surveillance system. The system will provide access to quarterly and annual data at the state, region and parish levels. The opiate surveillance website will be accessible from the ldh.la.gov website. A direct link will be provided when the system is operational.

4. **2018 CCYS Implementation in NOLA.**

Ed Puyau stated that Dr. Biggar of the Cecil Picard Center is confirming participation in the 2018 Caring Communities Youth Survey (CCYS). Ed stated that it still unknown whether St. Bernard Parish will participate in CCYS. However, Ed stated that if St. Bernard does not participate that they may possibly loose funding from the Office of Behavioral Health. Statewide administration of the CCYS will begin in November. Dr Bigger sent instructional packets to Greater New Orleans school districts. Additionally, Dr. Biggar offered to have a conference with Charles Kassar (St Bernard Parish Safe and Drug Free Schools Contact) and Dr. Raenell Houston (Superintendent of Catholic Schools, Archdiocese of New Orleans) about implementation of the program in their districts either in person or by phone. Questions were raised regarding the implementation and logistics for the CCYS in the Greater New Orleans. Training for survey administration is only being provided through a training packet rather than directly to staff of the schools most of which will be new participants. Data Work Group members who have been involved in education felt that direct training was needed because schools were not familiar with the length of the survey and younger students might have difficulty understanding survey questions.

Ed Puyau indicated that Sheriff Pohlmann of St Bernard Parish will convey to Superintendent Voitier the importance of participating in the CCYS Survey in order to better understand that nature and extent of drug use in St. Bernard Parish.

George Cazenavette suggested using public service announcements to encourage all schools to participate in this survey throughout the Greater New Orleans Community. Members agreed that this would be important, particularly in light of the Opioid Epidemic

5. **ACCESS 2017 Screening, Brief Intervention and Referral to Treatment (SBIRT)**
    D.G Mawn and Seton Jenkins participated in the National Conference CADCA conference in Orlando, Florida, and presented a PowerPoint related to the Data Work Group and its analysis of problem behavior in the adolescent (age 12-22). Seton stated that the meeting with the evaluators from the University of California Los Angeles during the three-day conference was very positive. As a result of the presentation, Seton stated that the Hilton Foundation has reached out to the Coalition to potentially be a catchment area to pilot a new program for at-risk youth for substance abuse that could be mentored to enter the Hospitality Industry.

6. **Gulf Coast High Intensity Drug Trafficking Area**
    Don Petty announced that Elaine Giglio will be taking over for Mike Murphy. He stated that the GC-HIDTA will be hosting a threat assessment information sharing meeting in Baton Rouge at State Police-101A Fusion Center on October 3, 2018 from 10AM-Noon and invited attendees. Don stated that this meeting will stressing the importance of the threat assessment in obtaining resources for the State. Seton thanked HIDTA for the GNO Situational Report since it provided reliable and valid data that was used to create a logic model regarding where youth obtain marijuana. This was needed since the CCYS survey asks about sources for youth obtaining alcohol but not sources of illicit drugs, particularly marijuana. Don Petty asked that all information regarding the October 3, 2018 meeting be sent to Kayne Daigle. He also stressed the importance of all DFCs and LGEs participating in the 2019 Drug Assessment survey which is available on the GC-HIDTA website: http://www.gchidta.org/ .

7. **NOPD Enforcement Data and Initiatives**
   The New Orleans Police Department (NOPD) makes a number of data sets publicly available on its website at www.nopdnews.com/transparency/policing-data . These include police service calls and police reports. These data can be mapped and or downloaded as an Excel spreadsheet. Ben Horwitz (bnhorwitz@nola.gov) provided a handout describing the extract spreadsheet format for these data sets as well as substance use-related call type codes, signal codes and charge codes. Data also includes block-level addresses. These could be grouped to provide neighborhood-level indicators which could be used to identify neighborhoods for targeting prevention efforts or assessing need for submitting grant applications. Ben offered to assist in translating block addresses into neighborhoods. George Cazanavettes asked how this is set up. Ben stated the data online is open to the public, however, more detailed data is not online. Ben offered to assist in obtaining other data such as arrest statistics.

   Phase 1 of the Diversion program for high-risk youth began December 2017 in the 8th Police District. This involved 10-12 offenders. Meetings were set up with social workers who work 1-1 with offenders to address various issues at home. Phase 2, a pre-arrest diversion program, is expected to be implemented soon. It will involve officers deciding if the person qualifies for diversion. The person will be given a paper summons and sent over to a social worker. If the individual is successful, the summons will be dropped.

   Angela Wiggins (OPSB) spoke about the Policing Alternatives for Youth (PAY) program for youth which began in August,2018 for lower level offenses. Beginning with age 10, the city will fund money for social workers to work with the family. Data is helpful in identifying neighborhoods at risk and will enhance the ability to get prevention grants.

8. **Federal Sources for Treatment Data (TEDS, N-SSATS)**
   Bob Gallati provided a handout, "Treatment System Data Sources," which included data from four sources: (a) SAMHSA's National Survey of Substance Abuse Treatment Services (N-SSATS) (pages 1-5 of handout); (b) the Louisiana Social Indicators database (pages 6-7 of handout); (c) SAMHSA's Treatment Episode Data Set (TEDS) (page 8); and National Outcome Measures (NOMs) from the 2013 Annual Report of the LA Commission of Addictive Disorders (page 9). (See web page: arc-associates.net/datawg/dwg_meetings.) He reviewed these data sources with the work group. His overall conclusion is that *we do not have current, reliable data about the capacity or utilization of treatment services in Greater New Orleans and what data we have suggest that the availability and utilization of addiction treatment services has decreased substantially in recent years.*

   (a) **N-SSATS' 2012 State Profile – Louisiana**. The National Survey of Substance Abuse Treatment Services (N-SSATS) is a census of treatment facilities licensed or recognized by the State Substance Abuse Authority (SSA, e.g. DHH/OBH). It is conducted annually by SAMHSA on March 31. (March 31 is the "point prevalence" for the survey; it takes at least 6 months for the SAMHSA contractor to collect the data.) *Unfortunately, many providers in Louisiana do not respond to the survey.* N-SSATS includes an aggregate count of *all persons in treatment on March 31 by type of care*. However, N-SSATS does not publish client count

data at the facility level because many agencies consider such information to be proprietary and would not provide it if it were public.

In 2012 N-SSATS provided a profile report for each state. This report included the number of persons in treatment (including a count of persons under age 18) by type of facility (non-profit, for-profit, state government, local government and federal government) and type of care as well as payment options, licensing and accreditation status, evidence-based practices (EBPs), types of medication assisted treatment (MAT) provided, and (for residential program) utilization rate. N-SSATS has not published state profiles since 2012. However, N-SSATS data is available to the state substance abuse authority (OBH). If OBH required facilities to complete the N-SSATS as a condition of licensing, the data would be complete for Louisiana and OBH could provide service profiles for its regional human services agencies (HSAs, e.g., MHSD, JPHSA). The HSAs could use the N-SSATS to assess the availability of addiction treatment service for the population of their region and to support their QA oversight of their funded programs while validating the facilities' responses to N-SSATS, e.g., "How does your facility sustain its motivational interviewing practices that you noted on your N-SSATS survey response?"

(b) **Louisiana Social Indicators (LaSI): Admission Rates.** The Social Indicators website is developed and maintained by a contractor (Bach Harrison) for the Louisiana State Epidemiological Workgroup (SEW) funded by the Office of Behavioral Health through the SAMHSA Block Grant. The database currently includes admission counts and rates by parish and region from 2001 through 2016. It does not indicate the level of care (outpatient, inpatient, residential, detox). It is most likely the case that *admission counts only represent services paid for by funds administered by OBH or Medicaid, not private or other public insurance or self-pay*.

For calendar 2016, LaSI indicates there were 333 treatment admissions per 100,000 population statewide. (See page 6 of the handout.) However, *admission rates for the Metropolitan District and Jefferson Parish were substantially lower, 254 and 190, respectively*. **Trends are alarming**. (See page 7.) By 2010, Metropolitan had increased pre-admissions to 3,397 (i.e. pre- Katrina levels) but then, ***by 2016, the number of treatment admissions in the Metropolitan District declined by two-thirds*** (to 1,169). The statewide trend is similar. Are these "trends" an artifact of poor reporting or changes in reporting policies or systems? Or are they real trends?

(c) **Treatment Episode Data Set (TEDS).** SAMHSA requires states to report admissions and discharges for clients whose services are funded by the Substance Abuse Prevention and Treatment Block Grant. Some states report all admissions to programs they fund, or even admissions to non-funded programs or all programs they license. It is probably the case that Louisiana reports to TEDS only those admissions and discharges to/from services that are paid for with state and federal funds administered by OBH.

TEDS publishes tabulations of state-level aggregate data including type of care and primary problem substance. The most recent tabulated data available is for 2015. More recent data is available; for instance, the Gulf Coast HIDTA Threat Assessment report TEDS through

2016. Page 8 of the handout includes a chart showing trends in total admission from 2012 through 2015. Again, **trends are alarming**. *Louisiana admissions reported to TEDS decreased by 28 percent from 2012 to 2015* (14,536 to 10,515). This is during the same period in which opiate use was growing. While it is difficult to compare TEDS admission across states, there is no similar trend in neighboring states (AK, MS, AL).

(d) **National Outcome Measures (NOMs).** SAMHSA developed the NOMs to help states (block grant recipients) and discretionary grant recipients account for outcomes of the services they provide. Page 9 of the handout provides a brief description of the NOMs and a table from the 2013 Annual Report of the Commission on Addictive Disorders. The statistics in the table are based on TEDS discharge data reported to SAMHSA. These **NOMs indicators basically ask the question: are clients better off at discharge than they were as admission in terms of substance use, stable housing, employment and education, and criminal justice involvement. These are some of the indicators we should be looking at to judge the adequacy of a recovery orients system of care, both at the state and regional levels.**

9. **National Survey on Drug Use and Health (NSDUH)**
Bob Gallati provided a handout, "National Survey on Drug Use and Health." (See web page: arc-associates.net/datawg/dwg_meetings.) SAMHSA conducts the NSDUH annually, obtaining responses from about 70,000 residents nationwide in three age groups: 12-17, 18-25 and 26 and older. The sample is stratified so that NSDUH can provide estimates of selected indicators for states and sub-state areas. Each year NSDUH provides national-level reports on the past year's survey. State-level reports of selected indicators are based on pooling two years of data while sub-state reports of these indicators require three years of pooled data. Sub-state reports are provided biennially but, because they require pooling three years of data, the statistics provided represent a point in time almost three years ago by the time the report is published. Beginning in 2015 expanded the number of indicators available at the state and sub-state levels while also making improvements to questions on use of most types of drugs. Changing the drug questions created a discontinuity so that certain indicators in2015 and later cannot be compared to the corresponding indicators for years prior to 2015. Specifically, this means that many important indicators (such as, "illicit drug use disorder" and "substance use disorder") are not available in the newly published sub-state indicators for 2014-2016.

The handout includes the following: (a) Table 48 which provides state-level indicators for Louisiana by age group for 2015-2016 (page 1) and on which the newly developed indicators have been underlined; (b) Table 2 which provides the corresponding indicators at the national level so that you can compare LA to the nation (page 2); (c) Table A1 which shows the availability of indicators for sub-state areas by years of the pooled data (page 3). (d) graphs showing selected state-level indicators (heroin use, pain reliever misuse and needing but not receiving treatment) for Louisiana for the period 2015-2016 (page 5); and (e) a graphic analysis of marijuana use trends for Greater New Orleans (page 6).

The charts (page 6) display a disturbing trend in marijuana use. We now have greater New Orleans data for three time periods: 2010 through 2012; 2012 through 2014; and 2014

through 2016. In each case the data was collected over a three-year period so that the midpoints of these periods are 2011, 2013 and 2015. Thus, our most recent data is almost 3 years old. Historically drug use in the South and in the Louisiana specifically has been lower than the national average. New Orleans has typically been higher than the statewide figure for Louisiana but lower than the national average. The first chart reveals that nationally current marijuana use, that is marijuana use in the last 30 days, among adults age 18 and older increased from 7.0% in 2011 to 8.7% in 2013. Marijuana use in Louisiana increased in a similar fashion only more rapidly, from 4.4% to 7.8%. However, current marijuana use in Greater New Orleans increased from 6.0% in 2011 to 9.3% in 2015, thus exceeding the national average based on our most recent data. Further analysis of this data, including review of published statistical confidence intervals, is needed before making definitive statements of findings.

10. Announcements
No announcements were made.

11. Schedule next meeting and adjournment
The next meeting is scheduled for October 11, 2018 from 2:30-4:00PM at the DEA Office.