



## Broome Opioid Awareness Council & Drug Free Communities

February 2, 2018 | 10 a.m. - Noon  
Conference Rooms B & C • Broome County Health Department

- Present:** John Barry, Megan Brockett, Diane Brown, Terry Carey (for Lorraine Wilmot), Stephen Crowe, Stacey Echorst, Narelle Ellendon, Maria Fabrizi, Jason Garnar, Matthew Gawors, Kitty Gelberg, Pastor Will Hampton, David Harder, Jim Hawley, Stephania Hazelett, Erika Kalgren, Rebecca Kaufman, Laurie Keller, Kyle King, Marissa Lamphere, Jill Lloyd, Haley McCrory, Mary McFadden, Jim Mullins, Michele Napolitano, Kate Newcomb, Michael Ponticiello, Bouakham Rosetti, Dr. Christopher Ryan, Raymond Serowik, Pastor John Snider, Jeffrey Wagner, Susan Wheeler, Alan Wilmarth, Katie Young
- Absent:** Katelyn Albright, Jill Alford-Hammitt, Scott Baker, Lisa Bobby, Iris Borilla, Theresa Bovier, Valerie Datta, Rich David, Megan D'Introno, John Gartman, Earl Greene, Andrea Guccia, Jeremiah Harvey, JJ Hefley, Dr. Julia Hunter, Saima Khan, Amber Kida, Carole Kuklis, Lee Livermore, Donna Lupardo, Kevin McManus, Erin Monroe, Kim Myers, Kimberly Newell, Dennis O'Keefe, Carmela Pirich, Dr. Peter Ronan, Penny Stringfield, Eric Velzis, Colleen Wagner, Chris Whalen, Nancy Williams, Dr. John Zevan

**Call to Order:** Rebecca Kaufman, Director of Public Health, called the meeting to order at 10:00 a.m. and introductions were made. Upon a motion by David Harder, seconded by Jim Mullins, the January 5, 2018 meeting minutes were approved as presented and placed on file.

**DFC December Activities:** Maria Fabrizi, DFC Program Coordinator

- Maria Fabrizi, Erin Monroe, and Promise Zone staff are working on a long-term collaboration to conduct a community assessment of the drug and alcohol climate in Binghamton and Johnson City and how it is affecting youth.
- Bookmarks were developed for pharmacists to hand out to assure that people monitor their medications regularly, secure them so they cannot be accessed by anyone else, and dispose of unwanted or expired medications.
- Maria worked with Lourdes Youth Services on National Drug and Alcohol Facts Week to provide information about alcohol, marijuana and opioids on social media, posters and the Lourdes and BOAC websites.
- Maria met with the Rumble Ponies management about the April 25<sup>th</sup> prevention night. Alcohol concessions will be taken down on that night. Lourdes Youth Services ran a poster contest and the winner will throw out the first pitch. This will be a tabling event with books on prevention available as well as other activities.
- National Prevention Week/SAMSA is May 13-19 to increase awareness about the importance of substance use prevention and mental health. A different topic (tobacco, marijuana, opioids, suicide prevention) will be highlighted each day.
- Matthew Gawors, Director of BC Parks, Recreation and Youth Services, is planning an event for Memorial Day weekend to include a marathon, music festival, and fitness and health expo. Drug Free Communities staff will tie into that event to highlight our messages.
- Discussions are underway with the Chenango Valley School District about a vaping information night. Vaping was marketed as a healthier alternative to smoking and we need to work on changing that message. Maria is working with Marissa Lamphere from Tobacco Free Broome and Tioga/Reality Check on messaging for this

event. Parents and students will be involved. Tobacco Free Broome and Tioga's message to youth is to get angry at big tobacco and to blame the industry for the way they market tobacco products. Articles on tobacco use show that almost half of youth have tried e-cigarettes by the time they are high school seniors. There is concern that if marijuana is legalized for adults that youth will think it is okay for them as well. The latest Prevention Needs Assessment showed a significant increase in marijuana use in seventh and eighth grade students. Studies have been conducted on the dangers of youth using marijuana and developing the propensity to use opioids later in life. Katie Young and Maria Fabrizi will attend a conference in Washington DC and will bring back information so BOAC can take a stance against the legalization of marijuana to reach legislators and the community as a whole.

**NYSDOH Opioid Prevention Program:** NYS Department of Health representatives attended the meeting to discuss the NYS Opioid Prevention Program: Kitty Gelberg, PhD, MPH, Bureau Director for Occupational Health and Injury Prevention (518-402-7900 or [kitty\\_gelberg@health.state.ny.gov](mailto:kitty_gelberg@health.state.ny.gov)); Narelle Ellendon, RN, Opioid Program Manager, Office of Drug User Health for the AIDS Institute (212-417-4668); and Stephen Crowe, MSW, Opioid Prevention Coordinator (212-417-4568).

The number of deaths from opioids has overtaken the number of deaths from motor vehicle crashes. We have effective interventions and control measures in place to try to prevent motor vehicle crashes. Since implementation of ISTOP we have seen a decrease in prescription opioids; however, people have turned to heroin and synthetic drugs, primarily Fentanyl. It is very difficult to manage the magnitude of the problem and the entire NYS Department of Health is working on this issue along with outside partners such as OASAS, law enforcement agencies, medical examiners/coroners, Office of Mental Hygiene and HIDTA. A lot of information is available on the NYS Department of Health website at [www.health.state.ny.us/opioids](http://www.health.state.ny.us/opioids). The website has annual data at the county level. All prescribers of controlled substances must have three hours of training every three years. There is an online program for all prescribers through the University of Buffalo. The state is working on the electronic medical record to make it easier for providers to see the prescription history while working with a patient; there has been a huge decrease in the number of prescriptions written since 2012.

The AIDS Institute Office of Drug User Health has a Buprenorphine Access Initiative where they have done a lot of work with relation to Naloxone administration by providing free Naloxone kits to the community, increasing access to pharmacy dispensing of Naloxone and increased insurance coverage. Co-pays are sometimes a barrier. There is a new program, Naloxone Co-Payment Assistance Program (N-CAP) which ensures that there are no or lower out-of-pocket expenses when getting Naloxone at participating pharmacies. They conduct syndromic surveillance to get data out quickly; they receive daily information from emergency departments across the state based on the chief complaint. They are working to use real time data to identify clusters of overdoses so they can send the information out to local health departments, syringe exchange programs and law enforcement agencies with recommendations of what can be done in the community. When they get an alert, they can send the information out by zip codes (residence of the individual). They are trying to build the capacity of local health departments and selected four counties (Erie, Onondaga, Sullivan and Broome) to receive grant funds based on a mix of urban and rural counties and geographical location. Some strategies they are using are Buprenorphine trainings, community forums and media campaigns. Buprenorphine can be administered in many different settings (Primary Care Provider Offices, Syringe Exchange Programs, Emergency Departments and Urgent Care Centers, Drug User Hubs, Federally Qualified Health Centers and Correctional and Re-Entry Facilities). There are eleven health hubs across the state. Providers can have 30 patients simultaneously on treatment during the first year and up to 100 patients after the first year. Certain providers in certain settings with comprehensive services can have up to 275 patients. Therapeutic doses of Buprenorphine can reduce withdrawal symptoms for people coming off opioids by reducing the cravings and blocking the effects of other opioids.

**Care Compass Network Opportunity:** Bouakham Rosetti provided information on some possible funding opportunities through Care Compass Network. Care Compass Network is one of twenty-five PPS (Provider Performing Systems) across the state with a goal of reducing avoidable or preventable Emergency Department visits and patient admissions among the Medicaid population by 2020. They are in year three and there is a lot of momentum across that state. The Care Compass Network covers nine counties (Broome, Tioga, Chenango, Tompkins, Delaware, Steuben, Schuyler, Chemung, Cortland) and has 180 partners participating in the PPS. Part of their project covers behavioral health and substance use disorders. They are trying to increase inclusion of behavioral health in primary care settings. They collaborate with the University of Buffalo to push out evidence-based trainings. They are working to expand training for Suboxone waivers for primary care providers in the nine-county region to meet the needs of the community. They are working with behavioral health providers to offer mental health, first aid, and suicide prevention trainings. They want to work with school districts to offer QPR suicide prevention training (need a minimum of 25 people to provide the training). They are looking at expansion of mobile crisis vans. Bouakham asked BOAC members to let her know what is needed in this community to enhance patient outcomes.

**Recovery High School:** Doug Titus and Katie Young worked on the application from NYS OASAS which was sent out to BOCES across the state to develop a recovery high school. They received input from Drug Free Communities and Promise Zone staff, Carmela Pirich, Carole Kuklis and the Children's Home. There were eleven responses to the RFI and all eleven were approved. ACBC will provide the school substance use disorder therapy work; they are already doing this at the Children's Home. They are working on modifying the alternative high school model for a recovery high school model. There has been a lot of discussion on how to hybridize education and treatment. Enrollment will not be as predictable as other educational models and they are working on determining who would be eligible based on students' risk of substance use disorder. They would like to bring providers onsite rather than sending youth off-site to receive services. There will be family engagement pieces for a holistic recovery model. They want to cover the hours of 3:00-6:00 p.m. with supervised activities. They will be looking at other projects across the nation as they move forward with development of the recovery high school.

**CDC Rx Campaign Update:** We will be running a six-week multi media campaign (TV, radio, digital and brand) targeted for the beginning of March until mid-April. This is the prescription awareness campaign created by the CDC and it will be tagged with the BOAC logo and call to action with the phone number.

**Committee Reports:** There were 14 calls to the SARI Program in January. Plans are underway for a prescription take-back drop box at the Vestal Police Station. Committee reports will be provided at the March meeting.

**Next Meeting:** The next BOAC meeting is scheduled for Friday, March 2 at 10:00 a.m. at the Broome County Health Department in conference rooms B and C.