

BARNSTABLE COUNTY REGIONAL SUBSTANCE ABUSE COUNCIL

MEETING SUMMARY

Date: August 6, 2015 4:00 PM	MEETING PLACE: Harborview Conference Room, Barnstable County Complex
NEXT MEETING: September 3, 2015, 4:00 PM, Harborview Conference Room, (top of the hill in the County Complex)	RECORDING: Kathie Callahan, Barnstable County Human Services
<p>MEMBERS PRESENT: Beth Albert, Deirdre Arvidson, Cheryl Bartlett, Dennis Cunningham, Elizabeth Griffin, Linell Grundman, Thomas Guerino, Lisa Guyon, Vaira Harik, Paul Hilton, Samantha Kossow, Mary LeClair, Sheila Lyons, Donna Mello, Patty Mitrokostas, Heidi Nelson, Kathy Quatromoni, Ray Tamasi, Gail Wilson, Regina Yaroch</p> <p>Unable to attend: Sue Rohrbach, Ruth Provost</p> <p>Guests: Brian Robbins – Hyannis Peer Recovery Center, John Fortes & Carl Almeida - MA Organization for Addiction Recovery, Virginia Mercure – Hyannis Recovery Support Center, Walter Phinney – Arbour Counseling Services, Geoffrey Gagnon – HAC Cape Cod NOAH Shelter, Cynthia Klopfer – Cape Cod Family Resource Center, Jessica McHugh, Coordinator – MA Opioid Abuse Prevention Collaborative for Barnstable County, Nate Robertson – AIDS Support Group of Cape Cod, K.C. Myers – Cape Cod Times, Helen Bresnahan – CC&I Commission on the Status of Women, Steve Jochim – Dept. of Mental Health, David Willard – Cape Cod 5 Bank, Rick Gofford – Monomoy Regional High School, Christine Greeley – Yarmouth Police Community Advisory Team, Drug Awareness Committee, Thulani DeMarsay – Lotus Recovery, Denise MacFarlane – Sandwich resident</p>	

- **Welcome and Introductions:** Beth Albert facilitated the meeting. Introductions were made by individuals.

- **Minutes of June 2015 Meeting:** Motion by **Heidi Nelson**, seconded by **Cheryl Bartlett** to accept the June 4, 2015 minutes as written, unanimously approved.

- **Presentation: Governor’s Opioid Working Group Recommendation and Action Plan – Ray Tamasi, Gosnold on Cape Cod:** Ray served on the Governor’s 18 member expert panel Working Group, chaired by Marylou Sudders, Secretary of the Executive Office of Health and Human Services (EOHHS) to develop the Action Plan to Address the Opioid Epidemic in the Commonwealth of Massachusetts. He noted this is a long standing problem not just here in the Commonwealth but globally. Scope of the Problem: “We have acknowledged and attempted to mitigate the harms associated with opioids for a decade. Nevertheless, we are seeing alarming rates of opioid related overdoses and opioid related deaths. Over the past decade, more than 6,600 members of our community have died because of opioids, and behind those deaths are thousands of hospital stays, emergency department visits, and unquantifiable human suffering inflicted upon individuals, families and our communities.” The Goals set forth in the report: “Reduce the magnitude and severity of harm related to opioid misuse and addiction and decrease opioid overdose deaths in the Commonwealth.” Objective set forth in the report: “Produce actionable recommendations to address the opioid epidemic in the Commonwealth.” Activities of the working group included: hosted 4 listening sessions in Boston, Worcester, Greenfield & Plymouth, held 11 in-person meetings, examined documents and recommendations from more than 150 organizations, heard from more than 1,100 individuals across the Commonwealth, reviewed academic research, government reports, and reports of previous task forces and commissions, and submitted more than 65 actionable recommendations to Governor Baker on June 12, 2015. Recommendations were broken into 4 areas: Prevention, Treatment, Recovery & Intervention.
 - **Prevention Initiatives** included (but not limited to):
 - Public awareness campaign

- Education of parents, students and faculty to include providing state funding for evidence-based opioid prevention programs in schools
- Monitor prescriber practices to include mandated prescriber education as a condition of licensure, appoint an addiction specialist to the Board of Registration in medicine, nursing, physician assistants and dentistry, and increase and improve educational offerings about safe prescribing practices.

Intervention Initiatives included (but not limited to):

- Prescription monitoring program
- Data requirements: require timely reporting of overdose death data to the public, amend DPH regulations to require emergency medical service providers report opioid overdose data and utilize reports to identify geographical hot spots for targeted intervention
- Develop & distribute educational materials for prescribers
- Implement training programs
- Promote the Good Samaritan law
- Amend the civil commitment statute
- Improve affordability of naloxone through bulk purchasing

Treatment Initiatives included (but not limited to):

- MassHealth: develop a statewide database of available treatment services; expand mobile emergency service programs; provide case management services; remove fail-first requirements for medication-assisted treatment; review SUD treatment prior authorization policies; enroll uninsured patients receiving acute treatment services or clinical stabilization services in MassHealth or other insurances
- Department of Public Health: (Pilot) Create walk-in access to a trained clinician; (Pilot) Make recovery coaches available in emergency departments and hot spots; increase the number of office-based opioid treatment programs in community health centers; integrate medication-assisted treatment into the clinical stabilization services; add 100 new treatment beds by July 2016 and expand access to patient navigators
- Department of Corrections: Bulk purchase of opioid agonists, improve SUD treatment services for men and women committed under section 35, transfer women from MCI-Framingham to a new facility run by EOHSS and develop a feasibility plan to transfer responsibility for the MA Alcohol and Substance Abuse Center at Bridgewater to EOHHS; increase treatment beds and ensure a continuum of care for patients who are civilly committed under section 35
- Division of Insurance: Review existing Division of Insurance bulletins regarding parity oversight and enforcement; issue guidance on the implementation of substance use disorder recovery law
- Group Insurance Commission (GIC): Ensure that all GIC plans provide coverage for naltrexone, naloxone, buprenorphine and methadone; review GIC insurance plans, removing fail-first policies and prior authorization protocols that made impede access to treatment
- Partner with Federal Leaders: Change Drug Enforcement Agency (DEA) rules; change federal law and regulations to increase access to buprenorphine by increasing the cap – the number of patients a physician can treat with this drug or removing it entirely, and permitting nurse practitioners and physician assistants to prescribe this drug

Recovery Support Initiatives:

- Department of Public Health: Enforce & strengthen requirement that all licensed addiction treatment programs accept patients who are on methadone or buprenorphine medication; implement process to certify alcohol and drug-free housing; establish revised rates for residential recovery homes; leverage community coalitions to address the opioid epidemic; open Recovery High School in Worcester
- EOHHS: Create a consistent public behavioral health policy for outpatient primary care clinics, outpatient mental health clinics and BSAS programs removing all barriers to integration; ensure MassHealth coverage is reinstated on an accelerated basis for individuals upon

release from incarceration; establish a single point of accountability for addiction and recovery policy within the EOHHS; amend composition of the Interagency Council on Substance Abuse; report publicly on progress and challenges of implementing the working group's recommendations; increase federal support for substance use prevention, intervention, treatment and recovery efforts uniquely tailored for Veterans, through a partnership with federal leaders

Ray noted that the substance use problem spans all generations and public awareness needs to be elevated to include education and reduce stigma. There needs to be more robust funding, research and public awareness surrounding substance use issues and wrap-around services. In 2014 there were 22,214 admissions for treatment. More capacity needed for detox & rehab – Ray noted that 400-500 beds will become available over the next 18 months. Interventions with families need to take place before individuals are committed through Section 35. Key to achieving goals recommended in the Action Plan is sustaining the current momentum, making the case known in a collaborative, coordinated way to legislators and the public.

- **Draft RSAC Action Plan 2015-2020 – Beth Albert:** The purpose of the Barnstable County Regional Substance Abuse Council (RSAC) is to have a coordinated and comprehensive regional approach to substance abuse across the continuum of prevention, harm reduction, treatment and recovery. The Draft Action Plan 2015-2020 to Address Substance Use on Cape Cod was distributed to Council members for review. The Action Plan follows the in depth Analysis of Substance Abuse on Cape Cod: A Baseline Assessment completed in March 2015. The Plan summarizes local scope of the problem, incorporates statewide planning (Gov. Baker's Action Plan to Address the Opioid Epidemic in the Commonwealth), summarizes county-specific epidemiological and cost findings (via RSAC Baseline Assessment) and summarizes the March 2015 Preliminary Recommendations. The RSAC Action Plan aligns with the State Plan and describes the strategic priorities for the RSAC's work along the following five domains: RSAC Core Functions, Prevention Initiatives, Intervention Initiatives, Treatment Initiatives, and Recovery Support Initiatives. The Plan will address addiction prevention in the schools and in the workplace, explore intervention strategies and develop a public awareness campaign aimed at reducing the stigma around the disease of addiction. Discussion and comments on the Plan noted and taken into consideration and suggestions will be incorporated. Paul Hilton motioned, seconded by Linell Grundman to accept the Plan with suggested edits incorporated, unanimously approved.
- **Updates from Representatives:**
 - Virginia Mercure – Hyannis Recovery Support Center: The DPH, Bureau of Substance Abuse Services now has 10 Recovery Support Centers in Massachusetts. The new Center in Hyannis is centrally located and will be a safe, welcoming and comfortable space where members in recovery from substance use participate in the formation of a recovery community. The Center will soon open evening and weekend hours. The Center's focus is on offering services, activities and information that supports the member's recovery by creating opportunities to connect with people who have similar histories and life situations. Volunteer opportunities will be available that empower members and reinforce their recovery. Peer support that minimizes the duration and negative effects of relapse will be provided by staff and volunteers. The Center will offer opportunities to develop life skills, occupational skills, advocacy skills, and social/recreational activities. The Center will offer Community Meetings, Recovery Coaching and telephone support. The Center will be open to all paths to recovery. Volunteer members will provide assistance to members in completing applications for housing, employment, public assistance, making arrangements for going to detoxification centers, and making referrals for case management assistance, legal services, education applications and financial aid and vocational rehabilitation and training. The Gándara Center is the host agency of the Hyannis RSC.
 - Cheryl Bartlett: Cheryl is a member of the Board of Directors for the Massachusetts Organization for Addiction Recovery (MOAR) The 25th Annual MOAR Recovery Celebration is scheduled for Monday, September 21st. The event will include a 9:00 AM walk from Boston City Hall to the State House followed by a 10:00 AM celebration at the State House.

- Regina Yaroch: One Recovery Boston, September 13, 10 AM – 4 PM, University of Massachusetts Boston will feature a yogathon partnering the yoga and recovery communities to raise consciousness and raise funds for treatment scholarships for young people ages 16-26. Visit www.onerecoveryboston.com for more information.
 - Lisa Guyon: Cape Cod Healthcare will collaborate with Boston University School of Medicine to offer two more SCOPE of Pain trainings in October. SCOPE of Pain is a series of continuing medical education/continuing nursing education activities designed to help healthcare professionals safely and competently use opioids, if appropriate, to manage patients with chronic pain.
 - Patty Mitrokostas: The Gosnold Reaching Out Program is a resource for family members and loved ones affected by addiction. It assists the family at all stages of addiction through education, intervention, and support. Weekly support groups are held in Centerville, Falmouth, Scituate and Harwich. A weekly Family Education Group is offered at Falmouth Hospital. For more information call 844/558-4357.
- **Adjournment:** -The meeting was adjourned at 5:30 PM.
- **Next meeting scheduled for September 3, 2015 @ 4 PM in the Harborview Conference Room in the County Complex**

Respectfully submitted: Kathie Callahan