

# Discussion on Combating Opioids Crisis in Linn County

## Meeting Minutes

Thursday, December 14, 2017

9:00 A.M.

Public Health Conference Room

501 13<sup>th</sup> Street NW, Cedar Rapids, Iowa 52405

### **Present:**

Pramod Dwivedi, Linn County Public Health  
Joe McHale, Chief of Police for Marion  
Wayne Jerman, Chief of Police for Cedar Rapids  
Pat Reinert, Assistant US Attorney of Cedar Rapids Opioid Coordinator  
Lori Weih, UnityPoint Health, Cedar Rapids  
Jennifer Seyfer, College of Pharmacy U of I  
Jen Kositzky, Cedar Valley Recovery Services  
Darlene Schmidt, Community Health Free Clinic  
Jamie Henley, Community Health Free Clinic  
Barb Gay, ASAC  
Joe Lock, Eastern Iowa Health Center  
Leisa Breitfelder, Linn-Mar Schools  
Kevin McCauley, Linn-Mar Schools  
Tim Quinn MD, Mercy Hospital  
Cody Crawford, ASAC  
Jeff Reist, U of Iowa College of Pharmacy  
Erin Foster, ASAC  
Kaitlin Emrich, Linn County Public Health  
Mike Kasper, Linn County Sheriff's Office  
Amy Kunkle, Cedar Rapids Fire Department  
Andy Olesen, Cedar Rapids Fire Department  
Tony Myers MD, Mercy Medical Center  
Jeff Cash, Mercy Medical Center  
James Houser, Linn County Board of Supervisors  
Arleen Zahn-Houser, Linn County Medical Examiner's Office  
Greg Batenhorst, Mt. Vernon School District  
Al Fear, Cedar Rapids Police Department  
Ursula Lievermore MD, Eastern Iowa Health Center  
Jacquie Fitzgerald, Care Pro  
Rod Cortney, Probation Office and CRUSH  
Stephanie Neff, Cedar Rapids School District  
Laura Medberry, Cedar Rapids Prairie School  
Mallory Hughes, His Hands  
Alisha Weber, Linn County Medical Examiner's Office  
Lisa Neuendorg, ASAC  
Kim Honn, Linn County Public Health  
Bryon Houlgrave, Des Moines Register

**Welcome:** Health Director, Pramod Dwivedi, welcomed everyone. Introductions were made by going around the room.

### **Opening Remarks:** (Pramod Dwivedi)

Mr. Dwivedi provided information that last year, in Linn County alone, there were 27 deaths with hundreds (approx. 800) of hospitalizations due to opioid overdose in the area hospitals. Although this is a law enforcement

issue, it needs to be viewed from a public health point of view. The primary interventions and why it is important we gather to collectively address this issue. Many in attendance provide updates on what has already been done, what still needs to be done and the resources needed. This epidemic has not peaked in Linn County yet, but it will happen sooner or later and we need to be prepared.

#### **Comments/Updates from:**

Eastern Iowa Health Center received a federal grant with ASAC as the sub-grantee partner. EHC will handle the primary care component, while medication assistant treatment and behavioral health counseling will be done through ASAC. The hope is this program will expand significantly over time.

#### **Law Enforcement – Burden of Opioids (Al Fear)**

Al Fear thanked everyone for coming and helping to be pro-active with addressing this epidemic. His position was created in 2015 due to all the heroin overdoses seen in Linn County and eastern Iowa. In 2015 the hospitals were seeing more patients in Linn County than Des Moines, regarding heroin and some fentanyl. In 2016 the epidemic was in eastern Iowa, but started to drift more toward central Iowa. In 2017, many different fentanyl mixtures were being seen at the state crime lab. Now the epidemic has reached all four corners of the state. Prescription pills are also being laced with fentanyl. The epidemic is not scheduled to peak in Iowa for another 3-5 years. Mr. Fear provided information of the lethal doses of drugs that are in the state of Iowa and specifically in Linn County, with some that can kill just by touching it. They are training with volunteer fire departments, police departments, and sheriff's offices and at several town hall meetings along with other venues throughout the state of Iowa.

Specific data in Linn County:

- 2015: 20 people died of opioid overdose and 330 people admitted to hospitals
- 2016: 27 people died of opioid overdose and 874 people admitted to hospitals
- 2017: As of this morning (7:30 AM) Mr. Fear was advised there have been 1,005 people admitted to the hospitals for opioid overdose (beginning January 1 thru December 13, 2017)

This is a real threat to law enforcement and fire/first responders – need to take every precaution possible. Law enforcement are told any type of powder found in the field should not be field tested for their own safety.

This is a large scale problem, need to look at the scope, the capacity of each organization to get to the small percent of people that are the primary players in the social structure of the opioid crisis is essential.

#### **United States Attorney General's Office – Policies, Funding (Pat Reinert)**

Mr. Reinert is developing training for people who testify in court, experts or not experts, for EMS and law enforcement personnel who need to write reports. Working through training for expert witness for doctors and others who might need to testify in federal court on cause of death and causation.

He mentioned looking up a pill on drugs.com to identify will not work, because a lot of counterfeit pills are being manufactured in China and sold on the dark-web as *oxy*, when they are actually a fentanyl mixture, fentanyl or some other very different opioid, which can be a challenge for doctor's treatments. There is a waxy coating on the real drug manufactured pills, the counterfeiters don't do that.

Mr. Fear, Erin Foster from ASAC and Mr. Dwivedi attended numerous meetings such as Board of Health, Board of Supervisors and School Superintendent meetings. Recently, the BOH allocated about \$15,000 to help support/assist the work that ASAC is doing. The BOH is also looking at other funding sources. Cedar Rapids Health Care Alliance has also located some money for emergency health issues in Linn County. They met with Mercy on PMP (Prescription Medication Program), education outreach and talked with a number of individuals. There are different things to be aware of and how to assist in order to remove barriers.

Requested community partners to consider allocating resources to this epidemic and support the efforts of what Al Fear and ASAC are doing. There is a funding opportunity to keep Mr. Fear working on this epidemic. At this time he is supported/funded through September 2018. Any multi-disciplinary funding opportunities are

welcome, please talk with Mr. Fear with ideas. Mr. Fear's position is critical and he has done some great work in Iowa thus far. Chief Jermain with CRPD is working with others to provide multiple Officers to help Mr. Fear.

Mr. Reinert also shared some of the other trainings they are doing for expert witnesses to convictions.

#### **Area Substance Abuse Council – Current Work (Erin Foster)**

Ms. Foster shared some of the prevention efforts that have been going on for a while. Focus is reaching out to the middle schools and educating them on the “perception of harm” for prescription drugs and basic life skills that go along with discussing substance abuse. Providing naloxone training to community and LCPH purchasing the naloxone, which is one of the biggest barriers right now. Many moving parts in prevention at this point.

Ms. Gay mentioned the nasal naloxone is being promoted for community partners, which will help with the comfort level of administering. Treatment services started in the community in 2015 and served 40 patients in Linn County, which was a good starting point. They have limited time with their Medical Director, so they reaching out to other medical providers to expand the number of waiver submissions in the community, which have very few in Linn County. They are partnering with Abbe Center, Eastern Iowa Health Center and continuing with the treatment efforts. There is funding resources to assist with training in the community. There is a training opportunity being held in Coralville on January 18<sup>th</sup> - 19<sup>th</sup> and the target audience is providers / prescribers – no cost and are CEUs provided for the training.

The biggest need in our community is for more prescribers, need to expand resources to continue the behavioral health counseling because of the tremendous amount of care coordination working with these patients. It was mentioned there is an opportunity to train the “Residents” from Cedar Rapids Medical Education that are graduating.

#### **Hospitals – PMP**

##### **College of Pharmacy/Iowa Board of Pharmacy – Prescription Drug Monitoring Program (PDMP)**

Board of Pharmacy have selected a new PDMP software component. Would like to get started right after the first of the year. The new vendor and Board is aware how cumbersome the current PDMP program is and their hope is within the year there will be a button in the electronic health record program to assist. Another tool that will help providers to rate the risk of opioid overdose/substance abuse disorder into a report to analyze the risk score. Will be available statewide and with other states too. The Pilot will hopefully begin on April 1, 2018.

#### **EMT/Fire**

Their primary role is to respond to the most critical cases and administer the naloxone and narcan when patients are not breathing. Some of the area work has been done in expanding more training to their people so they can continue to be good witnesses to the prosecution. They are using more personal protection equipment in the field, which will expand with training law enforcement. The fire department has a good standing within the community and there is an opportunity for them to be a host for naloxone training and willing to do so.

#### **School Districts**

Ms. Neff asked what should be the role of education, what the group sees their role as being and what age group / characteristics should Educators be proactively looking at. Some are the school athletes, parents and staff since they are the first line of kids getting hurt and being prescribed these painkillers, to make sure they understand the perception of harm. Definitely an education piece for both middle and high school students is important.

#### **Strategic Issues/Future Plan: (Gaps in Services)**

- a. Detox Centers, Naloxone Purchase and funding/sustainability**
- b. Treatment Options for Opioid Use Disorders,**
- c. Clinician Education on Prescribing Practices – CDC's Guidelines**
- d. Lack of Knowledge about Opioid Use Disorder**

- e. Surveillance - Prescription Monitoring Program
- f. **Non-opioid Pain Management**
- g. Patient, Family and Caregiver Education
- h. Collaboration/Resources – where does each of us fit in this initiative?

**Legislative Issues**

**Other Issues?**

There is a regulatory struggle of who can or cannot buy and issue naloxone, because EMS agencies cannot do this. ASAC had the same issue and was it clarified. To review all the information shared today and lay out a next step before the next time we meet. ASAC has a document that could be a starting point for this effort. Mr. Houser also had a committee structure plan/guide he received from NACO that will help with moving forward with all the community players at the table.

**Steering Committee Organization/Meeting Frequency: (All)**

Think about the structure of the steering committee and who should be on the subcommittees going forward. Committee would like to look at the structure and fill in any gaps.

**The Next Steps:**

Suggestion to visit the [www.policeforum.org](http://www.policeforum.org) where you will find the link called (police executive research forum) and about a month ago they released information about everything being discussed.

Stay tuned...

**Adjourn:**

Meeting adjourned.