

November 13, 2018

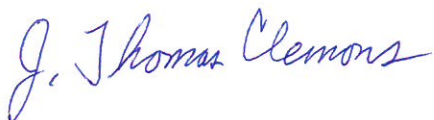
Chairman Burke, Vice Chair Beagle, Ranking Member Tavares and members of the Senate Health, Human Services and Medicaid Committee, thank you for allowing me to speak for HB 535, otherwise known as the Opioid Data and Communication Expansion Act.

I want to discuss the important uses of data obtained from required reports of opiate reversal administrations such as Narcan administrations by first responders and hospital emergency departments.

1. To better understand the scope of the opiate epidemic in our county, for planning for new or expanded programs as well as required reporting,
 - a. Currently, we have only substance abuse overdose deaths information from our local Health District (from the county Coroner) to estimate the magnitude of the opiate problem in our county. This information is important but is not a good indicator of how widespread opiate use and overdoses are. This information is needed for the ADAMHS Board to plan for expansion of priority services (Education/prevention, Intervention, Treatment and Recovery Support) and the allocation of necessary funds in the appropriate amount. Do we really need more level 3 recovery housing, or can we provide excellent recovery support for level 2 or level 1 recovery housing? Information such as the Bill requires would be very helpful for the Board in providing good stewardship of the public funds it manages.
 - b. By obtaining actual data on Narcan administrations from first responders, hospital emergency rooms and other healthcare professionals, we will have a much better idea of the scope of the problem.
 - i. With Narcan now widely in use, the number of deaths due to opiate overdoses has and will continue to drop. This is great, but this just means that the opiate overdose death rate has dropped, NOT that actual abuse or addiction has decreased.
 - ii. An estimate of the number of overdoses (those that died and those that were revived and lived) is a much better estimate of the scope of the problem.
2. Knowing the numbers and locations of overdoses would be critical to improve cross systems response to a rise in overdoses in a specific community and the county.

- a. As we learn of a sharp rise in overdoses, working together we might determine the need for a regional and county alert (perhaps from the Sheriff and ADAMHS Board to a particularly potent “batch” of opiates in the area.
 - b. Develop a rapid “critical incident response” with universal and targeted alerts for the entire county/region, but also for a specific locale. This might include:
 - i. Sheriff alerts, which would inform all first responders of the incident. They may then want to carry extra Narcan with them above usual protocols.
 - ii. ADAMHS Board can work with hospitals, Health Department and treatment professionals to be aware of the danger and to spread the word in schools, churches, bars, companies, etc., to let all know of the current local danger. Increased alertness might result in increased screenings in physicians’ offices, the Health Department and treatment provider agencies. Treatment providers could ensure that sufficient openings for assessment and treatment are available, perhaps by increasing any on-call personnel. Without this information, such a “critical incident response will not be possible.
3. Wood County has been very successful in obtaining competitive grant awards. This has occurred in large part to the quality and quantity of data. For opiate grants, we need better information to help demonstrate the need for expanded education/prevention, intervention, treatment and recovery supports

Thank you for listening to the needs for complete and accurate information for use by ADAMHS Boards to fulfil our roles as administrators of County Hubs to address the opiate epidemic. I’d be happy to answer any questions.



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Wood County ADAMHS Board