DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADVISORY COMMITTEE ON MINORITY HEALTH (ACMH)

August 28–29, 2017
Rockville, Maryland

EXECUTIVE SUMMARY

Committee Attendees
Paul Juarez, PhD, Chair
Linda Frizzell, PhD
Gregory J. Maddox II, MD
Cynthia Mojica, PhD, MPH
Sela V. Panapasa, PhD
Beverly Patchell, PhD, APRN, PMH
Isabel Scarinci, PhD, MPH
Roland J. Thorpe Jr., PhD
Winston F. Wong, MD

Federal Staff
Matthew Lin, MD, Deputy Assistant Secretary for Minority Health, Director, Office of Minority Health (OMH), U.S. Department of Health and Human Services (HHS)
Carol Jimenez, JD, Deputy Director, OMH
Minh Wendt, PhD, Public Health Advisor, Division of Policy and Data, OMH (Designated Federal Officer, ACMH)
Alexis Bakos, PhD, MPH, RN, Senior Advisor to the Deputy Assistant Secretary for Minority Health, and Acting Director, Division of Policy and Data, OMH (Alternate Designated Federal Officer, ACMH)
Juliet Bui, MPA, MSW, Justice and Health/Behavioral Health Policy Lead, Division of Policy and Data, OMH
Zannah Herridge-Meyer, MPH, Health Equity Research Fellow, Office of the Director, OMH

Invited Presenters
Michael Anzallo, Assistant Chief of Police, Metropolitan Police Department, Washington, DC
Melinda Becker, MS, Program Director, Health Division, NGA Center for Best Practices, National Governors Association
Melinda Campopiano, MD, Medical Officer, Substance Abuse and Mental Health Services Administration (SAMHSA), HHS
Cameron Clarke, Health Equity Fellow, Baltimore City Health Department
Leah Hill, Health Equity Fellow, Baltimore City Health Department
Sonia Sarkar, MPH, Chief Policy and Engagement Officer, Baltimore City Health Department

Day One – Monday, August 28, 2017

Call to Order, Welcome and Introductions
Paul Juarez, PhD, Chair

Dr. Juarez called the meeting to order and conducted a round of introductions.

OMH Welcome and Updates
Carol Jimenez, JD, Deputy Director, OMH, HHS
Matthew Lin, MD, Deputy Assistant Secretary for Minority Health; Director, OMH

Ms. Jimenez introduced Dr. Matthew Lin, who is the new Deputy Assistant Secretary for Minority Health and Director of OMH.

Dr. Lin welcomed committee members and thanked them for their commitment to improve the health of racial and ethnic minorities in the U.S. He looked forward to working with the committee and receiving its recommendations to help OMH and HHS combat the impact of the opioid epidemic on racial and ethnic minority populations.

Ms. Jimenez provided updates on OMH funding and programs; the Health Disparities Data Widget; Healthy People 2030; the HHS Strategic Plan; and new leadership at HHS agencies.

Current Federal Efforts
Melinda Campopiano, MD, Medical Officer, Substance Abuse and Mental Health Services Administration (SAMHSA), HHS

Dr. Campopiano provided an overview of the opioid epidemic from the perspective of substance abuse and treatment. She organized her presentation around the Secretary's five priorities for addressing the opioid epidemic: strengthening our understanding of the epidemic through better public health surveillance; improving access to treatment and recovery services; promoting use of overdose-reversing drugs; providing support for cutting edge research on pain and addiction; and advancing better practices for pain management.

<u>Strengthening our understanding of the epidemic through better public health surveillance</u>

- Prescription opioid misuse and use disorder is as common among nearly all racial and ethnic minorities as Caucasians when expressed as a percentage. Self-reported opioid use is three times higher among multiracial individuals; the reason for that is unknown.
- Heroin use is reported by less than one percent of all population groups, but its prevalence is three times higher for AI/ANs than for any other group.
- SAMHSA's Treatment Episode Data Set (TEDS) shows that rates of admission among racial/ethnic populations did not change significantly between 2005 and 2015, despite the epidemic. Very few people are getting treatment, and few of those whose primary substance is opioids or heroin receive evidence-based treatment.
- The risk for substance use disorder/death is significantly higher for populations that are subject to chronic health disparities. People with mental health disorders are more likely to have a substance use disorder than the population average. People with substance use disorder experience higher rates of suicidal ideation than the population average.

Improving access to treatment and recovery services

- SAMHSA's proposed continuum of care for recovery from substance use disorder includes four steps: prevention, risk reduction, recovery engagement, and recovery maintenance.
- In the context of recovery, prevention is focused on preventing harm related to the use of drugs, not preventing the use of drugs.
- Recovery engagement and maintenance consists of introducing the person to a long-term, sustainable lifestyle that is healthy and free of drugs, and then maintaining that status.
- Recovery is defined as a process of achieving wellness, purpose, and meaning. Treatment may be a component of any stage of the continuum.
- Detoxification is not treatment, because it does not change the underlying illness. It is an important step for many people that must be connected to the other steps of the process.
- Medication assisted treatment (MAT) is the use of pharmacotherapy to support recovery from opioid use disorder. It is compatible with, but not equal to, recovery.
    - Evidence-based behavioral therapy, case management, and other services (e.g., housing and health care) must be available to achieve the full benefit of MAT.
    - Methadone and buprenorphine ("bupe") are opioid agonists approved by the Food and Drug Administration (FDA) that block the effects of other opioids that are ingested and protect from overdose.
    - Extended-release injectable naltrexone, which is an opioid antagonist, is approved to prevent relapse to opioid use after detoxification.
    - MAT is considered the "gold standard" for treatment. It reduces all-cause mortality and HIV risk; improves adherence to medical treatment and social function; and decreases criminal behaviors and drug use.
- Resources to locate treatment programs include www.findtreatment.samhsa.gov and www.samhsa.gov/find-help.
- Resources for providers include a mobile app to support MAT of opioid use disorder (https://store.samhsa.gov/apps/mat/?WT.mc_id=SAMHSAGOV_20160802_MATx_MAT), a Suicide Safe mobile app (https://store.samhsa.gov/product/SAMHSA-Suicide-Safe-Mobile-App/PEP15-SAFEAPP1), and a website with information on MAT (www.samhsa.gov/medication-assisted-treatment).

Promoting use of overdose-reversing drugs

- Overdose is the leading cause of death in former prisoners. Women leaving prison are at higher risk than men.
- Illicitly manufactured synthetic fentanyl is increasingly associated with opioid misuse and opioid-related death. The window to intervene is extremely small because it takes effect rapidly.
- SAMHSA promotes the following approach to prevent overdose:
    - Educate patients to recognize and respond to overdose
    - Assure broad access to naloxone (Narcan)
    - Encourage people not to use drugs alone
    - Encourage people to use by the safest means possible
    - Encourage people to test drugs from an unfamiliar source
- SAMHSA's recommendations for overdose prevention are:

    - Make naloxone available to high-risk populations
    - Make naloxone available to persons likely to be on the scene of an overdose
    - Engage overdose survivors in treatment and recovery support
- SAMHSA published a toolkit for opioid overdose prevention and is developing a curriculum on overdose and naloxone use that agencies and community providers can use to train their staff.

<u>Providing support for cutting edge research on pain and addiction, and advancing better practices for pain management</u>

- HHS recently issued a national pain strategy. It is important to ensure that concerns of racial and ethnic minority populations are addressed in that strategy.
- SAMHSA has a new resource on *Managing Chronic Pain in Adults with or in Recovery from Substance Use Disorders*.

SAMHSA's definition of recovery is: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Essential components to achieve full recovery include health, home, purpose, and community.

Current Local Efforts

Cameron Clarke and Leah Hill, Health Equity Fellows, Baltimore City Health Department (BCHD)
Sonia Sarkar, MPH, Chief Policy and Engagement Officer, BCHD

Ms. Hill introduced Ms. Sarkar and commented on her efforts to use an equity lens in her work and to integrate clinical and social care on a citywide level.

Mr. Clarke described his experience in the Youth Health Equity Fellow Model of Practice program funded by OMH, which focused on the opioid crisis in Baltimore. He stressed the need for comprehensive MAT, rehabilitation programs, social services, and education and employment opportunities to restore a sense of meaning, purpose, and quality of life for those who are suffering from opioid abuse.

Ms. Sarkar stressed the need to address the root factors behind addiction and a focus on how the epidemic impacts families, community members, and colleagues.

Baltimore's three-pronged strategy for opioid overdose and response includes naloxone training and distribution; expanded access to treatment; and education to address stigma with science.

BCHD is trying to ensure that funding is targeted to areas where the need is highest. They are calling attention to upstream factors in minority communities that may be risk factors for behavioral health challenges and substance use, including disparities in education and employment, and a long history of traumatic events.

City-wide systems are important. BCHD developed an Overdose Site and Response Program that allows community members to report the location of an overdose via text. Substance users are using the program to warn others about areas where fentanyl may be prevalent. BCHD is working with law enforcement regarding approaches to incorporate that information.

BCHD will continue to hold the opioid epidemic as a priority, send the message that addiction is a disease and not a moral failing, apply principles of good science when addressing overdose and addiction, and ensure that the right resources are dedicated to the right efforts.

Law Enforcement Perspective
Michael Anzallo, Assistant Chief of Police, Washington, DC, Metropolitan Police Department (MPD)

Assistant Chief Anzallo provided an overview of the opioid epidemic in Washington, DC, from a law enforcement perspective.

Opioids are a new aspect of an old problem. Heroin has always been available in the District, but it is now being mixed with fentanyl. Opioid deaths increased significantly in 2016, driven by an increase of fentanyl compounds in the heroin supply. The death rate is expected to be similar in 2017.

Synthetic cannabinoids are also prevalent. The drugs do not appear on the Drug Enforcement Agency (DEA) schedule of narcotics because they evolve rapidly, making prosecution difficult. The drugs are cheap to make and cheap to sell (about $5), similar to crack cocaine in the 1980s.

The District has an entrenched cocaine, PCP, and marijuana problem. Violence associated with those drugs results in more deaths than opioids.

The city's four-pronged, interdisciplinary approach to the opioid problem includes city agencies responsible for emergency response, public health, testing, and criminal justice.

National Governors Association (NGA)
Melinda Becker, MS, Program Director, Health Division, NGA Center for Best Practices

Ms. Becker provided an overview of the NGA's efforts to address the opioid crisis, which is supported by CDC.

The NGA conducted policy academies on prescription drug abuse reduction in 2012–2013 and 2014–2015 and issued a publication following each academy.

The NGA developed an opioid compact that was signed by 46 governors in July 2016. In 2017, governors reported on the steps they had taken, and nine newly elected governors signed onto the compact.

The NGA released its Opioid Road Map in July 2016 *(Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States).* The road map identified three major factors driving the epidemic: wider availability of prescription opioids; lack of access to treatment for opioid use disorder; and changing economics and supply of heroin. The NGA developed an overarching framework for healthcare and public safety policy to prevent and respond to opioid misuse and overdose.

The road map highlighted state strategies in four areas: healthcare strategies for prevention and early identification; public safety strategies for reducing illicit supply; healthcare strategies for treatment and recovery; and public safety strategies for response.

The NGA has held four learning labs since August 2016 to assist states in addressing the opioid epidemic, and additional programs are in development.

Seven states have declared an emergency status for the opioid crisis. The NGA is planning to convene a meeting to consider how states can use such declarations to make resources available. They are also working with states on infectious diseases and other comorbidities associated with injection drug use resulting from opioid use disorder.

Data Subcommittee
Roland Thorpe, PhD

Dr. Thorpe provided an update on the status of the product on race/ethnicity terminology and future products related to OMH priorities:

- The preliminary draft letter with recommendations on terminology for race and ethnicity would be circulated during this meeting. Dr. Thorpe asked committee members to provide initial feedback
- The Data Subcommittee would like to develop a work plan for the remainder of the year so it will know how it can support the development of the committee's products. Dr. Thorpe asked the committee to identify overall questions related to disease prevention, health promotion, service delivery, and research concerning racial/ethnic minority populations that would guide the committee's work related to OMH priorities.

Committee Business
Paul Juarez, PhD, Chair

Committee members discussed issues that emerged from the presentations and the most productive way to proceed.

Based on the discussion, committee members agreed to develop recommendations to address four topics (data, cultural competence/CLAS Standards, buprenorphine, and education) and formed work groups to develop recommendations in each area.

- Data: Dr. Thorpe (chair), Dr. Panapasa, Dr. Frizzell, Dr. Patchell
- Cultural competence/CLAS Standards: Dr. Wong (chair), Dr. Juarez
- Buprenorphine: Dr. Maddox (chair), Dr. Wong, Dr. Patchell
- Education: Dr. Scarinci (chair), Dr. Mojica

The work groups met to discuss the issues and presented preliminary recommendations.

Wrap Up
The meeting was adjourned for the day at 5:04 p.m.

Day Two – Tuesday, August 29, 2017

Call to Order and Remarks
Paul Juarez, PhD, Chair

Dr. Juarez called the meeting to order, reviewed the agenda for the day, conducted a round of introductions, and reviewed key issues from the first day of the meeting.

Deliverables Discussion
Paul Juarez, PhD, Chair

Dr. Juarez reported that the committee had agreed to focus the recommendations on two topics: data, and cultural competence/CLAS Standards. The Data and Buprenorphine work groups from Day One were combined to develop recommendations on data, and the CLAS and Education work groups were combined to develop recommendations on cultural competence/CLAS Standards.

The workgroups met and presented draft recommendations.

Data

- Overarching goal: Address the data limitation around opioids, particularly for racial and ethnic populations.
- Recommendations for OMH
    - Build on existing data sources to collect robust data on opioid use among special populations through collaboration with SAMHSA, CDC, National Institutes of Health (NIH), and the Office of Rural Health Policy.
    - Ensure that the sampling frame accurately reflects the distribution of special populations. Use culturally relevant tools to collect data on how special populations respond to care and treatment.
    - Collect new data on special populations, using a different strategy to capture robust data. Collaborate with NIH, CDC, or the Indian Health Service.

The model developed for data collection on opioids could be expanded to address other diseases for special populations.

Cultural Competence

- Target audience: Policymakers and implementers at the state and local levels
- Problem: Provide guidance to develop a comprehensive, coordinated response to the opioid epidemic
- Recommendations for OMH:
    - Use the CLAS Standards to evaluate efforts of other federal agencies
    - Collaborate with SAMHSA to incorporate CLAS into guidelines
- Crosswalk with issues and recommendations organized by CLAS Standards domains and pillars:

Committee Business
Paul Juarez, PhD, Chair

Committee members discussed plans to address the Secretary's priorities on childhood obesity and mental health. They agreed that the next meeting would focus on serious mental illness.

Public Comment

Angela Reyne Lenard-Giese (healthcare consultant) expressed concern that federal funding was eliminated for mental health and psychiatry programs at teaching institutions. There is no reimbursement for behavioral care, and starting salaries are not competitive. Those issues have a major impact on workforce development.

Dr. Juarez suggested that the committee could leverage its recommendations on the opioid crisis to strengthen the argument about workforce development.

Bryan Murray (Pfizer Consumer Healthcare) suggested that the committee address the issue of reimbursement in its recommendation on access to care. He referenced Dr. Campopiano's recommendation to test drugs from an unfamiliar source and asked if there were any guidelines that communities could distribute to opioid users.

Dr. Campopiano said that SAMHSA cannot provide guidelines until there are evidence-based strategies.

Wrap Up
Paul Juarez, PhD, Chair

Dr. Juarez thanked committee members for their dedication to this work.

The meeting was adjourned at 12:20 p.m.

ACTION ITEMS

- Committee members are encouraged to download the Health Disparities Data Widget from the OMH website and share it with others.
- Committee members are encouraged to review and submit comments on the proposed framework for HP2030.
- Committee members are encouraged to review and submit comments on the proposed HHS Strategic Plan for 2018–2022.