Controlled Substances Advisory Committee

Date:	Thursday, August 17, 2017 from 1:00-3:00 PM
Location:	Attorney General's Office, 1031 W 4th Ave Conference Room 502, Anchorage, AK 99501
Chairperson:	Robert Henderson (LAW)
Member in Attendance:	Leonard (Skip) Coile (public member) Lana Bell (Board of Pharmacy Designee) Dr. Alexander Von Hafften (Psychiatrist Designee) Dr. Jay Butler (Chief Medical Officer and Director, DHSS) Dr. Larry Stinson (Physician Designee)
Public in Attendance:	Caroline Schultz (Office of the Governor - telephonic) Laura Brooks (Medical Director, DOC - telephonic) Karen Cann (Deputy Commissioner, DOC - telephonic) Victoria Nguyn (Board of Pharmacy intern) Alyssa Carrasco (Board of Pharmacy intern)
Secretary:	Shiloh Werner

Agenda

- Approval of Minutes from August 2, 2017
- General Discussion
- Next Steps / Next Meeting

Approval of Minutes

The committee reviews the minutes of the Controlled Substances Advisory Committee meeting held on August 2, 2017. Minor edits, per the direction of Dr. Butler, are made on page 2 of 5. Second paragraph, second sentence is amended to read: "It includes provisions related to the PDMP such as increased reporting by pharmacies a year from now". Third paragraph, the sentence regarding HB24 is amended to include tramadol as a IVA controlled substance. Sixth paragraph, the drug naloxone was incorrectly recorded. The correct drug being referenced is soboxone. The committee approves the minutes as amended.

DEPARTMENT OF CORRECTIONS

Two members of the Department of Corrections (DOC) are present telephonically for this meeting in order to share with the committee what their Department's needs are and how they believe this committee can assist them in meeting those needs. The members of DOC present are Karen Cann, Deputy Commissioner, and Laura Brooks, Division Operations Manager.

Laura Brooks on the Current Situation at the DOC

The DOC has seen a huge spike in peoples remanded with opioid conditions. Prisons are not a true medical facility and those who are not successful in the detox process are sent to hospitals for treatment. The DOC would like guidance on what to do "while we have them" before they are returned the community.

The DOC's current process is as follows:

1. Arrestees are screened by a nurse for medical issues. They are asked basic questions about substance use. Those who will experience withdrawal from alcohol or drugs while incarcerated are flagged.
2. Those who are flagged begin medically observed detox protocols.
3. A plan is put in place before an individual is released based on their addiction, time of release, etc. such as the giving of a naltrexone shot.

Ms. Bell asks for further clarification in regards to the time that a person is incarcerated. Do the detox protocols include medications? Yes, responds Ms. Brooks, the process is not going "cold turkey". There exist detox protocol for alcohol, heroin, etc. However, they are running into problems with methadone withdrawal. DOC is currently working with outside clinics in order to provide the necessary resources needed for methadone withdrawal. This is a new process and the details are still being worked out – such as ensuring compliance with DEA requirements. Ms. Bell wonders how long they have been using their current protocol for methadone withdrawal. As of March, the methadone withdrawal issue was unusual prior to this year.

Mr. Henderson inquires as to whether or not these detox protocols are part of a written policy within the DOC. No, they are not written into the policies and procedures, they are part of their 'care guide' and Ms. Brooks agrees to share this guide with the committee. Can the DOC quantify the uptick in methadone related cases in prison? No, but their remand facilities are reporting that they are dealing with opioid addictions every day and an increase in people coming in with prescription methadone on board.

Vivitrol / Naltrexone Injections

National models general do not have vivitrol programs for pretrial offenders; giving naltrexone shots is difficult in the pretrial population. DOC does not know when someone within the pretrial population is going to get released. Some of those in the pretrial population say they want to participate in these programs and then report this to the judge while in court in order to 'look good'. When the judge allows them to be released there is no guarantee that they will show up to receive their naltrexone shot. The DOC is currently working on a MOA (Memorandum of Agreement) with Circumpolar Health to do a research on the vivitrol/naltrexone program. Research results coming from other areas in the country report a strong impact on the mortality rate after release. It's essentially a harm reduction model for those in the pretrial population due to the benefit being primarily within the first 30 days of release. If public funds are going to being used in the future for this program DOC wants to ensure that money is being put to good use. There needs to be some sort of assurance that those who are supposed to be getting the shots after release are actually getting them. Ms. Bell asks who is sponsoring this program. There is zero cost to the state currently because they are using samples. After

release, how do you ensure that someone has the necessary resources in order to receive the treatment? Do they get Medicaid coverage? Does someone help them arrange for that coverage? Is there a guarantee they will have that coverage upon release? Most do not get approval when they are first released Ms. Brooks responds. DOC helps them submit those applications for coverage, but most are not approved before they get out, however, the coverage is retroactive. Ms. Bell points out that this lapse in coverage is a problem. If the majority of the inmates released are eligible for Medicaid they need to have that approved and in place *before* they are released in order to be able to continue treatment. Mr. Henderson wonders who is responsible for this problem. Ms. Cann responds that DOC is trying to work with inmates as much as they can to submit applications and give them temporary approvals for Medicaid before they walk out the door. They can submit applications prior to their release, but they can't get them approved before release adds Ms. Brooks.

Mr. Henderson has two questions for DOC. First, are the community providers who are available to provide naltrexone shots sister state agencies or private agencies. Inmates are given a community list from which they pick a provider who they are to report to and receive their shot once released, and it is believed that most are private. Secondly, does DOC know an estimated cost once the free naltrexone sample shots run out? The drug is priced at $1,000.00 a shot but the providers of the drug are vague in what their final cost to the state would be. However, they ensure DOC that the cost would be lower than $1,000.00.

Mr. Henderson to DOC, what do you think we can do to help? What is the main thing you are asking for? Ms. Cann responds that the biggest issue is on the front end and on the back end. On the back end, DOC does not have enough resources to refer released inmates to in the community. On the front end, most people come to them initially because they *have* these serious substance abuse issues. If we are able to identify these people in the population who should be diverted towards treatment in the pretrial process we need programs in which to direct them to. Ms. Bell wonders how other states are handling these issues, and do there exist Federal programs and funding to assist in these issues. This is not unique to our state. Are we checking into federal options? Mr. Henderson adds that the constant complaint he hears is lack of treatment, and lack of wrap around services. Even if we move forward with a comprehensive plan, we still have these problems of lack of treatment, services and coverage.

Statewide Resources

Ms. Cann sees this committee as being helpful by looking statewide to see if there are policies and resources around the state agencies that can be aligned. She uses housing as an example. There are overlaps in funding. Looking statewide, can policies be found among the other state agencies to provide the pieces necessary for providing needed wrap-around services? Dr. Butler adds that the Governor believes this is an important issue to the state as evidenced by the creation of a Unified Command System. Mr. Henderson points out that these wrap-around services are part of the therapeutic courts process. Has DOC spoken with their coordinator? No, but they have a meeting scheduled in the next couple weeks and Ms. Cann adds that it is important to coordinate not compete for services among the agencies. Mr. Henderson poses the idea of inviting the therapeutic courts coordinator to a future committee meeting.

Ms. Bell wonders how this particular issue ended up before this committee. Why are we needed, what can we do? Isn't this issue already a concern of the Criminal Justice Commission? Mr. Henderson responds in regards to the Criminal Justice Commission (ACJC). His concern with the ACJC

tacking this issue is that they are limited to criminal justice and already have a broad focus as a commission. They also do not have a health care professional as a part of their committee. Ms. Bell wonders if that can be our recommendation as a committee – to add a health representative to the ACJC so that they can take on some of these additional issues.

Mental Health Trust

In preparation for this meeting, Ms. Bell shares that she came across information regarding a Mental Health Trust report from 2014. In that report, inmates were declared beneficiaries of the Mental Health Trust. Does this mean that those funds can be used to provide some of things we have been discussing? Can they assist with some of these medical coverage issues. Ms. Brooks says that the DOC is familiar with the Mental Health Trust, but adds that it can get complicated on how those funds are distributed. They are primarily used for projects (such as the therapeutic courts) and for funding positions. They are on a three year budget planning program. Has DOC petitioned them for this current planning process Ms. Bell wonders? Are you working with them on these issues? Ms. Cann says they are actively working and meeting with the Trust. Partnering with the Trust in order to acquire additional resources - such as staff to help inmates get Medicaid coverage and reach services – could be a good idea says Ms. Bell.

What can the Committee do for DOC?

Ms. Brooks, one advantage this committee has that other committees or resources do not have, is that you are controlled substances focused. Other sources tend to be diluted and try to provide a wide variety of services. Ms. Cann adds that the primary gap they have identified is not within DOC, it is on the front end and the back end. People show up with these addictions and then when they leave they are unable to reach treatment resources. Maybe this committee can serve as advocates to get these resources aligned.

Probation and Parole

Mr. Henderson wonders if it is possible for offenders to get these needed services if they are a part of the conditions for probation and parole. DOC responds that the courts cannot order someone to a particular medication, neither can a parole board. A Doctor has to make those decisions. However, adding in substance abuse and treatment assessments into the conditions could be a possibility. The main problem is how we coordinate it all. Could DOC operate an outpatient treatment facility? What if you had funding? DOC is not sure if they would have the authority. Ms. Cann adds that probation's focus is to hook them up with a community clinic and get them back into the community as opposed to keep them under DOC control.

Advocates

Ms. Bell asks DOC - you would like us to advocate programs on the front end and back end, not necessarily identify the particular services, treatment options, etc.? Ms. Cann responds that the advocacy needs to include a comprehensive plan to coordinate services among the departments and agencies. There is a need for how those pieces all come together and to ask for a commitment to that plan. Ms. Bell thinks this group can certainly advocate the creation of a plan to coordinate, but not

necessarily be the ones creating the plan. Dr. Butler refers to the 2014 Mental Health Trust report and wonders if the committee can build on the platform that was already laid by this plan.

Ms. Schultz adds that her goal in coming to this committee was to find a group capable of coordinating with all the groups touching the justice-involved population, to identify common areas of need and gaps. Mr. Henderson adds that we have this authority, but the question is how we do it.

Dr. Van Hafften reads to the committee their stated purpose:

> "Charged with evaluating the effectiveness of current programs, budget and appropriations, enforcement policies and procedures, treatment, counseling, and regulations regarding controlled substances and to further make recommendations to the Governor, Alaska Court System and Legislature based upon their findings "

The request in front of us is to help develop a multi-cross agency for coordinated intervention. What is the community capacity for these treatment, etc.? Mr. Henderson proposes that as a group we should work on next steps without a precise goal because we haven't quite come up with it yet. Ms. Bell - possibly we could advocate for a study in order to determine needs and how they can be met? As a group we could talk about in what ways we can advocate.

There is agreement among the committee members to serve as advocates. It is determined that the committee is currently in a "discovery phase". The members will begin research on what is currently available or could be made available in terms of funds, resources, treatment, etc. Then move on to forming a mission or goal based on those findings.

ASSIGNMENTS

- **Dr. Butler – Look in to the issue of a gap in Medicaid coverage for inmates exiting facilities.**
- **Dr. Butler and Caroline Schultz – Find an inventory list (if one exists) from Health and Social Services of points of entry into treatment.**
- **Dr. Van Hafften - Invite Steve Williams of the Mental Health Trust Authority to meet with the committee. Beyond just substance abusers, the Mental Health Trust Authority has a community wide focus and there may exist some competing priorities.**
- **The 2014 Mental Health Report, "Trust Beneficiaries in Alaska's Department of Corrections", will be distributed to the committee.**

Next Meeting: Will do a doodle for everyone, next month. Representatives from the Department of Corrections to be included.