

Genesee, Orleans & Wyoming (GOW) Opioid Task Force Agenda

Date: April 18, 2018 from 10:00-11:30AM

Location: Genesee Community College, 1 College Rd, Batavia – Room T102 located in the Conable Technology Building

Topic:	Notes:
<p>Matthew M. Fernaays, M.D., P.h.D. Pembroke Family Medicine</p> <p><i>Focus on medication-assisted treatment (MAT) options and access in emergency rooms</i></p>	<ul style="list-style-type: none"> • <i>Professional biography attached below</i> • Has worked for Pembroke Family Medicine for seven years. Has been prescribing medication assisted treated (MAT) for a little more than that time. Built a Suboxone Practice after that, helping patients to abstain from opioids. Was approached by Dr. Baker from Genesee & Orleans Council on Alcoholism and Substance Abuse (GCASA) to assist patients who are in a more acute phase of treatment. • Neurochemistry – Opiate dependency is caused by adhesion to the opiate receptors. Our bodies naturally produce opiates that give happiness; sex, runners high, etc. Opium was first prescribed to assist with acute/chronic diarrhea. People quickly found that opiate based medications produce euphoria. Opioids block the pain to pain receptors in the brain. When people use opiates the number of receptors in the brain increase and the physical dependence and tolerance increase. Tolerance is most certainly impacted by the amount of substance to create the same amount of euphoria. When the opiate receptors are not receiving the same level of substance the physical symptoms that are associated with dependence are seen. Opiate addiction is different from other addictions because there are severe physical impacts (intense withdrawal period). • There are three different classification of opioids; <ol style="list-style-type: none"> 1. Opiate Blocker: Examples, Naltrexone and Vivitrol. These block opiate receptors in the brain which reduces cravings and does not allow a person to get desired effects of opioid if taken. Have to be abstinent from opioids for 1-2 weeks before being eligible to receive these medicines. 2. Partial-agonist: Partially blocks and partially

activates receptors. Example, Suboxone. Takes away the withdrawal symptoms, does not block the receptors enough to create euphoria.

3. Opiate Agonists: Opiate activator. Example, methadone. An activator does not have a dosage restriction like a partial-agonist so there is not the ceiling effect. Another benefit of methadone specifically is that it can only be prescribed by a medically qualified treatment center and there are specific restrictions on how the medication can be given to patients. Based on a case by case basis. Helps those who are unable to follow an independent treatment regimen.

- These are all options of treatment of opioid addiction. Weening off the medication is more complicated. Opiate withdrawal is not fatal. Suboxone is given to individuals in the initial stages of withdrawal. Methadone can be started at any time. Dependence is focused on substance use withdrawal's physical symptoms coupled with continued use. Addiction is the physical symptoms coupled with social and behaviors components. A lot of times individuals are on MAT for years and sometimes for the rest of their lives. With Methadone people will be on the MAT for at least a year. Instead of weening the patients, it's more focused on getting the patient stabilized.
- MAT cap – Suboxone can only be provided by a doctor who has additional education and have a DEA designated number. There are caps for the number of patients that each eligible doctor can provide MAT too. The most is 275 people. Dr. Fernaays currently provides Suboxone to over 100 patients.
- Most treatment facilities provide Vivitrol and Suboxone. Methadone is less available because it has to be provided by a federally qualified treatment center. Methadone clinics are typically found in large cities (ex, Buffalo/Rochester) which is a barrier to have to go daily and this is why GCASA is making a great stride by opening a methadone clinic in a rural area.
- Sublocade is Suboxone that is injected. The injection lasts one month. A benefit, the medication is there even if person forgets. It cannot be sold but it is concerning on how

	<p>dedicated will a person will be to other aspects of recovery if they only have to show up monthly for injection. This is a very expensive medication. GCASA is working on getting this. GCASA is currently working with a distributor and insurance companies to approve it.</p> <ul style="list-style-type: none"> • Obtaining affordable MAT is most difficult for the working class that has private insurance that isn't that good.
<p>Updates</p> <ul style="list-style-type: none"> • Work Groups • Grants 	<p>See attachment for complete reports</p> <p>Community Education Report:</p> <ul style="list-style-type: none"> • Friends of Recovery event – Flyer to come – Learn how to talk about recovery in a positive light. <p>Access to Care Report:</p> <ul style="list-style-type: none"> • GRHF Project Coordinator has been hired and will begin May 7th. <i>A snap shot of the grant is provided below.</i> • Each hospital in GOW is in some process to implement a program to distribute Suboxone to patients in the ER. • The Project Coordinator will participate in all task force related meetings – quarterly meetings, steering committee meetings, and work group meetings. • We hope to have all organizations involved in the GRHF grant formally. There are 27 organizations that submitted a Letter of Commitment at time of applying but if you would like to be involved please reach out to Rosalie Mangino-Crandall at rmangino-crandall@gcasa.org. • Horizon is opening a 25 bed women's residence in Sanborn, NY in September 2018. • GCASA's received grant funds to build a mobile treatment van. • Medically supervised withdrawal and stabilization beds to open late 2019. (16 beds at GCASA's Batavia location) • Medina Memorial Hospital hoping to offer availability of peer recovery advocated to patients beginning May 1, 2018.

<p>Naloxone Training</p> <p><i>Overdose rescue kit provided</i></p>	
<p>Next Meeting</p>	<p>July 18, 2018 from 10:00-12:00AM at GCC Stuart Steiner Theater, 1 College Road, Batavia, NY 14020</p>

Matthew M. Fernaays, MD, PhD

Dr. Fernaays is licensed in Medicine and Surgery in New York State. He currently practices in Alexander through Pembroke Family Medicine. He is an active member of United Memorial Medical Center's medical staff; a Consulting Physician for Genesee/Orleans Council on Alcoholism and Substance Abuse, Inc. (GCASA); School Physician for Alexander Central School District; Senior Clinical Instructor and Preceptor for the University of Rochester's Department of Family Medicine; and Clinical Instructor and Preceptor for the SUNY University at Buffalo's Department of Family Medicine. He is a waived and SAMHSA-certified buprenorphine prescriber and will be the Medical Director for GCASA's methadone clinic opening in the summer of 2018. Dr. Fernaays resides in Alexander with his family and is a critical leader in the response to the opioid epidemic in the GOW region.

Genesee, Orleans & Wyoming Opioid Task Force

January-March 2018
Work Group Updates

Community Education Work Group

- Support identified activities for the grant (ie. Provide input for the website, newspaper articles, marketing campaign, etc).
- Fall event for tri-county Faith Based Organizations.
- Developing a “team” to be able to provide education/info upon request.
- Coordinating with *Friends of Recovery New York* on ‘Our Stories Have Power’ Training on Wed. June 6th from 1-4pm <https://www.for-ny.org/>
- New York State(NYS) Department of Health Bureau of Narcotic Enforcement (BNE), the NYS Office of Alcoholism and Substance Abuse Services (OASAS), and the NYS Education Department (NYSED)

New York State Addiction and Substance Use Disorder Educational Resource

https://www.health.ny.gov/professionals/narcotic/docs/educational_resource_letter.pdf

Next Meeting:

Thursday, June 7th 2:00-3:30pm at Lake Plains, 575 East Main Street, Batavia

Data Work Group

1. **Gathering data across GOW** where possible.

- Opioids deaths
- Opioid deaths by gender; race
- Opioids deaths by age-ranges
- Fatal opioid ODs by residence (de-identified) of victim for each year
- Narcan distribution and utilization rates

2. **GOW Opioid Reporting System – SurveyMonkey**

3. **Gap & Trend Analysis** – Identify missing data and create a plan(s) to overcome barrier(s)

Next Meeting:

**May 14th, 2:30-4:00PM at Genesee County Building II (Foyer Conference Room),
3837 West Main Street Road, Batavia**

Naloxone Work Group

Total trainings completed (Jan-Mar 2018) = 24

- Law Enforcement – 19
- EMS/Firefighters - 68
- Community Members – 214

Total Narcan Kits distributed (Jan-Mar 2018) = 301

Next Meeting:

May 9th, 1:00-2:30PM at Lake Plains, 575 East Main Street, Batavia

Contacts for Naloxone Training

- **Spectrum Human Services – Eric Dryja**
 - Phone: 585-786-0220
 - dryjae@shswny.org
- **GCASA- Diane Klos**
 - Phone: 585-815-1883
 - dklos@gcasa.org
- **Wyoming County Department of Health**
 - Phone: 585-786-8890
 - bdemuth@wyomingco.net
- **Horizon Health**
 - Phone : 585-815-0247
 - lglow@horizon-health.org
- **Lake Plains Community Care Network**
 - Phone: 585-345-6110
 - ccrawford@lakeplains.org

Access to Care Work Group

Continuum of Care updates:

- Greater Rochester Health Foundation grant
 - Project begins May 1st
 - Hire coordinator mid-April
- Discussion on housing/beds
 - Cazenovia Recovery has community residence on the VA campus to serve Veterans and other housing including low income for people with addiction in Buffalo.
 - GCASA received empire state supportive housing award to build some low income apartments for people with addiction. First house opens in May 2018.
 - Spectrum has 150 beds mostly in Erie and Niagara. They also have OASAS permanent supportive apartments in Wyoming County
- State Targeted Response to the Opiate Crisis – STR Grant
 - GCASA received this grant for Genesee County due to being 10th overall in the state for overdose deaths.

- This grant will bring mobile treatment services for opioid addiction, which includes a mobile van equipped with tele-health, peer services and other innovative practices to engage opioid users in treatment.
- 16-bed detox and stabilization
 - GCASA was awarded a capitol grant to build detox beds. This is tentatively planned to open in late 2019.
- Emergency room services/medication initiation
 - Spectrum is part of the larger group out of Buffalo that will be participating in starting ER patients on suboxone. All their doctors will be waived and be able to give a three day prescription. This is different from the other two counties which are moving towards dosing in the ER but not being able to give a script.
- Web-site is up but not developed. This will be part of the GRHF grant.
 - <https://www.wyomingco.net/249/Opiate-Taskforce>

Next Meeting:

**May 10th, 3:00-4:30PM at Genesee County Mental Health Department,
5130 East Main St. Rd., Batavia**