

OKLAHOMA DEPARTMENT OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

Oklahoma State Epidemiological Outcomes Workgroup (SEOW)
United Way of Central Oklahoma
July 21, 2010

9:00 a.m. – 11:00 a.m.

MINUTES

Oklahoma State Epidemiological Outcomes Workgroup Members Present:

Jessica Hawkins
Young Onuorah
Lee McGoodwin
Joy Hermansen
Joyce Morris
Jamie Piatt
J.C. Smith
David Wright
Sheryll Brown
Anthony Kimble
Derek Pete
Julie Stoner
Courtney Neff
Daisy Spicer
June Eichner
Cortney Yarholar
Sam McClendon

WELCOME AND INTRODUCTIONS

Ms. Jamie Piatt called the July 21, 2010 Oklahoma State Epidemiological Outcomes Workgroup (SEOW) meeting to order and proceeded with introductions of the participants.

PRESCRIPTION DRUGS LEGISLATION

Mr. Mark Woodward provided the workgroup with an update on prescription drug legislation. Mr. Woodward stated the biggest issue is prescription drugs. Oklahoma Bureau of Narcotics receives calls from high schools about finding drugs on campus. In 2009, there were 634 drug related deaths with 87% being prescription drugs related deaths. There has been a spike in methadone related deaths. Chief Edmonstin hosted a symposium at Lake Murray which resulted in a new law being developed. If a doctor is prescribing methadone, they will need to look at the OBN prescription database prior. The new bill 2529, authored by Representative Colby Schwartz, all substance overdose data will be reported to OBN. Starting November 1, 2010, OBN will get medical examiners (ME) and emergency room (ER) reports which are drug related deaths. Mr. Woodward stated that Ms. Patty Mathis will be in charge of this system. Ms. Jessica Hawkins

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stated how a format that's easy for preventionist and other communities to use data at the local level would be great. She went on to say its good to hear about the new data sharing that will become available. A lot of schools do the surveys but the schools don't make the data available for the communities and parents. Mr. Woodward stated there's prescription monitoring data available but some of them are confidential.

Mr. Woodward informed the workgroup of how the prescription monitoring program (PMP) works: type in the patient's name, look at the prescription history; it's an intervention tool for prescription drug abuse. Doctor's are not required to participate. The number of physician's participating is around 80%; some providers are not allowed to use them because they are not allowed to access the internet which is also seen within pharmacies. Some Indian Health Services do participate but most are not registrants of OBN's PMP; some tribes are on tribal land and do not like to participate. Starting in 2012, the data from pharmacies are entered daily into the system as real time; this is data from controlled drugs only. Currently, there are about 20,000 registrants throughout the state and 16,120 are active.

PRESCRIPTION DRUGS IN OKLAHOMA

Ms. Liz Langthorn provided a brief presentation and handouts about prescription drugs in Oklahoma. Ms. Langthorn provided an overview of a case situation regarding prescription drug abuse in the State of Oklahoma.

OPLC UPDATE/SEOW TASK AND DATA PRESENTATION

Ms. Hawkins informed the workgroup that the Oklahoma Prevention Leadership Collaborative (OPLC) chose the priorities of underage drinking and prescription drugs abuse. SEOW will need to determine what model will be used to allocate funds into the community; either the equity model, need base model, or a combination approach. SEOW will look at the data to determine what recommendations to send to the OPLC; they will include in their recommendation if more data is required to make a recommendation or if the data that is presented efficient enough to use in making a recommendation.

Discussion continued around the fact that strategies, methods and indicators will be different in each community (region/counties). The workgroup discussed spreading money across the state and looking at the equity model so the APRCs can be used as a resource throughout the communities and counties. APRCs would perform the SPF model to determine which region will

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need the funds; their exposure and experience with SPF should be able to function after the grant is over. It has already been approved by SAMHSA to allocate funds through the APRCs.

There was discussion to have another option of having the state prescribe the APRC to fund a certain county within their region. APRCs chose the communities; there will be an evidence-based program workgroup to approve the work plans and make sure the strategy match the need. The approval process will be comprised of SEOW members, OPLC members and other bodies.

ADJOURNMENT

The meeting was dismissed.

DRAFT