

Oklahoma Injury Prevention Advisory Committee
Meeting Minutes

October 11, 2013

Members Present:

Dr. Mark Brandenburg, Chair
Major Todd Bish, Oklahoma Highway Patrol
Shelly Collins, Oklahoma Coalition Against Domestic Violence and Sexual Assault
Michael Echelle, Administrator, County Health Departments
Laura Gamino, Injury Prevention Coordinator, OU Medical Center, Trauma Services
Chief Virgil Green, Spencer Police Department for Phil Cotten, Oklahoma Assn. of Chiefs of Police
Young Onuorah and Jamie Piatt for Jessica Hawkins, Oklahoma Department of Mental Health & Substance Abuse Service
Annette Jacobi, Director, Family Support and Prevention Service, Oklahoma State Department of Health
Gayle Jones, Independent Contractor
Dave Koeneke, Executive Director, Oklahoma Safety Council
Jeff McKibbin, University of Central Oklahoma, Graduate Athletic Training Education Program
Katie Mueller, SAFE Kids Oklahoma

Staff:

Sheryll Brown, Oklahoma State Department of Health, Injury Prevention Service
Regina McCurdy, Oklahoma State Department of Health, Injury Prevention Service
Gordy Suchy, Oklahoma State Department of Health, Injury Prevention Service
Brandi Woods-Littlejohn, Oklahoma State Department of Health, Injury Prevention Service

Welcome/Introduction

Dr. Mark Brandenburg called the meeting to order and members introduced themselves. Minutes from the previous meeting on June 14, 2013, were approved.

Injury Prevention Service (IPS) Update

Sheryll Brown announced that Dr. Cline, Commissioner of Health, began his term as the President of the Association of State and Territorial Health Officials. His President's challenge to other states is addressing the prescription drug abuse problem. A new online report was issued from Trust for America's Health titled "Prescription Drug Abuse: Strategies to Stop the Epidemic." Regina will send everyone the link to the report. Sheryll introduced Brandi Woods-Littlejohn who is the new Injury Prevention Service Administrative Program Manager over violence prevention programs. Brandi previously worked for the Oklahoma Attorney General's Office and the Oklahoma Criminal Justice Resource Center. She was the program manager for the Oklahoma Domestic Violence Fatality Review Board.

Sheryll said that each year, Oklahoma State Department of Health (OSDH) service areas may submit a legislative request to the OSDH legislative liaison prior to the legislative session. The IPS submitted three requests this year.

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- A Good Samaritan law for drug overdoses,
 - Amended language to the current "distracted driving" law to better define distracted driving and to make this a primary enforcement law, and
 - Tax credits for residential tornado shelters.
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The Good Samaritan law for drug overdoses and tax credits for residential tornado shelters were selected as a priority by the Board of Health. The Good Samaritan law would allow a person to call for help (medical assistance) for a drug overdose victim without fear of being arrested for a drug offense. Dr. Brandenburg said there will always be issues on this.

Chief Green commented that the current law on distracted driving is not widely used. Police cannot pull anyone over if they see someone texting while driving unless there is some element of danger. Police are not allowed to ticket them at this time. Five legislative bills on texting while driving were voted down last year. Dr. Brandenburg noted that at the last meeting there was interest in possibly making it illegal to use a cell phone or texting while driving in a school zone. He said a child was killed in a school zone in Tulsa this year. Chief Green said that police departments might support that kind of bill. Dave Koeneke announced that there would be a meeting of Drive Aware Oklahoma on November 5th at the Bricktown Ballpark to develop a strategy for texting while driving legislative proposals and education strategies. There are now anti-distracted driving advertisements from all cell phone companies.

Dr. Brandenburg informed the group that committee member Alan Grubb had passed away last month. There was a card being passed around for everyone to sign. He expressed his appreciation for the work and contribution that Alan had made to injury prevention and that he would be greatly missed.

Opioid Prescribing Guidelines

Dr. Brandenburg said there have been great strides in addressing the opioid (abuse) problem. The State Plan "*Reducing Prescription Drug Abuse in Oklahoma*" is being rolled out by Governor Fallin soon. Emergency Department/Urgent Care Clinic Prescribing Guidelines were developed and would be issued in two weeks. They are due to be published next month in the Journal of the Oklahoma State Medical Association and the Journal of Osteopathic Medicine. Copies of the prescribing guidelines were handed out at the meeting and Dr. Brandenburg asked members to review the guidelines. He would like to hear from everyone after they have a chance to review the guidelines and let him know by and email if they support the guidelines. The legislature did their part to get important bills passed last session. The OSDH and the Department of Mental Health and Substance Abuse Services (ODMHSAS) will be able to access the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) prescription monitoring program data effective November 1st. This has received national attention. They will be able to look at how prescribing patterns are linked to deaths and also identify patterns among practitioners. There is a lot going on in communities related to the opioid problem including motor vehicle crashes and mental health problems with substance abuse.

Open Discussion on Mental Health in Oklahoma

Oklahoma's inadequate mental health system was discussed by the committee. Chief Virgil Green said that police departments cannot afford to wait for people to be admitted to a mental health facility so they usually just put them in jail. Gayle Jones said that crisis intervention teams in police departments were concerned about kids getting access to opioids. Dr. Brandenburg said that the number of mass shootings in the U.S. shows a lack of available mental health services. He said that mass shootings are defined as four or more people shot at one time. There have been 17 mass shootings in the U.S. since Sandy Hook. The recent Navy shooter had called 911 for help but received no mental health help and he became psychotic. Often criminal behavior is actually caused by mental health problems. A lack of funding may be the reason there is so little mental health care available.

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Annette Jacobi said there was a wonderful TED talk online about mental health issues for children on how to prevent and support people with mental health. Chief Green said police are working to get a group home for Emergency Order of Detention (EOD) cases and working with the ODMHSAS to find beds until the state has more funding for mental health. He asked if there was any kind of training available for police departments for mental health issues and indicated that some police departments are spending \$300,000 or more on EODs. Police are very frustrated with the system. Gayle Jones said that she has tried to get mental health training in schools but has not been able to. Chief Green said that many teachers are dealing with mental health issues in schools.

Jeff McKibbin mentioned that the University of Central Oklahoma requires every student to take a Healthy Life Skills class before they graduate. Mental health should be included in textbooks, but Gayle Jones said that textbook publishers only include what is required by state law. Jeff said schools are now using QPR (Question, Persuade, Refer) suicide prevention training. Gayle said that suicide prevention training was offered to all universities and colleges and about two-thirds of the schools received it. An online quiz is available for students to see if they needed help and provide information on where to go. Young Onuorah said there are many problems with mental health education in our state. He feels we need to reach out to communities. Sheryll Brown said that the prescription drug abuse problem also presents a need for increased substance abuse treatment in the state.

Jamie Piatt said that ODMHSAS would be applying for a grant to develop indicators for quantifying and assessing mental health needs in communities in Oklahoma. Dr. Brandenburg said the system is currently overloaded. Most people in the public sector want to do the right thing, but there are just a lot of barriers that collapse the system. Talking with the schools may be another strategy. There are many communities taking action. Mandatory substance abuse education in all schools was suggested as part of the committee's discussion. Public awareness of the problem was also discussed as an important strategy. Chief Green said he would be willing to assist ODMHSAS and serve on a team to address this problem. Police are concerned about the number of EODs and transport issues. He said that in Texas a 3rd party was contracted to transport EOD patients instead of police officers. He said that on almost every eight-hour shift there is at least one mental health problem for police. Dr. Brandenburg suggested that legislators should have training on mental health and the prescription drug problem. The Governor should make it available to legislators. Gayle said that may be something the committee should support as a priority.

Opioid Prescribing Guidelines

Dr. Brandenburg previously discussed the prescribing guidelines for emergency departments and urgent care clinics. He added that the prescribing guidelines for office-based practice will soon be completed. There will be a large number of workgroup members reviewing the guidelines. The guidelines will be posted online when completed. The vote to endorse the guidelines will be conducted online.

State Plan on Reducing Prescription Drug Abuse

Young Onuorah gave an overview of the State Plan, "*Reducing Prescription Drug Abuse in Oklahoma*," which will be available online. He said the naloxone program will be effective November 1st, but no resources were allocated for the program. A naloxone program will be implemented in the Tulsa area. There will be a statewide media campaign to inform the public on how to access help for a prescription drug problem. Beginning on November 1st, OSDH and ODMHSAS will be allowed access to the OBND prescription monitoring program (PMP) data. The details of how the data will be accessed, cleaned and analyzed are being sorted out. Jamie Piatt said that the number of people receiving opioid treatment in Oklahoma state-funded treatment programs over a ten-year period

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had increased 210%. They will develop data from the PMP data and epidemiological profiles on overdoses at the county levels. The data will be used to monitor how physicians are using the PMP. They also want to use the data to determine if people are getting treatment and to gain more information about the circumstances of the deaths. They plan to use information from a Brandeis University study on the top five causes of overdoses. Young said that community funding is needed to support the state plan. There are 17 mental health providers statewide. They want to determine where people are being sent for opioid treatment. Pulling together regional data on outcomes will help determine if there is a problem and the factors that are driving the problem, such as accessibility of the drugs. Strategies addressed in the state plan include policies on how to dispose/store drugs, education, law enforcement, and media.

Domestic Violence

Brandi Woods-Littlejohn, now with IPS, served 13 years with the Oklahoma Domestic Violence Fatality Review Board (DVFRB.) She announced that October was Domestic Violence Awareness Month. She discussed an issue identified by the DVFRB. More than half of the women having mental health issues were experiencing domestic violence problems. Almost one-third of the perpetrators in domestic violence homicides had mental health issues. Because of this finding, board members were working to have legislation passed requiring domestic violence training for mental health providers. Requiring mandatory training was not successful. For the past year, a group of mental health professionals have been working to develop a domestic violence curriculum for mental health providers. The goal is to have all state-contracted mental health providers to complete the course online. The first step with ODMHSAS is to create domestic violence liaisons to go out into communities, link with clients to identify problems, and determine what is needed to help them. The DVFRB has also recommended that health care providers are familiar with domestic violence laws and referrals.

2014 Meeting Dates

January 10, June 13, and October 10.

Adjourn

The meeting was adjourned at 1:00 pm.