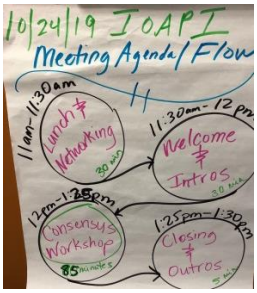
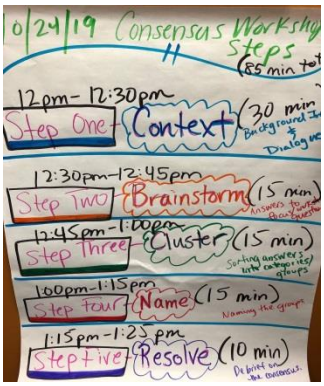
DRAFT Summary of 10/24/10 Ingham Opioid Abuse Prevention Initiative Luncheon Event & Consensus Workshop

Meeting Attendees:

- Phil Pavona, Families Against Narcotics
- Adrienne DeFord, Ingham County Health Dept (ICHD)
- Madhur Chandra, ICHD
- Jan Bidwell, Lansing Police Dept (LPD)
- Lori Haney, Wellness, Inx
- Josh Cole, MSU College of Human Medicine (CHM)
- Rick Armstrong, MSU CHM
- Cristin Larder, Larder Data
- Sara Lurie, Community Mental Health Authority-Clinton, Eaton Ingham (CMHA-CEI)
- Joel Hoepfner, CMHA-CEI
- Daryl Green, LPD
- Nick DeMott, AmeriCorps VISTA ICHD
- Linda Vail, ICHD
- Nick Toodzio, Mason Capital Area Task Force
- Theresa Pittington, Cristo Rey
- Jonas Ndeke, ICHD
- Emily Lewis (for Annette Jones), ICHD
- Amanda Darche, ICHD
- Ericanne Spence, CMHA-CEI
- Tracie Blevins, ICHD
- Carol Koenig, Ingham County
- Dana Watson, ICHD/Maternal and Child Health (MCH)
- Scott Hughes, Ingham County Prosecutor's Office (ICPO)
- Kevin Brooks, Larder Data
- Jessica Yorko, ICHD
- Nike Shoyinka, ICHD
- Kelli Zurek, ICHD
- Carol Siemon, ICPO
- Shelly Boyd, Michigan Association of School Boards (MASB)
- Da'Neese Wells, 55th District Court
- Joel Murr, ICHD
- Chris Martin, ICPO
- LaClaire Bouknight, Eaglevision Ministries (EVM)
- Debbie Edokpolo, ICHD
- Mindy Smith, ICHD
- Renold JeanLouis, ICHD





Summary of Meeting:

- Linda Vail opened the meetings with round robin introductions.

- Jessica Yorko introduced the concept of the Consensus Workshop with the following:

(STEP ONE - CONTEXT STEP)

- Purpose/Aims of the workshop:
  a) Outline priorities and plans for IOAPI for the next five years
  b) Re-energize members/participants in IOAPI and increase collaboration and communication among members/participants

- Introduction of the workshop question – with a caveat that this draft question can be modified before it is answered during the Brainstorm step in the workshop:

What do we need to do to continue reducing opioid overdoses, overdose deaths and misuse of prescription opioids?

- Outline of process and timing of the Consensus Workshop:

Step one – Context (30-45 min)
Step two – Brainstorm (15 min)
Step three – Cluster (15 min)
Step four – Name (15 min)
Step five – Resolve (10 min)

- Ground Rules for dialogue. The group lifted up the following ground rules that they wanted to see upheld during the dialogue:
  - Have an active participation
  - Listen Deeply
  - Be present
  - Ask questions
  - ELMO (Enough Let's Move On)
  - No side conversations

- IOAPI timeline: Amanda Darche touched on the high points in the IOAPI Draft Timeline that was provided to the group, and Jessica facilitated discussion about anything that was incorrect or missing from the timeline. Meeting participants wanted to edit/clarify/add the following items:
  - Drug court at District Court 54B (in East Lansing) also exists, in addition to Sobriety Court and Mental Health Court in District Court 55 (in Mason)
  - In 2014-2015, Lansing Police Chief Mike Yankowski sent staff to trainings across the country regarding the opioid crisis, and LPD officers and other police force and staff began accepting and using naloxone
  - 2015 – lots of groundwork done for public launch of IOAPI in 2016
  - 2015 - Billboard campaign on "capital counties commit"
  - August 2018 – MOA signed for LPD Trial of Angel Program; as well as 12 other regional police chiefs signed on. Also called Hope Not Handcuffs"; it was a bit iffy/ more of a pilot bc not enough volunteer "Angels" signed up to help; the program really

comes from Michigan State Police and they are really the ones running the program now.
- 2017 – ICHD provided naloxone and naloxone training to members of 55th District Court (in Mason)
- 2016 – ICHD accepted grant from Blue Cross Blue Shield Foundation of Michigan to build capacity for jail-based responses to opioid crises
- 2018 – Pathways to care CHW's began working with opioid-involved individuals at the Ingham County Jail
- 2018-2019 Mason Prescription Drug Task Force created

(See attached revised timeline with these new points added in.)

- Opioid trend updates: Madhur Chandra and Jonas Ndeke gave highlights from a 1-page document showing monthly opioid overdose deaths over time, and monthly naloxone incidences over time; as well as highlights from a larger documented titled *Opioid Surveillance September 2019*. Overall there appears to be a slight downward trend in the total number of deaths year-to-year between 2018 and 2019. This is largely credited to availability and use of the life-saving drug Naloxone. It was also noted that the vast majority of overdose deaths occur among people with those whose highest educational attainment is High School Diploma/GED; and among those with fentanyl and/or fentanyl analogues found in the body post-mortem. The opioid death rate among males in Ingham County is also higher than the opioid death rate among females, all but 6 of the 119 opioid-related deaths that occurred in Ingham County between 2018 and 2019 were deemed accidental.

- DIALOGUE QUESTIONS. The group reflected on individually and then discussed the following dialogue questions.

  - *Q1. What is one word or phrase that you remember seeing or hearing from the IOAPI timeline and data update presentation?*

    Responses to this question were one-word or short phrases; objective things people notice such as "males"; "high school education"; "naloxone"; "deaths".

  - *Q2. Thinking back on what you've heard today and/or your experience with the IOAPI,*
    a) where are you frustrated?
    b) what is exciting?
    c) where is more work needed?

    Responses to this question included:

    - Frustrated bc of lack of Emergency Room Dept reps in IOAPI
    - Excited RE law enforcement involvement
    - More work needed – connecting Emergency Depts (ED) Overdose (OD) numbers and treatment; tracking people who survive overdose after the leave the emergency room
    - Frustrated – silos, HIPAA limiting communication between healthcare orgs and everyone else

- Excited RE increasing communication, Hope Not Handcuffs, PATH, FAN, and CMH
- Ned more of – ED connecting with Wellness INX and CMH
- Excited – Naloxone kits and syringe access as a point of contact for people with Substance Use Disorder (SUD)
- Excited about getting more Naloxone to people with SUD and doing more harm reduction messaging community-wide IE. "don't use alone"; phone apps
- Exciting to see people come together and make things happen differently and innovate
- More work needed - HRP (?), blood borne pathogens, HIVE
- Exciting - healthcare people change Rx (prescription) practices
- More work - minority males and prevention vs. education
- More work needed – real time clearinghouse channel of OD info
- Frustrated – how to fit in IOAPI as a family member of someone who suffers from SUD and can't access services
- Exciting – some things have levelled off ; and that family member is now in recovery
- More work needed – hard to get info as a family member of someone with SUD

- *Q3. Based on what we've seen, heard and said so far today, what insights are beginning to emerge, and what other things do we need to consider?*
    - Continue to listen to families and people impacted by SUD (real experiences)
    - Giving info to people about risks and times more likely to OD
    - Build relationships with families to learn about signs, symptoms and the real experience
    - Death/non-fatal overdose review team is needed, to review deaths and non-fatal overdoses, ie who came in contact with person before their death/OD, try to look at what we could have done to have prevented the death/non-fatal OD
    - More support groups for people who are impacted by and suffer from SUD
    - Track death back to certain amount of time
    - We have everyone we need in the room on 10/14/19 to form Opioid Overdose & Opioid Death Review Team. There are templates and pilot studies.
    - HIPAA is a barrier to communication and preventing deaths (real situations of OD, suicidal indicators not communicated to safety net ie. LPD/CMH)
    - Including more groups and families in IOAPI
    - Historical treatment around SUD among people of color RE other substances:
        - Racial discrimination RE crack cocaine vs powdered cocaine; also marijuana possession and distribution sentencing laws
        - Differential treatment of people of color impacted by SUD vs. white people impacted by SUD
        - Ease of access to care and services among white people vs. people of color

- *Q4. Given what we've said so far, what does this mean for the future of IOAPI?*
    a) *What are we really committed to?*
    b) *What should we do about the opioid overdoses, deaths and abuse?*

    - Not enough talk about assisting folks in recovery
    - The "A" in IOAPI stands for ABUSE, we forget this sometimes
    - "P" stands for Prevention, we also forget this sometimes, it's about the helping folks before they even start using – that means trauma work, etc.
    - Committed to doing better as the IOAPI / as a community
    - Getting more info RE OD deaths and OD survivors
    - Breaking down barriers to preventing ODs and OD deaths
    - We need to also be working on other substance abuse issues – meth, benzos, and other substances
    - Understanding more about why people use in the first place:
        - What are triggers
        - What are risk factors
    - More focus on children going into foster care/ child removals due to SUD; and the big cost to families of people with SUD

(STEPS TWO THROUGH FOUR- BRAINSTORM, CLUSTER and NAME)

During the brainstorm step, meeting participants worked individually and then in small groups to come up with answers to the Workshop Question. The group did modify the original draft Workshop Question, and the new question that was answered was:

What do we need to do to reduce opioid abuse, overdose deaths, overdoses and associated harms?

After doing an individual brainstorm and prioritization, teams came up with 4-5 action-oriented ideas to answer the Workshop Question. The ideas were shared with the entire group and clustered into ideas that seemed to be related to one another.

For the final step, Renold JeanLouis facilitated the "Name" step of the workshop, where the group came up with short, 3-7 word names for the idea clusters. The final product is pictured and described below.

Harm Reduction Strategies
- Robust Syringe Services Programs (SSPs) – testing, family planning, naloxone, treatment access.
- Information about harm & risk reduction
- SUD-Complication Reduction: Linkage to care – HIV – HEP C – HEP B

Provide Social & Medical Support
- Share info w/ families
- Provide social and medical support
- Reducing barriers back to community (jobs, housing, IDs, etc)

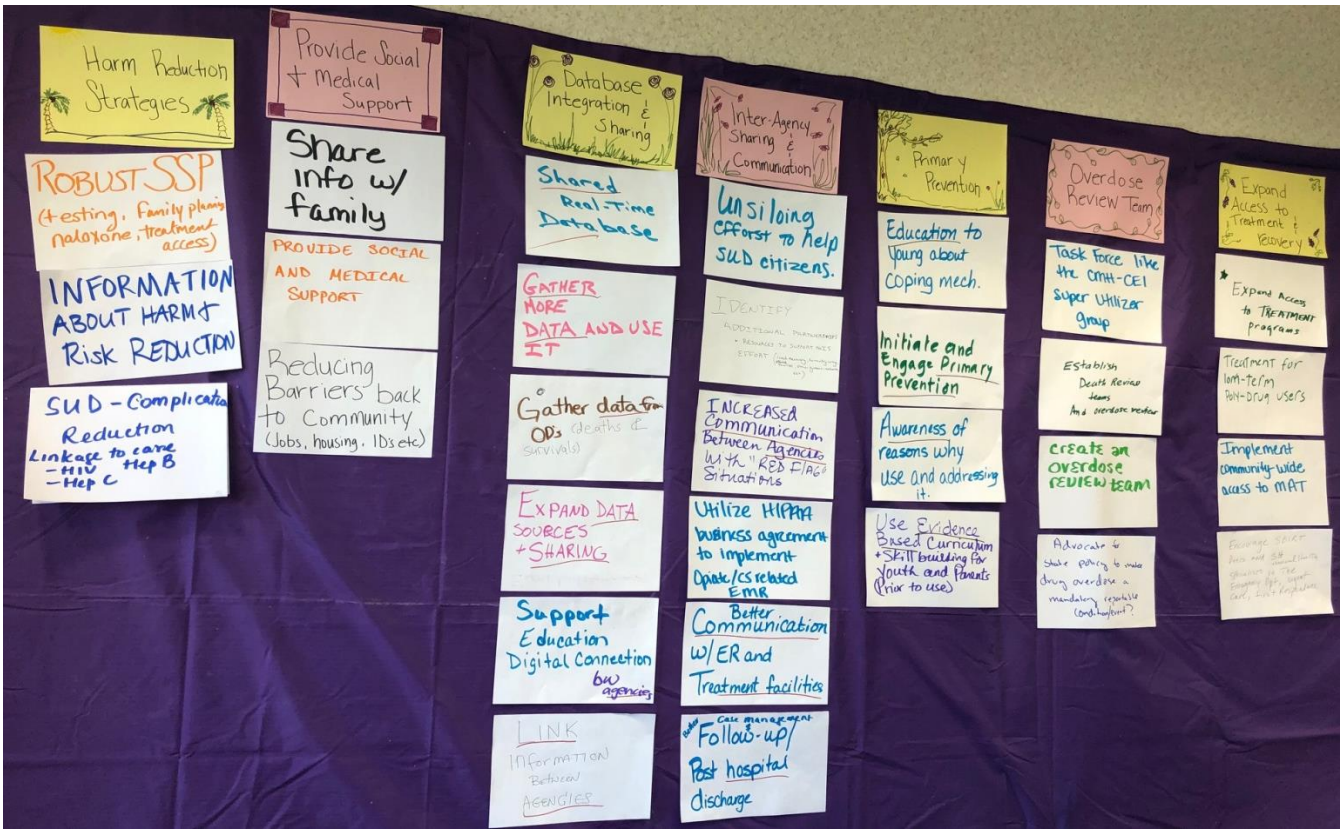
Database Integration & Sharing
- Shared real-time database
- Gather more data and use it
- Gather data for Overdoses (deaths and survivals)
- Expand data sources and sharing
- Support education / digital connection between agencies
- Link information between agencies

Inter-Agency Sharing & Communication
- Un-siloing to help SUD citizens
- Identify additional partnerships / resources to support this effort (lived recovery, currently using, affected families, other systems and networks, etc)
- Increased communication between agencies with "red flag" situations

Primary Prevention
- Education to young people about coping mechanisms
- Initiate and engage primary prevention
- Awareness of reasons why people use; and addressing it
- Use evidence-based curriculum and skill building for youth and parents (prior to use)

Overdose Review Team
- Task force like the CMH-CEI Super Utilizer group
- Establish death review teams and overdose reviews
- Create an overdose review team
- Advocate for state policy to make drug overdose a mandatory reportable condition/event

Expand Access to Treatment & Recovery
- Expand access to treatment programs
- Treatment for long-term poly-drug users
- Implement community-wide access to MAT
- Encourage SBIRT Peers and Behavioral Health specialists in the emergency department, urgent care, first responders



The meeting adjourned at 1:30 p.m. with agreement from facilitators that a meeting summary and post-meeting questionnaire would be sent out to hear more from participants about desired next steps.