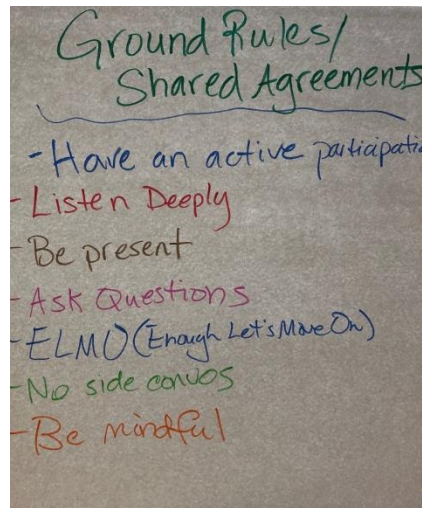
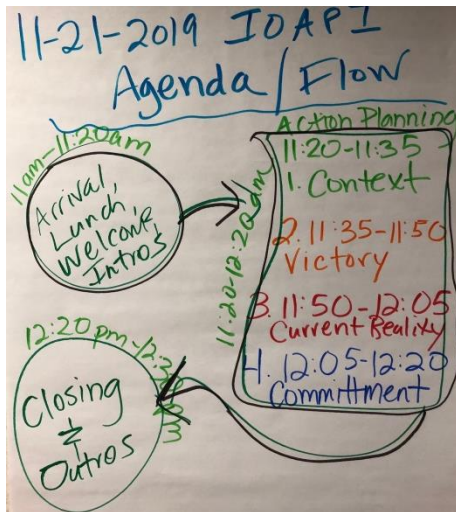


DRAFT Summary of 11/21/19 Ingham Opioid Abuse Prevention Initiative Strategic & Action Planning Luncheon

Meeting Attendees:

- Phil Pavona, Families Against Narcotics
- Madhur Chandra, ICHD
- Ja Teryn, Wellness, InX
- Robert Smith, Wellness, InX
- Deb Smith, Wellness, InX
- Cristin Larder, Larder Data (by phone)
- Joel Hoepfner, Community Mental Health Authority-Clinton, Eaton Ingham (CMHA-CEI)
- Theresa Pittington, Cristo Rey
- Teresa Robinson, Lansing Fire Department (LFD)
- Jonas Ndeke, Ingham County Health Department (ICHD)
- Annette Jones, ICHD
- Amanda Darche, ICHD
- Tracie Blevins, ICHD
- Dana Watson, ICHD/Maternal and Child Health (MCH)
- Scott Hughes, Ingham County Prosecutor's Office (ICPO)
- Jessica Yoroko, ICHD
- Carol Siemon, ICPO
- Debbie Edokpolo, ICHD
- Renold JeanLouis, ICHD
- Sarah Kenney, ICHD
- Ryan Rowe, ICHD



Summary of Meeting:

A. Welcome & Intros

- 1) Renold JeanLouis opened the meeting with round robin introductions
- 2) Renold discussed the agenda and flow of the meeting, laying out the steps we would be working through in the meeting to get towards an action planning process based on the 11/24/19 strategic areas that were identified by the group. The task for this meeting was to cover the first four steps of the Action Planning Workshop (Context, Victory, Current Reality and Commitment)

- 3) Renold asked the group to revisit the ground rules/shared agreements for dialogue that the group developed on 10/24/19, and asked if there were any questions, additions, or subtractions. Based on participant feedback from the 10/24 meeting, “Be Mindful” was added to the list, to encourage participants to keep in mind during their conversations at the meeting that offhand comments that make light of SUD can be offensive to people in the room who have lost loved ones and/or who are currently impacted by SUD

**B. Steps 1-4 of Action Planning Workshop:
Context, Victory, Current Reality, Commitment
(Steps 5-8 to be covered at January 16 meeting)**

- 1) Step 1: Context. Renold provided a recap of the “Givens” of the task and process:

- a. The task at hand is to create a new 5-year strategic plan and action plan for IOAPI.

- b. The previously made decisions and facts of the situation include:

- IOAPI formed in 2015
- 20-25 active members in IOAPI, currently one active committee (harm reduction)
- Active participation in IOAPI from law enforcement/criminal justice, mental health, recovery agencies, public health, some family and individual impacted by SUD
- No active participation from health systems/emergency rooms
- Opioid deaths plateaued between 2016-2018
- ER Dept visits due to opioid OD declined between 2017-2018
- Males and people with less education suffer more overdoses
- More work needed: data integration and sharing and including people suffering from SUD and family members in developing solutions
- Social justice issues/racial discrimination around law enforcement, public health and mental health approaches to different types of substances
- Fentanyl and fentanyl analogues (homemade)-- prescribed and street-distributed-- has emerged as the leading cause of overdose deaths

- c. Areas of strategic focus identified at the 10/24/19 IOAPI meeting:

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

d. Group discussion of proposal to tweak/modify current committee structure to better reflect the new strategic priorities identified at 10/24/19 IOAPI meeting:

HARM REDUCTION

FOCUS AREA/ COMMITTEE

Focus area/ committee goal: *Advance practical strategies aimed at reducing negative consequences arising from or connected to drug use*

- Develop robust Syringe Services Programs (SSPs) – testing, family planning, naloxone, treatment access.
- Share information about harm & risk reduction
- Create SUD-complication reduction efforts with linkages to testing and care for HIV, HEP C, HEP B

DATA INTEGRATION

FOCUS AREA/ POSSIBLE COMMITTEE

Focus area goal: *Align systems and practices to promote ease data gathering, sharing, analysis, and communication among community partners.*

- 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

**DATA INTEGRATION
FOCUS AREA/ POSSIBLE
COMMITTEE? cont'd**

- Shared real-time database; Increased communication between agencies with “red flag” situations
- 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

**SOCIAL & MEDICAL SUPPORT
FOCUS AREA/ POSSIBLE COMMITTEE?**

Focus area/ committee goal: *Expand access to social & medical support among people suffering from SUD and affected family members, expand access to treatment & recovery*

- Share info w/ families
- Provide social and medical support
- Reduce barriers back to community (jobs, housing, IDs, etc)
- Un-silo-ing (integrating network and systems) to help SUD citizens
- Identify additional partnerships / resources to support this effort (lived

recovery, currently using, affected families, other systems and networks, etc)

- Expand access to treatment programs; expand treatment for long-term poly-drug users
- Implement community-wide access to MAT

**SUD PREVENTION & EARLY
INTERVENTION
FOCUS AREA/ POSSIBLE COMMITTEE?**

Focus area/ committee goal: *prevent or delay the onset of substance use and delay the progression of use from experimental to regular use and dependence.*

- Education to young people about coping mechanisms; Use evidence-based curriculum and skill building for youth and parents (prior to use)
- Initiate and engage primary prevention
- Expand awareness of reasons why people use; and develop and implement universal, targeted and selective prevention strategies
- Encourage SBIRT Peers and Behavioral Health specialists in the emergency department, urgent care, first responders

2) Step 2: Victory. Jessica Yorke facilitated a group discussion about what Victory would look like for IOAPI.

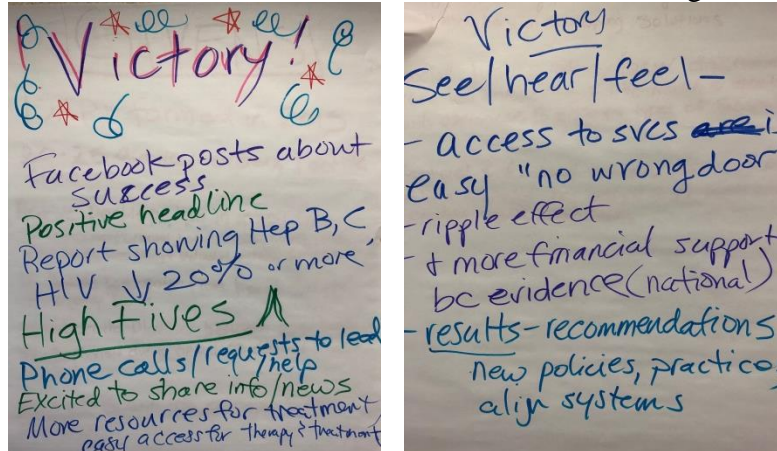
Dialogue Question: When you imagine the day after IOAPI has succeeded at one or more of the strategic goals we just discussed, what do you see, hear, feel?

Responses from the group included:

- Facebook posts about success
- Positive headlines
- Reports showing HepB, HepC, HIV decreased 20% or more
- High Fives
- Phone calls/requests to lead/help in other communities
- Excited to share information and news
- More resources for treatment
- Easy to access therapy and treatment
- Access to services is easy – “no wrong door”

- Ripple effect and more financial support bc we have added to the evidence base
- Results – recommendations on new policies, practices, aligning systems

“What does victory look/sound/feel like” brainstorm from 11/21/19 meeting:



- 3) Step 3: Current Reality. Jessica facilitated discussion about the key factors that would lead IOAPI to success and might lead to the group being unsuccessful.

Q: What strengths of the team (IOAPI) will lead to victory?

A/ Brainstorm responses:

- Collaboration
- Diverse team/ diverse skill sets
- Passion
- Commitment – grassroots (small orgs and individuals) and grasstops (large organizations and institutions/top leaders of big orgs)
- Resources
- Engagement
- Interagency cooperation – team members are not turfey
- Momentum locally, statewide and nationally

Q: What weaknesses of the team (IOAPI) that threaten the possibility of victory?

A/ Brainstorm responses:

- Too many meetings that are uncoordinated
- Initial passion followed by declining participation
- Entropy (lack of order or predictability; gradual decline into disorder)
- Duplication of efforts
- Competing priorities
- Changing funding streams has created issues for treatment orgs (was cost reimbursement, now it's fee for service, that is more restrictive and results in exclusion of many frontline workers from strategic planning and collaborative work bc of funding restrictions)
- Systems not speaking to each other
- Insurance barriers & lack of health plan participation

Q: What are the potential benefits of pursuing the course of action we have laid out thus far?

A/ Brainstorm responses:

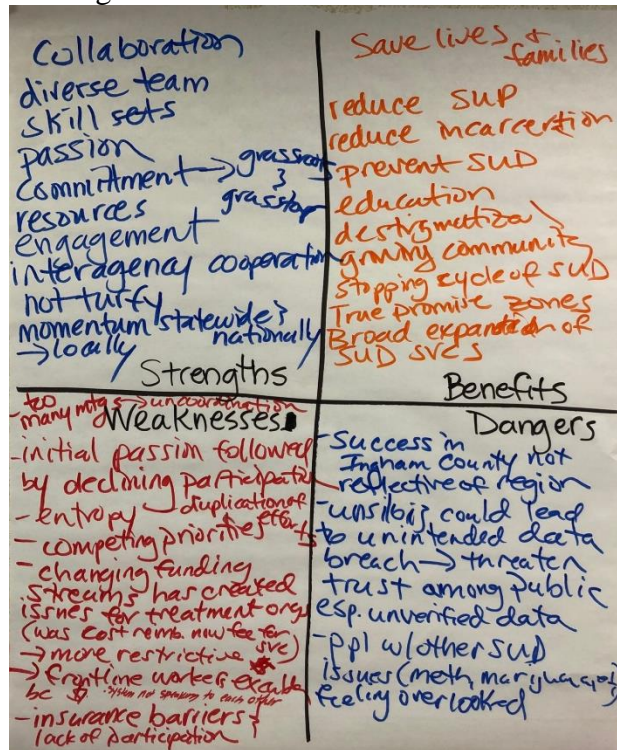
- Saving lives and saving families
- Reducing SUD
- Reducing incarceration
- Education
- De-stigmatization
- Growing communities (by keeping families together)
- Stopping the cycle of SUD (generationally and individually)
- True "Promise Zones"
- Broad expansion of SUD Services

Q: What are the potential dangers, or unintended results or consequences of succeeding at our task(s)?

A/ Brainstorm responses:

- Success in Ingham County is not reflective of the Ingham/Clinton/Eaton region as a whole
- Un-silo-ing could lead to unintended data breaches / could threaten trust among the public especially when it comes to unverified data (suspected/preliminary but unverified health data or criminal/law enforcement data)
- People with other SUDs (meth, marijuana, etc) feeling overlooked

Strengths/Weaknesses and Dangers/Benefits Brainstorm from 11/21/19 Meeting:



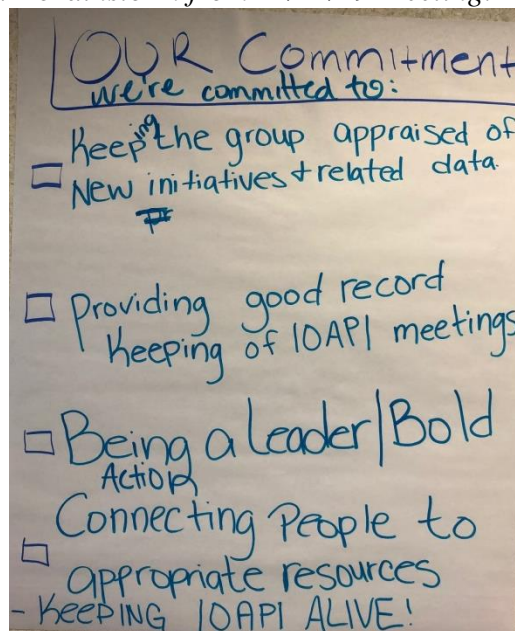
- 4) Step 4: Commitment Renold facilitated discussion about what people in IOAPI are committed to, what they will take ownership of, and what they are enthused about implementing.

Q: In light of the current reality and vision for victory, what is the group willing to commit to?

A/ Brainstorm responses:

- Keeping the group apprised of new initiatives and related data
- Providing a good record of what is happening and being shared at IOAPI meetings
- Being a leader/ Taking bold action
- Connecting people to appropriate resources
- Keeping IOAPI Alive

“What are we committed to?” brainstorm from 11/21/19 Meeting:



Other things discussed during the discussion about what folks want to see IOAPI be committed to/consider implementing:

- Action oriented meetings & agendas
- Bi-Annual check in on strategic directions
- Having the right people in the room for different times and topics
- Let's not do strategic planning at every meeting – sometimes we just need to get to work

C. Closing & Outros

Plan for the January 16, 2019 is to revisit/confirm commitments and complete the Action Planning process. (Proposed content and agenda for the January meeting are described next page.)

Proposal for content/agenda of the January 16, 2019 IOAPI Meeting:

- 1) Discuss (briefly) and agree upon meeting schedule and format for rest of 2020 Calendar Year. Discuss proposal for:

Even-Month meetings that are for 1) Guest speakers/educational presentations
2) IOAPI Member/Community Updates

Odd-Month meetings that are for 1) Committee Reports (include data updates)
2) IOAPI Member/Community Updates

- 2) Complete the Action Planning process that was started at the 11/21 meeting.

These steps will likely be completed in four self-selecting teams that represent the four focus areas of: **1) HARM REDUCTION 2) DATA INTEGRATION**

- 4) SOCIAL AND MEDICAL SUPPORT 4) PREVENTION & EARLY INTERVENTION**

Proposed objectives/aims of for January 16, 2019 meeting:

- form four focus-area teams
- each team selects one outcome-based project or activity for 2020, using the ideas generated at the 10/24/19 meeting as a guide
- each team brainstorms all of the tasks that need to be done to complete their project/activity
- each team determines a “victory” that will be the outcome of their project/activity
- each team agrees on a “launch” action for project or activity; this is an action that will propel the team’s activity forward
- each team identifies any in-kind or financial resources required to enable the team to be successful in accomplishing the victory
- each team select a “coordinator” who will be responsible for setting up the dates/times when the group will convene, facilitating the team’s meetings, and keeping track of where the team is at throughout the year in relation to its calendar and actions
- all teams place organize their Key Actions/Launch Actions on a sticky-wall calendar chart (provided by facilitators) and move the items around until they have a consensus about a realistic timeline for when they will complete the tasks