

Meeting Summary January 16, 2020 - Ingham Opioid Abuse Prevention Initiative (IOAPI)

Meeting goals/purpose:

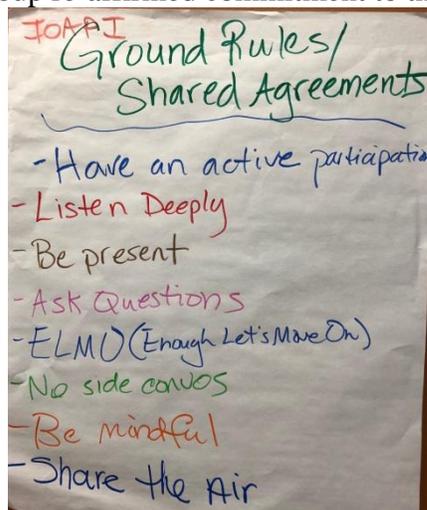
- Complete final steps of Consensus Workshop & Action Planning Process
- Final group poll and decision regarding future meeting date/time and structure
- Outline next steps for Task Teams

Meeting attendees:

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| <ul style="list-style-type: none"> • Dawn Kepler, Michigan State University (MSU) • Hunter Taylor, WellnessINX • Mike Tobias, Prevention Network • Justin Caughey, LPD • Phil Pavona, Families Against Narcotics • Jan Bidwell, LPD • Cristin Larder, Larder Data (by phone) • Daryl Green, LPD • Nick DeMott, AmeriCorps VISTA ICHD • Nick Toodzio, Mason Capital Area Task Force • Jonas Ndeke, Ingham County Health Department (ICHD) • Annette Jones, ICHD | <ul style="list-style-type: none"> • Amanda Darche, ICHD • Tracie Blevins, ICHD • Dana Watson, ICHD/Maternal and Child Health (MCH) • LaClaire Bouknight, Eaglevision Ministries (EVM) • Debbie Edokpolo, ICHD • Sarah Kenney, ICHD • Jessica Yorko, ICHD • Renold JeanLouis, ICHD • Anne Scott, Ingham Community Health Centers (IHCs) • Jade Richards, MSU Extension |
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Welcome & Intros:

Following round-robin introductions, Renold JeanLouis ask the group to revisit the Ground Rules/Shared Agreements for dialogue. He suggested adding “Share the Air” as a new Ground Rule/Shared Agreement and asked if the group would be okay with this addition. The addition was confirmed, and the floor was opened for additional ground rules, additions and/or changes. No other changes were suggested and the group re-affirmed commitment to the ground rules.



I. Future meeting dates & structure of meetings:

Future meeting dates/times: It was discussed that while the IOAPI coordinators previously sent appointment and notes announcing the third Thursday of the month at 11am as the consensus meeting date/time, ICHD leadership has asked the IOAPI facilitators to revisit the scheduling again due to internal date/time conflicts, and some members have also brought forward information of other coalitions they sit on meeting on that date/time. Calls and/or emails will be made to all IOAPI members during the week of January 27 from Lisa Malone or Noreen Allman to discuss availability for a new set of possible dates and times.

Future meeting structure: Meeting attendees reviewed a handout provided at the meeting with a proposal for future meeting structure with monthly, 90 minute meetings that would alternate with one month being reserved for Educational/Guest Speaker and Community/Member Announcements and the subsequent month being for Task Team/Committee *Updates* OR Task Team/Committee *Meetings* with short Committee Report-Outs at the end of the meeting. These options were developed based on member survey info collected in October and November 2019. *There was a preference expressed at the 1/16/2020 meeting for the one of the meetings (even month or odd month) to be the actual time for the committees to meet* vs. just time for the committees to report out. Later in the meeting, it was suggested that the February meeting, and future even month meetings, be reserved for Task Team/Committee meetings & report outs, and that odd month meetings be reserved for Guest/Educational Speakers and Community/Member Announcements.

**Revised Proposal for Ingham Opioid Abuse Prevention Initiative Monthly Meetings for 2020
(based on member input at 1/16/2020 mtg)**

- **Monthly meetings** at the same day/time of the month each month, set for 90 minutes in duration. Date determination in progress (see notes above)
- **Odd month meetings:**
 - Guest Speaker(s)/Educational Presentation – 30-45 min
 - Round robin updates from IOAPI members about new initiatives, events, issues, concerns, upcoming meetings outside of IOAPI etc – 30-45 min
- **Even month meetings:**
 - Task Team/Committees MEET at this time to convene on steps related to their selected project(s). (60 min). The four Task Team/Committees for IOAPI Meeting (based on project brainstorm and task team categories established at 10/24 and 11/21 meetings):
 - Harm Reduction
 - Data Communication & Integration
 - Social and Medical Support
 - Prevention & Early Intervention
 - + 30 min dedicated to committee report-outs and/or round robin updates from IOAPI members about new initiatives, events, issues, concerns, upcoming meetings outside of IOAPI etc

II. IOAPI strategic & action process explained & final steps

IOAPI facilitators gave background information for new attendees about what the group had been working on since the October meeting. The 10/24/2019 meeting offered a Consensus Workshop to determine potential projects and strategic priorities areas for IOAPI. The 11/21/2019 meeting kicked off an Action Planning Workshop that examined the current context of IOAPI, asked members “what does victory look like?”; and explored the strengths and weaknesses of the group and the dangers and benefits of success. The 11/21/2019 meeting also delved into the question of “What are we committed to” as a group?

At the 1/16/2020 meeting, the next step in the process was revisiting the commitment statements in a way that challenged and stretched members to think of commitments that would propel the group toward victory, and that would be catalytic in allowing the group to accomplish the intent of reducing opioid abuse, overdose deaths, overdoses and associated harms. Meeting summary packets from the 11/21/2019 meeting were distributed for reference.

The list of commitments from the October meeting seemed more to be about what people in the room wanted the facilitators to do and/or what folks wanted other people in the room to do, but not about what each person or the group as a whole was willing to commit to that would be catalytic or spark momentum to fulfil the intent of the group. From the October meeting, the list of potential commitments included: *keeping the group apprised of new initiatives and related data; providing good record keeping of IOAPI meetings; being a leader/bold action; connecting people to appropriate resources; keeping IOAPI alive.* Other things people said they wanted to see happen included: action oriented meetings & agendas; bi-annual check in on strategic directions; having the right people in the room for different times and topics; not doing strategic planning at every meeting.

Revisit commitment statements (large group)

Renold JeanLouis facilitated a group discussion to revisit the commitment statements of the group. He explained that these would be high level statements would guide the group in its actions over the coming month in achieve successful activities that accomplish the intent of the group. The final consensus list of commitments developed by the group during this step are listed below.

We are committed to:

- Building a reliable, accessible, seamless structure for substance use disorder prevention and services in our community.
- Unifying our efforts and removing barriers by trusting our partners and sharing information.
- Engaging in work that enhances and compliments the work of our members and partners.
- Saving lives.

If all of these statements were condense into one comprehensive commitment statement, it might look something like this:

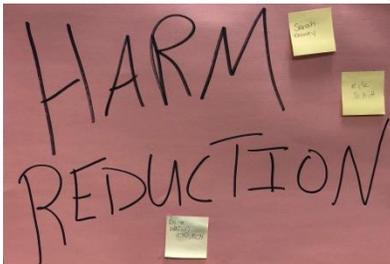
In order to build a reliable, accessible, seamless structure for substance use disorder prevention and services in our community that improves and saves lives, we are committed unifying our efforts, removing barriers, trusting our partners, sharing information and engaging in work that enhances and compliments the work of members and partners.

III. Task Team and Project Selection

Mr. JeanLouis asked all those present to select one of the four task team corners/areas in the room and to make their way over to the group that they would like to join for 2020. Once all participants had selected a corner, he asked the groups to spend the next 10-15 minutes to determine as many of the following as possible in the time given:

- Team Coordinator: this person will help coordinate team communication in between meetings, and if needed, assist in coordinating scheduling of team meetings if they need to occur outside of regular standing full IOAPI meetings
- Project for 2020: from among the ideas developed at the October 24 meeting and listed in the meeting summary from the November 21 meeting along with the four task team areas
- Victory Declaration: the outcome of the work of the team that will occur by the end of 2020

Below are the initial members, coordinators, projects and victory declarations for each team:



Initial Harm Reduction Team Members: Sarah Kenney, Nick DeMott, Dana Watson

Coordinator: Nick DeMott

Victory Declaration: Increase health autonomy & reduce transmission of infectious diseases.

Project(s): - Create survey identifying gaps in harm reduction services; - Expand syringe access services; Increase HIV/HCV testing in less traditional places

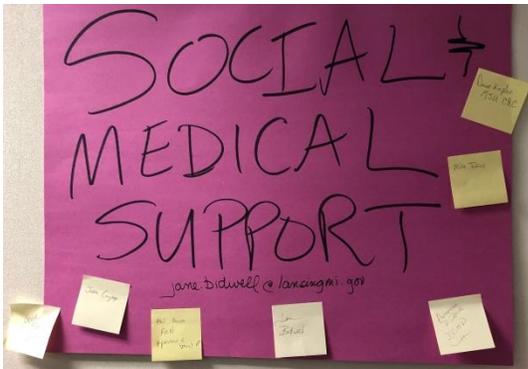


Initial Data Communication & Integration Team Members: Daryl Green, Jonas Ndeke, Amanda Darche, Debbie Edokpolo

Coordinator: Jonas Ndeke

Victory Declaration (s): 1) A real time data sharing system is put in place between agencies and organizations involved in the IOAPI, in order to be more proactive in reducing overdose harm and deaths. 2) An inventory of participating data sources is completed 3) A feasibility study involving the Health Officer cleared HIPAA and other regulator potential concerns

Project(s): -

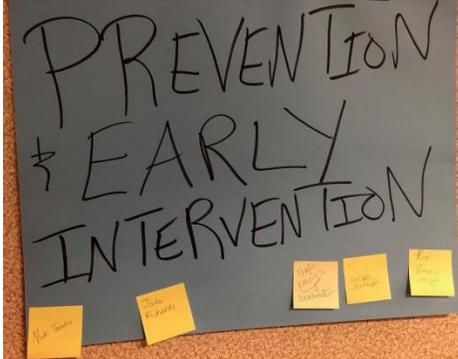


Initial Social & Medical Support Team Members: Anne Scott, Justin Caughey, Phil Pavona, Jan Bidwell, Annette P. Jones, Mike Tobias, Dawn Kepler

Coordinator: Jan Bidwell

Victory Declaration (s): Identify partners on board to triage those suffering from/affected by SUD vs. those not.

Project(s): -



Initial Prevention & Early Intervention Team Members: Nick Toodzio, Tracie Blevins, Jade Richards, LaClaire Bouknight; Rob Bakus

Coordinator: Tracie Blevins

Victory Declaration (s): Increase awareness and education. Reduce stigma and usage.

Project(s): 1) PSAs targeting youth regarding misconceptions

2) Data Collection – surveys, MiPHY

IV. Discussion on Pink- fentanyl - *Sarah Kenney and Jan Bidwell*

Jan Bidwell explained that she had received information from law enforcement agencies in other states that used the term “narcans-resistant” fentanyl, and that an agency in Minnesota had recently encountered two individuals who had overdosed on “Pink” fentanyl and were unresponsive even after administration of four and six doses of Naloxone. She sent the information to Ingham County Health Department and a couple of other community partners who were able to provide some additional information and data regarding potential risks.

Sarah Kenney explained the research provided to ICHD staff by the Health Officer, which included reports from the World Health Organization and the Harm Reduction Coalition. The findings indicate that in the events recently reported by local law enforcement, those individuals had indeed taken a very potent form of fentanyl. They also had taken other substances and/or had other underlying health conditions, and that their lack of responsiveness to Naloxone was a product of these factors. Acrofantayl, Carfantayl and “Pink” (also called 44770) are all very potent/strong and they have a very long half-life, which can require multiple doses of Naloxone over a period of time following the initial overdose. The bottom line messages for IOAPI and others in the community are:

- 1) if someone overdoses, administer narcans if available and call 911 immediately bc they will have a larger supply of kits available and can address other health needs
- 2) when someone overdoses on these extremely potent, long-acting types of fentanyl, multiple doses of narcans may need to be administered initially and over a period of time following initial overdose

