Utah Rural Opioid Healthcare Consortium (UROHC) October 26, 2018

10:00 am - 2:00 pm

MINUTES

10:00-10:15	WELCOME AND INTRODUCTION Rita Osborn and Jeanie Willson Consortium Members ■ Meeting Attendance □ Jeanie Willson - UROHC Grant Director/Four Corners Beh. □ Rita Osborn - UROHC GRANT IP/SU AHEC - Ex. Dir. □ Kasey Shakespear - UROHC Grant Coordinator/SU AHEC □ Donna Garrison - UROHC Grant Data Analyst (Electronic) □ Paula Dunham - Green River Medical Center/Ex. Dir. □ Karen Dolan - Four Corners Behavioral Health./Director □ Arin Alderson - RN at Castleview Hospital Dir. Quality/Risk
	 Joe Christman - Southwest Health District/Opioid Prevention Debbie Marvidikis - Health Department/Health Promotions Ashley Yaugher - HEART USU Extension Joe Morrison - NP at Helper Clinic "We are here to pull together everyone's resources"
10:20-10:35	CONSORTIUM PRE-SURVEY Consolidated Responses Not all consortium members have received the survey Send to: Debbie Marvidikis If you have not, please complete that survey! (Look at SPAM Folders)
10:35-10:50	PURPOSE AND GOALS OF UROHC One of our primary grant writers, Karen Ganss, is no longer with SU AHE. She is supporting her husband in law school in CO. We thank her, she did so much to prepare the grant proposal to get us here. Review Purpose Address Opioid Use Disorder (OUD) and HIV/HCV Carbon, Emery, Beaver Co. We are separating Beaver to focus on their own situation, the Jail is potentially skewing numbers Carbon and Emery likely have the larger issue UDOH is drilling down on the numbers, they are performing a Vulnerability Assessment similar to what the CDC did.

• The consortium is meant to bring together health care professionals and resources to address the Opioid Epidemic.

Review List of Goals

- We may have to alter some of the goals as we go to meet our purpose.
- We can also add to the goals if we need to.
 - Goals found on the back of the agenda
- Four Corners BH has hired a Recovery Coach to support people in any sort of addiction. She is helping connect people to resources, listening to needs, etc. Having amazing results bridging to resources.
 - o Peer Support can do things case managers cannot
 - Built into other grants to get positions for Emery Co. as well.
- Health Department is doing a lot with Education/Prevention. Also working with legislation to create law that when a prescription prescribes a medication, they have to disclose and education if the medication is an opiate.
 - Prescription Campaign is going to be labeling prescription bottles for opiates.
- Providers are a bit burned out with working on this issue. There is also some resistance to needle exchange and naloxone due to stigma. SE Health District is promoting and pushing for acceptance.
 - 2 Problems Provider Productivity and Resilience issues
 - Providers are not wanting to help with addicts, some providers feel they are being scammed by addicts and these patients are not pleasant to deal with.
 - Is addiction a disease or a choice?
 - Many partners are only seeing the failures
- Messages of hope is important, need to understand the physiology of the disease of the addiction that impacts the midbrain.
- There is a stigma that addicts should recover without medications, which is not realistic for all.
- If we give a family resources, they have options. They don't currently have those resources.
- Smoking cessation is very similar, many people have to "quit" multiple times and require meds and behavioral intervention.
- Joe has felt rewarded in treating addicts actively working to get clean.
 - That's the only place in the state treating current addicts
 - Utilizing Suboxone and treating Hep (MAT trained)
 - Physicians in SLC won't treat until they are 30 days clean.
 - We can get some on targeted Adult Medicaid to help with funding since they don't have insurance
- Alerts when people are misusing

- Doppler tracks presentations
- UDOH is creating a data with real time data.
- Make the Rules User Friendly
- Working on National Health Service Corp and State Loan repayment programs
 - More accessible if provider is doing MAP
 - SU AHEC is currently recalculating HPSA designations
- Recovery Capital (four components) If they have them, it increasing success rates.

"Need to plan for the gap created by the Stigma..."
"We can't blame anyone for this..."

10:50-11:05

CONSORTIUM MEMBERS AND MEMBERSHIP ROLES

Consortium Members

- Arin Alderson CastleView Hospital
- Grant Barraclough Castle View Hospital
- Karen Dolan Four Corners Behavioral Health
- Paula Dunham Green River Medical Center
- Shlisa Hughes Green River Medical Center
- Joe Morrison Carbon Medical Service Association
- Debbie Marvidakis Southeast Utah Health Department
- Joe Christman Southeast Utah Health Department
- Ashley Yaugher USU HEART

Expectations/Roles available on shared drive - Planned UROHC Roles and Responsibilities

• This is a fluid document

Consortium Staff

- Rita Osborn, Southern Utah AHEC Principle Investigator
- Jeanie Willson, Four Corners Behavioral Health Project Director
- Kasey Shakespear, Southern Utah AHEC Coordinator
- Donna Garrison, Southern Utah AHEC Evaluation and Data Cons.
- 2 Interns (One in Carbon one in Beaver)
- Samantha Intern

Supporting Organizations

- Family Health care
- Utah Coalition for Opioid Overdose Prevention
- Office of Primary Care and Rural Health
- University of Utah Nursing
- Southwest Prevention
- Southwest Behavioral Health

	 HRSA Substance Abuse and Mental Health Service Administration SAMHSA Project ECHO Utel Aids Education and Training Center
	 Utah Aids Education and Training Center Supporting documents are in the shared drive. Stipend for each organization on consortium - \$4,000 You'll need to invoice twice (for half each time) with W9
11:30	 PRESENTATION from Karen Dolan - Opioids What's the Real Deal There is a lot of misinformation out there for opioid, these are the most up to date figures This is a multilevel program that will require complex interventions Looking at 72,000 deaths in 2018 - More than the entire Vietnam war Prevention/Treatment - We are spending 6 billion, still seeing more people dying. We are grossly underfunded Utah has had increased Naloxone education, training. We dropped out of the top 10 because other states increased. Opioid prescriptions quadrupled in 1999 and then again in 2002 Carbon and Emery are triple the rates of prescriptions compared to national average. Utah's prescription deaths higher than elicit, not following national trend. There are certain risk factors that do increase the chance of overdose deaths. Co-Prescribe Naloxone with Opioids? If you eat dinner with your family 5 days a week it decreases the likelihood of youth getting addicted.
11:05-11:35	 GOALS/OBJECTIVES Goals/Objectives Create a consortium with former members, MOU, Bylaws. Conduct an analysis to identify to identify gaps and opportunities in OUD prevention, treatment, and recovery Develop a comprehensive strategic plan that addresses identified gaps in OUD services Develop a comprehensive workforce plan that addresses identified gaps in the OUD workforce. Complete a sustainability plan that identifies plans for sustaining the consortium Create training curricula for health providers related to OUD and mental health

7. Build workforce capacity for providers in high need OUD areas 8. Track and monitor data specific to OUD in Utah counties, specifically, beaver county. a. Also needed in Carbon/Emery **Process Indicators** • Available on shared drive, please review Make notes, be prepared to discuss in next meeting, and you can send comments sooner. **Outcome Indicators** • Also review shared drive handout. Short-Term Indicators Review **Long Term Indicators** Review 11:35-12:05 WORK PLAN/TIMELINE Ties to Goals/Objectives - Please read and make notes for next meeting Measurable Outcomes Kev Tasks Responsible Personnel Timeline 12.15-12.45 **OPIOID SUMMIT** • There are a couple Summits already in place. Can we partner? Looking at some Feb/March dates. • 1 or 2 day summit? Or even a 3 day summitt? Date March would be better for weather • Committee will come up with a couple dates. **Topics** • Creating partners, "Stigma Busting," strategic planning, stories • Drug Court Judge in Denver • Physician at St. Marks Committee • Ashley, Debbie and Karen are committee members for the Summit • If we are going to get CME credit, we need to get started immediately

	with a date and speakers, training list.
12:45-12:55	 IMPLEMENTATION FFY19 Implementation Grant We expect to apply for this 3 year 1 million dollar grant.
12:55-1:15	REVIEW DOCUMENTS Memorandum of Understanding - Draft • November Meeting
	Consortium Bylaws - DraftNovember Meeting
1:15-1:30	WEBSITE View Progress • We have the website pilot up on SUU website. • https://www.suu.edu/ahec/urohc/ Audience
1:30-2:00	OTHER BUSINESS Stipends • \$4000 for each consortium member organization.
	 Meeting Schedule Fridays at 10:00 a.m. done by 1:00 p.m. (last Friday) Next two meetings: Friday, November 30, 2018 Friday, December 21, 2018
	 HRSA Statement on Pamphlets, Press Releases, etc. Press Release on Grant Award https://www.suu.edu/news/2018/10/opioid-response-grant-rural-healt h.html
	 GAPS What is the ER treatment for addicts that come in? Date tracking in Carbon and Emery Counter Getting Certified to prescribe Suboxone - Barrier in getting certified

Assignments/Follow-ups

- Send Debbie Marvidikis the Pre-Consortium Survey
- Follow-up with all Consortium members to get surveys completed
- Send out info on Targeted Adult Medicaid Jeanie

- Check with Evan Vickers about a bill to co-prescribe Naloxone Rita
- Send out Karen's presentations Kasey
- Rita will send out website for Utah Repayment program
- Put Objectives/Goals and Work Plan in Google Doc, send out Kasey
- Any consortium members with federal grant money must report it immediately to Rita ASAP. Very time sensitive.