

Utah Rural Opioid Healthcare Consortium (UROHC)

March 11, 2019

10:00 am-1:00 pm

AGENDA

10:00-10:10	WELCOME <i>Paul Marshall</i> <i>Jeanie Willson</i> <i>Rachael Morrow</i> <i>Samantha Thompson</i> <i>Donna Garrison</i> <i>Cody Matheson</i> <i>Angi Edwards - Matheson</i> <i>Lori Wright</i> <i>Holly - RN at family healthcare and director of MAT program</i> <i>Branon Johnson - behavioral health specialist</i> <i>UROHC Planning Calendar</i> <i>Outstanding member</i>
10:10-10:20	REVIEW FROM PREVIOUS MEETINGS <ul style="list-style-type: none">• <i>Follow up on questions and assignments</i>
10:20-10:25	PROJECT ECHO STATUS <ul style="list-style-type: none">• Need everyone's W-9 form and completion form• Paid \$50 a session and be a provider to patients in Beaver county• Send info to family healthcare [Sam]• ** include RNs (implementation grant)• ** substance abuse counselors (implementation grant)
10:25-10:45	PRELIMINARY SURVEY RESULTS <i>Donna - Needs Assessment Survey Result</i> <ul style="list-style-type: none">• <i><u>Needed in County:</u> Detox, Meetings, 12 step, other, don't know, counseling, treatment, education, etc. (In that order)</i>• <i><u>Barriers:</u> Shame/embarrassment, Judgement, Lack of service, money, denial, lack of knowledge, privacy, transportation, other. (In that order)</i>• <i>Services are available: 12 steps, counseling,</i>• <i>Services used:</i>• <i>We would like to see how many people didn't answer. - Donna</i>• <i>Where would you go for help: Most said doctor (56%), religious leaders (47%), family member (41%), friend (41%)</i>• <i>Let's be sure we are training these people how to respond and what</i>

	<p><i>to do.</i></p> <ul style="list-style-type: none"> ● 92% - have heard of Naloxone/Narcan; Methadone (70%) ● That's what we have for now! ● Stigma campaign possibility? ● Youth campaign/ HIPPA with youth and not telling parents ● In schools: coping strategies/ bullying/ happiness advantage/ where to teach it? In classrooms? Focus on 7th and 8th grade/ overall drug education ● We need to be making people aware of services and available resources, also that we can refer them to any other service they want or need. ● Give religious leaders training on how to respond to someone who comes to them for help. ● Reaching out to other resources that people are reaching out to for help and providing training to them. <p>Gave out 150 nasal kits And 60-70 injectable kits</p>
11:35-11:40	<p>UROHC RESOURCE MANUAL - Samantha Thompson</p> <ul style="list-style-type: none"> ● Still working ● Will have finished draft to present and share to consortium to be looked over next meeting.
10:00-10:25	<p>OPIOID SUMMIT REPORT</p> <ul style="list-style-type: none"> ● High school as location ● Spoke with school board ● 375 people in attendance ● School Superintendent and Principals were engaged ● 225 views online - on local10.tv or local10.centracon.com/events (This posting will stay up for 1 year) ● Kasey also put an ad in the Local newspaper ● Also got put on facebook (Things for sale in Beaver County) several times, on the blog/sell/news pages ● Two film viewings ahead of time ● Offered extra credit and/or seat time for youth of parents that attended ● Raffle ● Flyers for summit and film viewings ● Sheriff urged his staff to come ● Booths of possible resources ● Offered dinner

	<ul style="list-style-type: none"> • <i>Lots of volunteer participation</i> • <i>More than 10% of population</i> • <i>Feedback all really positive.</i> • <i>The film had 100 at each of the showings.</i> • <i>Surveys</i> • <i>Had a lot more people come then we expected.</i> • <i>Plans for youth event? Bullying, resiliency,</i> • <i>Target 7th and 8th graders.</i> • <i>Mark has a class/presentation all put together just waiting for the opportunity.</i> • <i>Some don't get it if they see someone recovered and doing well.</i>
	<p><i>Family Healthcare Presentation -Lori Wright</i></p> <ul style="list-style-type: none"> • <i>5 sites of Family Healthcare</i> • <i>246 MAT patients</i> • <i>48% of patients are not insured</i> • <i>If you have high deductible you can still qualify for sliding fees</i> • <i>Started in St. George</i> • <i>Then to Cedar City, Millcreek, Hurricane</i> • <i>DEA X waived - Doctors</i> • <i>In 2018, 14,000 patient visits</i> • <i>Do have a sliding fee scale</i> • <i>NCQA Level 3 Recognition</i> • <i>Received a grant for Beaver County, but do not have any providers here.</i> • <i>Implementation \$\$ to help "family healthcare" move to beaver (not sure how much they would need though we will have to talk with her and see if she really wants to be in the implementation grant)</i> • <i>MAT: suicide/drug poisoning/diabetes and suicide death rate</i> • <i>Suicide and drug are separate stats</i> • <i>Offering MAT as primary care and reducing rate of prescribing stimulants and opioids</i> • <i>Hard with uninsured population because if they do not prescribe they have nowhere else to go</i> • <i>Suboxone = about \$30 a month / trying to transition to go vivitrol but have to be clean for 7-10 days</i> • <i>Jail population are good candidates for vivitrol because we can presume that they have been clean for an extended period of time</i> • <i>Providers are very aware of addiction and take that into consideration when they are prescribing</i> • <i>Patients seen weekly</i>

	<ul style="list-style-type: none"> • <i>Patient assisted programs are very successful</i> • <i>Whole team has to agree that the patient is ready for treatment</i> • <i>They initiate the care rather than waiting for the patients to request it.</i> • <i>Helps that they offer all these other services because then patients can be there for anything so it blocks some of that stigma rather than going to a MAT clinic and having someone see your car there</i> • <i>Southwest Center is the Medicaid provider so they can bill Medicaid</i> • <i>Everything is on a sliding fee scale</i> • <i>Have to bring proof of income yearly, but still try to be generous and help everyone that they can.</i> • <i>Problem with going to Beaver is that there is not enough patients to offset cost.</i> • <i>Fighting stigma will help because they want Beaver to want them to come and help.</i> • <i>Otherwise current providers may get upset.</i> • <i>Behaviorist work right along patients and medical team to encourage a trusting environment</i> • <i>Modeling after a system that has been working for 30 years and MAT has catapulted success</i> • <i>Vouchers: Intermountain facilities</i> • <i>In Beaver: health insurance premium support</i> • <i>Need to advertise more about these centers and about the insurance/deductible help</i> • <i>Barriers to treatment:</i> • <i>Currently at the max in St. George for MAT - there is an intense need for behavioral health there but we still need to help our other patients there.</i> • <i>Not enough behavioral health resources</i> • <i>MAT needs to be coupled with behavioral health for best results</i> • <i>Educating people on insurance and getting people on insurance</i> • <i>Hispanics are the most uninsured population in Utah</i>
11:30-12:50	<p>UROHC READINESS TOOL AND NEEDS ASSESSMENT</p> <ul style="list-style-type: none"> • <i>On google drive</i> • <i>We feel that this is a little dry but it will really help focus the implementation grant we are applying for.</i>

	<ul style="list-style-type: none"> • <i>We feel that we have the ability</i> • <i>What are outcomes?</i> • <i>We feel that we have buy-in in the group</i> • <i>Consortium members. Do we need more?</i> <ul style="list-style-type: none"> ○ <i>We would like to add DCFS(Destry Maycock), and Family Healthcare members(Lori Wright), USARA (Cody Matheson)</i> <p><i>Add locals to the consortium</i></p> <p><i>Identify those people that may be able to add a unique perspective about the culture in the rural areas - like past abusers or parents</i></p> <p><i>Contact DCFS and ask to attend next meeting - Sam</i></p> <p><i>Members are willingly to change the way that things have been done so far so that they money is being used in the most effective way</i></p> <p><i>Access data from health department in August - Ask Dr. Blodget</i></p> <ul style="list-style-type: none"> • <i>Resource utilization without funding</i> • <i>Include prevention when we move into implementation</i> • <i>Data is harder to gather in small communities. Emergency room data/ etc.</i> • <i>Not a lot of people in primary care that will be on the consortium from Beaver. Lack of resources and people that have the time or the want to try and help with the efforts</i> <ul style="list-style-type: none"> • <i>Identify the new members duties and invites to decide how much time they would be able to put in - Jeanie</i> • <i>Identifying possible donors or people in the community who want to donate and be apart/involved with this efforts.</i> • <i>Office managers instead of providers possible idea</i> • <i>Knowing or investigating who to ask is very important</i>
12:50-12:55	<p>FEEDBACK</p> <ul style="list-style-type: none"> • <i>Zoom meeting has been easier and more successful</i> • <i>We need to figure out how to get data. What do we want? What questions do we need answers to?</i>
12:55-1:00	<p>APRIL MEETING ITEMS</p> <p><i>Location: Beaver Hospital</i></p> <p><i>Date/Time: April 8, 2019 10:00-1:00</i></p> <p><i>Strategic Plan (opportunities/gaps)</i></p> <p><i>NHSC Presentation</i></p> <p><i>Stigma/Publicity Guidelines Presentation</i></p>

	<i>July Healthcare Summit</i>
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