MID-SHORE LOCAL HEALTH IMPROVEMENT COALITION MEETING
June 10, 2013

Present:	Carolyn Brooks	Joseph Ciatola	Tracy Curry	Cathy Dougherty
	Neil Edwards	Dorine Fassett	Jake Frego	Gary Fry
	Janet Fountain	Holly Ireland	Margaret Jopp	Paula Lowry
	Kathleen McGrath	Cathy McKelvy	Chris Mitchell	Wanda Molock
	Dale Oberender	Laura Patrick	Gary Pearce	Tami Pusateri
	Rebecca Rice	Sara Rich	Kathy Rogers	Mary Walker
	Linda Walls			

I. WELCOME:

Dr. Spencer welcomed everyone to the meeting.

II. MEETING OBJECTIVE FOCUS:

Opioid Overdose Prevention Plan.

III. LAURA PATRICK'S INTRODUCTION AND ANNOUNCEMENTS:

Laura welcomed everyone to the meeting and shared that the CHR grant was submitted, and we are asking for $250,000. Laura shared that we are under a flash flood warning until this evening. A round of self-introductions followed.

IV. MEMBER UPDATES AND ANNOUNCEMENTS:

Laura Patrick:

- September's meeting will be an update meeting for data profiles, performance measures and other relevant information.

No further member updates or announcements.

V. STRATEGIC PLANNING-OPIOID PREVENTION PLAN

Laura Patrick welcomed Linda Walls, and turned the meeting over to her to discuss the Opioid Overdose Prevention Plan.

Linda Walls-

- The overdose plan is due 30Jun13. The core team of addictions directors is still in the process of collecting information. Two meetings ago we discussed ideas for strategies and we got a lot of feedback. We will do the same today-collect final feedback on the strategies today.
- We have flushed out performance metrics in accordance with the state and we will refine and polish those today. Keep in mind that some data is still missing.
- On the tables there are 2 cards- 1 yellow and 1 white.
  - The white card is for evaluation; please put the date at the top and under that, write strengths on one side, challenges on the other side. This will serve as the evaluation for today.
  - The yellow card if for the opportunity to write anything down that you didn't get to say or didn't want to say out loud- ideas regarding the plan, if something is missing like strategies or if there is something to investigate.

- Handouts for today were passed out. The overall goal for the plan is to prevent death/near death and overdose from opiates.
- There is an inventory of existing resources included in the front end of plan.
- There are 3 required sections to the plan: 1. Review and analysis of data, 2. Planned interventions and initiatives, and 3. Performance matrix.
- Outpatient treatment data- still looking for numbers for FY 10 and 11. For FY 12, it was 70; Whitsitt was included. There were 370 in the Mid-Shore area in outpatient treatment.
- Admission to Whitsitt- ethnicity not included but would like to see that added. Age and gender are included- drug of choice is opiate- 60% on admission.
- Narcan administrated by EMS prior to arrival in the ER is a work in progress- the data has been requested; it was received 5 different ways.
- January 2012-December 2012- Kent and Queen Anne's counties- full 14 and 17 month-12 month totals. This data came from EMS.
- We hoped to use GIS through WAC to see how the data distributes out by county. We got it for 2 counties through DHMH partnership and the GIS department. We can tease the approximate address- the maps show density by zip codes of individuals receiving the drug- not the zip code of administration.
- We want the full FY year for each county.
- The data includes death by Overdose by substance
- We are still collecting
    - Hospitalization data
    - Dorchester inpatient data
    - Detention center inmates who have issues when incarcerated.
        - Are they all routinely screened? Not sure if routine but they are flagged if there is a positive history. Every county is different. They are getting better with collecting data, but there is still room for work.

DATA NEEDED

- Definitions for detention center (all operational definitions).
- The full DHMH report (70 pages)- Gary Fry has it and will email it out to anyone who wants it- his email is on pg. 4 of the handout at the bottom. gary.fry@maryland.gov
- Why is alcohol listed in the data? (Benzodiazepines?) Why are they in the list? What is the purpose?
- Narcan definitions- effectiveness- what is it effective for?
- Outpatient treatment by county- is it by where they reside or where they are going to treatment?
- GIS mapping for death- where the deaths occur- can possibly get this from ME- location would be on death certificate. Health Officers should be able to get this without much difficulty then we can do a GIS overlay for narcan administration and place of death.
- Intoxication primary?
- Which drug contributed to death? What was the primary drug?
- Suicide data (attempt)-might be undetermined- lethality or heightened risk?
- Commonality of accidental/potential death
- Qualitative data- surveys? Focus groups in Kent County for underage drinking have been done in the past. Focus groups for adults, underage... for needs assessments.
- BRFSS questions- can we add question(s) about drug use?

- The BRFSS is the CDC-funded survey done in every state- vital stats group-it has health questions about smoking and drinking, but no other drugs. It is for those 18 and up and is done as a landline survey, but recently went to cell phones as well.
- The youth survey was just done- will get those results in the fall.
- The Dorchester survey added opiate questions- to be administered during the last days before students leave for summer-they were in danger of losing money unless they included the questions.

The question was asked, "when do you expect the rest of the zip code data?" Linda responded that it is in the works- some (data) comes quickly- some are delayed.

STRATEGIES

We took all of your ideas and put them into categories- Education of Clinical Community and Outreach to High Risk Individuals and Communities. The state will support innovative ideas from communities; however, there is no commitment of money. Without funding, we cannot commit too much from this.

- The core team is the addictions directors and members from this group
- The strategies have been broken into tiers
  - Tier 1- no to low cost items
  - Tier 2- low to moderate cost
  - Tier 3- moderate to high cost
- Talbot County has a practitioners guide for underage drinking that includes a pocket guide and full size guide- similar to alcohol screening for youth- the letter is included in your handouts today – we could model something after that..
- Chesapeake Helps! - Might be able to call doctors with a script to deliver about the Prescription Drug Monitoring program- we could do other surveys too. (In-Kind support)

EDUCATION of the CLINICAL COMMUNITY

- Pharmaceutical companies have no vested interest in prescribing less-they have access to many people. Shore Health is working on a Bi, tri directional learning collaborative in the community offering a 2-pronged approach.
- Might be helpful to talk to the manufacturer of narcan/suboxone for this.
- We might want to think about using homeless shelters to do outreach-we are making the assumption that drug users are going to doctors offices. Users are going to the ER but not doctors' offices.
- Shore Health is partnering with program to help people deal with pain management-chronic disease pain management clinic.
- Increase the number of doctors who are prescribing suboxone. An inventory was done for some counties; why is it difficult? It is difficult because doctors must have a special credential to prescribe- it is highly regulated.

OUTREACH TO HIGH RISK INDIVIDUALS AND COMMUNITIES

- Include DSS for info dissemination
- Every county has a job center- most are located within DSS, some not- but that would be a good venue for information dissemination.
- Custody matters/foster care
- Housing units- dealers- give information to police
- Other non-profits (i.e. non-health)- exchange of information

- GIS mapping to target communities that need focus/prioritize.
- Certain under-employers- hospitality, seasonal, restaurants, transient, labor intensive, Allen foods, veterans, cultural shift in communities-"empower"
- Peer recovery-Chesapeake Voyager-all counties. Partnered strongly with Dorchester/Talbot. PRSS-add Kent, Talbot, Queen Anne's.

- Performance matrix based on priority strategies

NEXT STEPS

- Finalize needs data
  - Shore Health will help procure data
  - Revise to reflect today's suggestions.

WHITE CARDS: STRENGTHS

- Diverse group of attendees
- Linda is a very knowledgeable and great facilitator of groups by encouraging open exchange of ideas
- Outstanding healthy options for lunch
- Brainstorming and collaboration
- I like the map showing location of incident and areas of concentration. I would like to see Caroline County data on a map.
- Meal :o)
- Environment
- Interactions :o)
- Input from members in discussion
  - Narcan Rx.
- Great discussions-provoking connections/ideas
- Delicious food
- Comfortable room (temp)
- Good questions re. data
- Facilitator has wonderful grasp for details and ability to weave it together

WHITE CARDS: CHALLENGES

- A few voices speak often. Perhaps some people need to be brought out more. The cards may accomplish a good bit of that though.

YELLOW CARDS: IDEAS

- Getting data challenges may affect defining expected outcomes-acknowledging this point in your grant may be an asset due June 30th
- "Numbers may be skewed?" How?
- Hospitals haven't submitted data (limitations)
- How does each piece of data relate to grant expectations-showing linkages/hypothesis?
- Look at continuing map comparisons (narcan) from each county "trended data"
- Address operational definitions of term for data/expected outcomes
- What are your hypotheses from your "table" data
- Do/can health care providers in prisons be accessible for interviews (identify the data) to report in your grant
- To acknowledge alcohol intox. data in plan if it's relevant

- Reach populations at high risk for opiate abuse through non-profits that work w/this demographic. The non-profit may be non-drug or non-health-think outside of the classic groups.
- Example-when American Diabetes Association lists a workshop on gestational diabetes they will also distribute SIDs info to the mother.
- Reach out to ministerial alliance to empower the faith-based communities. (group of pastors who meet monthly in Q.A. count to discuss topics, issues, etc. to take back to various churches.
- Under other strategies, consider being more specific about the policy and advocacy approach to influence legislation on national and state level. What is it?
- Data on NICU babies w/ drug related diagnoses
- Outreach to payers re. suboxone, PDMP, utilize their networks to connect to providers
- Investing in more treatment providers
- Prioritize the strategies. Which strategies provide the largest bang? Don't waste time on strategies w/low impact.

VI. NEXT COALITION MEETING:

The next coalition meeting will take place on Monday, 09 September 2013 at 12:30 pm, at the Queen Anne's County Health Department. Lunch will be provided, beginning at noon.

VII. ADJOURNMENT

The meeting adjourned at 2:00 pm.