



BHC Meeting

March 12, 2020, 3-4pm

Chimacum Fire Station
9193 Rhody Dr, Chimacum, WA



BHC Meeting Agenda – March 12th - 3pm

- Introductions
- Review Workforce Plan Progress - LF
- Update on HRSA RCORP-P Grant App Effort - due 4/24 - LF
- Regional (from OCH Strategic Retreat) Data - JN
- BHC Data Review - Lisa Grundl
- Review of HRSA's DC Convening - LF



Workforce Plan









Overview



BHC Workforce Plan

- Progress: ROUGH draft to HRSA
 - Have alerted HRSA we will be layering in information related to CSC/E&T facility once we tour a Comprehensive Care Facility (will tour with HFPD & Jamestown Reps, Ford Kessler, anyone else?)
- Upcoming deliverables
 - Sustainability Plan - Due 5/31
 - Final Report - Due 8/31

YAKIMA

 <p>YAKIMA CENTER - MAIN OFFICE 402 S 4th Ave. Yakima, WA 98902 509-575-4084</p>	 <p>ACUTE CARE SERVICES/CRISIS TRIAGE CENTER – Yakima 505 S 4th Ave. Yakima, WA 98902 509-576-4304</p>	 <p>ASPEN – VICTIM ADVOCACY SERVICES – Yakima County 402 S. 4th Avenue Yakima, WA 98907 509-452-9675</p>
 <p>BRIDGES EVALUATION AND TREATMENT CENTER 201 S 2nd Ave. Yakima, WA 98902 509-469-2085</p>	 <p>SUBSTANCE USE DISORDER TREATMENT SERVICES – Yakima 505 S 4th Ave. Yakima, WA 98902 509-248-1200</p>	 <p>PATHWAYS ADULT RESIDENTIAL TREATMENT FACILITY 307 W. Walnut Ave. Yakima, WA 98902 509-453-4301</p>
 <p>SUNRISE CLUB 206 S 2nd Ave. Yakima, WA 98902 509-575-3729</p>	 <p>TWO RIVERS LANDING 504 S 3rd Ave. Yakima, WA 98902 509-469-3727</p>	



BHC Workforce Plan

- HRSA Feedback on Workforce Plan Draft
- Thanks for sending along this draft. Below are the required elements of this document with the fulfilled requirements in red.
 - the gaps in OUD prevention, treatment, and/or recovery workforce identified in the analysis
 - strategies for recruiting and integrating additional substance use providers within the consortium/community **Integration piece has been met.**
 - plans to train and retain new and existing substance use disorder providers within the consortium/community **Training has been met.**
 - if applicable, a plan for identifying and obtaining eligibility for sites to place NHSC clinicians in future years.

Unsurprisingly, you folks have done a great part with the integration piece. My advice for improvement would be to focus less on broad outcomes you'd like to see in the community and focus in on SUD providers/workforce and what specific gaps in that category need addressing. In your document, you mention staff time for administrative tasks which is great, but you will probably want to look beyond that to specific SUD staff. SUD staff can be defined as data-waivered providers, primary prevention educators, psychiatrists/psychologists, social workers, etc.



BHC Workforce Plan – Proposed Feedback Response

Title: Recovery Advocate
Employer: Dove House Advocacy Services
Supervisor: Recovery Café Program Manager

General Summary:

This position will provide recovery support services, crisis intervention, and advocacy to people recovering from addiction, homelessness, and mental illness.

Responsibilities and Duties:

Provides Recovery Café program direct services, including floor coverage and operations, New Member orientations, Recovery Circles, classes in the School for Recovery, volunteer activities, and events.

My dilemma, and or what I am asking you about is if you are the person to help me problem solve this. Is there something we can do for the students that see Megan during the school year, so that they can continue to meet with her for counseling through summer? To give students continued support, during summer break, so they do not feel like they are dropped like a hot potato due to insurance issues.

Prevention

Sustain student counseling over Summer

Treatment

Fund South County opioid treatment option

Recovery

Partial support for Advocate at Recovery Café

Integration

Outreach/Education to address stigma

Facility Feasibility & Potential Implementation

HFPD Consultants



RCORP-I Grant App

Due April 24, 2020



RCORP-Implementation - Grant Application

Local Behavioral Health Consortium Awarded Federal Grant for Opioid Response

August 23, 2020 | Press Releases

Jefferson County Public Health has been awarded a \$1,000,000 federal HRSA grant to address treatment, and recovery for Opioid Use Disorder and Substance Use Disorder.

The grant funds will go to support two inter-related tracks to improve behavioral health services for residents in Jefferson County. Track one focuses on services we can implement, enhance or improve coordination with, while continuing to determine the feasibility a local Crisis Stabilization Facility or equivalent option. Track 2 continues to determine the feasibility of, and options for, a Crisis Stabilization Facility, and to generate and execute the implementation plan for the resulting project.

The grant's work plan was developed by the Behavioral Health Consortium, which is led and facilitated by the Community Health Improvement Plan (CHIP) Team. The Consortium consists of representatives from 10 Jefferson County stakeholder sectors who came together to address OUD/SUD treatment, and recovery. This grant effort is one example of how the Consortium works to collaboratively address health issues in our community by breaking down silos and establishing better access to services.

CHIP, through Jefferson County Public Health applied for and received the Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program (RCORP) - Planning Grant on behalf of the Behavioral Health Consortium in 2019-2020. They have now been awarded the HRSA RCORP-Implementation Grant, which will allow them to implement the opioid response plan which was developed in partnership with ten other

- \$1M over 3 years
- If awarded, begins 9/2020
- Application due 4/24/2020
- Will use to implement the Strategic Plan developed by BHC Consortium



RCORP-I Grant Application – Due 4/24/2020

PREVENTION
1. Provide culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based prevention, treatment, and recovery strategies for SUD/OD, and to reduce stigma associated with the disease.
2. Increase access to naloxone within the rural service area and provide training on overdose prevention and naloxone administration to ensure that individuals likely to respond to an overdose can take the appropriate steps to reverse an overdose.
3. Implement year-round drug take-back programs.
4. Increase and support the use of school- and community-based prevention programs that are evidence-based to prevent misuse of opioids and other substances.
5. Identify and screen individuals at risk for SUD/OD and provide or make referrals to prevention, harm reduction, early intervention, treatment, and other support services to minimize the potential for the development of SUD/OD.



RCORP-I Grant Application – Due 4/24/2020

TREATMENT
Screen and provide, or refer to, treatment patients with SUD/ODU who have infectious complications, including HIV, viral hepatitis, and endocarditis, particularly among PWID.
2. Recruit, train, and mentor interdisciplinary teams of SUD/ODU clinical and social service providers who are trained, certified, and willing to provide medication-assisted treatment (MAT), including both evidence-based behavioral therapy (e.g., cognitive behavioral therapy, community reinforcement approach, etc.) and FDA-approved pharmacotherapy (e.g., buprenorphine, naltrexone). This can include providing support for the required training of providers who are pursuing DATA 2000 waivers for the prescription of buprenorphine-containing products and intend to provide these medications to their patients.
3. Increase the number of providers and other health and social service professionals who are able to identify and treat SUD/ODU by providing professional development opportunities and recruitment incentives such as, but not limited to, the NHSC.

4. Reduce barriers to treatment, including by supporting integrated treatment and recovery, including integration with behavioral health, the criminal justice system, dentistry, and social services. As appropriate, provide support to pregnant women, children, and other at-risk populations using approaches that minimize stigma and other barriers to care.
5. Strengthen collaboration with law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/ODU.
6. Train providers, administrative staff, and other relevant stakeholders to optimize reimbursement for treatment encounters through proper coding and billing across insurance types to ensure financial sustainability of services.
7. Enable individuals, families, and caregivers to find, access, and navigate evidence-based, affordable treatments for SUD/ODU, as well as home- and community-based services and social supports.



RCORP-I Grant Application – Due 4/24/2020

Recovery Core Activities
1. Enhance discharge coordination for people leaving inpatient treatment facilities and/or the criminal justice system who require linkages to home and community-based services and social supports, including case management, housing, employment, food assistance, transportation, medical and behavioral health services, faith-based organizations, and sober/transitional living facilities.
2. Expand peer workforce and programming as interventionists in various settings, including hospitals, emergency departments, law enforcement departments, jails, SUD/ODD treatment programs, and in the community.
3. Support the development of recovery communities, recovery coaches, and recovery community organizations to expand the availability of and access to recovery support services.



RCORP-I Grant Application – Due 4/24/2020

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RCORP-I Grant Application – Data Gotten (or Needed)

- Number of individuals screened for SUD within the Consortium (for the past 6 months, then quarterly thereafter)
 - OPHS Clinic - (estimating 10 per month) 60 for 6 months
 - Believe In Recovery - 129
 - Jail -
 - Jefferson Health Care -
 - DBH -



RCORP-I Grant Application – Commitment Letter

- Identifies roles and responsibilities/activities on project
- Secures commitment to all three years of the Implementation project
- States funds are used exclusively for target area
- Commits Members to share aggregate performance data and information to fulfill HRSA reporting requirements



Data Update

Regional & County



3CCORP Steering Committee – Data Share

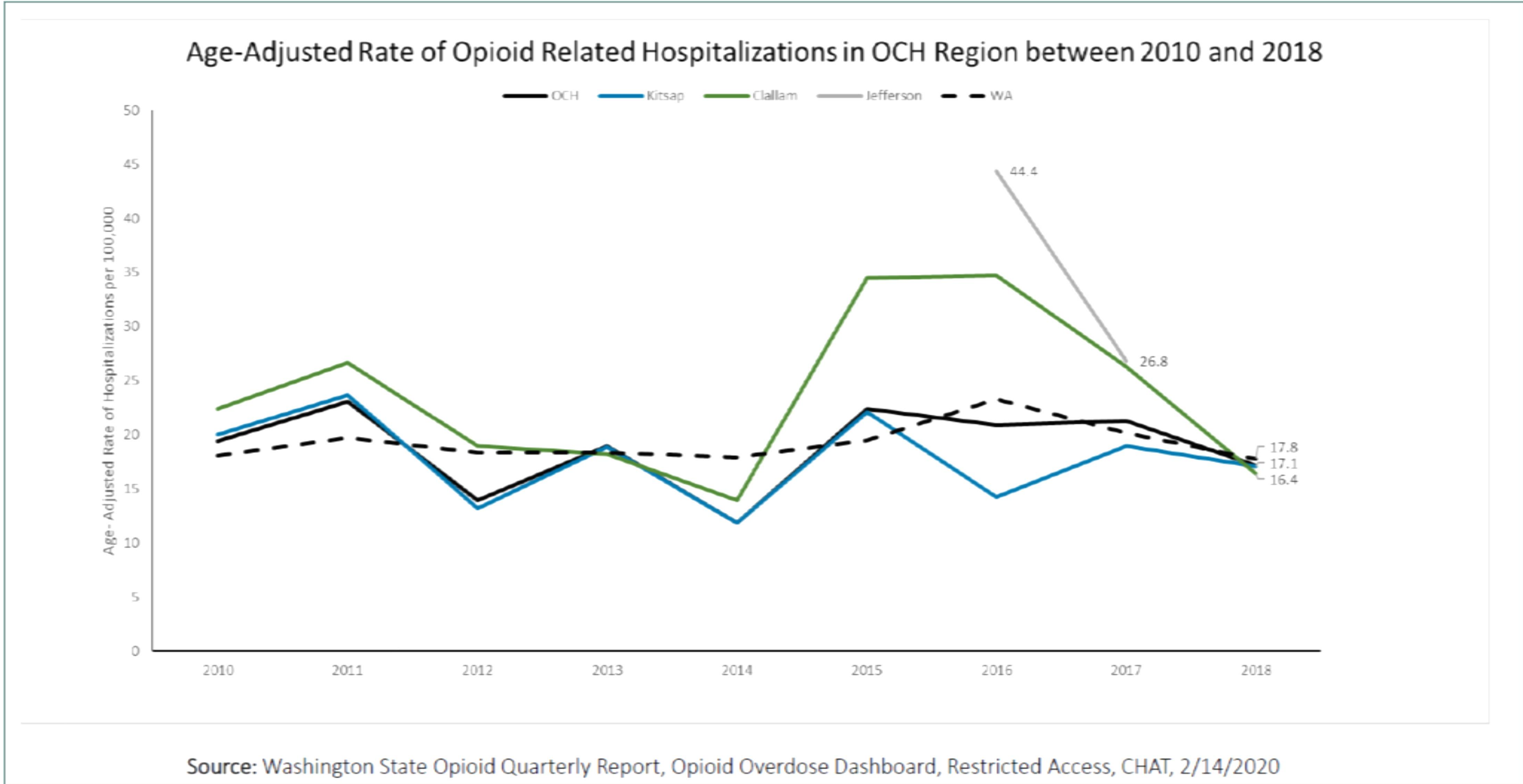
3CCORP Steering Committee Data Presentation

2/24/2020





3CCORP Steering Committee – Data



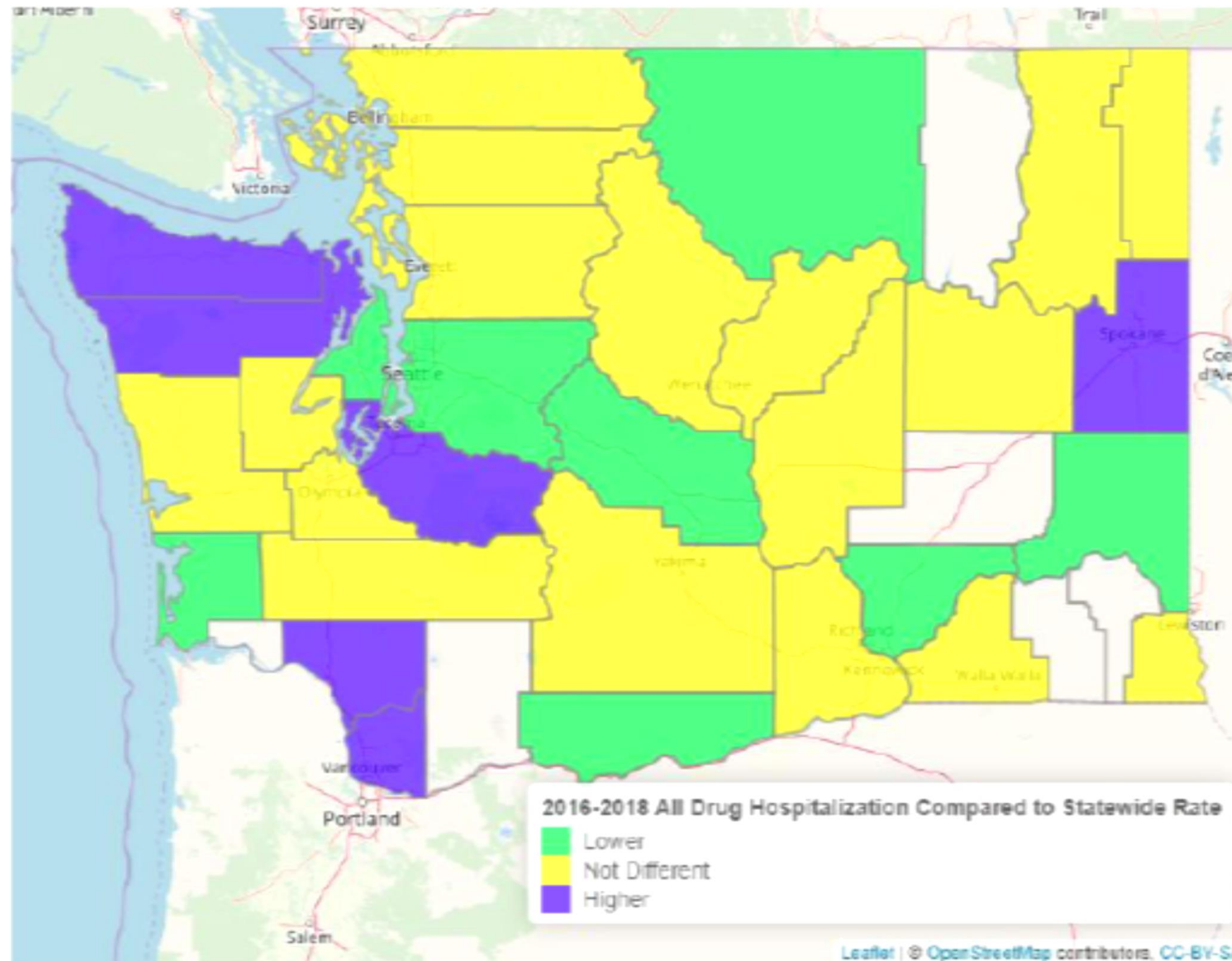


3CCORP Steering Committee – Data



Drug Overdose Hospitalization County Map for 2016 – 2018 Combined

The map below represents drug overdose inpatient hospitalization rates during the combined years of 2014-2018. The county rate confidence intervals(CI) are compared to the state CI to derive statistically significant difference. Rates per 100,000 people.



County: Clallam
 Any Drug Hospitalization: 91.9
 Any Opioid Hospitalization: 25.6
 Non-Cocaine Stimulant Hospitalization: 9.5

County: Kitsap
 Any Drug Hospitalization: 61.9
 Any Opioid Hospitalization: 16.9
 Non-Cocaine Stimulant Hospitalization: 5.9

County: Jefferson
 Any Drug Hospitalization: 108.4
 Any Opioid Hospitalization: 32.6
 Non-Cocaine Stimulant Hospitalization: 17.7

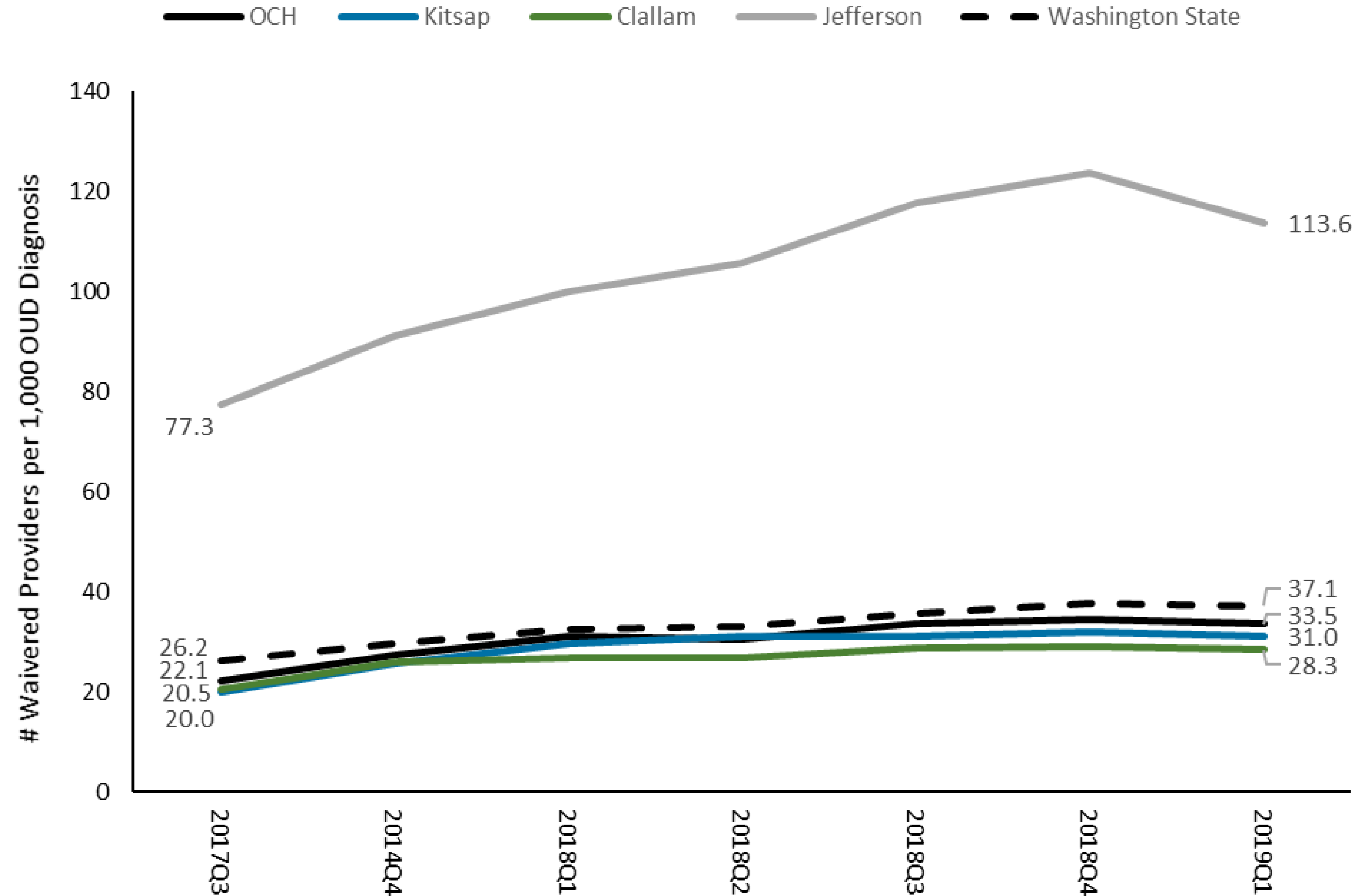
Source: Washington Department of Health Quarterly Opioid Report, Restricted Access, CHAT, 2/12/2020



3CCORP Steering Committee – Data



Treatment: Number of Buprenorphine Waivered Providers per 1,000 Medicaid Enrollees Diagnosed with Opioid Use Disorder

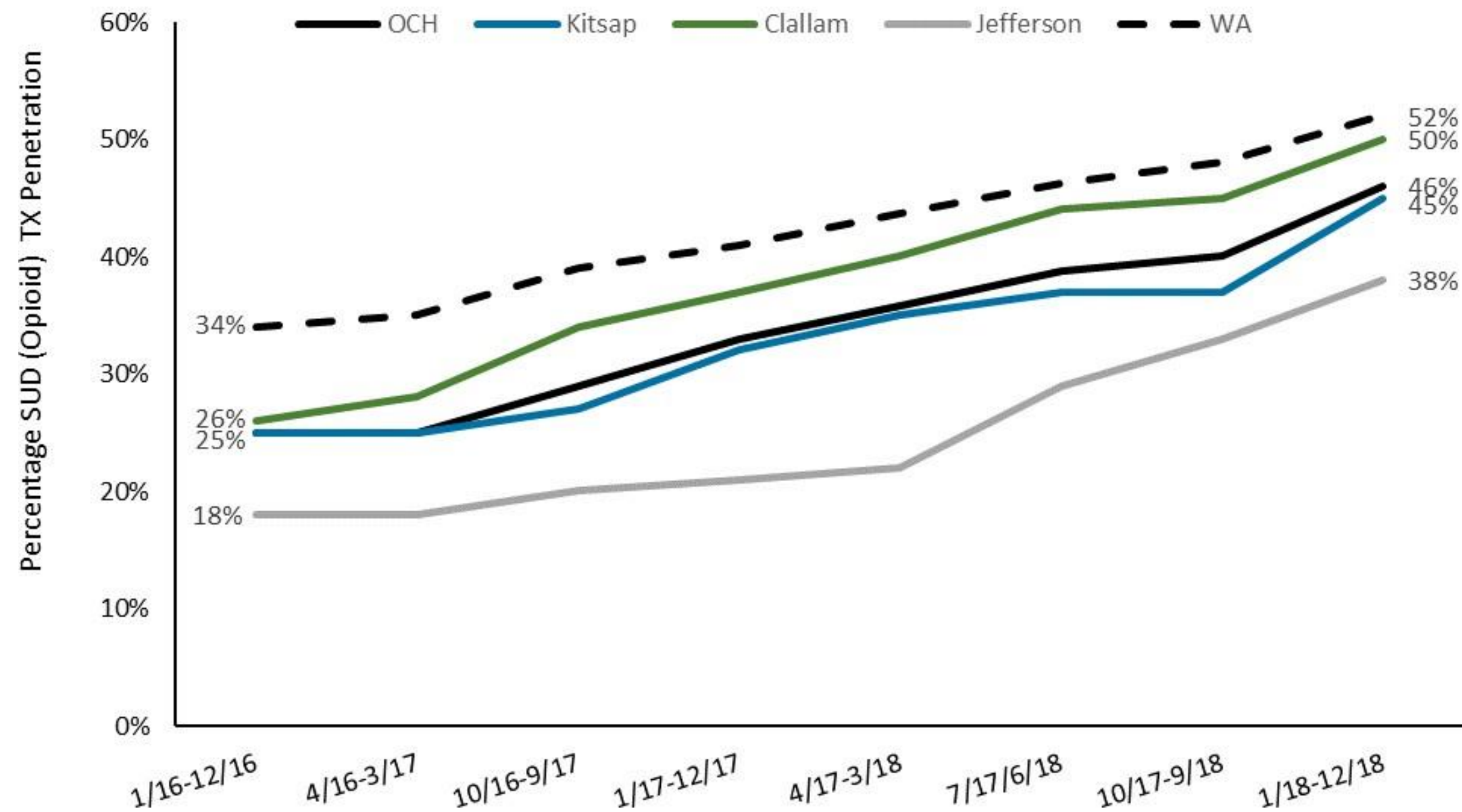




3CCORP Steering Committee – Data



Percent of Medicaid Beneficiaries (18-64) with an Opioid Substance Use Disorder Treatment Identified in past 2 years who received at least one treatment



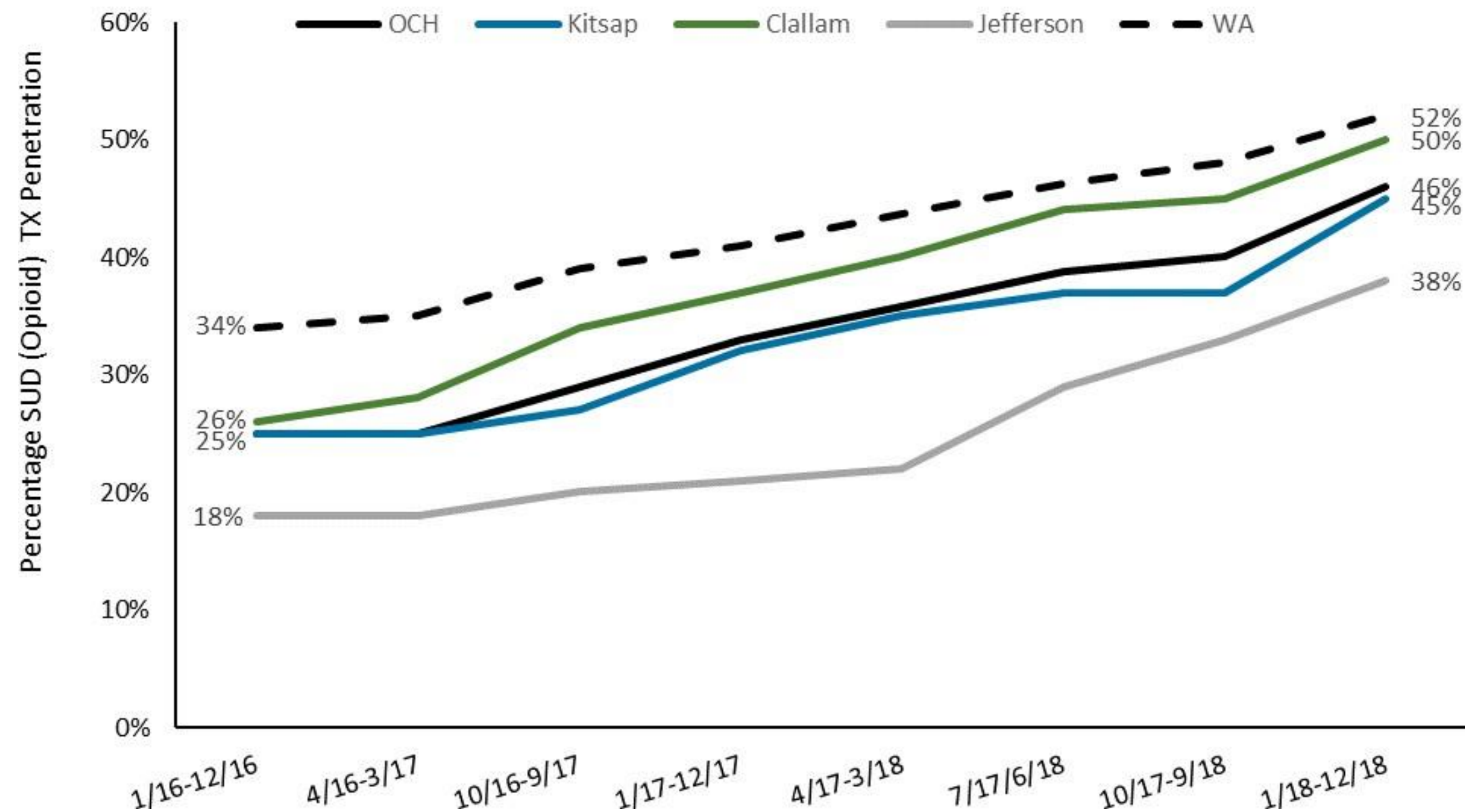
Source: Healthier Washington, Opioid Use Disorder Treatment for Medicaid Population Dashboard, 2/14/2020



3CCORP Steering Committee – Data



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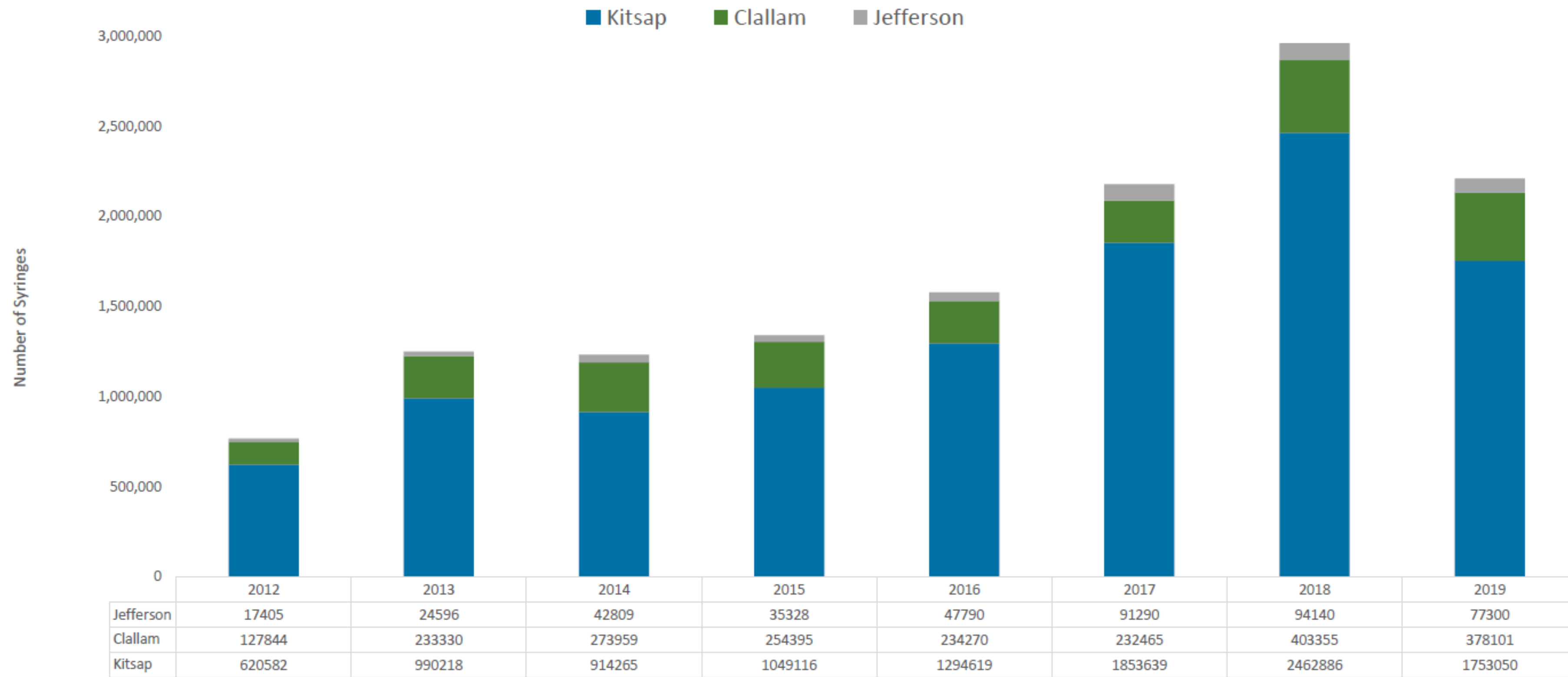


Source: Healthier Washington, Opioid Use Disorder Treatment for Medicaid Population Dashboard, 2/14/2020



Public Health Syringe Exchange

Sources: Clallam County Health and Human Services, Jefferson County Public Health, Kitsap Public Health District





Data Update

BHC - Specific



7 Days of Data - CSC Potential

- **County:** 2/2-8/2020 JCSO responded to 12 calls that were determined to be related to a mental health issue. Of those 12 calls **4** individuals could have gone to CSC
- **JCPH:** Family Health Team supporting WIC, NFP, MSS, and ICM, report that in the **last year they have had 5** individuals who could definitely benefit from a CSC
- **PTPD:** 02/24 - 03/02 - **9** unduplicated individuals were considered to be potential candidates for admittance into a crisis stabilization center.
- **EJFR:** 3/1/20-3/8/20 - **3** with Mental Health issues that have not been connected to a provider for care, and **2** with BH issues that have recently been escalating and might need an intervention and treatment



7 Days of Data - CSC Potential

Jefferson Health Care

- Those suffering from Substance use disorder - 9
- Those with Mental Health issues - 4
- Anyone with Behavioral Health issues that will likely get referred for a DCR. (None)
- Additional information from same cohort
 - Brought by Ambulance (might duplicate another list) - 4
 - Brought by Police (might duplicate another list)- 3
 - Admitted - 3
 - Transferred - 2



7 Days of Data - CSC Potential Summary

POTENTIAL CSC ADMITS OVER 7 DAY PERIOD

4	Jefferson County Sheriff's Office
9	Port Townsend Police Department
5	East Jefferson Fire Rescue
13	Jefferson Health Care
0	Discovery Behavioral Health - Unreported
31	Total over 7 days

OTHER RELATED DATA

4	JHC Brought by Ambulance (Duplicate?)
3	Brought in to JHC by Police (Duplicate?)
3	Admitted to JHC
2	Transferred away from JHC
5	JCPH identified as potential beneficiaries over the last year
17	Other Possibilities



Consortium Data

- Jefferson County Sheriff's Office
- Jefferson County Jail
- East Jefferson Fire Rescue
- Port Townsend Police Department
- Discovery Behavioral Healthcare



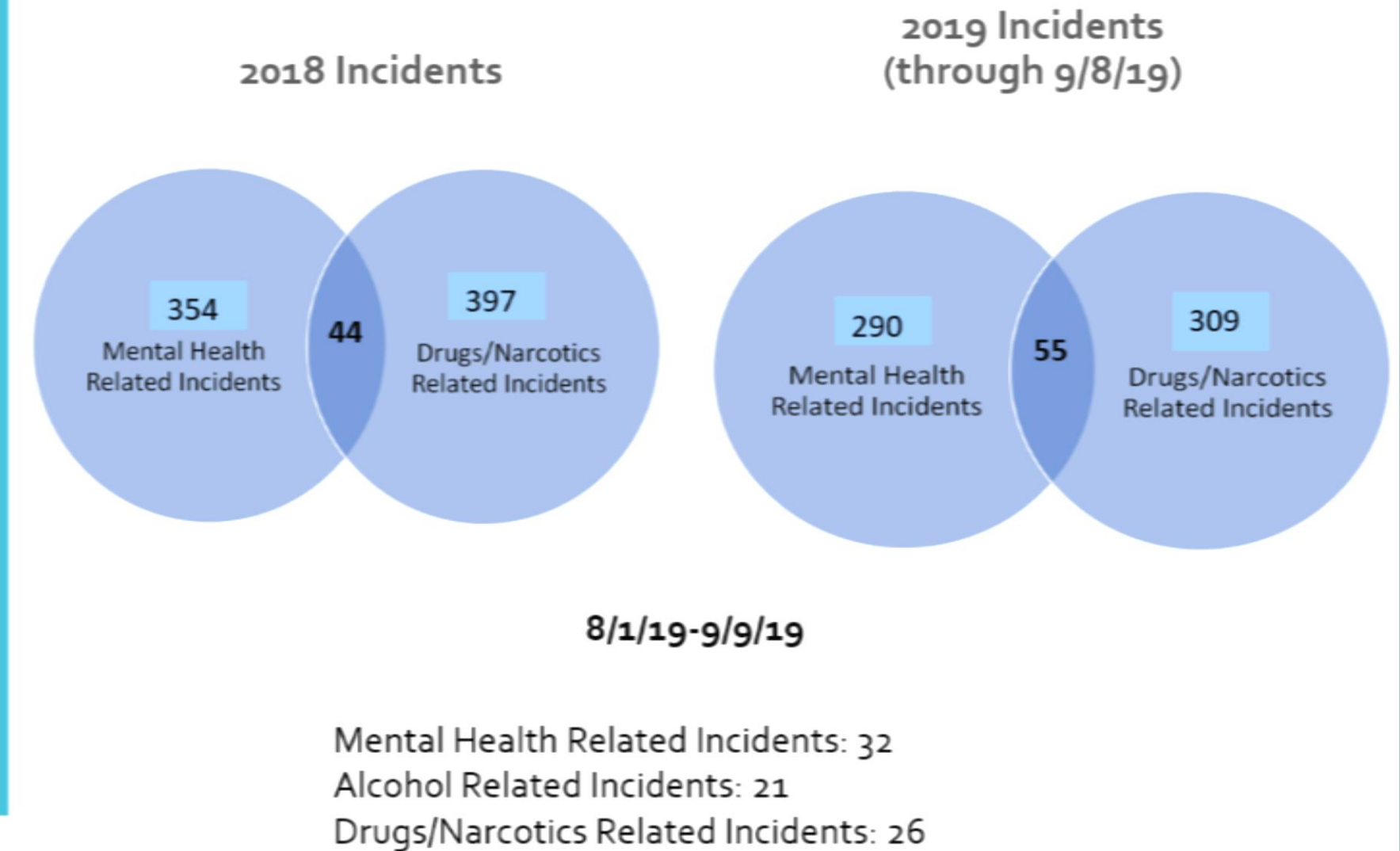
Jefferson County Sheriff's Office

JCSO STATS - 10/1/19 - 2/29/20

153	Reported Mental Health Issue
88	Drugs/Narcotics Involved
85	Alcohol Involved

Jefferson County Sheriff's Office 2019 annualized volume of calls related to BH incidents is up about 20% over 2018.

Jefferson County Sheriff's Office





Jefferson County Jail

JAIL – 2019 STATS

550	Reported Substance Abuse Problem
188	Reported Mental Health Issue
31	Evaluated by DCR
31	Reported Suicidal Thoughts
363	Booked on Drug and Alcohol Charges
88	MAT Inductions
1255	Total Bookings

Jefferson County Jail Statistics point out severe impact of alcohol and drug use with over 75% of BH related bookings involving inmates with substance abuse problems and/or drug/alcohol charges.

Jefferson County Jail Intake Screenings Jan-Aug 2019

- 391: reported substance abuse problem
- 134: reported mental health issues
- 22: evaluated by DMPH/DCR
- 22: reported suicidal thoughts
- 284: booked on drug/alcohol charges
- 48: MAT inductions Feb-Aug 2019
- 892: total bookings for Jan- Aug 2019



Jefferson County Jail - Cont'd

JAIL – 2020 STATS

6	Evaluated by DCR
88	Booked on drug and alcohol charges
42	Interested in MAT (AT BOOKING)
3	Reported Suicidal Ideation (AT BOOKING)
27	Reported Prior Suicide Attempts (AT BOOKING)
50	Reported Behavior health Problem (AT BOOKING)
9	Reported Developmental Disability (AT BOOKING)
127	Reported Drug or Alcohol Use in last week (AT BOOKING)
65	Reported Drug Problem (AT BOOKING)
13	Reported Alcohol Problem (AT BOOKING)
19	Reported Both Drug and Alcohol Problem (AT BOOKING)- 19
68	Currently Under the influence of Drugs or Alcohol – UA or Admission (AT BOOKING)
31	Opiates or Suboxone
37	None or none opiates
28	Reported TBI (AT BOOKING) – 28
15	Reported having Hepatitis (AT BOOKING)
16	MAT Inductions
246	Total bookings YTD



East Jefferson Fire Rescue

EJFR – OPIOID & BEHAVIORAL HEALTH OCCURENCES

Date	Zip Code	Incident Type	# Narcan Administered	Patient Outcome
1/2/2019	98368	Unknown, Oxycodone	2 doses <u>narcan</u> from friend	Tx to JGH
2/1/2019	98368	Heroin	Family gave x3 Narcan, State Patrol - 2 nasal Narcan	Tx to Harrison
3/14/2019	98339	Heroin	Nasal Narcan by family	Airlift to HMC
6/12/2019	98368	Heroin/Benzo	.4m <u>narcan</u> by <u>law</u> , <u>Medics</u> - .4 IV Narcan	Tx to JGH
6/12/2019	98368	Heroin	.4mg, .8mg IV Narcan	Tx to JGH
7/4/2019	98368	Heroin	.4mg nasal Narcan by friend	Tx to JGH
7/8/2019	98365	Codeine		JGH-Virginia Mason
7/26/2019	98368	Unknown Benzo's		Tx to JGH
8/6/2019	98368	Heroin		Tx to JGH
8/8/2019	98368	Oxycodone	CPR, intubated	Airlift to HMC
9/14/2019	98339	Possible Meth		Tx to JGH
11/24/2019	98368	Heroin		Tx to JGH
12/10/2019	98369	Heroin	JCSO .4mg <u>narcan</u>	Tx to JGH
1/8/2020	98368	Heroin	Law 4mg nasal <u>narcan</u> , EMS .4mg iv <u>narvan</u>	Tx to JGH
1/25/20	98368	Heroin & Meth	.4 Naloxone	
2/5/20	98368	Unknown	.8mg <u>narcan</u>	Tx to Harrison
3/1/2020	98368	Heroin	.4 Narcan by JCSO / .4 Narcan by EMS	Tx to JGH

EJFR – BEHAVIORAL HEALTH RESPONSES

Year	Responses
2017	151
2018	153
2019	144
2020 (Through 2/5/2020)	8

East Jefferson Fire Rescue Opioid Overdose and Behavioral Health Occurrences

Total Behavioral Health Responses	
Year	Responses
2017	151
2018	153
2019	100

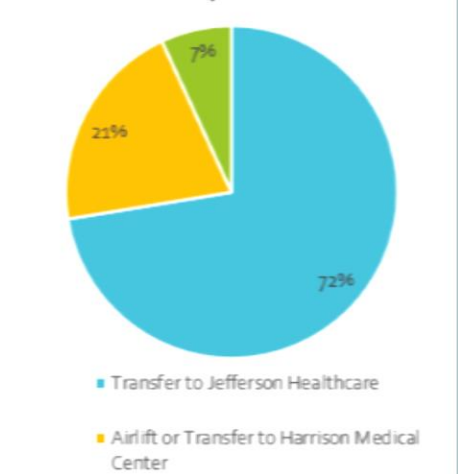
East Jefferson Fire Rescue experiences approximately 150 behavioral health related calls per year.

A total of 29 calls in 2017-2019 were specific to opioid overdose. 72% of those were transferred to Jefferson Healthcare; 21% to Harrison Medical Center.

Incidents of Opioid Overdose with Nalaxone Dosage/Administration

Zip Code	2017	2018	2019	Total
98368	5	5	8	18
98339	3	5	1	9
98365	0	0	1	1
98336	0	0	1	1
	8	10	11	29

Discharge Disposition for Opioid Overdose 2017-2018





Port Townsend Police Department

DATA FROM 9/2019 – 2/29/2020

Incident Type	# of Incidents
Had been drinking	219
Drugs	110
Mental Health	628

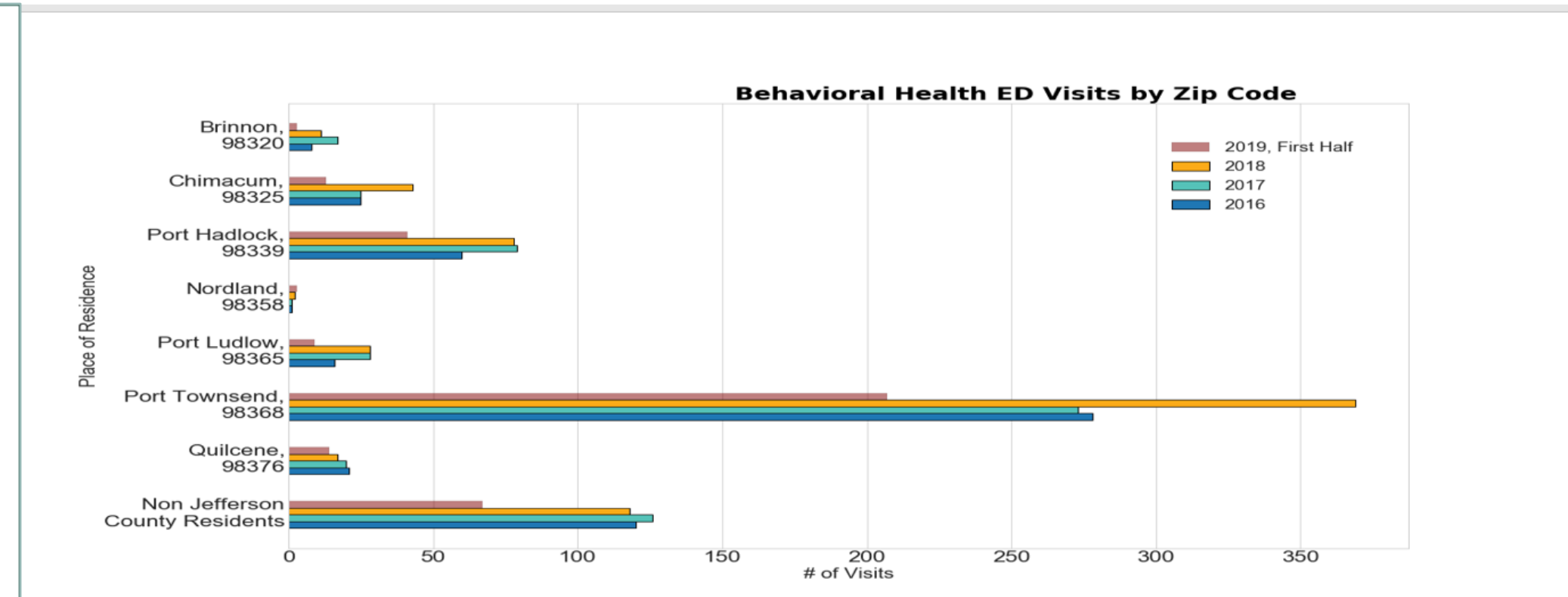
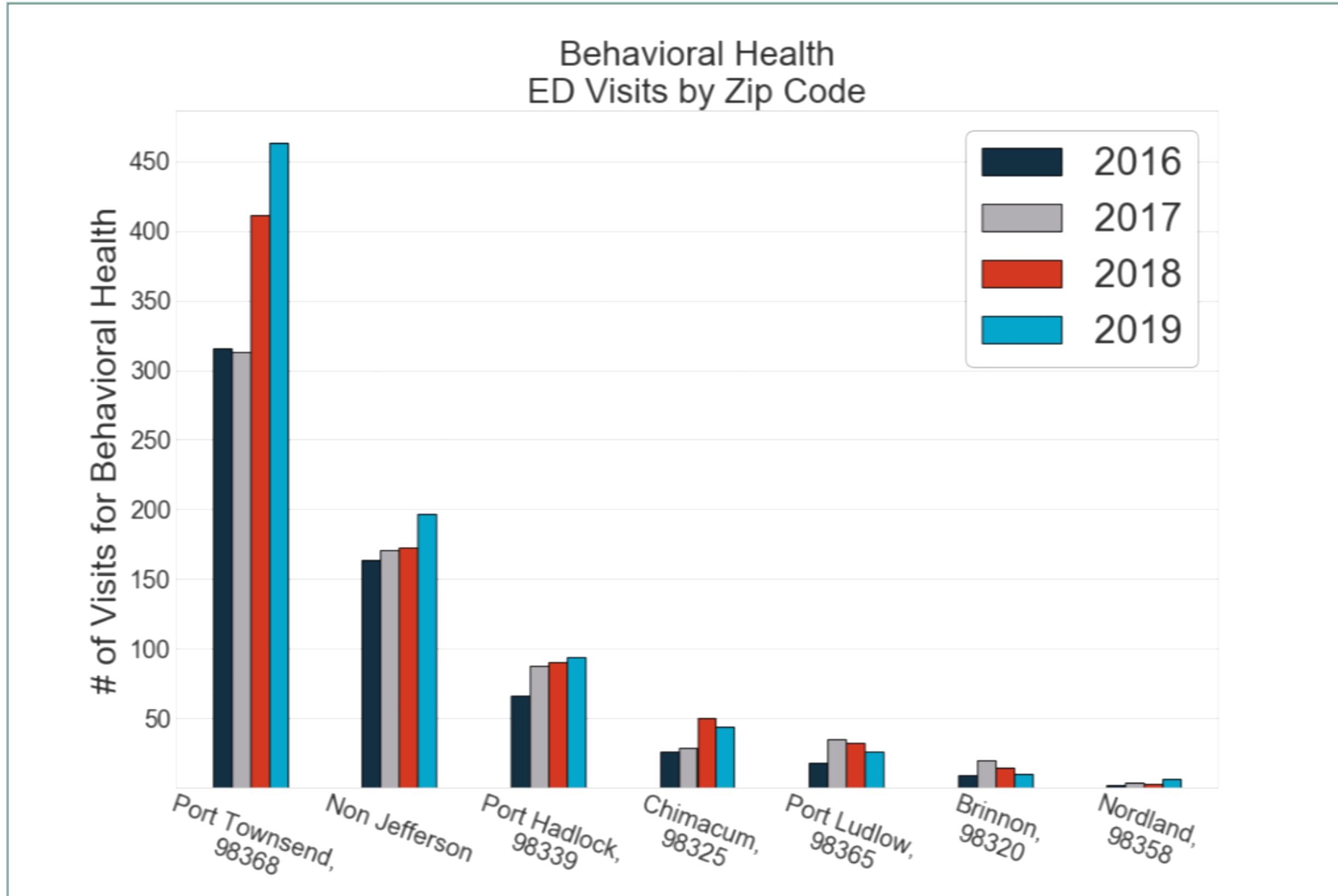
Port Townsend Police Department Behavioral Health Related Incidents (9/1/2018 – 8/31/2019)

Incident Type	# of Incidents
Had Been Drinking	579
Drugs	353
Mental Health	1,318
	2,250

One year of data from Port Townsend Police Department shows much higher percentage of mental health incidents as compared to Jefferson County Sheriff or Jail data.



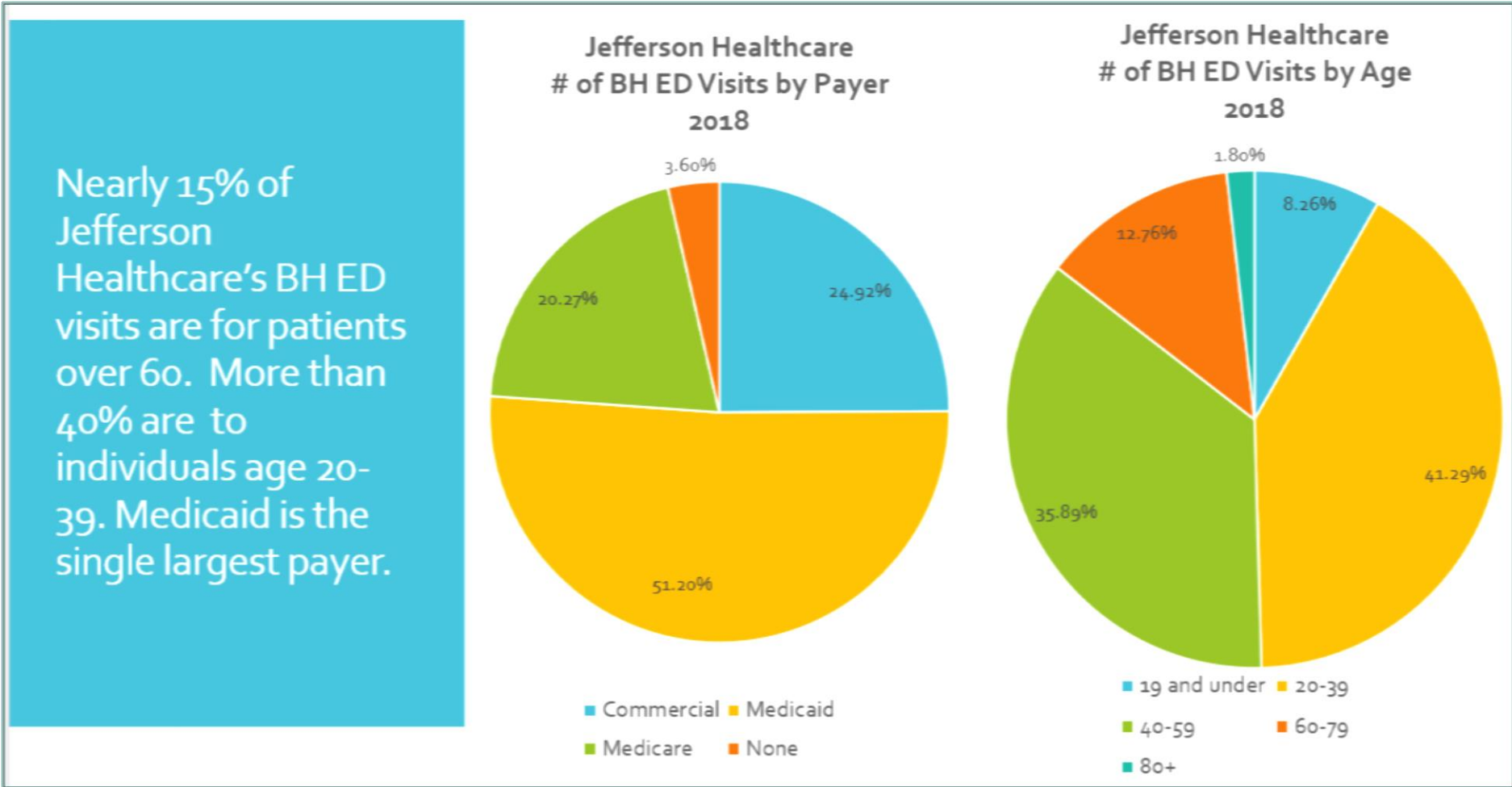
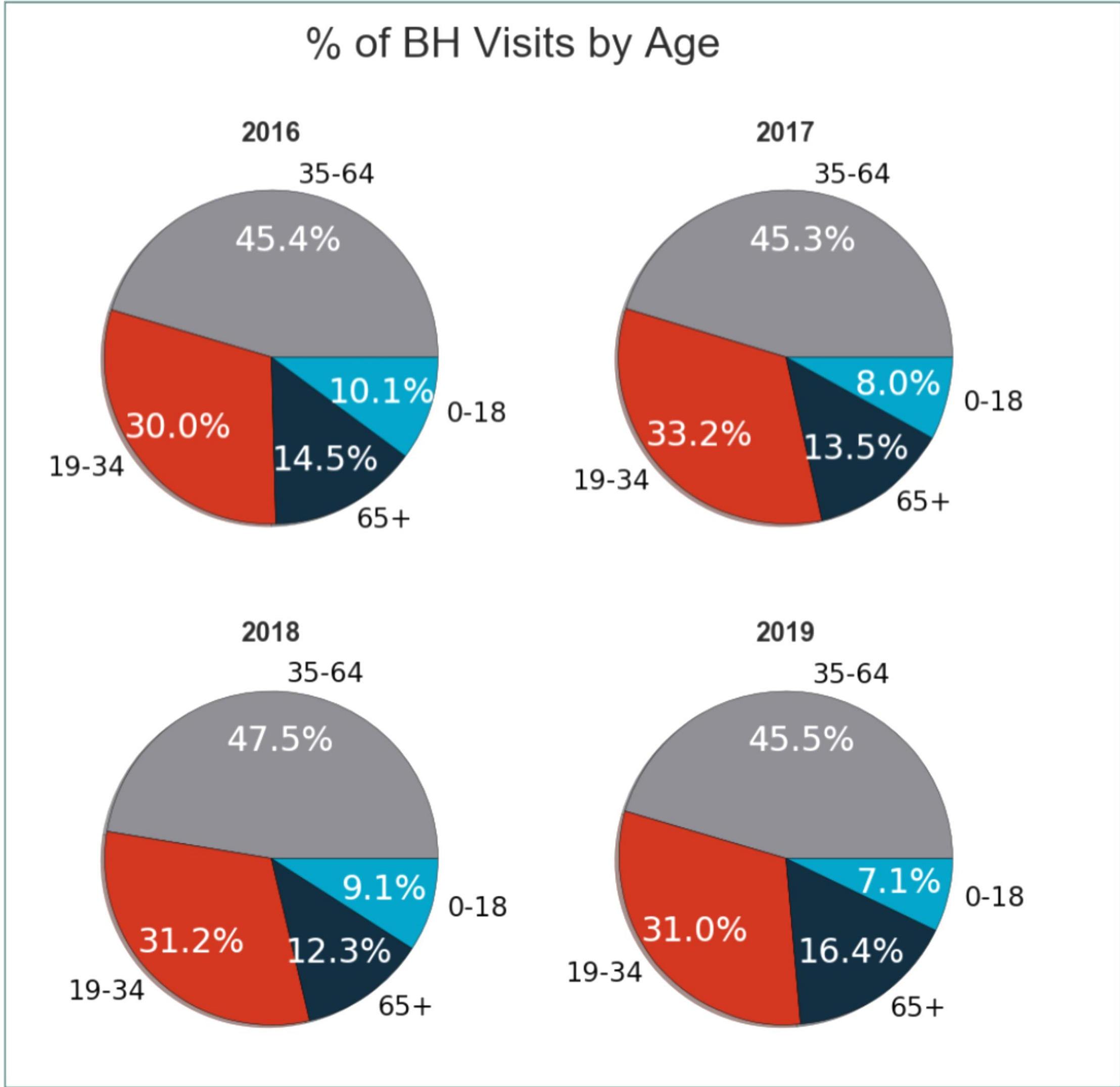
Jefferson Health Care



Jefferson Healthcare has averaged almost 600 ED visits annually related to a behavioral health need. Volumes are up about 35% since 2016. Approximately 60% are from Port Townsend and another 19% are non-residents.

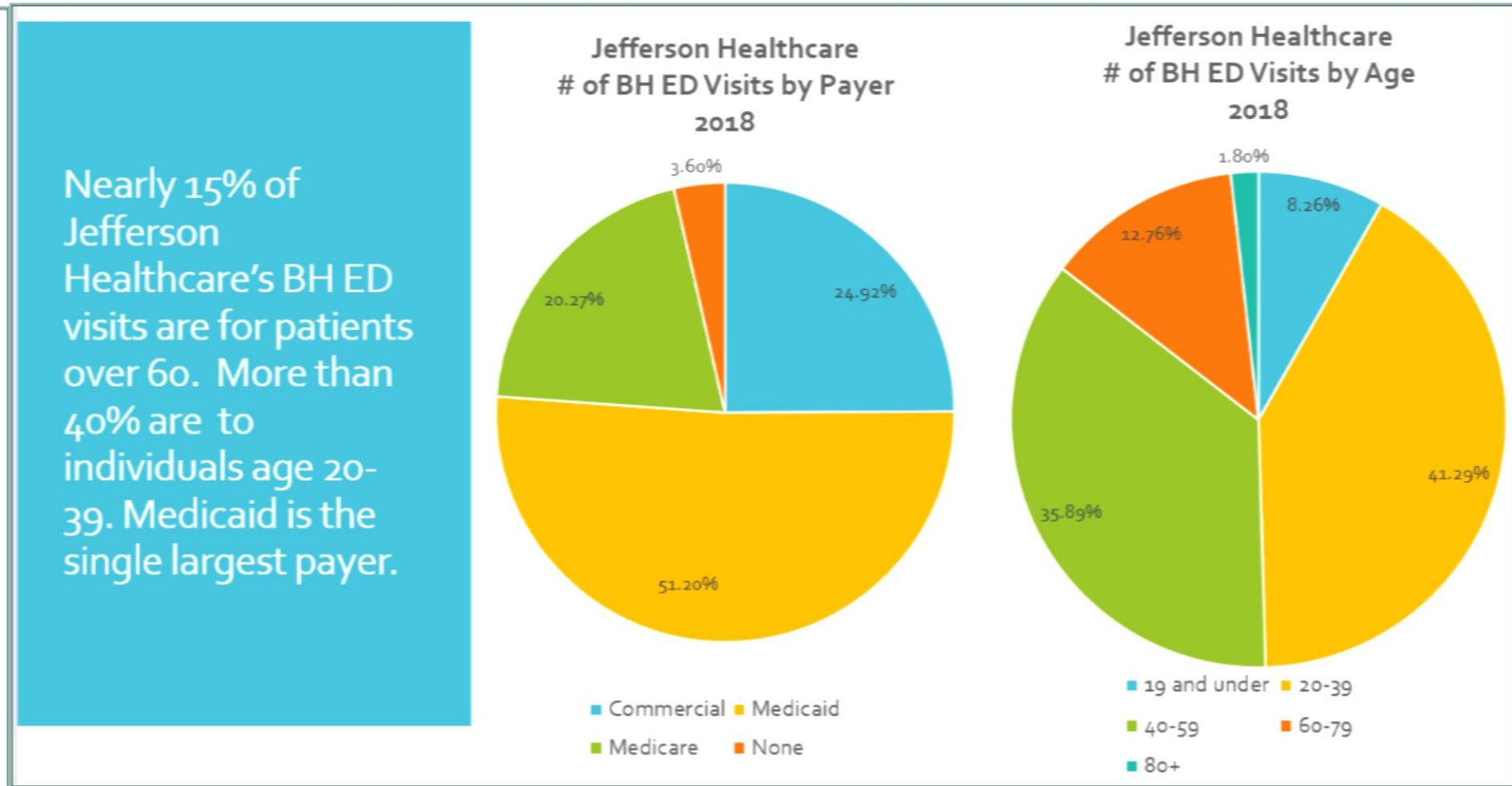
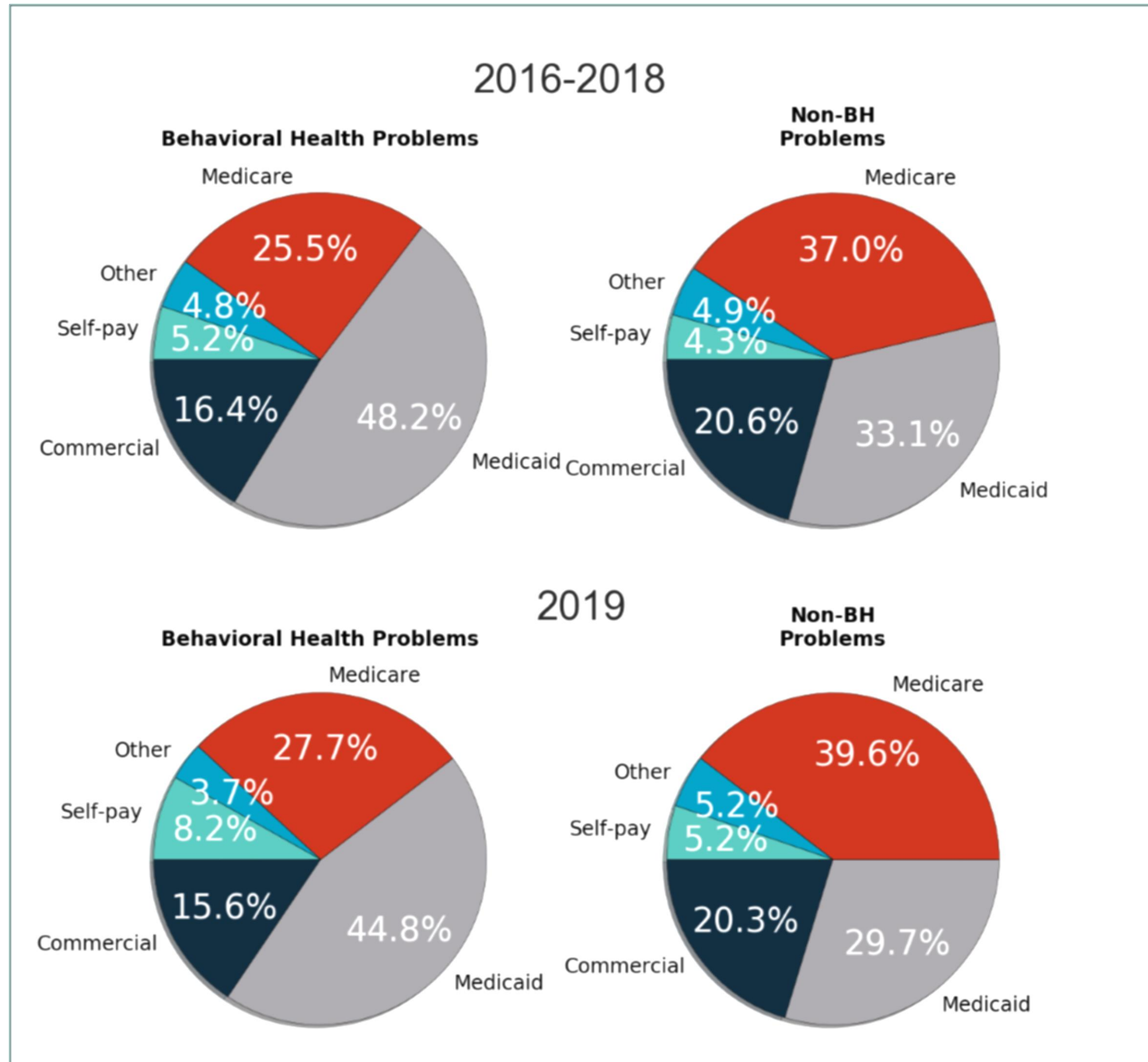


Jefferson Health Care





Jefferson Health Care





Jefferson Health Care

- Awaiting updated data

The majority of BH ED patients at Jefferson Healthcare are discharged “home”.

Only 37% of discharges contained additional comments; of those, the majority (76%) were also identified home as the disposition – with Kitsap AIU and In Custody making up another 44% of discharges.

Additional analysis is needed on the discharge disposition, and we need to understand the overlap between JH and other agencies in the County.

**Jefferson Healthcare Behavioral Health Visits
Discharge Disposition
2016-YTD 2019**

Discharge Disposition	# of Visits	%
Home	1,825	86.04%
Psych	145	6.84%
Court/Law	83	3.91%
Short Term	21	0.99%
Left Against Advice	18	0.85%
Another Institution	9	0.42%
Rehab	7	0.33%
Left w/o Being Seen	5	0.24%
Home-Health	4	0.19%
SNF	3	0.14%
ICF	1	0.05%

Discharge Comments	# of Visits	%
Unavailable	1,342	63.30%
Home	595	28.10%
Kitsap AIU	44	2.10%
In Custody	42	2.00%
Fairfax	18	0.80%
Smokey Point	2	0.10%
Skagit	8	0.40%
Other	70	3.30%



DBH

- Awaiting updated data

Discovery Behavioral Healthcare has experienced fewer ITA investigations over time, but a basically flat number of clients detained over the past several years. About one person per week.

Discovery Behavioral Healthcare ITA Investigations – Jefferson County						
2017						
	Jail	Office	Hospital	Client's Home	Other	Total
Not Detained	34	20	167	1	2	224
Detained	1	0	49	0	0	50
						274
2018						
	Jail	Office	Hospital	Client's Home	Other	Total
Not Detained	13	5	72	0	0	90
Detained	1	1	45	0	0	47
						137
2019 / January - Present						
	Jail	Office	Hospital	Client's Home	Other	Total
Not Detained	0	0	59	0	0	59
Detained	0	0	27	0	0	27
						86



DBH

- Awaiting updated data

Discovery Behavioral Healthcare Total Crisis Services (Includes ITA)	
Discovery Behavioral Healthcare is expected to provide crisis services to over 600 clients in 2019 – less than 30% will be for ITA investigation.	Includes all crisis encounters – including ITA, crisis phone line, existing outpatients experiencing a crisis, etc.
	Estimated 80% of clients are from Jefferson County.
	2017:
	• Unduplicated Client count = 613 (includes 274 ITA investigations)
	• Service count = 3118
2018:	
• Unduplicated Client count = 568 (includes 137 ITA)	
• Service count = 2596	
2019:	
• Unduplicated Client count = 306 (includes 86 ITA)	
• Service count = 1289 (This covers January – June of 2019)	



Recent Meetings

Washington DC - HRSA Convening



HRSA Convening in Washington DC

MADISON-TAYLOR OPIOID RESPONSE COALITION

Florida
Lisa Hill, NCDRP Project Director, DISC Village, Inc.

DISC VILLAGE

BACKGROUND

VISION

PROGRESS and CONCLUSIONS

PREVENTION

- Oversee recognition & response training, Naloxone "Leave Behind" program
- Increase public understanding and reduce stigma of OUD/SUD
- Increase number of providers qualified to identify and treat OUD/SUD
- Increase screening, referral and retention rates for individuals with OUD/SUD
- Reduce rate of infectious disease among OUD/SUD population

TREATMENT

- Increase number of qualified MAT services providers
- Increase retention rates in MAT services and MAT-related activities
- Recruit and retain rural OUD/SUD service providers
- Reduce public and professional stigma associated with MAT
- Develop long-term sustainability for rural OUD/SUD services and programs
- Increase utilization of telehealth services

RECOVERY

- Develop recovery communities and expand availability of and access to recovery support services
- Development of an inter-agency referral system for warm handoffs, linkages

IMPLEMENTATION STARTED SEPTEMBER 2019

- Began implementing telehealth services
- Executed standing order for naloxone
- OUD/SUD-related interventions at area colleges
- Prevention program for at-risk elementary students
- Partnering with food banks to distribute OUD/SUD-awareness literature
- Conducting substance abuse education and screenings in the jails
- Partnering with local pharmacies for MAT services
- Providing local, in-office MAT services
- Development of reimbursement plan
- Established internship programs with area colleges

PROGRESS TOWARDS SUSTAINABILITY

This product was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under grant # 1A1201000048. The information, conclusions and opinions expressed in this product are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

NORTHERN MICHIGAN OPIOID RESPONSE CONSORTIUM

NORTHERN MICHIGAN OPIOID RESPONSE CONSORTIUM
GAYLORD, MICHIGAN

Project Director-Lisa Jackinchuk, MSW, LMSW
Medical Director-David McGraham, MD, FACP
Project Associate-Joyce Fetrow, CPRM, CPRM-M, CHW

Mission To engage northern Michigan in a coordinated response to reduce opioid use disorders.

Vision Inspired, supportive and actionable community stakeholders for the prevention, treatment and recovery of opioid use disorders through effective and easily accessible programs and resources while maintaining a sustainable, integrated and efficient delivery system.

NMORC Region

The Northern Michigan Opioid Response Consortium (NMORC) is a 32-member Consortium addressing the opioid epidemic in a 16-county region.

Counties prioritized consistently rank as highest need in state due to:

- Poor Economic Factors
- Poor Health Conditions
- Social and Behavioral Barriers
- Prescribing Patterns
- High prescription drug use

11 of the 16 counties were identified by the Centers for Disease Control and Prevention (CDC) as being high risk for HIV and Hepatitis C outbreaks due to a multitude of factors, including injection drug use.

Core Activities

- Community Outreach and Collaboration
- Stigma reduction
- Naloxone distribution and expansion of access
- Harm reduction activities
- Behavioral health integration
- Workforce Trainings and Education
- Building recovery capital

Core Activities Bringing together a collection of individuals who bring unique knowledge and skills, which augment the knowledge and skills of the NMORC board and staff, in order to more effectively guide the consortium. Committees serve to make recommendations and/or provide key information and materials.

1 PREVENTION
Chair-Donna Hardies, Up North Prevention

- Naloxone training and distribution
- Pharmacy education on standing naloxone orders and MAPS
- Education on screening, addiction science, co-occurring disorders, alternative therapies, syringe services, infectious disease, PEP
- Trauma-informed organizations
- Mental Health First Aid
- Recovery supportive work environments
- Recovery Month events
- NMSAS Speakers Series
- Local Families Against Narcotics (FAN) chapter

2 Treatment
Chair-Sharon St. Germain, MidMichigan Pain Evaluation and Triage Clinic

- Provider Cohort
- Education for Primary Care on treatment models for OUD
- Data 2000 DEA-waiver trainings
- Technical assistance (TA) on implementation of Behavioral Health in Primary Care
- SUD and BI Billing and Coding
- Increase utilization of Michigan State Police Angel Program
- Partner with EMS, Law enforcement and Fire to expand outreach

3 RECOVERY
Chair-Tory Werth, NMSAS

- Multiple Pathways to Recovery
- Community Health Workers Certification
- Support Recovery Community Organizations
- Provide TA to RCTs and sober living facilities
- Individuals with lived experience engage on Boards throughout region
- Integrate Peer Recovery Coaches into Organizations
- Fund Peer Recovery Coach Trainings
- Fund Peer Recovery Coaches as advocates to Drug Court

4 WORKFORCE
Chair-Trish Otramba, AuSable Valley CMH Services

- Recruitment and Retention
- Education and access to 3RNET for position postings
- Promote and Support Michigan Works Fidelity Bonding Program
- 24 on State and Federal loan Repayment programs
- Skills Academy
- Assess staffing needs throughout region

Applying For 501(c)(3) Non-Profit Status
With guidance from Hall Render, Killian, Heath & Lyman

Development of By-Laws

Board Approved Membership and Dues Structure

NMORC BOARD

Chair: Laura Zingg, Kalkaska Memorial Healthcare
Vice Chair: Denise Bryan, Health Officer, District Health Department No. 2 and No. 4
Treasurer & Secretary: Katherine Dollard, Director Behavioral Health, MidMichigan Health
Dr. James Whelan, Munson Healthcare Cadillac Hospital
Jim Maschke, CEO, MidMichigan Community Health Services

Nena Sork, Northeast Michigan Community Mental Health
Tory Werth, Recovery Supports Coordinator and Person in Recovery, NMSAS
Recovery Center
Amy Goethe, Student Wellness Coordinator, MidMichigan College
Trooper Corey Hebner, Community Service Trooper, Michigan State Police-Gaylord Post
Dan Oliver, Substance Use Program Manager, Alcona Health Center

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Next BHC Meeting

April 9, 3pm

@ Chimacum Fire Station

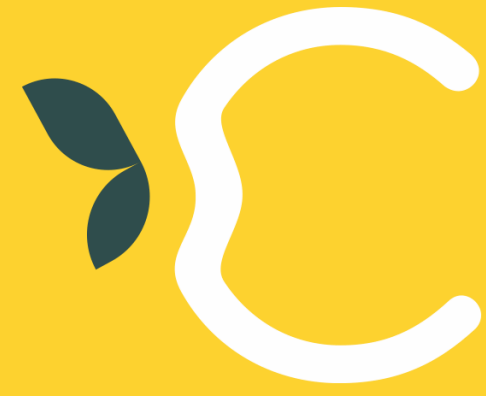
(Berni confirming)

Discuss COVID-19 Impact



Next BHC Meeting Options

- Meet as planned
- Meet via Skype or Zoom (or some other technology)
- Not meet
- Will monitor situation and let everyone know a week before our April 9th meeting



Discussion



Thank You