

**Meeting Highlights and Action Plan
Virtual Meeting**

Topic	Key Points	Action Items <i>Including Responsible Party/Timeline if applicable</i>
Welcome	<ul style="list-style-type: none"> • Carey McKee called the meeting to order, welcomed members and initiated introductions. • Thank you to MHRB for hosting meeting. Jennipher Brown for assisting with set up and implementing meeting. Tina Fisher as always for sending out invite, minutes and announcements. 	
Approval of Minutes	<ul style="list-style-type: none"> • Motion to approve January 24, 2020 without changes was made by David Estrop; the motion was seconded by Kristina Downing 	
Introduction:	<ul style="list-style-type: none"> • A few members have been asked to share how they and their agencies are adapting to the new norm and COVID -19. Anyone is certainly welcome to provide information • All comments are welcome. • Carey stated hopefully this meeting will be the beginning of collaboration to examine new risks facing our community amid the COVID 19 Pandemic. • Risks brought to her attention through the lens of prevention are the increase in social isolation, normalization of drinking “wine with DeWine”. Surge in alcohol sales. Medical Marijuana dispensaries becoming “drive-through” and determinants of health equity. 	
COVID -19 Responses	<ul style="list-style-type: none"> • 	
Treatment McKinley Hall	<ul style="list-style-type: none"> • Wendy Doolittle • McKinley Hall needs masks • McKinley is open with regular business hours. • Most staff working from home. Most clients are receiving services through telehealth. • Assessments are being done on-sight and through telehealth. • Recovery House is full. Residence is full. Getting a lot of referrals from jail. Concerns that too many clients from jail a safety issue for all involved. • Programs are full. • Looking a phasing services back in, but do not have masks. • Peer to Peer support still making contacts. • Trauma EMD still Face to Face on Site. • Some clients do not have proper access to internet and are using group rooms • Putting up technology so people can be 6 feet apart with masks. • Safe house is closed (COVID-19) concerns • No Day care is allowed at this time. • One2One at Soup Kitchen is closed because soup kitchen closed. • Health Department is renting space in Southern Village, being renovated and not quite ready (no running water), but need it there. Clients having trouble getting to 	

<p>Lt. Korge Mori Dr. David Estrop</p> <p>McKinley Hall</p> <p>Brightview:</p> <p>Mercy Reach</p>	<p>Southern Village.</p> <ul style="list-style-type: none"> • Nurses from CCCHD not able to do HIV and Hep C testing at this time due to strains of COVID- 19. • Since the start of One2One, 19,253 contaminated syringes exchanged. • 90 visits in February 55 March and April will probably be lower • 35 Narcan kits in February, but only 15 March and April will probably be lower. • Quick Response Team still be handled by peer support • Resource officer position discontinued, but still has two peer support specialist that go out after they receive overdose list. JJ Peck and Chris Worthen. • Safe House Close due to COVID - 19 • Hospital is still available to detox. • GROW is on hold due to social distancing <p>Lt Mori asked as an EMS how do we know who to take where and what to recommend for treatment?</p> <p>Dr. Estrop said as a public employee that becomes a legal concern if not recommending local non-profits. Suggested getting in contact with Jill, from legal department of city.</p> <p>Since opioid epidemic for profits have been popping up because they feel there is a need. Some have been raided by federal agent and some have been awful, but there is understanding that there are plenty in need of services.</p> <p>What separates local non-profit is housing, such as safe house and wrap around services such as child care and other barriers that prevent people from getting treatment.</p> <ul style="list-style-type: none"> • Brightview: Lisa Bowlin • Founded by Dr. Ryan, provide comprehensive evidence-based treatment • Open regular hours. • Brightview is doing a triage process. Make sure current and new patients are safe. • OTP (Out Patient Treatment Provider) opened April 23, Can provide medications from facility. Medication dispensing within clinic. Allows for more creditability. If missing counseling can only dispense what needed until they begin showing up again. • Medicine delivery available, do not have to come to clinic • Tele med available and telehealth groups • Also doing assessments through telehealth and walk-ins. • Goal is to keep engaged especially in rural areas. • Seeing a slight increase in new clients. • Due full conformation on urine sample. • Does not do residential treatment • Lisa stated this is personal for her. She is passionate about recovery and treatment. She wants to make sure those falling through the cracks also have a safe place to get treatment. <ul style="list-style-type: none"> • Sheri Haines alcohol, drugs, and tobacco • Mercy Reach is a non-profit. 60-70% of clients use hospital for free care or on Medicare • Providing outpatient treatment 	<p>Follow up with providers to have comprehensive services for community.</p>
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<p>Ethan Crossing</p> <p>MHRB</p>	<ul style="list-style-type: none"> • Providing treatment through telehealth provided by therapist working from offices • Had some problems at first with system, but now are functioning with new system. Group sessions are now happening with telehealth. • Large numbers are still going to hospital for detox • Estimate 90 % of phone calls are being answered for treatment. Most are anxious to get back into group and on-site treatment • Concerns right now, can't drug screen and alcohol sales are up. • Sheri suggested creating a list of all services in community. <ul style="list-style-type: none"> • Ethan Crossing wants to partner with everyone. It is 80 bed facility for medical supervised detox, • Residential, Intensive PTO, chronic relapse, co-occurring disorders and trauma, holistic approach. • Currently taking commercial insurance, complying list on Medicare/Medicaid get approved for them to get into facility. • Single case agreements with insurances. • Want to build relationship with everyone and wants to get everyone into treatment and not fall through cracks. • If can't get into Ethan Crossing at this time working to get them into one of their sister companies for detox. Blue (Mark Ray) for detox or mental health services. Goal to work with community providers so clients do not slip through the cracks. <p>Tracey willing to work with agencies to have clarifying conversations. People still need to know where and how to access treatment. Role MHRB plays is using levy dollars for people who do not have payer source and utilizing funds to pay for services not reimbursed. No one should fall out at this point. Tracey willing to have private conversations to talk more about questions providers may have.</p> <p>Private treatment sectors coming into community goal is provide treatment to those that are not receiving treatment. Trying to meet needs of those falling through the cracks and allow all to provide services to all those who need. All agree need evidence based treatment with providers working together.</p> <p>Carey suggested this may be a necessary time to bring providers together to support treatment for our community and not allow anyone to fall through the cracks as Lisa suggested.</p>	
<p>FOA</p>	<p>Like everyone else offering virtual meetings. Offering Zoom meetings. Send out e-mails for parents and love ones who need support. Erica Mata has helped put that together. Trish is taking cards to different agencies to share services offered by FOA.</p>	
<p>Springfield Fire Rescue Division</p>	<ul style="list-style-type: none"> • Lt. Korge Mori • Chart shows data from 2016 shows incidences where Narcan was used monthly. • To reverse opioid related incident. Numbers of times EMS went on opioid related run. • Summer of 2017 in number of incidences (140 + responses in a month) average 20-30 incidences in a month 	

<p>Wendy Doolittle</p>	<ul style="list-style-type: none"> • April not complete, if continues trend for April 30-40. • Does not show how much Narcan gave per patient or how many patients in the run. • Stimulus checks and unemployment will not be reflective of people using checks to purchase opioid, right now does not show, that will probably show up in next three months. • Meth, marijuana, alcohol and other substances not shown in chart or crystal meth that seems to be current trend. • Feels like going on more opioid related runs, because decrease in overall responses down because people fearful of going to ER and restrictions with people going to ER. • Concern people really suffering with chest pains, etc. not going to ER. • Lt. Mori really concerned about overall deaths resulting from people not going to ER. 	
<p>Emma Smales</p>	<ul style="list-style-type: none"> • Are there more fatal overdoses? Hearing from staff, newspaper, clients, etc. Does not have data, but can get that information. Lt. Korge concerned about overall number of deaths because people are fearful of going to ER. • Emma Smales just last week pulled numbers from Mercy Health on overdose hospitalizations, basically normal. Last 8 weeks exactly where they were last year. For fatal need to ask coroner's offices. If get more than 8 in 24 hour period, get an alert. Will let steering committee and coalition know. Does not have fatal numbers. 	
<p>Tracey Stute</p>	<ul style="list-style-type: none"> • OHMAS perceived spike in overdose ED visits 96 in 60 day window. Did not have fatality data. These numbers reflect people transported or given Narcan and people refusing to go to ER. Numbers include anytime EMS responds. 	
<p>Dr. David Estrop</p>	<ul style="list-style-type: none"> • Can all drug related runs be tracked? Hard to gather data. Give Narcan and spring back to life, we know it is opioid. No way to test for other drugs. There does seem to be a trend towards non-opioid. Those runs are labeled difficulty breathing or cardiac arrhythmia. It would have to be a greater dig to get that information. 	
<p>Lt. Korge Mori</p>	<ul style="list-style-type: none"> • Need drug treatment facility information. • Meeting continued until next Friday. 	
<p>Submitted by:</p>	<ul style="list-style-type: none"> • Carey McKee 	
<p>Next Meeting: May 5, 2020. Virtual meeting through Mental Health and Recovery Board.</p>		