Adirondack Health Institute

Lead Empower Innovate

MEETING NOTES

MEETING INFORMATION

MEETING TITLE:	**RCORP CONSORTIUM PARTNER MEETING**
DATE/TIME:	FEBRUARY 25, 2019
NEXT MEETING:	MARCH 13, 2019 (NEEDS ASSESSMENT)

ATTENDEES

Rebecca Evansky, Project Manager AHI
Louann Villani, Executive Director, AHI
Anna Lincoln, St. Joseph's
Zachary Randolph, St. Joseph's
Larry Calkins, Seaway Valley Prevention Council
Allison Reynolds, Warren Washington Council for Prevention
Rachel Truckenmiller, HFM Prevention Council
Linda Beers, Essex County Public Health

MEETING OVERVIEW

Slides were provided to cover topics of discussion.

Introductions

Intro included sharing association with regional OUD/SUD Coalition and sharing a top related issue related to the opioid epidemic for your specific region. Some comments include:

-getting people into proper treatment
-MAT (medication methodology)
-immediate access to assessment (24/7 services)
-Increase access to services (providing them in the community/ telehealth options)
-Understanding what services exist across the region, expand on collaborative efforts
-OD mapping/ spike notifications (access to data and responding to trends)
-Expansion of mobile treatment options/ open access
-Getting people into timely treatment
-Confronting and combating stigma
-Taking a population health approach
-better regional data including toxicology reports, coding
-less duplication of services, better regional approach
-utilizing and lifting the current resources/ regional content experts

Review of agenda (Listed on PPT)

Review of program goals and core activities to be accomplished during the planning process (Described on PPT)

Key Initiatives:
Developing the Consortium

-MOUs have been distributed, please return at your convenience. (most have been returned at this point).
-Explanation of MOU attachments, which include workplan and organization specific letter of interest to meet the requirement of HRSA to include expertise of organization.
-MOU will be distribution and available to additional identified partners as they elect to join the consortium
-Meeting schedule to be established and discussed later in the meeting
-Help will be requested to review regional partners to ensure that we are identifying all necessary consortium members, especially as we approach the needs assessment kick-off
-Communication to be established between consortium, via email, basecamp (ECHO), website landing page for information and engagement of new partners, and ongoing meeting opportunities

Conducting a detailed analysis

Collaborate with JSI- Hire a consultant with experience in conducting regional community health needs assessment, analyzing data, identifying gaps and converting data into meaningful information.

Some of the relevant experience for why John Snow, Inc was chosen as the contracted consultant:

- John Snow Inc was contracted to conduct the community health needs assessment (CHNA) for the Central New York Care Collaborative PPS.
- They were previously utilized by AHI in the assessment of available data sources, identification of partners' data needs, and streamlining the configuration of resources across four programs (Adirondack Health Home, Adirondack Medical Home, Adirondack Rural Health Network, and AHI PPS).
- Contracted by a coalition in Maine to support regional opioid service treatment planning.
- Have familiarity with the process of utilizing data to guide a coalition towards a strategic plan of workforce capacity through their work with a county Maryland to develop city- and county- level primary care strategic plans.
- They have provided the state of New Hampshire with technical assistance in support of addressing prevention, treatment and planning for around opioid initiatives.
- Serve as the substance use prevention TA recourse center for Rhode Island (since 2012)

Will conduct needs assessment and present report and findings. Three representatives from John Snow Inc will be in the region to kick off the needs assessment on March 13th and 14th. They have requested a full day (six hours) for this process on day 1 and will schedule partner follow-up meetings if needed on the 14th.

The needs assessment will include all eight RCORP counties as it relates to prevention, treatment and recovery for opioid use disorders. The assessment will include an analysis of the workforce capacity to provide these services.
JSI will prepare a formal written report of the needs assessment and it will be utilized to inform the development of the strategic plan.
We anticipate the report will be drafted by May and a final presentation will be made in June.

Develop a comprehensive strategic plan
HRSA RCORP grantees are required to draft a strategic plan that includes

- Addressing the gaps in OUD prevention, treatment (including MAT), and/or recovery services as well as access to care identified in the analysis.
- Incorporate evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with opioid overdose in rural communities.
- Ensure affordability of and accessibility to services for target populations.
- Detail plans to leverage existing state, federal and local OUD resources and secure community support.

- Provide specific strategies for implementing the identified evidence-based practices after the year ends.
- Develop strategies to eliminate or reduce costs of treatment for uninsured and underinsured patients.

Keeping in mind that an effective planning process starts with identification of a problem that can be document with data (needs assessment is key).

Develop a workforce plan

Complete a workforce analysis report, developing an action plan to meet the needs of the SUD providers. Assistance from DSRIP workforce reports, not to include organizational level data, but regionally identified needs through the past reporting process.

Complete a sustainability plan

Will be identifying additional linages and partnerships to expand the network. Developing strategies for resource development as it's identified through needs assessment and strategic planning.

Growing the Consortium

Rebecca to draft a list of regional members who will receive invitation and will circulate to primary consortium members to ensure no one is missed. Thinking outside of the typical players: Rx, dentists, PCP, RN, ancillary health professionals, health center managers, Care management, Media outlets, advertising agencies, Colleges/universities, school districts administrators. Suggestion was made to include Legislator/ Assembly, someone who can be a champion for the region, effect policy change.

Save the Date

Date provided, comments included the question of possibility to section off the full day to sectors of practice. This may allow people to call in or present and participate for key conversations as they pertain to their area of expertise. There is someone who utilizes this model and the agenda will be provided to Rebecca for review and share suggestion. This seems to be a busier day on the calendar, but consensus was that everyone will make a commitment to be present. Explained that the opportunity for on-site, personal interviews will also take place on the 14th. More information was requested as to sites and best partners, who are going to be the primary consortium members since they are leaders for the regional task force efforts.

Future Planning

Timeline share of proposed meeting points over the next seven months. It was requested that a short-term goal would be great to understand what others are doing in a quick-view type of forum (simple, a matrix was suggested, developed with a quick glance of what is available across the region). Linda to share a document that was being utilized in Essex Co and could be modified and updated to include the region. Covering topics of Prevention/ intervention/ treatment/ recovery and agencies listed.

Where to learn more

Website landing page shared. High-level overview of program initiatives is presented, short video was created to provide highlights and there is a contact form to complete for more information. Request was made/ suggestion that there be an additional method of communication, like Basecamp to capture all that is happening with RCORP planning and keep everyone update. Rebecca to investigate if AHI still holds a license to basecamp and if this is available for use. Other ideas to be explored.