

Opioid Remediation Committee Meeting Minutes

Thursday, May 5th, 2022

4:00 PM – 5:30 PM

SLC Staff Present: *Jana Blomberg, Patrick Boyle, Molly Cooper, Ashley Grimm, Linnea Mirsch*

Members Present: *Greg Anderson, Katie Bauman, Laura Bennett, Joseph Bianco, Elisabeth Bilden, Heather Blue, Pat Conway, Melissa Dybvig, Beth Elstad, Jennifer Garbow, Brandon Hankey, Bryan Johnson, Sherry Johnson, Danielle Jones, Jessica McCarthy-Nickila, Branden Mattson, Jeff Polcher, Lisa Prusak, Allison Vanneste, Susan Purchase, Verne Wagner*

Others Present: *Laura Birnbaum, Erin Bolton, Gena Bossert, Susan Vitulli*

Members Absent: *Mike Jugovich, Ross Litman, Kim Maki*

Director Mirsch gave a brief overview of John's Hopkins principles for the use of the funds from the opioid litigation for the Committee to keep in mind as they broke into groups today. The five principles include:

1. Spend money to save lives.
2. Use Evidence to guide spending.
3. Invest in youth prevention.
4. Focus on racial equity.
5. Develop a fair and transparent process for deciding where to spend the funding.

Jana Blomberg ran through a recap of last months meeting highlighting the Colorado Blueprint. The Committee will be working to create a survey based off the one used in the Colorado Blueprint to highlight the priorities for communities and help drive recommendations. They will be compiling the information gathered during the breakout groups today, they will create a survey that will be brought back to the Committee on June 1st. The survey will be taking place during July and August with committee meetings resuming in September. The survey will focus on local coalitions and lived experience. The results will be pulled together, and they will be brought back to the September meeting along with the Colorado Blueprint results model to use as a guide.

The Committee then moved into four breakout groups for brainstorming on the following questions in each group:

Prevention

1. What do we need in our community that's not listed here? [Prescription Drug Monitoring Program (PDMP); Screening, Brief Intervention and Referral to Treatment (SBIRT); Provider Education; Community Development; Primary Prevention; Drug Take Back and Storage] Build a list based off your expertise for St. Louis County.
2. What promising or existing practices are you excited about that we haven't been able to implement broadly?
3. What can we hit the ground running with that will make the biggest impact for people in St. Louis County?
4. Who is the most vulnerable and most in need of harm reduction services? Who are we missing? Consider the different county regions and the disparities that may exist.

5. Is there anything else you would like included? Any concerns to share? What do you want to share back with the larger committee?

Criminal Justice

1. What do we need in our community that's not listed here? Build this list based off your expertise for St. Louis County. [Law Enforcement, Community Corrections, Jail-Based Addiction Treatment, Post-Incarceration Social Programs]
2. What promising or existing practices are you excited about that we haven't been able to implement broadly?
3. What can we hit the ground running with that will make the biggest impact for people in St. Louis County?
4. Who is the most vulnerable and most in need of harm reduction services? Who are we missing? Consider the different county regions and the disparities that may exist.
5. Is there anything else you would like included? Any concerns to share? What do you want to share back with the larger committee?

Treatment & Recovery

1. What do we need in our community that's not listed here? Build this list based off your expertise for St. Louis County. [Substance Use Disorder Treatment Expansion, Recovery Supports, Rural/Frontier and Underserved Treatment Programs]
2. What promising or existing practices are you excited about that we haven't been able to implement broadly?
3. What can we hit the ground running with that will make the biggest impact for people in St. Louis County?
4. Who is the most vulnerable and most in need of harm reduction services? Who are we missing? Consider the different county regions and the disparities that may exist.
5. Is there anything else you would like included? Any concerns to share? What do you want to share back with the larger committee?

Harm Reduction

1. What do we need in our community that's not listed here? Build this list based off your expertise for St. Louis County. [Overdose Surveillance, HIV and Hepatitis Treatment, Overdose-Reversal Drugs, Drug Checking, Syringe Exchanges, Family Support]
2. What promising or existing practices are you excited about that we haven't been able to implement broadly?
3. What can we hit the ground running with that will make the biggest impact for people in St. Louis County?
4. Who is the most vulnerable and most in need of harm reduction services? Who are we missing? Consider the different county regions and the disparities that may exist.
5. Is there anything else you would like included? Any concerns to share? What do you want to share back with the larger committee?

When the breakout sessions ended, each group highlighted the following items to share with the entire committee:

Prevention

Susan Vitulli spoke for the group and highlighted some key takeaways. The group talked a lot about stigma reduction as well as education and training. They also discussed teaching the public and communities about substance use disorders, overdose, etc. as well as providing education and training broadly for medical providers nurses, signs, and symptoms, how to screen and communicate with folks and not perpetuate stigma. This would include those already in the medical field but also key learning while in medical/nursing school. They discussed better access to services and supports, developing a real-time resource hub for referrals to facilitate faster access to treatment. Finally, they talked about public education as well as the connection between substance use disorder and mental health.

Criminal Justice

Gena Bossert spoke for the group but first had Jess Nickila discuss the importance of housing overall which was the groups big push. They discussed seamless care for those going back into the community. They also suggested a mobile clinic which is something they'd like to try as well as a campaign about stigma for the entire county but especially the smaller areas where the stigma is still very high.

Treatment & Recovery

Erin Bolton spoke for the group and highlighted many areas including:

- Needs in the community
- Expanding programming for pregnant moms and adolescence
- Needle exchange vending machines
- Rural outreach and urban focuses
- Residential settings for people going to next step with treatment.

Also similar things to other groups they discussed the understanding of laws, education for providers, anti-stigma language and education around medication assisted treatment. Pure recovery services and how to continue to build that focus because that is working yet some of the barriers are funding and not enough people out there yet. Ways in which the hospitals patients in active use in emergency departments and how we provide services such as easier access. Crisis intervention services and how we make it an easier service for those walking into the emergency department. Staffing shortages, LADC workforce, potential grant funding for schooling where students can get LADC and get back into the community. Finally, they discussed barriers to hitting the ground running which included workforce shortages. They also identified they want access for all but there are some populations that are more vulnerable (homelessness, incarcerated, etc.) and potentially provide tailored services to all while understanding the disparities.

Harm Reduction

Laura Birnbaum spoke on behalf of the group and discussed other needs in community such as providing fentanyl strips and education, overall drug education and the impact of certain drugs, not only for people using but to reduce the broader stigma. They also discussed overdose prevention centers and safe use hotlines, more mobile and popups especially in rural areas as well as having uncomfortable conversations starting with younger people. They focused on community outreach to reach more people that are being missed and highlighted the power of storytelling. They also mentioned having therapists onsite (at places such as schools) who have more of a harm reduction

lens. They added normalizing what is working such as Narcan and needle exchanges, providing more access to syringes and harm reduction since reuse and sharing is huge. They touched on transportation or a way to get to people in small towns, creating recovery communities in places that aren't currently being used. They discussed the power of community connection and how use can isolate people so creating community around something such as meals. Finally, they discussed the importance of understanding why people turn to use (trauma and pain) before ending with a powerful quote from Verne Wagner, "sometimes our worst stuff is our best stuff."

Jana Blomberg wrapped up the meeting stating that the next meeting will be on June 1, 2022 from 4:00 PM to 5:30 PM. Members will have access to the Jamboard should they wish to add any final thoughts. She added that the same platform for the next meeting as it seems to work best. They also might follow up with groups before the next meeting as they build on the questionnaire/survey.