



## Broome Opioid Awareness Council

June 3, 2022 | 10am  
Virtual Zoom Meeting • Broome County Health Department

### Agenda

**Zoom info:** <https://broome.zoom.us/j/85214601548>

**If you call in with no computer option call 1.646.558.8656**  
Meeting ID-852 1460 1548

**\*\*Password 2022\*\***

**Call to Order:** Marissa Knapp- Opioid Overdose Prevention Coordinator

In Attendance: Marissa Knapp (Broome County Health Department), Kristin Russell (Broome County Health Department), Christopher Li (Mental Health Association of the Southern Tier), Hannah Driskell (Broome County Public Defender's), Alexis Pleus (Truth Pharm), Serdar Atav (Binghamton University), Amy Fassold (Broome County Health Department), Raymond Serowik (Broome County Office of Emergency Services), Kurt Zumbach (Broome County Probation), Jillian Beloch (Broome County Mental Health), Britt Riso (Mental Health Association of the Southern Tier), Jules Lee (Rural Health Network), Susan Wheeler (Parent/Community Member), Leigh Stevens (Two Rivers Church), Maria Fabrizi (Prevention Coalition of Broome County), Jill Lloyd (Mental Health Association of Southern Tier), Tom McNair (Broome-Tioga BOCES), Sidney Graham (Lourdes Youth Services), Courtney Hayes (Truth Pharm), Jo Ann Moore (Lourdes Hospital), Erica Robinson (Helio Health), Calvin Brown (UHS Addiction Medicine)

### 1. Welcome and Introductions-

### 2. Presentation- Dr. Serdar Atav- Binghamton University and Alexis Pleus- Truth Pharm

Introduction:

- This was a cohort-based project created by 5 community organizations and a hospital system in Binghamton NY using a harm reduction approach. This project focused on:
  - Improving health, health care utilization, and social determinants of health.
  - Reducing stigmatization by providers.
  - Increasing acceptance around patients.
- The team thought this would help individuals and improve their outcomes.
- Broome has one of the highest overdose fatality rates in NYS and one of the highest incarceration rates in NYS. These indicators show the issues surrounding OUD.

- The Community partnership included:
  - Lourdes Hospital
  - ACBC
  - Truth Pharm
  - Reach Medical
    - A harm reduction-based organization who provides low-threshold buprenorphine provider.
    - They believe in providing buprenorphine even with continued use of substances.
    - They are in Johnson City every Tuesday, based in Ithaca.
  - STAP
  - Rural Health Network
- Funding by this program was provided by DSRIP.
- Specific Goals:
  - Improve the care provided to OUD.
    - Community health worker in ED and inpatient units would provide information on OUD treatment options and/or assist with social determinants of health barriers.
    - Build pool of resources in the community to follow up and support.
    - Increase care coordination between health systems and community-based organizations to better serve the population.
    - Increase the number of waived providers with a DEA x licenses.
      - At the beginning of the project, Lourdes only had 1 physician with this license and services were not advertised. By the end of the project, there were 7 physicians licensed and providing buprenorphine services. Currently they are expanding their providers in Owego now.
  - Reduce the cost of care
    - Increase patient engagement with primary care providers and available resources.
    - Lower the number of unnecessary ED visits.
    - Lower the number of unnecessary inpatient visits.
  - Reduce stigma and increase acceptance around OUD patients.
    - Everyone is treated equally.
    - Provide community education to increase awareness and acceptance.
    - Deliver provider and hospital staff education on OUD.
      - Was also provided to the primary care offices.
- Programs provided:
  - The Community Health Workers provided direct services to members.
    - This person was the touch point for people, not necessarily case workers (less time intensive).
    - The Community Health Workers would meet with a person and do an assessment tool, provided by the Care Compass Network, to determine their needs and they would assist with these.
  - The Community health Workers would schedule appointments, arrange transportation, assist with housing, linked individuals to other support organizations to meet basic needs, advocate on behalf of cohort members, and assist with applications to various social programs.
    - This project showed the gaps in the systems with public assistance: i.e. many people in Broome County with OUD are sanctioned from benefits therefor unable to be housed or received food for 6-8 weeks.
    - This project was a true safety net for those in that situation.
    - By the end of the 2 years of the project, 70 people were able to get housing with help with their security deposits.
  - Education initiatives were offered to providers on harm reduction, decrease stigmatization and to improve knowledge on OUD and patient engagement.
    - Education was provided for all hospital staff, doctors, nurses, etc. All wards were educated to decrease stigma with providers.
  - Community programs were designed to educate the cohort members and their families about the

- complexities of addiction, harm reduction practices, stages of recovery, self-care, and navigating the criminal justice system.
  - Direct medical care was provided through Lourdes Hospital and it's network of providers.
- Initial Cohort Selection
  - OUD patients
  - 18+
  - Broome and Tioga Counties
  - Initially identified a total of 88 Medicaid patients for the period of 8/1/17-7/31/18 who visited the ED for opioid abuse or dependance
  - These patients:
    - Visited the ED 198 times
    - Were hospitalized a total of 98 times
    - Total hospital days equalized 800 days
  - There were an additional 26 unique patients who received Narcan for overdose either in the ED or by EMS prior to the arrival to the ED.
  - Once participants heard their basic needs would be met during this project, there was huge interest in bring a part of the cohort.
- Profile of participants:
  - 345 participants
  - Under 40 years of age (79%)
  - Predominantly white (79%)
  - Mostly smoker (94%)
  - GED or HS diploma or less (75%)
  - Most reside in rural communities (94%)
  - Majority unemployed (76%)
  - Almost half reported more than 3 medications (46%)
  - High level of stress (80%)
  - Many were not housed and lived alone
- Initial Program Outcomes:
  - From 1/19 through 9/20 the OUD cohort served a total of 345 Medicaid clients with OUD. Within 8 months of the project start date the 200-participant limit was reached.
  - There were significant decreases in the Emergency Department and hospital utilization for clients enrolled in the OUD Cohort greater than 6 months:
    - 44% decrease in ED utilization.
    - 48% decrease in hospitalizations.
    - 70% decrease in the number of patients who left the hospital against medical advice.
    - The decrease in E.D. and hospital utilization amounted to a corresponding decrease of \$435,036 in claims billed to Medicaid.
    - 28 OUD cohort clients were engaged with Lourdes primary care providers and are newly attributed patients.
    - There was a 110% increase in primary care utilization by clients.
- Programmatic Challenged Encountered:
  - Engaging the cohort participants with a primary care provider.
  - Unable to easily track the indicators of success of clients enrolled.
  - Decrease ED & hospital utilization/ increase primary care access.
  - Some provider education took place, but there are still gaps.
  - Care provider acceptance of individuals with OUD.
  - Clearing the Confusion was interrupted by COVID-19.
  - No resources within the emergency department and hospital to assist clients.
- Formal Evaluation of the Program:
  - OUD cohort intervention project had 3 goals and our formal evaluation reflected these goals:
    - 1. Improving health, health care utilization and social determinants of health

- Data was gathered from hospital records and program implementors for a pre-post test analysis of outcomes
      - This was difficult to organize, because there was multiple data sources who collected it their own way.
      - After all the formal processes, it took 6 months to analyze the data.
    - 2. Reducing stigmatization by providers.
      - Using Qualtrics, data was collected from providers to assess their attitudes towards patients with OUD (Opening Minds Stigma Scale).
    - 3. Increasing acceptance around patients
      - Using Qualtrics, data was collected from clients to assess their experience and their feelings about other people’s reactions to their distress (The Stigma Scale- Dinos).
      - A focus group was conducted and collected qualitative data on participants experiences.
- Impact on Health Care Utilizations
  - The total number of ED visits went from 187 prior to the intervention down to 96 during the intervention.
  - An ED visit for opioid poisoning (national) on average costs a minimum of \$4,000.
  - Estimated potential savings of the intervention: \$364,000.
- Impact on Social Determinants of Health
  - At the time of enrollment, major issues with Social Determinants of Health:
    - Housing
    - Employment
    - Assistance with basic needs
  - Statistically significant difference after the interventions:
    - ED Visits
    - Need of support
    - Employment status
    - Level of stress
    - Primary care visits
- Impact on Stigmatization by Providers
  - A revised Opening Minds Scale was used to assess the attitudes of providers towards people with OUD.
  - The providers who participated in education sessions provided by the program had significantly lower stigmatizing attitudes than those who did not participate in the sessions.
  - Older providers had significantly worse attitudes than the younger ones.
  - No statistical significance in difference detected for difference in licensing (i.e., doctors vs. NPs vs. PAs) or gender.
  - The program had significant impact on the stigma levels, but there were still significantly high among providers despite the education.
- Impact on Experience and Reaction of others.
  - Only 14 responses to the requests.
  - Most respondents did not complete the survey.
  - Unable to accomplish the goal for this evaluation piece due to lack of quantitative data.
  - There was a focus group with 8 program participants, and it is still be analyzed.
  - Participants expressed their feelings about other’s judgements towards them. Overall, the conversation was generally positive after this initial discussion.
- Conclusion
  - Overall, the intervention made significant improvements in health care utilization and social determinants of health for the clients.
  - Continuation of funding is the major challenge.
  - The program ended Sept. 30<sup>th</sup>.
  - The cooperation among 5 community organizations, a university, and a local hospital system is exemplary and will make projects like this easier to navigate and coordinate in the future.
- Thoughts/Comments

- There was anecdotal evidence that there was a decrease in incarceration and potential fatalities in the cohort participants.
  - If we focus on a person's well-being and their basic needs are being met, there is a decrease in negative social impacts.
- Through the transcripts of the focus groups, it showed the importance of the person-to-person connection with the service providers.
- Incarcerated individuals who were going to be in jail or appeared to only be in jail for less than 3 months would not be excluded from the program, and instead would be continued to be engaged, and have a service provider ready to help them once they were released.
- It was interesting to see that many of the participants were from the rural communities, and it goes to show the need in those areas.
- Bravo to those that worked on this project.
- The Medicaid savings information came from Lourdes only, and many participants also go to UHS, so imagine how the savings would be in the area if both hospitals participated.

### 3. Updates & reports from partners –

- Broome County Health Department:
  - Overdose Data 2 Action grant from NYSDOH and we are working on Year 4 budget and workplan.
- Office of Emergency Services:
  - Data Sharing:
    - Caught up in the data from law enforcement and the naloxone use at least through the year 2021. This is always a lagging indicator since they come from police in different ways. The AIDS Institute is piloting a project for better data collecting with Public Safety.
    - Many of the metrics correlate with each other with the dips and increases.
    - Police and EMS Naloxone are trending downwards.
    - The number of calls to 911 to cardiac or respiratory arrest are increasing.
    - The Overdose numbers started to trend down but have now trended upward.
    - These are snapshots in time but are not corrected moving forward.
    - OD Map Cases were lower, but now trending upwards.
    - The Crime Analysis Center is doing a lot to get data to make it most accurate.
    - Feb. 2022: 10 fatal, 61 non-fatal.
    - March 2022: 4 fatal, 51 non-fatal.
    - April 2022: 6 fatal, 37 non-fatal.
    - May 2022: 8 fatal, 40 non-fatal.
  - Ray is set to retire by the end of July, they are waiting on civil service exams, but there is a successor and Ray will be on per-diem to assist them in the transition.
- Truth Pharm:
  - Alexis suggested the expansion of syringe disposal in rural communities such as Deposit. There seems to be both a need and a want in the community to have those services. Truth Pharm would be interested in a Sharps disposal kiosk. Courtney mentioned Lee Barta Community Center expressed concern about syringe litter and might be another possible partner/location for a drop box.
  - There is a large need for those who have lost sanctions from DSS and Truth Pharm has become a drop-in center for those who are homeless.
  - There is a new project partnering with Lourdes Hospital to provide Narcan Training.
  - Tuesdays 6pm, there is the family program Clearing the Confusion that runs.
  - June 20<sup>th</sup> is the garden of hope start again. This will be the 3<sup>rd</sup> Monday every month. Each month will be a different topic and The June 20<sup>th</sup> is the Science of Meth will be in person at 6:30 pm.
  - August 20<sup>th</sup> is the Trail of Truth. Any organization is welcome to table there. There will be a guest speaker.
  - First Tuesday and third Tuesday of each month is the grief group.
  - August 11<sup>th</sup>-12<sup>th</sup> is a harm reduction conference in Buffalo.
  - Facebook Links to Events:

- <https://fb.me/e/4P0xnbDnv>
- <https://fb.me/e/1x0VgzaEV>
- <https://fb.me/e/3eMaSmwxY>
- <https://truthpharm.org/calendar-events/>
- Broome County Public Defender's Office: No updates.
- Helio Health:
  - The housing project is moving forward but there is limited information right now.
  - Erica has applied for a few grants for the clothing project.
- MHASt:
  - As mentioned, there is a discussion on a sharps disposal being held with the Director.
  - Project Hope project is ending, and Jill will be transitioning into a different role.
- NIDA HEALing Communities Study:
  - The next meeting will be June 13<sup>th</sup> at 10 am. Jillian will be sending the zoom information soon.
- Prevention Coalition:
  - Parent Café in Deposit:
    - Showed the short film Dead on Arrival and had a discussion afterwards about how to discuss with their children.
    - Mental Health was also discussed.
  - Family Movie Night dates were just released, and they are on their Facebook page and the Broome County Parks Facebook page.
  - Maria is working on the Prevention Needs Assessment for this upcoming school year.

#### 4. Other Announcements/Business –

- Sharps Initiative:
  - The Health Department now has a large Sharps disposal receptacle.
  - Currently staff is working on a policy and procedure and finalizing that with the goal of putting the receptacle in the lobby for the public to use.
  - Hopefully this will be out and available Monday-Friday 8am-6pm by next month.
- OFR Project:
  - Broome County Health Department staff is working on a protocol document including a list of potential members which was shared with our planning partners.
  - Staff has been working closely with the County Attorney's Office on how to move forward with collecting data and gaining consent due to HIPPA.
  - The OD2A grant will have money put aside for a contracting Social Worker, who will assist staff to gain consent from the families to review the cases, to conduct the Next-of-Kin Interviews, and to participate in the review meetings.
  - Staff met with the Coroner's Office and discussed the project with them. Their participation is key in this, and staff needs their buy in to move the project forward. Staff has been in communication with the coroners and waiting on a response from them on who is interested.
  - The goal for the first meeting is February 2023, which would be a meeting with all partners and discussion on how the meeting will be run, nurturing relationships amongst the partners to gain understanding on why everyone is there, etc.
  - The project needs buy in from the Broome County Legislature and after that, staff will be reaching out to the partners to meet in person to discuss more specifics.
- Changing Meeting:
  - A survey monkey will be sent to BOAC members soon on best days and times to move the meeting. There will also be questions on in-person vs. virtual and what options people will like.
  - The meeting dates will be set to the majority of the responses.
  - Look for this in your email.
  - Hopefully there will be in-person options soon and it is encouraged to come in person.
  - If there is anyone who should be at the table, please connect them with Marissa.
- Pharmacy Initiative:

- The initiative is moving forward and is very close to being implemented.
- Both Lourdes and UHS pharmacies are on board and between the two of them, there are about 11,000 bags that will be purchased.
- This will target the short term opioid distribution that would go out, not someone who has a long term pain management script.
- There is also a discussion on having educational information printed on the prescription bags.

**NO JULY MEETING**

**Next Meeting: TBD**