

SUSSEX COUNTY HEALTH COALITION

Sussex County Drug Free Communities Initiative

March 11, 2021

1:00pm to 2:15pm

Virtual Meeting via Zoom

Meeting Minutes

20 Attendees, 0 New Attendees

Action Items

- SCHC to send out the Vision Consortium needs assessment and information about the Consortium
- Cara Sawyer to distribute PPT slides
- Rosanne to connect with DESHA about opioid epidemic technical assistance
 - SCHC can offer webinar for collaboration formation
- Kathryn to reschedule CAST tool with Brandn Green

The minutes were unanimously approved with a motion by Karen Johnston and a second by Jenna Montalbano.

New Business

- CAST Update (Brandn Green)
- Delaware State University (Tana Connell)
 - Update around Vision Consortium Next Steps
 - Received a grant to do a community wide needs assessment in Sussex, create a consortium and collaborate with the community
 - Are beginning priority setting such as early intervention services as early as elementary and middle schools
 - Key informant interviews explained the need for family members to understand what happens in the recovery process
 - Focus groups explained the need for more peer support in terms of training and intervention
- Peer Support Program in Sussex County – Roundtable Discussion
 - TidalHealth (Angie Brittingham & C.O.A.T. specialist)
 - DSAMH (Rosanne Faust)
 - SOAR: State Opioid Response Grant
 - Last year there were 431 overdose deaths; 41% of these involved synthetic opioids
 - 40% of Delawareans who died from overdose had at least one nonfatal overdose use
 - 40% of Delawareans who died from overdose were unhoused or had unstable housing
 - Previously if you used while you were in supportive housing you were no longer allowed to stay there, now you are able to come back as long as it is within 2 weeks
 - Can establish transitional housing
 - Can have legal barriers
 - Could be a joint effort with DE State Housing Authority; they have many resources for housing for those with mental health issues and SUD

- Looking to expand treatment, engagement, strategies and reduce barriers
- Improve treatment and those retained in treatment
- 3 tier program
 - Lowest tier requires screening efforts and results
 - Second tier is a proposal and response to RFP
 - Tier 3: proposal response, design of evidence-based program, technical assistance plan
 - Payments will be dispersed at 2 milestones
 - Individual discussions with health systems and emergency departments
- Low barrier business is extremely important, there are missed opportunities for treatment; hospitals and insurers need to get on board with this idea
- They have many peers doing excellent work, peers supervised by a clinician
- AmeriHealth Caritas DE (Jordan Weisman)
 - Narcan had a 3\$ copay; the state has since removed the copay
 - Started tracking Narcan scripts to see if practices are writing them
 - Began tracking Narcan administration through EMS or ED claim
 - 300 person conference last year
 - PIP: Performance Improvement Project
 - Found that some patients were mixing opiates and benzos
 - Huge decrease in the prescription of benzos
 - With one hospital system they are now scanning for key words such as respiratory depression to better track
 - Grant for prescribers across the state to get waiver to prescribe suboxone
 - Highmark and all hospitals use criteria to determine necessary level of care
 - Test based peer program; people can get assigned avatars for live 24 hour peer support as well as live face to face peer support specialist come see them the next day (combo of technology and typical model)
- Delaware Healthcare Association (Megan Williams)
 - Hospital focus has been COVID in nature
 - Hospital services are varied, some healthcare systems are working very actively with patients pre and post discharge, not all hospitals have these resources
 - Role of the stabilization centers; defining when patients will be most willing to accept care
 - Community communication, relationship, and alignment: collective impact

SCHC Staff

2:00 Partner Updates

- Lindsay Hughes: Drug facts contest for youth
- Karen Johnston: hotel in New castle was converted into an emergency homeless community; allowed for better outcome; discussion on community linkages

Attendees Matrix

1.	Kathryn Burritt	SCHC	
2.	Peggy Geisler	SCHC	
3.	Emma Braun	SCHC	
4.	Jordan Weisman		
5.	Judy Schlott	SUN Behavioral	
6.	Cara Sawyer	DSAMH	
7.	Andrea Waters	Pathways to Success	



8.	Jenna Montalbano	Senator Coons' Office	
9.	Robbie Murray	SCEMS	
10.	Lindsay Hughes	University of DE Cooperative Extension 4H	
11.	Matt Coyle	American Lung Association	
12.	Megan Williams		
13.	Kelly McColligan		
14.	Karen Johnston	University of DE Cooperative Extension 4H	
15.	Rosanne Faust		
16.	Kim Blanch	Beebe	
17.	Angie Brittingham		
18.	Quiana Dorn		
19.	Judy McCormick		
20.	Tana Connell	DSU Vision Consortium	