

Minutes

Mayor Frey's Multi-Jurisdictional Task Force on Opioids Monday, April 23, 2018 Goals, Strengths, and Critical Issues

- **Goals**
 - Healthy families/healthy births
 - Linkage between services more clear
 - Healthcare providers better educated on trauma informed care
 - Streamlined access to detox and medication assisted treatment
 - Evidence based treatment
 - Access to drugs limited and not so freely available
 - **Safe use space**
 - Regional coordination between core systems to facilitate treatment on demand
 - Fentanyl test strips
 - Treatment models match current opioid addiction
 - Put communities first and not at the end of the process - let us lead and support the work through providing resources and dismantling the internal systems of oppression
 - Culturally based treatment centers
 - **Safe house for addicts and victims of sex trafficking**
 - **Access to treatment on demand, right now, no waiting**
 - Longer stays 90-180 days
 - Support system
 - Measureable impacts outside of death rates i.e. graduation of treatment, # of months/ years sober
 - Restricted access to opiates
 - A health industry that supports recovery, rather than punishes use
 - Increase knowledge about opioid abuse and its danger - prevention messaging!
 - 50% reduction in OD's
 - **Dedicated funding, treatment, education, 30%-50% decreases in OD's**
 - **MAT in incarceration**
 - Safe consumption sites
 - Crack the CES silo
 - ADC's in ED's around the clock
 - Build a supportive community where people and families don't need drugs to survive

- More black, native, and POC getting paid to do this - reparations!
- Turning the curve on deaths not just stop rise, lower the numbers
- # with addictions come down - we have the metrics to show this (Narcan is downstream)
- High quality treatment on demand
- **No rule 25**
- Funding stream, treatment capacity, zero opioid deaths
- **Harm reduction, safe use center**
- Safe place to use
- Achieving the outcomes set today
- More targeted funding
- Lower opioid deaths
- More big pharma cooperation
- Decrease in opioid use
- **Educated first responders**
- Less wait time to get into treatment
- **MAT in jails and prisons**
- Not arresting for small drug crimes
- More syringe access

- **Strengths**

- Never Give Up! In it for my people. – J. Jones
- Voice, community boots on ground, building a movement 17,000, 6 chapter on reservations.
- Hold politicians accountable, shut down streets, and confront dope deals. - J. Cross
- Legislative knowledge. - D. Cross
- MFD department commitment to play a role in prevention in over 50,000 homes a year.
- Education -> employment in addiction, work- assessments primarily, history of working street outreach and understanding of current coordinated entry system, connected to larger community. – B. Culp
- Have done some of this process internally within county, have started conversations and planning. – S. Palchick
- Recruitment can bring people to the table to engage in conversations or volunteer to work in the community. – L. Lamont
- Strong sense of collaboration, credibility in N. Mpls. – J. Ellison
- Pushing things forward, action in the action steps. – J. Hermanutz
- Understanding trauma and addiction.
- My recovery, voice, and expertise. - R. Anderson
- Funding, getting the help. – D. Hawkins
- Ability to leverage assets and tools to influence change. – A. Cano
- Boots on the ground, living in neighborhood with overdose, lost two family members.- C. Holmes

- Resources of the dept. prevention lens, ideas into action. – G. Musicant
 - Proactive minded projects what can we do to prevent. Or what would be reaction for action. – L. Lamont
 - Access to thousands of NARCAN kits, see the effects of opioid crisis daily, trained thousands on MAT & NARCAN training. - S. Devich
 - 53 year treatment program in the community (suboxone, methadone friendly), LADC 30+ years. – D. McAlpin
 - Community engagement.- D. Cole
 - Connection and commitment to community, resources. – E. Adedayo
 - Public safety response, med assistance for OD. – DC Halverson
 - Work for non-profits that handle the issue, loss of two people to this issue, great relationships with orgs. - S. O' Donnell
 - Medical doctor, prescribing suboxone- treatment for heroin addiction, experience with families to make more family oriented, building relationship with communities. – R. Kelly
 - Navigating funding and policy at multiple levels of government, personal passion and experience with my family, policy development and analysis. - A. Nesse
 - Personal experience, policy lens, challenge of recovery. - A. Gomez
 - Community connections/partners align with current efforts, analytical.
 - Team's ready, trained staff, track record, hopes dealers. - VJ Smith
 - Level of trust in the community, willing to take risks, past experiences. - M. Goze
 - Policy expertise in chemical health, public health, health care, human services. – J. DeCubellis
 - Hope, achieving the goal. – D. Hawkins
 - Members of the most impacted communities, deep commitment. - A. Cano
 - Personal commitment because of the connection to the problem as a survivor and a victim, paramedic, program manager. – S. Pree-Stinson
 - Relationships with individuals/ orgs that have influence.- A. Stately
 - Large community gathering space. - M. LaGarde
 - Personal story and impact, personal connection and understanding, in a government and community position to elevate and support this work. – J. White
 - Knowledge of impact and trauma on individuals and community. - A. Stately
 - Focusing on issue head-on. - P. Hayden
 - Knowing how to work with the community with over 30 years of Connections/ experience. - D. Rubedor
- **Child protection**
 - How many of the Native/Black Youth are in system, are currently unaccounted for? Youth in system -> pathway to murdered and missing Natives
 - Extend treatment for parents in recovery
 - Because of the way crisis grandparents raising grandkids- grandparents struggle with reassures/ help *missing generation lost

- **Education for Native community** on voluntary/ involuntary parental rights
 - Change LAW that prohibits felony connections of kin placements (ex. grandma with felonies)
 - Change the system *child support
 - Compliance with IWCA
 - Reunification
 - Because of the way the laws are written, we have challenges getting Black/Native homes licensed
 - American Indian removal of our children as trauma
 - **Services for youth**
 - Continue care for babies
 - More Native works
 - Reservations make own policy
 - Stop, wait - keep kids with parent!
 - Mistrust of system
 - Bias in system/ drug testing.
 - Call tribes
 - More oversight on transfer of legal custody
 - Teen/youth unaccompanied (14+) - no CP case open
- **Recovery**
 - Treatment options that are available immediately- keeps families together (people don't have to choose between staying with kids and treatment)
 - Issues: evidence based treatment, equal access to treatment services (timely access), access to treatment beds, MAT access
 - Access to treatment- patient barriers, provider barriers, system level
 - **Rule 25 reforms**
 - People need to look like the people they serve
 - Post to Facebook to recruit members
 - After care in the community
 - **Access to MAT**
 - **Culturally rooted, trauma-informed, intensive healing, resources**
 - Treatment access, work force, \$ with transparency
 - Issues: lack of referrals to MAT, housing for after TX, ED- Treat and Street- no referrals, lack of resources in AI community, education for PD and 1st responders, focus is on prescriptions-heroin users fall through cracks
 - Issues: change the game, transform how we engage with communities, change services + supports we are providing, how do we get at the root cause? , the substance is not the main issue
 - **Overall reduction of deaths**
 - Sufficient rehabilitation funding/programs (accessible to all)
 - Improved perception monitoring

- Housing security for individuals and families who go into treatment
- **Prevention**
 - Employ youth to mentor other youth
 - Youth focus (whole family)
 - Cultural grounding- identity loss
 - Trauma
 - Employment/mentorship
 - Need structure, discipline
 - Outreach dollars
 - **Employment opportunities for youth and young adults to mentor their peers in prevention and support**
 - Culture, language, pow-wows, technology
 - Lack of cultural teachings/identity
 - Evidence based treatment, equal and timely access to treatment
 - Services for children of addicted people
 - Lack of funding for primary prevention compared to treatment, MAT
 - Root cause, trauma, funding
 - We don't deal with trauma effectively if at all; we don't invest in all communities equally
 - **Jobs**
 - Youth tribal focused trauma treatment rooted in culture
 - Genetic mental health issues, lack of protective factors
 - Limit doctors, pharm from giving the drugs out so readily
- **Criminal justice reform**
 - Address the pipeline to prison for black and brown people
 - **Jobs**
 - Stop mass prison pipeline
 - Religious rights for natives
 - Treatment
 - Re-entry programs
 - Peace making centers
 - Restorative justice centers
 - **Employment opportunities for youth and young adults to mentor their peers in prevention and support**
 - Decriminalization
 - Prison abolition
 - Recognize the racial inequity in criminalizing some drug abuse while others are considered a public health crisis
 - Probation change
 - Treatment on demand
 - Reparations for people in recovery and formerly incarcerated

- **Systemic integration and collaboration**
 - Lack of best practice treatment providers
 - Lack of addiction mainstreaming into healthcare system
 - Critical issues with this crisis: holding hospitals accountable for pushing pills then pushing patients away, people not getting active
 - Not enough funding
 - Elected officials not taken seriously
 - Admin technical assistance
 - Stop from ODing, cops-fire to hospital then released
 - Don't look at issue in a vacuum- as a singular issue
 - How can this work build other assets
 - Barriers- understanding bigger picture in our own community, disseminating info
 - Barriers- coordination between prevention treatment and harm reduction
 - Understanding how pieces fit together
 - Generational use, trauma
 - Conditions of disconnectedness

- **Economic opportunity**
 - **Jobs- vocational training**
 - Public safety
 - Free holistic health services onsite for all families
 - Education
 - Prevention
 - Treatment options/ housing
 - **Criminalization of drug use**
 - Substandard wages leads to poverty and an increased stress on people's time
 - Poor education infrastructure

- **Trauma**
 - Scaling/sharing best practice for treating Inter-connectedness of mental health and substance abuse
 - Build restorative practices into treatment
 - Understanding current, consistent, and cumulative trauma
 - Culturally specific and intentional approaches
 - Training on historical trauma for providers
 - Traumatized leaders traumatize the community further
 - Understanding healing can be traumatic
 - STOP re-traumatizing the community by making the community explain roots of historical trauma