MEHAF Addiction Care Collaboration Grantee Meeting:

November 6, 2019
9:00 AM – 3:30 PM
Maple Hill Farms

Frank Martinez Nocito, Program Officer, MeHAF

Kayla Cole, Consulting Services Manager, Qualidigm

WELCOME & BRIEF OVERVIEW OF THE DAY

OVERALL MEETING OBJECTIVES

- Opportunity for sites to pair up with one another to discuss programs, barriers, innovations, and data collection

- Updates on the State SUD/OUD priorities and strategic planning process

- OHH regulations and process

- SUD-HIE integration

- Addressing stigma including messaging to the media and review of the newly release stigma reduction toolkit

- Foster peer sharing and learning among grantees.

- Celebrate and continue progress within teams.

Morning Agenda

Time	Topic
9:00	Registration, Breakfast, & Informal Networking
9:30	Welcome & Brief Overview of the Day
9:45	Site-sharing Round-robin
11:10	Break
11:25	SUD/OUD Future TA Topics
11:45	Lunch

AFTERNOON AGENDA

Time	Topic
12:30	Panel Discussion on Policy & Data Updates
1:50	Break
2:00	Evaluation Check-In: Q&A
2:15	Addressing Stigma
3:20	Wrap up
3:30	Adjourn with afternoon snack available

TODAY'S PRESENTERS

- Kayla Cole, Consulting Services Manager, Qualiigm

- Eric Haram, LADC, Haram Consulting

- Frank Martinez Nocito, Program Officer, MeHAF

- Muskie School of Public Service, USM
  - Katie Rosingana, Research Associate
  - Lindsey Smith, Senior Research Associate

- Gordon Smith, JD, Director of Opioid Response, State of Maine

- Katie Sendze, Director of Client Operations & Programs, HealthInfoNet

- Tara McCarthy, SAMHS Project/Grant Manager, Maine DHHS

- Carol Kelly, Pivot Point

Site-sharing Round-Robins Panel Discussion Two- 30 minute Sessions

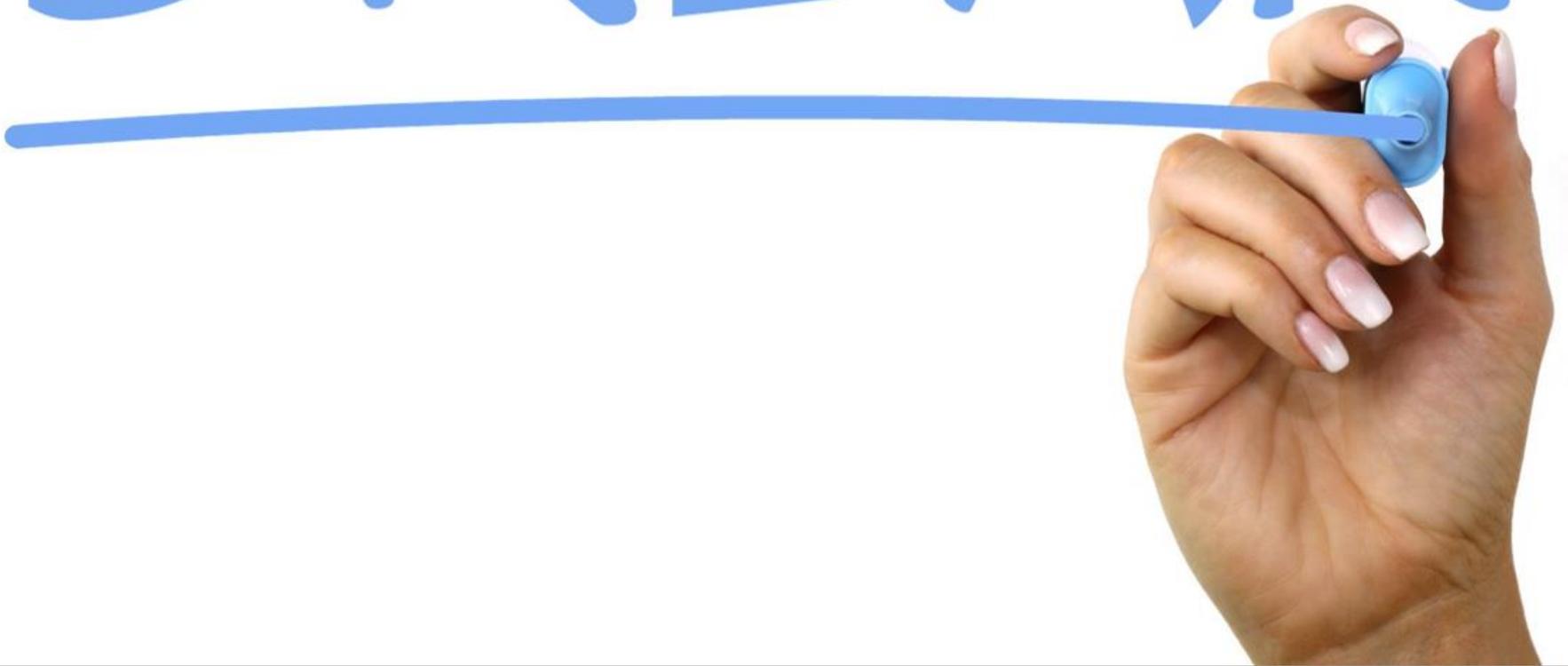- Facilitator: Eric Haram, LADC, Haram Consulting

Pairings- Round 1
- **PCHC & HAN**
- **HCC & York & Healthy Acadia**
- **Tri-County & MaineGeneral**
- **LincolnHealth & KBH**

Pairings- Round 2
- **York & HAN**
- **MaineGeneral & HCC**
- **PCHC & KBH**
- **LincolnHealth & Healthy Acadia & Tri-County**

BREAK

Gordon Smith, Esq., Director of Opioid Response, State of Maine

Tara McCarthy, SAMHS Project/Grant Manager, Maine DHHS

Katie Sendze, Director of Client Operations & Programs, HealthInfoNet

PANEL DISCUSSION ON POLICY & DATA UPDATES

Substance Use Disorder Data Sharing in Maine
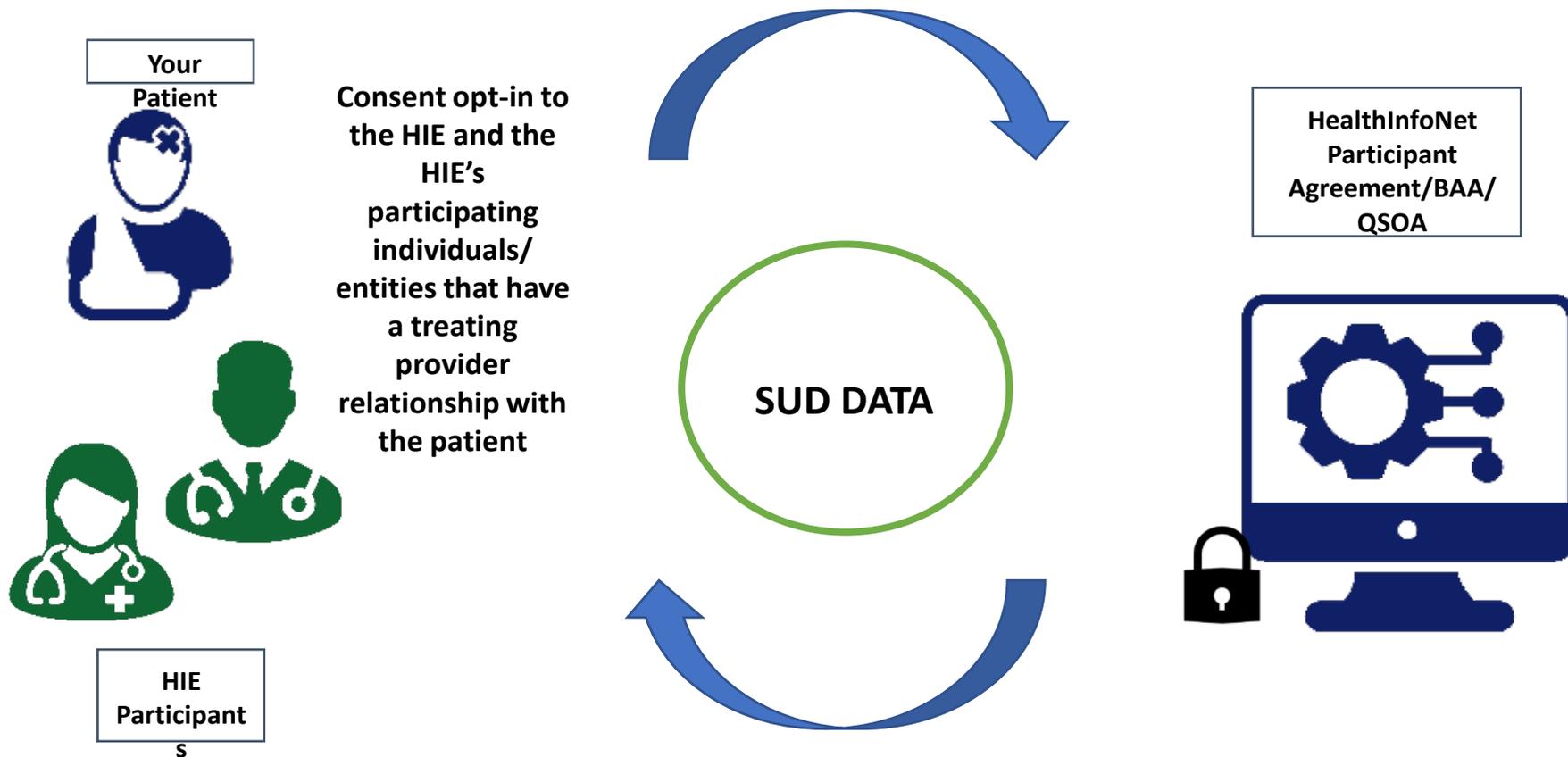
Project Update

Project goal: engage with stakeholders from around the state to learn about SUD data sharing processes, concerns, etc., and develop a set of recommendations based on takeaways to operationalize SUD data sharing

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Project Milestones

	Milestones	Timeline
1	Stakeholder outreach, convening prep research	Jan-April
2	1st convening	May-June
3	Convening workgroup/information gathering	July-Sept
4	2nd convening	October
5	Recommendation drafting with stakeholders	November
6	Final recommendations released	Nov-Dec

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HIN's Proposed SUD Data Sharing Framework

Your Patient

Consent opt-in to the HIE and the HIE's participating individuals/ entities that have a treating provider relationship with the patient

HIE Participants

SUD DATA

HealthInfoNet Participant Agreement/BAA/ QSOA

Project Progress – Summer 2019 Activities

- **Coordinated legal team meetings with major health systems to discuss SUD data sharing legal practices:**
  - Held meetings that included MaineHealth, Northern Light Health, MaineGeneral Health, Central Maine Healthcare, and St. Mary's Regional Medical Center

- **Convened an "Operations"- focused workgroup to further plan and discuss:**
  - Consent education workflows
  - Consent form requirements and options
  - Results of legal meetings and compliance needs

- **Further engaged recovery and peer support communities:**
  - Amistad
  - Portland Recovery Community Center

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Legal Meeting Progress (To-Date)

Legal & Compliance meetings were held with MaineHealth, Northern Light, Central Maine Healthcare, MaineGeneral Health, and St. Mary's Regional Medical Center.

Key themes from the meetings:
- Overall support for patient SUD disclosure to HIN for treatment purposes
    - HIN as the intermediary
    - General designation
    - Amount and kind
    - Timeframe
    - Audit rights for the patient
- Revise HIN Participant Agreement for 42 CFR Part 2 requirements and share
- Revise patient consent materials and share with health systems
- Technical operations projects will need to be resourced and planned once legal consent and operational processes are finalized

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Recovery and Peer Support Community Discussions

Recovery Community meetings were held with Portland Recovery Community Center and Amistad.

Key themes from these meetings:

- Education on SUD data sharing needs to occur across Recovery and Peer Support Communities
- What is appropriate for the Peer Community may vary from the Recovery Community, and both communities are engaged and will continue to be a part of the solution.
- Stigma remains a concern for Recovery and Peer Support Communities
- Need to involve people directly affected by SUD involved in the treatment workflows to get their perspectives
  - Peer Support Specialist program brought forward as education opportunity for HIN to understand and involve; how to bridge the clinical v. person perspective
  - Meeting with people from the Recovery and Peer Support Communities to workshop consent communications

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## *Draft Phase 1:* SUD HIN Consent Process - "Opting In"

1. <u>Patient is informed</u>: that they may consent to disclose their mental health, HIV, and SUD data with treating providers as of a defined date

   ➢ Patient must also be informed that they may revoke their authorization at anytime

2. <u>Choices</u>:
   A) Patient signs <u>written opt-in HIN consent to all treating</u> providers **or**
   B) Provides <u>one-time temporary verbal</u> consent to a <u>single provider</u> at point of care

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Draft Phase 1: of HIN Consent Form to Disclose SUD Data

- **To Whom**:
  - Who the patient wants to share this data with (e.g., all treating providers that participate in the HIE)
    - Proposal is to offer to all, or no one, just as with the mental health opt-in
- **Amount and Kind:**
  - Which information the patient wants to share for SUD (e.g., all SUD data, or encounter and diagnosis history (no documents))
    - Having one other granular option beyond "all data" is required
- **Timeframe**:
  - A defined timeline for consent and that it must be reviewed regularly
  - The requirement for annual expiration & review would need to be included on the consent form

BREAK
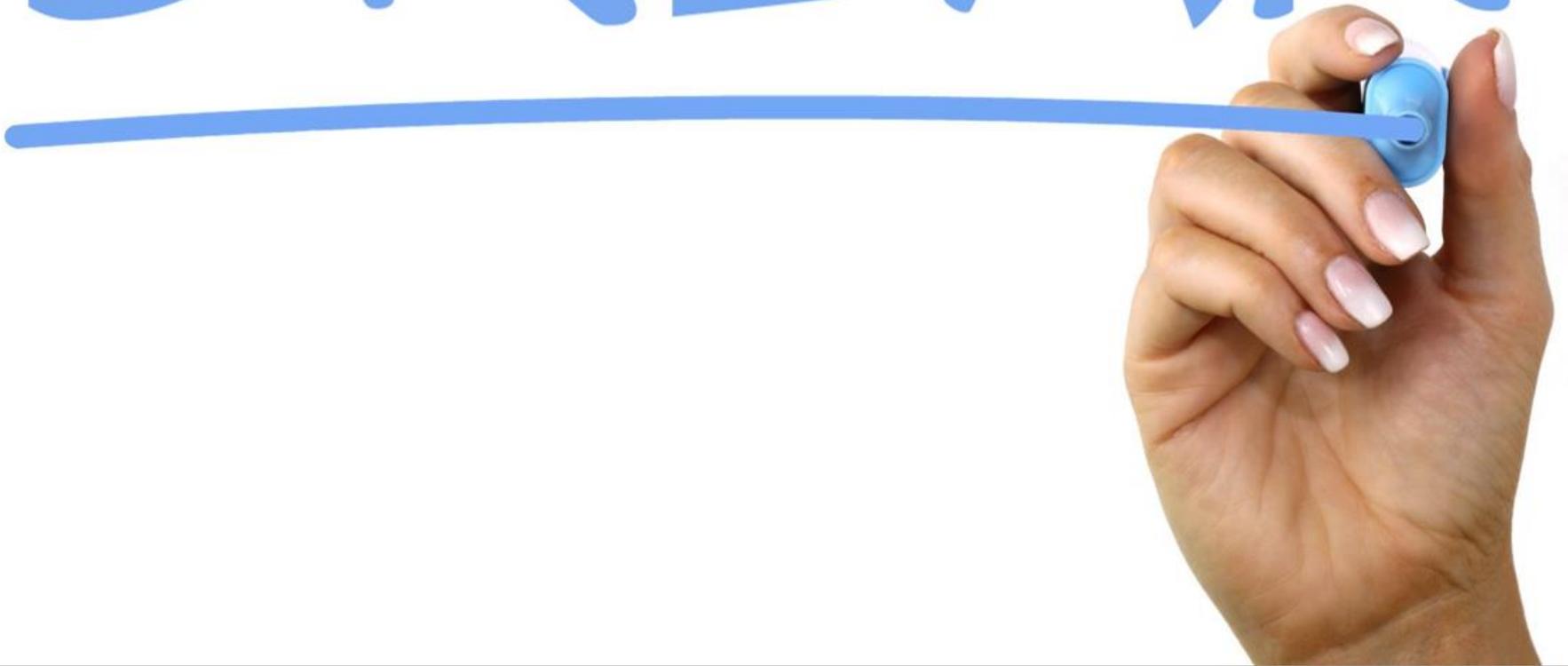
Katie Rosingana, Research Associate, Muskie School of Public Service, USM

Lindsey Smith, Senior Research Associate, Muskie School of Public Service, USM

EVALUATION CHECK-IN: Q&A

Eric Haram, LADC, Haram Consulting

Carol Kelley, Pivot Point

Meredith Pesce, Amistad

ADDRESSING STIGMA

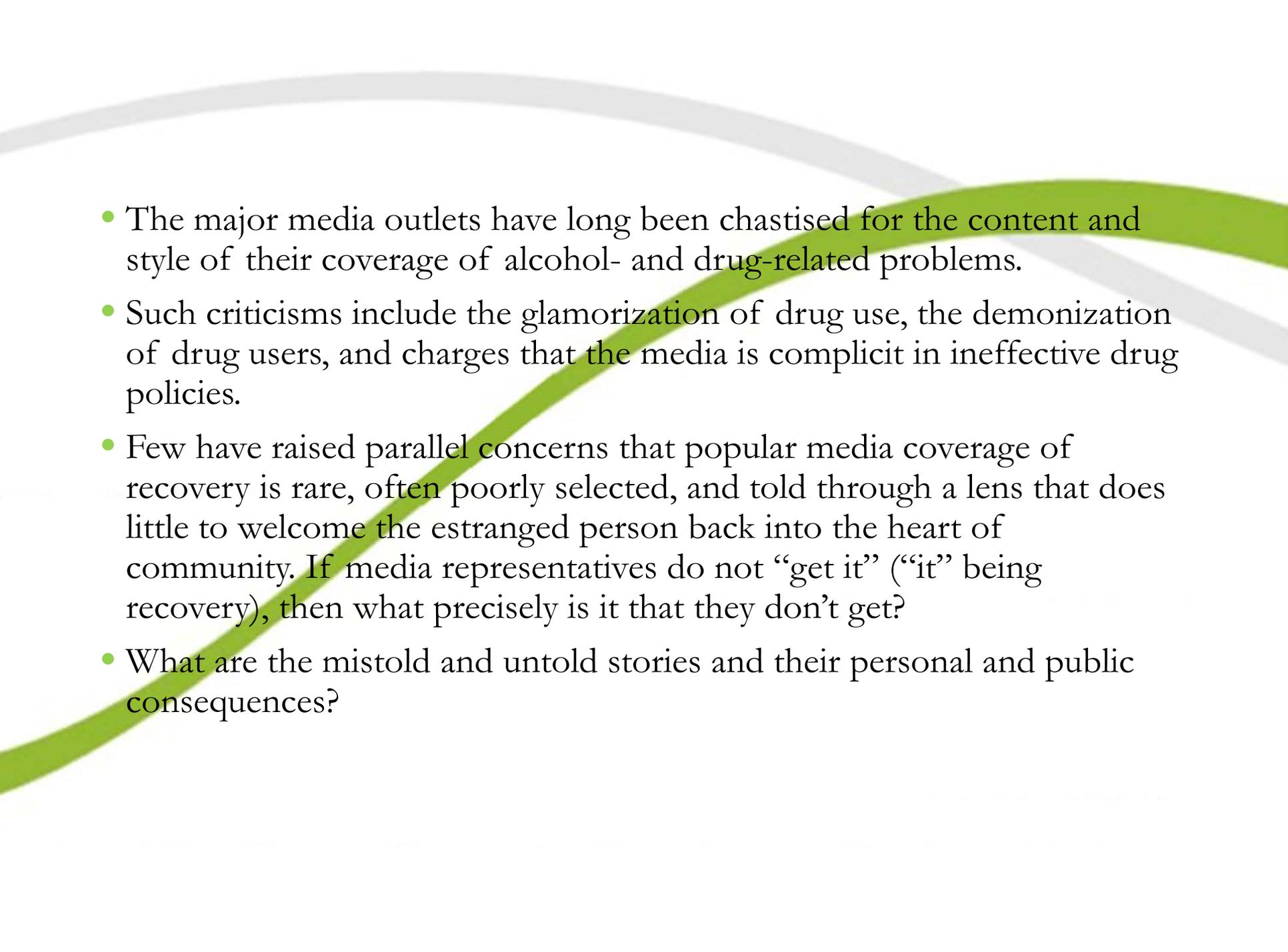# Addiction, Recovery and the Media

Eric Haram, LADC

Owner, Haram Consulting LLC

MeHAF

November 6,2019

- The major media outlets have long been chastised for the content and style of their coverage of alcohol- and drug-related problems.

- Such criticisms include the glamorization of drug use, the demonization of drug users, and charges that the media is complicit in ineffective drug policies.

- Few have raised parallel concerns that popular media coverage of recovery is rare, often poorly selected, and told through a lens that does little to welcome the estranged person back into the heart of community. If media representatives do not "get it" ("it" being recovery), then what precisely is it that they don't get?

- What are the mistold and untold stories and their personal and public consequences?

"Waiting for Breaking Good-The Media and Addiction Recovery" William White, 2014

- In this paper, William White-long tenured Author, Researcher and Recovery Advocate offers 10 areas to examine

- 1. Distorted media coverage of active addiction fuels social stigma and contributes to the discrimination that many people in recovery face as they enter the recovery process.

- 2. Media coverage of addiction recovery is rare and tangential.

"When the media cover the addiction/recovery story of people judged to be "one of us" or of one of their own (e.g., ABC's Elizabeth Vargas), a compassion evoking story is told about the source of excessive AOD use—physical pain, emotional trauma or distress, death of a loved one, etc.). No such compassion-evoking explanations are offered for those judged to be "one of them"—poor people of color, people living with HIV/AIDS, people in the criminal justice or child welfare systems. Medical models of understanding addiction/recovery are applied to the privileged; moral and criminal models are applied to the culturally disempowered."

- 3. The media mistakenly conflates recovery with active addiction and addiction treatment with recovery.

This again fuels stigma and societal messages about what active use, treatment and recovery are. This confusion lends itself to the preserving the status quo perception of all three. Industry marketing of treatment and recovery is often cloaked in these conflations, consequently deepening the gap.

https://www.shatterproof.org/blog

https://www.huffpost.com/entry/rehab-substance-abuse-treatment-insurance_n_5d9e148ce4b02c9da043200d

https://www.youtube.com/watch?v=NOfbkHEeISs

- 4. Media outlets portray addiction recovery as an exception to the rule.

Recovery is too often portrayed as the heroic efforts of a small, morally enlightened minority. Recovery is an expectation, in fact-the norm. This is the most important missing story!

https://www.huffpost.com/entry/sesame-street-tackles-opioid-epidemic-with-muppet-whose-mom-has-an-addiction_n_5d9f7507e4b06ddfc516227b


5. Media coverage of drug-related celebrity mayhem and deaths contributes to professional and public pessimism about the prospects of successful, long-term addiction recovery. Craig Ferguson sends a message to the media about Charlie Sheen coverage
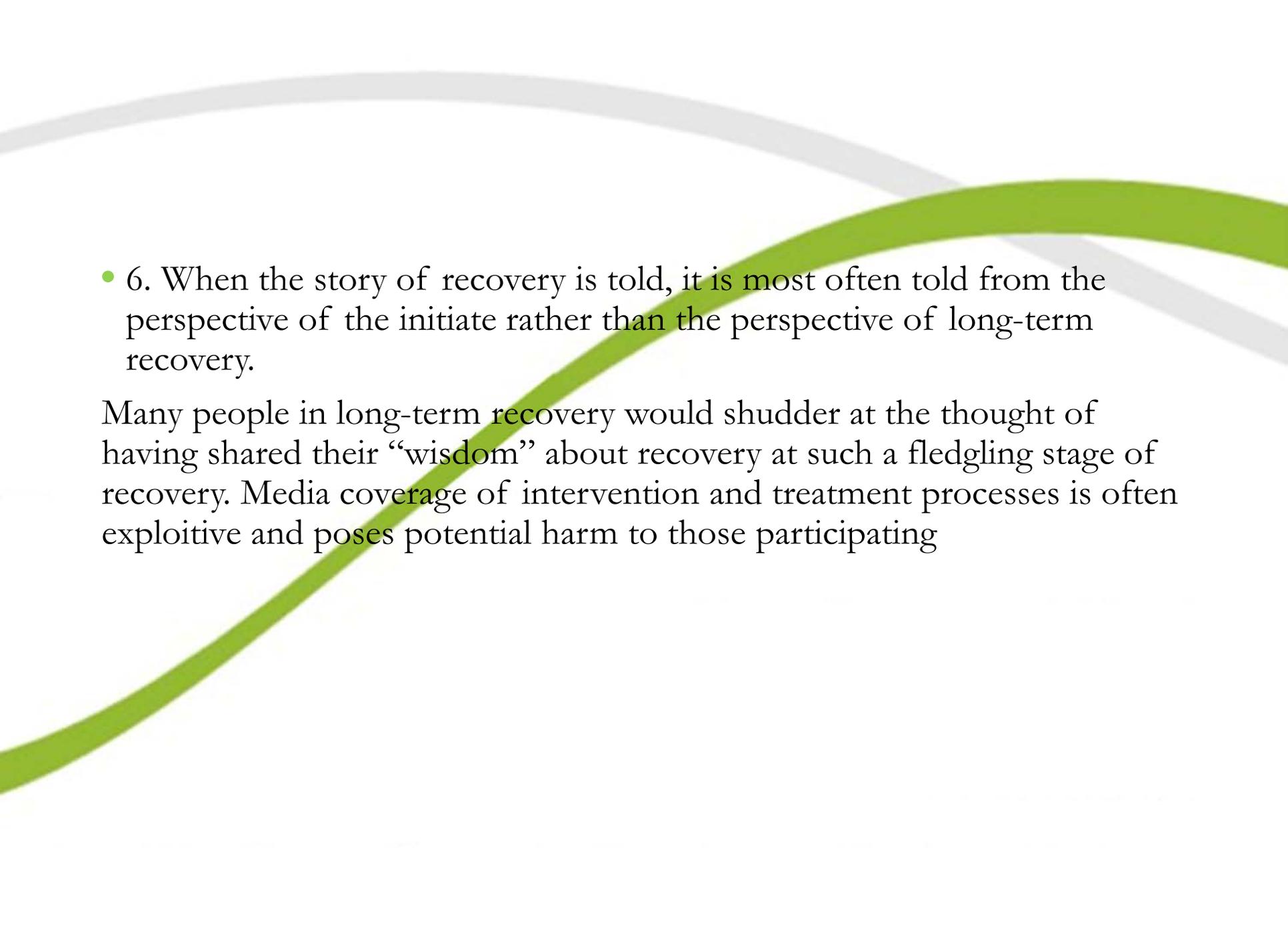
- 6. When the story of recovery is told, it is most often told from the perspective of the initiate rather than the perspective of long-term recovery.

Many people in long-term recovery would shudder at the thought of having shared their "wisdom" about recovery at such a fledgling stage of recovery. Media coverage of intervention and treatment processes is often exploitive and poses potential harm to those participating
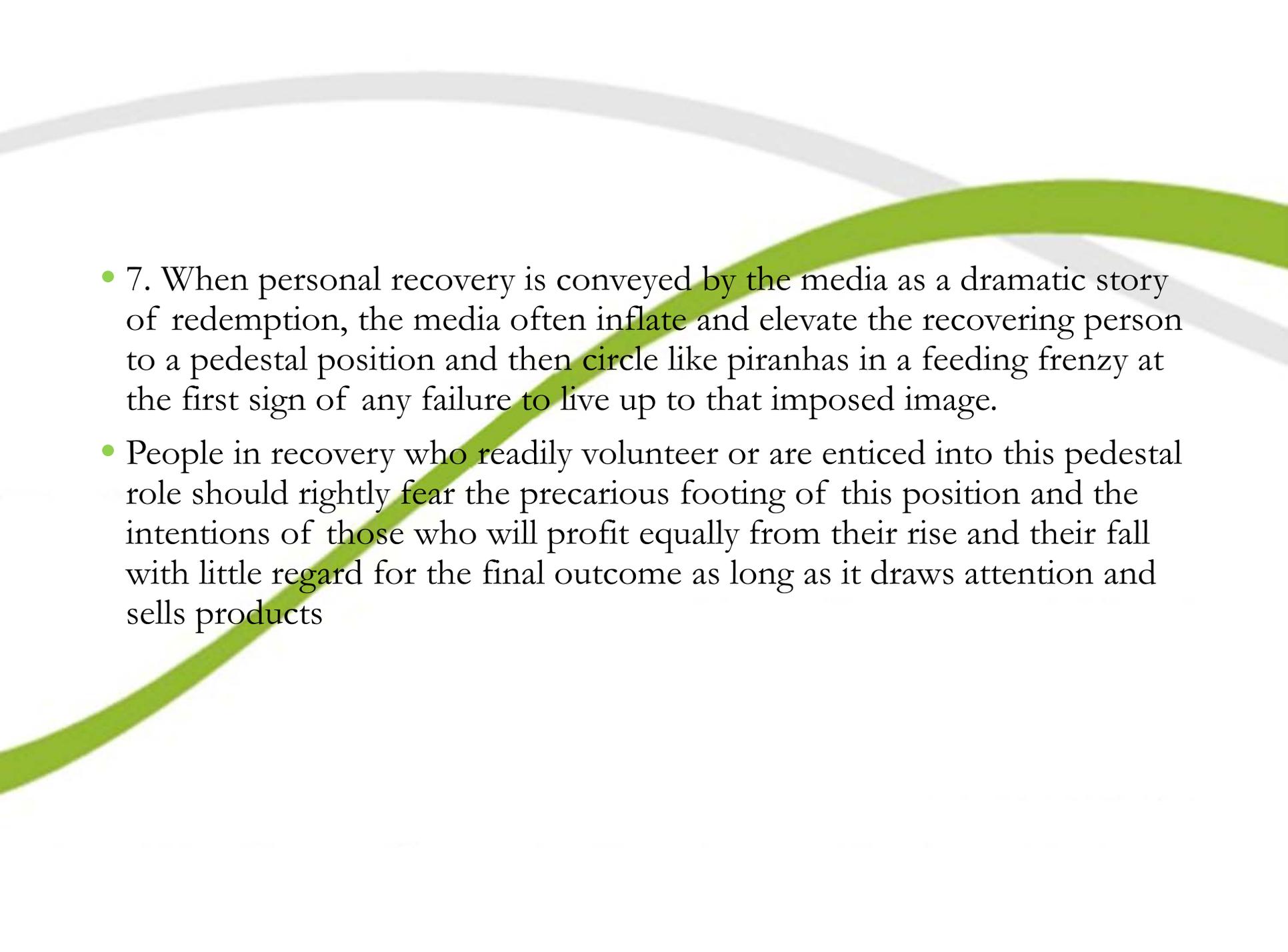
- 7. When personal recovery is conveyed by the media as a dramatic story of redemption, the media often inflate and elevate the recovering person to a pedestal position and then circle like piranhas in a feeding frenzy at the first sign of any failure to live up to that imposed image.

- People in recovery who readily volunteer or are enticed into this pedestal role should rightly fear the precarious footing of this position and the intentions of those who will profit equally from their rise and their fall with little regard for the final outcome as long as it draws attention and sells products

- 8. The media fixation on celebrity addiction and recovery is a diversion from a much larger and more important story.

- 9. THE missing story is not that a celebrity whose life few can relate to achieves long-term recovery from addiction, but that millions of individuals and families have achieved such recoveries.
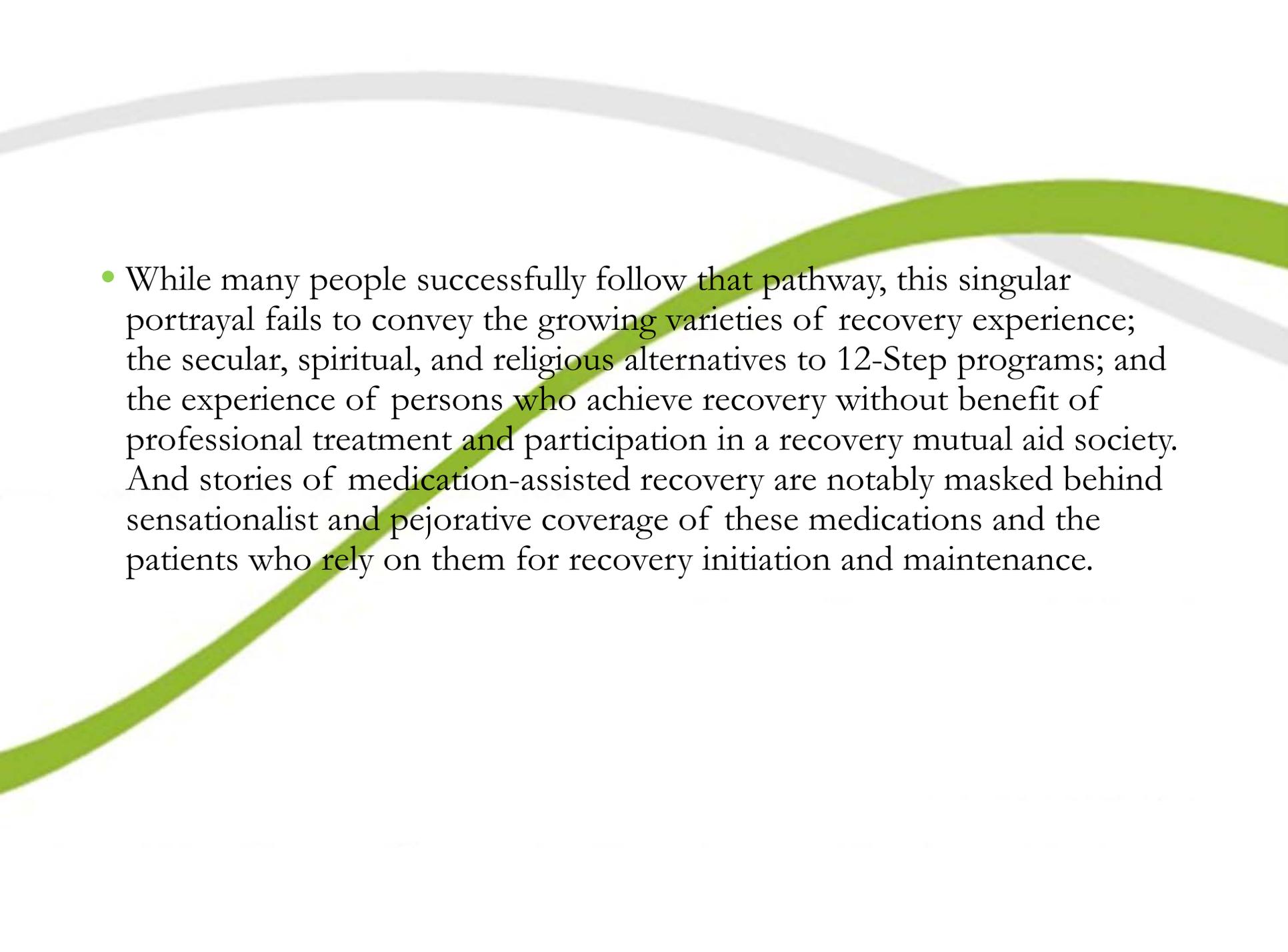
- While many people successfully follow that pathway, this singular portrayal fails to convey the growing varieties of recovery experience; the secular, spiritual, and religious alternatives to 12-Step programs; and the experience of persons who achieve recovery without benefit of professional treatment and participation in a recovery mutual aid society. And stories of medication-assisted recovery are notably masked behind sensationalist and pejorative coverage of these medications and the patients who rely on them for recovery initiation and maintenance.

Some portrayals in the media to consider Helpful? Not Helpful?

- https://choosemat.org

https://www.statnews.com/2018/06/07/white-house-opioid-ad-campaign/

https://www.thetruth.com/o/articles/chris
https://www.thetruth.com/o/articles/amy

https://www.thetruth.com/o/articles/joe

Stigma Reduction Toolkit

- [https://www.youtube.com/watch?v=HPmSbIi V-Nw&feature=youtu.be](https://www.youtube.com/watch?v=HPmSbIiV-Nw&feature=youtu.be)

Frank Martinez Nocito, Program Officer, MeHAF

Kayla Cole, Consulting Services Manager, Qualidigm

WRAP UP AND NEXT STEPS

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