



C O P - R C O R P

Communities of Practice for Rural Communities Opioid Response Program

COP-RCORP Consortium Meeting

April 28, 2020

1:00-2:30pm

Roll Call and Attendance

- Ashtabula
- Fairfield
- Sandusky
- Seneca
- Washington
- Ohio University
- PIRE

Map of Service Area Served by the Consortium





“All right--let’s get started!”

Today's Agenda

1. Exploring tips and tricks for managing and monitoring progress.
2. Discussing crisis collaboration and crisis coordination.
3. Exploring individual reactions to crisis.
4. Exploring the CERC rhythm.
5. Reporting out on CLAS standards workgroup progress.
6. Discussing logistics for our May meeting.



Tips and Tricks for Monitoring & Managing Progress



How can we monitor and manage our progress?

- Implementing RCORP-I Core Activities?
- Implementing RCORP-P Plan Activities?

Why is this Important?

- Compliance (HRSA quarterly reporting and community invoicing)
- Communicating and celebrating our progress with the Master Consortium and our Local Consortium

Sandusky County Reporting Template

Prevention		
<p>Strategic Plan Map Strategy: Prevention-Supply Reduction</p>	<p>Proper Disposal</p>	<p>Created new Take Back Campaign materials (Take It To The Box). In the process of having palm cards printed for distribution. Contracted with Lamar Media to put up 2 billboards for 2 months. Working with printing company to create new materials to be placed on the medication take back boxes. Re-designed the website to include new campaign information including Deterra.</p>
<p>Strategic Plan Map Strategy: Prevention- Demand Reduction</p>	<p>Youth-led Media Campaign</p>	<p>No update</p>
<p>Strategic Plan Map Strategy: Prevention- Harm Reduction 1. Develop, implement, and assess intervention models that leverage opioid overdose reversal and increased naloxone availability as a bridge to treatment and ensure that rural communities have sufficient access to naloxone.</p>	<p>Project Dawn</p>	<p>Contract completed and signed. Meeting held with contracted consultant on March 5, 2020 to discuss and plan naloxone distribution trainings for community members. Research done for potential implementation of an online naloxone distribution system for residents of Sandusky County. Development of an in-person and online intake form for distribution of naloxone kits in progress. Review of the ODH Project Dawn toolkit and attachments underway. Educational material ordered from ODH received and reviewed.</p>

Sandusky County Reporting Template

<p>Strategic Plan Map Strategy: Prevention-Harm Reduction</p> <p>1. Develop, implement, and assess intervention models that leverage opioid overdose reversal and increased naloxone availability as a bridge to treatment and ensure that rural communities have sufficient access to naloxone.</p>	<p>Project Dawn</p>	<p>Contract completed and signed. Meeting held with contracted consultant on March 5, 2020 to discuss and plan naloxone distribution trainings for community members. Research done for potential implementation of an online naloxone distribution system for residents of Sandusky County. Development of an in-person and online intake form for distribution of naloxone kits in progress. Review of the ODH Project Dawn toolkit and attachments underway. Educational material ordered from ODH received and reviewed.</p>
<p>2. Provide and assess the impact of culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based treatments and prevention strategies for SUD/ODU and to eliminate stigma associated with the disease.</p>	<p>CLAS Standards</p>	<p>No Update</p>
<p>3. Provide training and other professional development opportunities to increase the number of providers, including physicians, behavioral health providers, advanced practice nurses, pharmacists, and other health and social service professionals who are able to identify and treat SUD/ODU.</p>	<p>SCPH/PPC Trainings</p>	<p>Sandusky County Public Health is a recipient of SAMHSA's Strategic Prevention Framework – Partnerships for Success grant (SPF-PFS). As a part of this initiative, the health department and local prevention coalition (Prevention Partnership) provides prevention specific training opportunities to local behavioral health providers and social services professionals. Thus far, the county has held 2 trainings.</p>

Individual Responses to Crisis: Fight, Flight, or Freeze



- Automatic human response in response to traumatic events and stress.
- In leadership:
 - *Fight*: jump into immediate action
 - *Flight*: denial, problem avoidance; decision by committee
 - *Freeze*: become paralyzed and unable to make a decision

Discussion: Fight, Flight, or Freeze

- How can this framework be useful to you as a leader?
- How does this framework apply to your consortium? To your community as a whole?

Discussion: Fight, Flight, or Freeze

- How can you know when and how to move between fight, flight, and freeze?
- How can you counterbalance fight, flight, and freeze to realize benefits of each strategy?

Discussion: Fight, Flight, or Freeze

Fight	Flight	Freeze
Benefits	Benefits	Benefits
<ul style="list-style-type: none">• Decisive• Fast• Action-oriented	<ul style="list-style-type: none">• Inclusive• Builds coalitions• Empathetic	<ul style="list-style-type: none">• Calm• Data-driven• Thoughtful
Drawbacks	Drawbacks	Drawbacks
<ul style="list-style-type: none">• Moves too quickly• Rash• Directive and/or prescriptive	<ul style="list-style-type: none">• Overly consensus-driven• Slow/inefficient• Abdicates responsibility	<ul style="list-style-type: none">• Indecisive• Analysis paralysis• Gives little direction

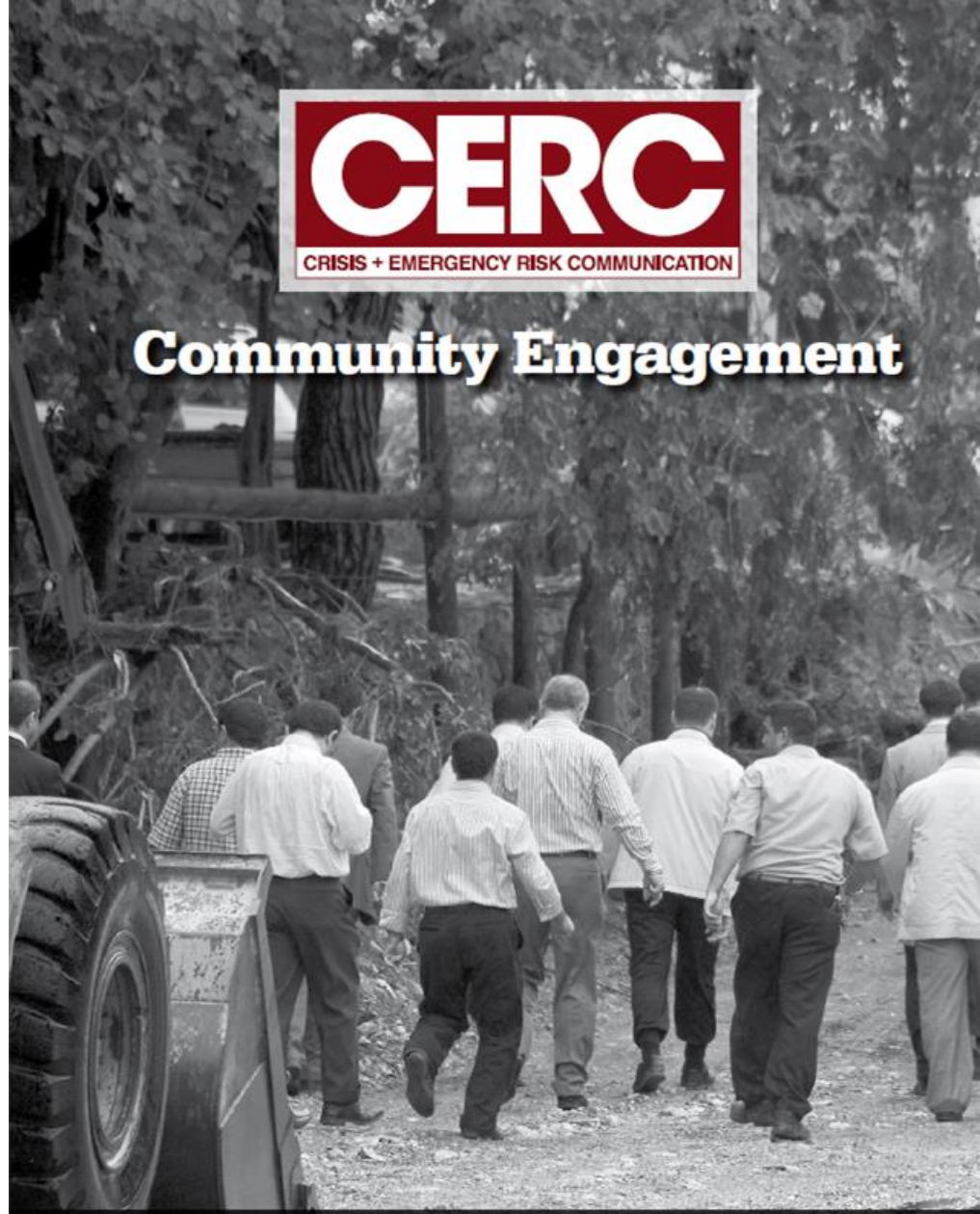
Crisis + Emergency Risk Communication (CERC)

The right message at the right time from the right person can save lives. CDC's Crisis and Emergency Risk Communication (CERC) draws from lessons learned during past public health emergencies and research in the fields of public health, psychology, and emergency risk communication. CDC's CERC program provides trainings, tools, and resources to help health communicators, emergency responders, and leaders of organizations communicate effectively during emergencies.

<https://emergency.cdc.gov/cerc/>



Community Engagement



2018 Update



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Crisis Coordination vs. Crisis Collaboration

Crisis Coordination vs. Crisis Collaboration

Crisis coordination and crisis collaboration are different. Understanding the distinction between the two is important, because when different organizations use these terms differently, it can cause confusion.

Crisis coordination: Synchronization and information sharing between response organizations without joint activities or interdependent plans.²

Crisis collaboration: Response organizations value each other's interdependence, and participants give equal input in shared decision making.³ Collaboration is based on shared goals of effective crisis response and mitigation, shared values, and usually a longer history of interaction.

The CERC Rhythm

Engage Community • Empower Decision-Making • Evaluate

Preparation

- Draft and test messages
- Develop partnerships
- Create plans
- Determine approval process

Initial

- Express empathy
- Explain risks
- Promote action
- Describe response efforts

Maintenance

- Explain ongoing risks
- Segment audiences
- Provide background information
- Address rumors

Resolution

- Motivate vigilance
- Discuss lessons learned
- Revise plan

Crisis and Emergency Risk
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How can understanding the CERC Rhythm support your community's crisis efforts?

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What type of information are you sharing? How are you sharing that information?

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How did COVID-19 change the CERC Rhythm that your community had established related to the opioid crisis?

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How can the CLAS standards be incorporated into the CERC Rhythm?

CERC Special Population Assessment Tool & Community Engagement Strategy



This special populations assessment tool may help in identifying those groups of individuals who require differing messages from the general public information message or who can not be reached through mass communication channels. In conducting the assessment, consulting individuals within a population, or representative organizations, may be helpful in understanding how the population may receive information during emergencies. Allow the populations in question to have a say in whether they do or do not need special assistance, especially early in a crisis. Be realistic about what can be accomplished early in a crisis and, remember, never promise what you can't deliver.

- After conducting your emergency public information assessment, some population groups:
- May qualify as a special population for purposes related to public health's public information and health-risk communication activities;
 - May have status as a special population from an operational perspective but may not qualify as a special population for purposes related to public health's public information and health-risk communication, or
 - May qualify as a special population for purposes related to public health's public information and health-risk communication activities, including early in a crisis, but resources are not available within the PIO activity to meet their communication needs. Emergency management planners in the jurisdiction should be alerted to these groups to permit alternate planning.

Assessment and Planning Worksheet:

Identifying barriers to emergency mass communication

1. Describe the population group (estimated number/percent in your jurisdiction)

What is different?

Primary understood language(s)

Degree of English comprehension?

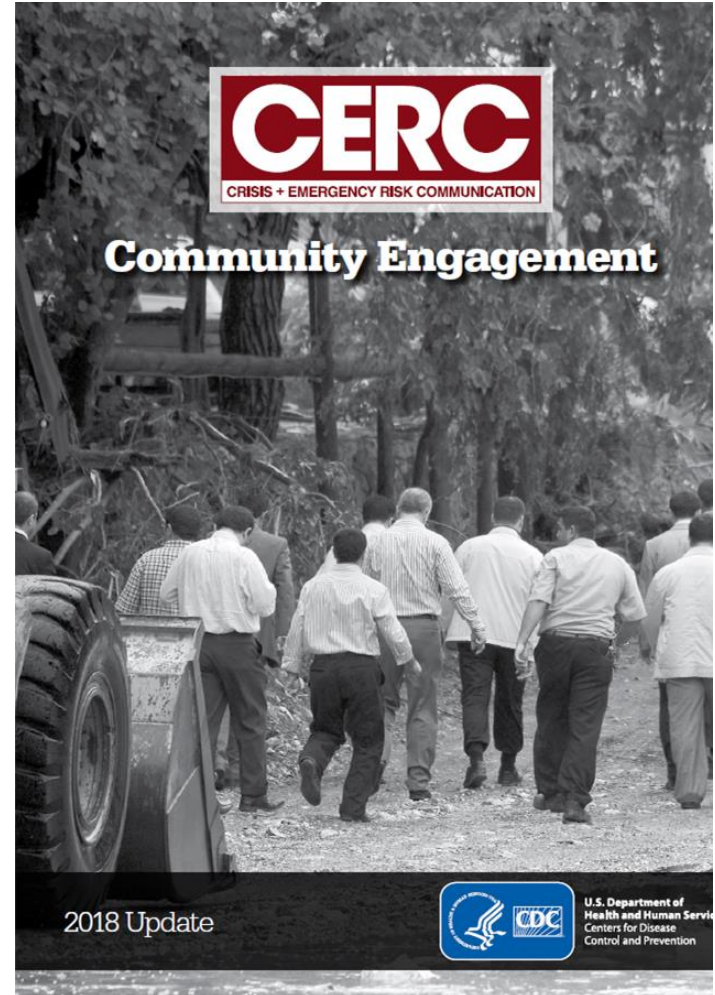
- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Simple written understanding |
| <input type="checkbox"/> Simple verbal understanding | <input type="checkbox"/> Proxy/guardian NOT available to receive message |

CRISIS EMERGENCY RISK COMMUNICATIONS (CERC)



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

SAFER • HEALTHIER • PEOPLE™



<https://emergency.cdc.gov/cerc/resources/pdf/specialpopulationsassessment.pdf>

<https://emergency.cdc.gov/cerc/>

CLAS Workgroup Updates

- **Master Consortium Position Statement:**

The COP-RCORP Master Consortium recognizes the importance of utilizing the CLAS Standards when implementing all RCORP OUD/SUD activities and strategic plans in five rural communities in Ohio. We strive to engage in a continuous, data-driven, and collaborative process to address health disparities and promote respectful, responsive, and accessible services. By strengthening our knowledge, skills, and awareness of culturally and linguistically appropriate services, we demonstrate our commitment to enhance health equity across the evolving continuum of care.

- **Developing the statement**

- National CLAS Standards: Principal Standard
- MACC Definition of Cultural Competence
- Disparities and Cultural Competency Committee

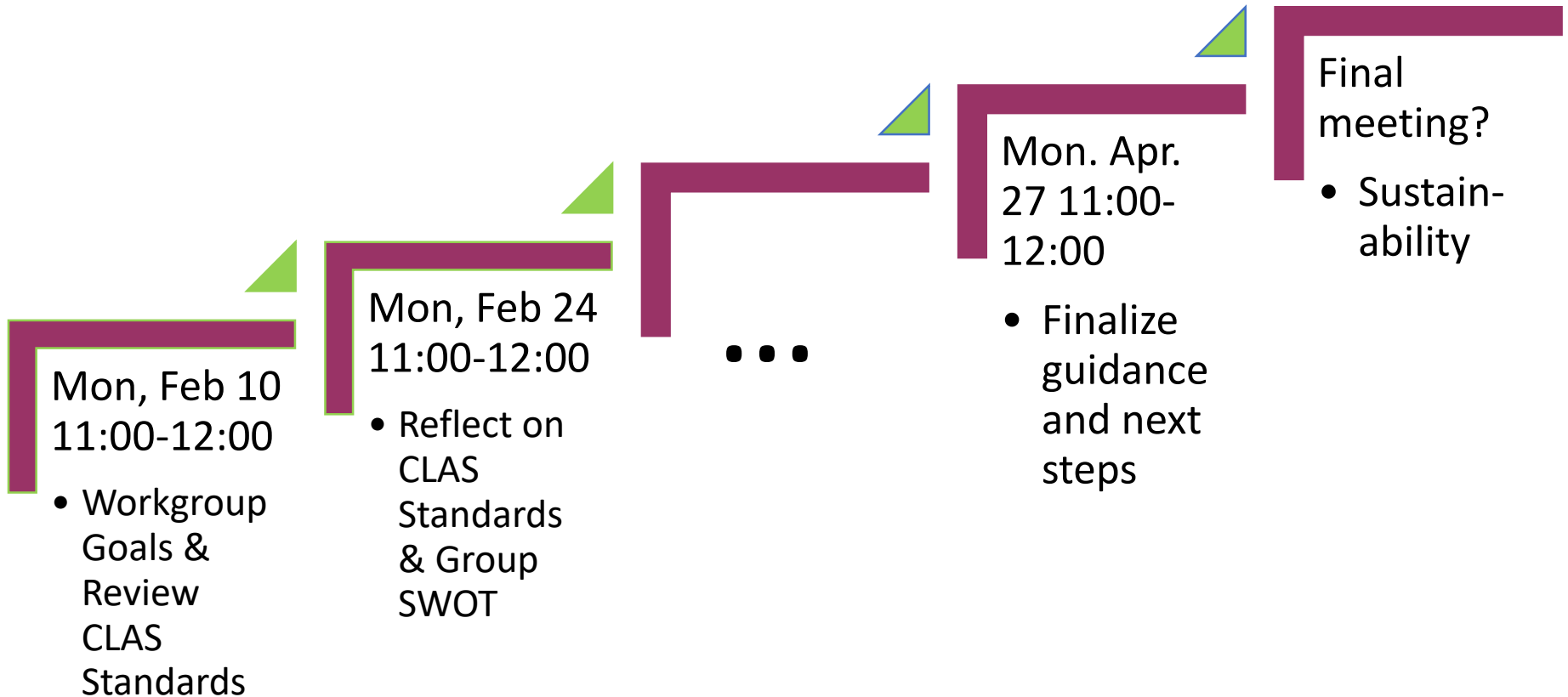
- **Approval Process**

- Each community is reviewing the developed statement and sending in changes.

- **Action Planning**

- Updates from each community

Workgroup Progress



RCORP-I Website for CLAS Standards:

<https://www.communitiesofpractice-rcorp.com/prevention-activity-2a-clas-standar>

Wrap Up, Support Needs, and Next Steps

- THANK YOU for your help with our reporting needs!
 - Quarterly reports
 - Performance measures
 - Other SUD/ODD funding
- We will move May's F2F meeting to a virtual learning community meeting
 - We will do at least part of the meeting on May 29th.
 - Please respond to the scheduling survey



Wrap Up, Support Needs, and Next Steps, Cont.

- Any Master Consortium support needs?
- Any local consortia support needs?
- Are there specific topics the Master Consortium would like to share about or work on at our May meeting?

**START WHERE YOU ARE.
USE WHAT YOU HAVE.
DO WHAT YOU CAN.**

— < ARTHUR ASHE > —

Meeting Close Out

