Tri-County Opioid Safety Coalition:
Clackamas, Multnomah, and Washington Counties
December 14, 2017 Coordinating Committee Meeting Minutes

Highlights

1) Opioid-related overdose surveillance data show that there was an overdose spike in late July and stable numbers of events during the rest of the time for which data have been presented. Multnomah, Clackamas, and Washington counties' public health departments are developing a communication plan to ensure that people at risk, service providers, and the public are alerted if there is an increased risk of overdose in the region.
2) The group is considering an expansion from only opioid use to substance use. Staff will draft a modified version of the "flower diagram" that could help the group figure out a realistic way to expand its focus without getting overwhelmed by "scope creep."
3) Moving forward, the group began to think about whether it should change its focus to trauma and substance use rather than opioids and pain.
4) The December *Priority Survey* results yielded multiple priority work areas. Members agreed that they would complete a second survey in February. The group will use the results as well as the questions listed in the next section to select its 2018 priorities.
5) Group members described numerous accomplishments for 2017. See the last section of this document.

Questions and Ideas to think about before the March 15, 2018 meeting

1) What treatment / recovery system do we want to build?
   - What does treatment on demand look like?
   - How can we collaborate with housing efforts? For example, could we influence/partner with local housing developments so that a population-based approach is used, (e.g., incorporating wrap around services)? We are in a housing crisis and cannot expect people to stay sober if they do not have a home.
   - The field of substance abuse treatment is complicated. There are subgroups based on demographics, types of substances, etc. One size treatment does not fit all (between individuals and subgroups).
   - Additionally, substance abuse treatment is a relatively new industry. It is very new to medical care. Compared to pain care, the medical system does not have an infrastructure to address addiction.
   - In order for the treatment industry to respond adequately to the substance use epidemic we face, treatment staff need more support. More than 20% of staff are eligible for public assistance.
   - How do we increase our region's capacity to divert from jail to treatment—especially in anticipation of a declining five-year budget forecast?
   - Can we remove the barriers to providing treatment in the emergency department for patients who are under arrest—or in police custody?
   - Jail can be an effective place/experience to use motivational interviewing to affect behavior change. How can we build capacity to link people to treatment at this point? How and where can we increase capacity to link to treatment people in contact with other service agencies like housing or shelters?
   - Is there a mechanism for payers to connect with members through the emergency department if they overdose so that they can link to services? Do our emergency departments prescribe naloxone?

2) What is the Coalition's focus in 2018?
   - Should we expand our focus to include other legal and illicit drugs?
   - What equity considerations are there in expanding to substances that disproportionately affect communities of color?
   - How much is our work about treating pain without pills? Is it a reimbursement issue? Lack of knowledge of OHP benefit? Lack of understanding about pain?
   - Does it make sense to change the group's functional direction from opioids and pain to trauma and substance use? If so, how do we address pain?

Results from the December 2017 Priority Survey—NOT in order of priority. These were multiple-choice options. These are not the final priorities as the February survey will allow for further refinement.

1) Pain Care
   - Develop a community standard minimum benefit for chromic/persistent pain care.

2) Substance Use Disorder
   - Expand MAT into County corrections to include induction and maintenance (buprenorphine, methadone, and naltrexone).
   - Work with payers (CCOs and commercial) to establish parity in payment to addiction providers.
   - Increase capacity for supported housing and employment connected to treatment (Recovery Housing).

3) Medication Disposal
   - Enact local or state legislation that requires manufacturers of opioids sold in pharmacies to fund pharmacy-based disposal.

4) Harm Reduction
   - Open a safer consumption space.
   - Distribute naloxone at points of contact with higher overdose risk (e.g., release from jail/treatment/hospital, EMS response, etc.).
   - Increase awareness of Adverse Childhood Events (ACEs) and how early trauma may predispose someone to mental health, physical health, and addiction problems.

5) Prescribing
   - Develop and promote acute pain prescribing guidelines.

6) Data/Monitoring
   - Expand real-time overdose monitoring/reporting to include other legal and illegal drugs.

Coordinating Committee Members' 2017 accomplishments

The following list contains work completed by member organizations of the Committee:

1) Improving access to chronic pain care

- Clackamas County added Quest W.I.S.H. clinic to their services.
- Central City Concern (CCC) developed a persistent pain toolkit for primary care teams.
- FamilyCare has included the Providence (patient) education class as a flexible benefit.
- FamilyCare has conducted several educational programs about treating pain including nonmedical options and using buprenorphine as a safer alternative when treatment with opioids is necessary.
- Oregon Coalition for Responsible Use of Meds' (OrCRM) summits in Douglas County and Mid-Willamette Valley educated local providers and communities about best practices pain care. Participants reported increased knowledge about pain and effective pain care strategies.
- Kaiser Permanente opened a new referral in Pain Services directly for CBT.

2) Improving Access to MAT& other substance abuse treatment

- Central City Concern is expanding care for pregnant women with OUD (including at Hooper Detox).
- OrCRM summits' participants report increased knowledge about the effectiveness of MAT.
- Clackamas County Public Health collaborated with Community Corrections and Behavioral Health to facilitate follow-up with naloxone kit recipients' referral to treatment.
- Oregon Health Sciences University's (OHSU) IMPACT project is working to expand access to opioid use disorder treatment across OHSU and spreading hospital-based best practices across Oregon through a grant from the state. (They are conducting a needs assessment and will share their findings.)
- Multnomah County employs an addiction benefit coordinator at syringe exchange for a couple of shifts per month and provides treatment info and referrals at time of exchange.
- Payers and addiction experts have been participating in a Tri-County work group convened to develop a *Standards of Care Document*. The draft of this document is currently out for edits. The Coordinated Care Organizations involved are having preliminary discussions about formulary improvements.
- CODA, CCC, and Health Share of Oregon (Health Share) collaborated to develop the Wheelhouse Project. In this project, CODA acts as the Hub for people starting MAT and either maintains their treatment or refers the people to a primary care setting for maintenance.

3) Promoting the implementation of prescribing guidelines

- OHSU opioid implementation plan will include provider education.
- The Oregon Pain Management Commission's (OPMC) clinician education module will be released January 2018.
- OrCRM summits expanded clinician education on pain and opioid use disorder.
- Clackamas County Public Health/Health Centers launched a pain guidance group for local providers.
- OHSU is working with nursing leaders to spread education about addiction as a chronic disease and some substance use disorder best practices (including trauma informed care) across all OHSU nurses (and eventually all providers).
- High Intensity Drug Trafficking Area (HIDTA) collaborated with Oregon Health Authority (OHA) to evaluate stimulant-prescribing practices in Oregon.
- Kaiser Permanente hit their goal of fewer than 6% of patients taking opioids chronically being over 90mg MED.

4) Promoting public awareness of opioid harms and pain

- Clackamas County Public Health conducted a public awareness campaign using radio and social media messages focused on the harms of opioids and the importance of medication disposal.
- Washington County has implemented a WCOW committee (Washington County Opiate Work group) that is discussing issues related to opiates within our county. They are looking at expanding opiate education, naloxone distribution, and working interdepartmentally on raising awareness and implementing prevention efforts.
- The Tri-County Opioid Safety website is funded and under development. It will launch February 2018.

5) Increasing access to naloxone

- HIDTA provided funding to implement police agency naloxone programs.
- CCC distributes naloxone at its housing program, and naloxone co-prescribing is hard-wired into their emergency medical record and primary care visit structure.
- Washington County has provided funding to CODA and Lifeworks NW to purchase naloxone for clients in their treatment facilities. The Hawthorn Walk-In Center has kits available for people at high risk.
- OHSU is prescribing naloxone to emergency department patients.
- Washington County now has several patrol deputies carrying naloxone.
- Clackamas County Public Health collaborated with corrections to distribute naloxone post-release.
- The Tri-County Naloxone Work Group, with OHA support, developed a pharmacist naloxone toolkit.
- Tri-County efforts influenced new Oregon legislation reducing barriers to accessing naloxone.

6) Monitoring opioid harms, substance abuse treatment, and pain care

- HIDTA has provided an OD Map to all Clackamas County agencies to monitor and map first responder overdose responses. Weekly reports are sent to participating agencies.
- Multnomah, Clackamas, and Washington counties are publishing and monitoring weekly overdose surveillance data.
- Tri-County Regional Monitoring Work Group published its first data briefs in Dec. 2017.

7) Increasing access to medication disposal

- HIDTA and OrCRM have worked to repurpose Portland Police Bureau and HIDTA-purchased drop boxes for placement within interested pharmacies.
- Clackamas County Public Health conducted a public awareness campaign using radio and social media messages focused on the harms of opioids and the importance of medication disposal. They are working on a plan to develop a needle exchange program and have received approval from their Board of Commissioners.
- Through technical assistance, advocacy, and coordination, OrCRM has increased the number of pharmacies with medication collection receptacles.
- Legacy has installed three disposal sites in their system.
- Clackamas County Public Health partnered with Genoa Pharmacies (located within Clackamas Health Centers) to install medication disposal boxes in two sites.
- Kaiser Permanente has six disposal sites that are located in each of their service areas and are available during regular pharmacy hours. Members are also able to use medication mailers to dispose of unwanted medications for from their home for convenience.

Coordinating Committee Members			
Andrea Quicksall, Family Care	*Present*	Laura Cohen, Mult Co	
Apryl Herron, Clack Co	*Present*	Lydia Bartholow, CC Concern	
Bennett Garner, FamilyCare		Lou Ann Thorsness, Community	*Present*
Christina Baumann, Wash Co	*Present*	Mark Whitaker, Providence	
Cat Buist, OHSU		Mary Borges, OHA	
Charmian Casteel, Adventist	*Present*	Mary Rumbaugh, Clack Co	
Chris Gibson, HIDTA	*Present*	Mike Seale, Mult Co	
David Dowler, OHA	*Present*	Nicole Bulochnik, Adventist	
David Labby, HSO		Nicole O'Kane, HealthInsight	*Present*
Dwight Holton, LFL/OrCRM	*Present*	Nora Stern, Providence	*Present*
Elizabeth White, LFL/OrCRM	*Present*	Paul Bryant, Kaiser Permanente	
Eric Bloch, Oregon Dept Justice		Rachel Solotaroff, CC Concern	*Present*
Graham Bouldin, HSO		Rebecca Wood, LFL/OrCRM	
Honora Englander, OHSU	*Present*	Ruben Halperin, Providence	*Present*
Jacqueline Nielsen, Adventist		Sarah Present, Clack Co	
James Rice, Mult Co	*Present*	Shorin Nemeth, Providence	
Jessica Gurnsey, Mult Co	*Present*	Stacey Moret, Kaiser Permanente	*Present*
Jeff Mori, Wash Co	*Present*	Tim Hartnett, CODA	*Present*
Josh Van Otterloo, OHA		Zach McCall, Legacy	
Kathy Prenevost, Wash Co	*Present*		
Kara Shirley, CareOregon	*Present*	**Tri-County Team**	
Karen Cellarius, PSU		Paul Lewis, Mult Co	*Present*
Kim Toevs, Mult Co *(Erin Browne)*		Chris Sorvari, Mult Co	*Present*
Kristen Lacijan, HSO	*Present*	Tyler Swift, Mult Co	*Present*
Lane Borg, Metro Public Defenders			

For more information contact: Chris Sorvari, Tri-County Regional Coordinator
christine.e.sorvari@multco.us