



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 09/23/13)

## Board Clerk Use Only

Meeting Date: 4/21/16  
Agenda Item #: R.4  
Est. Start Time: 10:20 am approx.  
Date Submitted: 4/18/16 rev.

**Agenda Title:** **Informational Board Briefing on Opiate Addition Strategies and Statewide Work**

*Note: Title should not be more than 2 lines but be sufficient to describe the action requested.*

**Requested Meeting Date:** April 21, 2016 **Time Needed:** 45 minutes  
**Department:** Health Department **Division:** Public Health  
**Contact(s):** Julie Osborn  
**Phone:** 503.988.9775 **Ext.** 89775 **I/O Address:** \_\_\_\_\_  
**Presenter Name(s) & Title(s):** Dr. Paul Lewis, Tri-County Health Officer, Health Officer Multnomah County Health Department

## General Information

1. What action are you requesting from the Board? No action requested at this time. Intend for the Board to have a clear understanding about opiate addiction strategies and the statewide work being done in this area.
2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results. Overdoes Prevention Strategy Training so that agencies and clients understand how to dispense Naloxone to prevent overdose deaths \$176,703 1.15 On-Going Backfill of State Reduction.
3. Explain the fiscal impact (current year and ongoing). None at this time.
4. Explain any legal and/or policy issues involved. Briefing only.
5. Explain any citizen and/or other government participation that has or will take place. Healthy Columbia-Willamette Opioid Prescribing Standards is a standing collaboration between Portland-Vancouver county Public Health Departments, all regional hospitals (community benefit), and 2 metro CCOs. An assessment completed in 2013 indentified accidental death as a leading cause for years of life lost, with drug overdose major contributor. Prescription drug workgroups were launched to determine standards, education, monitoring.

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**Required Signature**

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**Elected Official  
or Department/  
Agency Director:**

**Agency Director:**

Joanne Fuller /s/



**Date:** 4/1/2016

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*Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please insert date approved."*