



# Countywide Response to the Opioid Epidemic

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## Overview// What we will cover

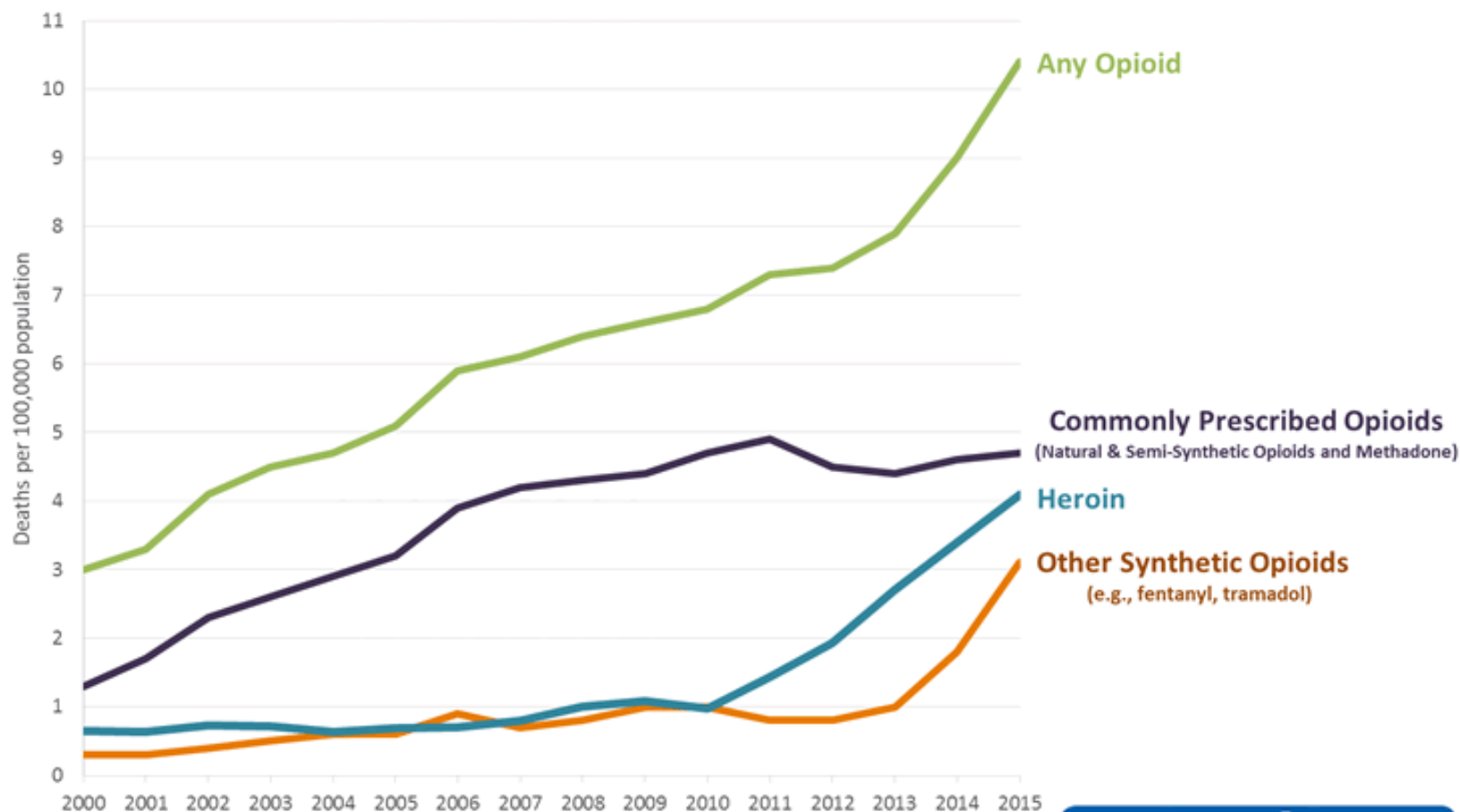
- Understanding the problem: Why are we hearing of an “opioid epidemic?”
- The County’s response across 4 areas:
  - Public Health
  - Clinical
  - Behavioral Health
  - Justice-involved Population
- Story of opioid addiction and recovery



# Why are we hearing of an “opioid epidemic?”



## Overdose Deaths Involving Opioids, United States, 2000-2015

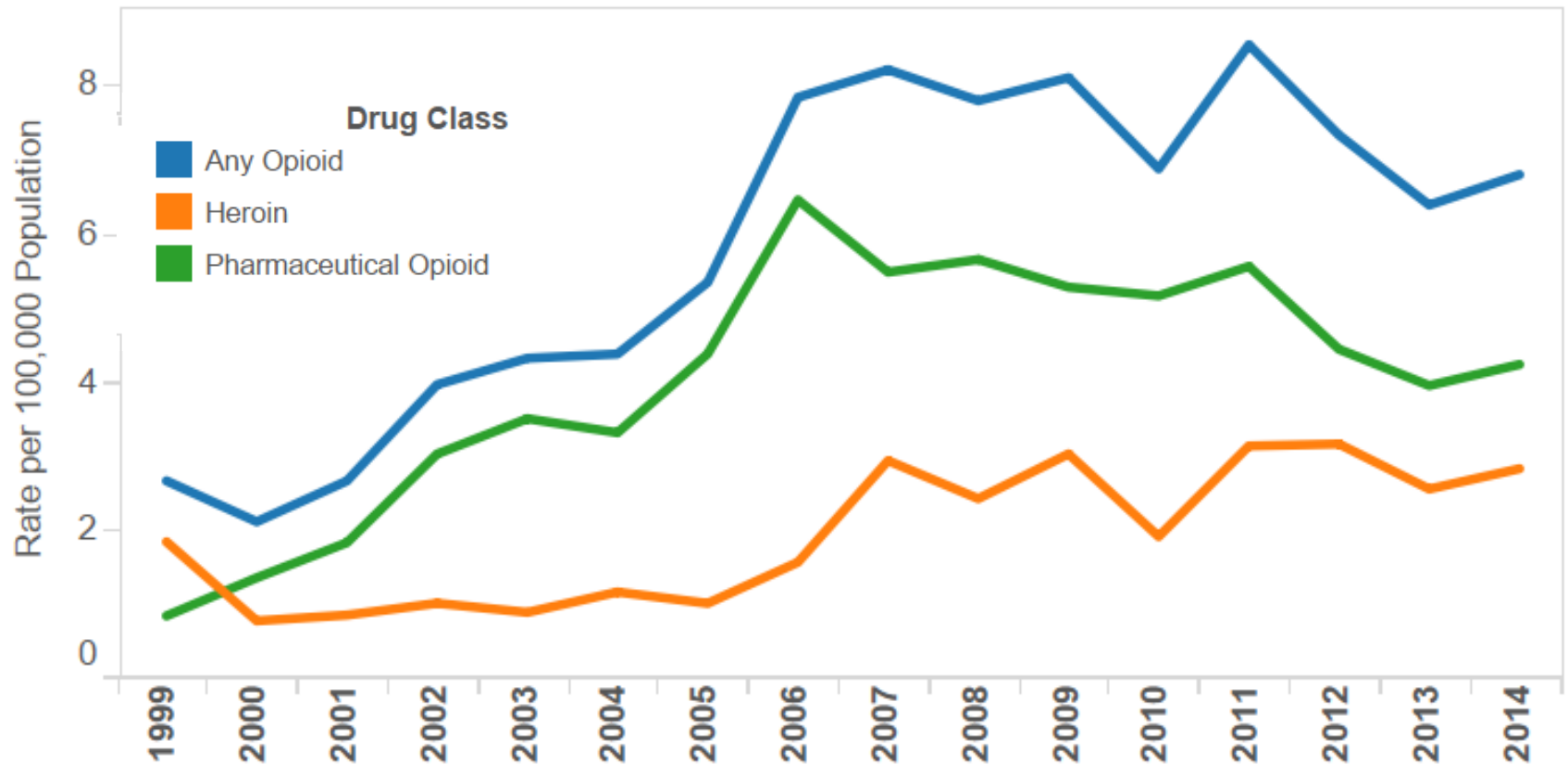


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

**www.cdc.gov**  
Your Source for Credible Health Information

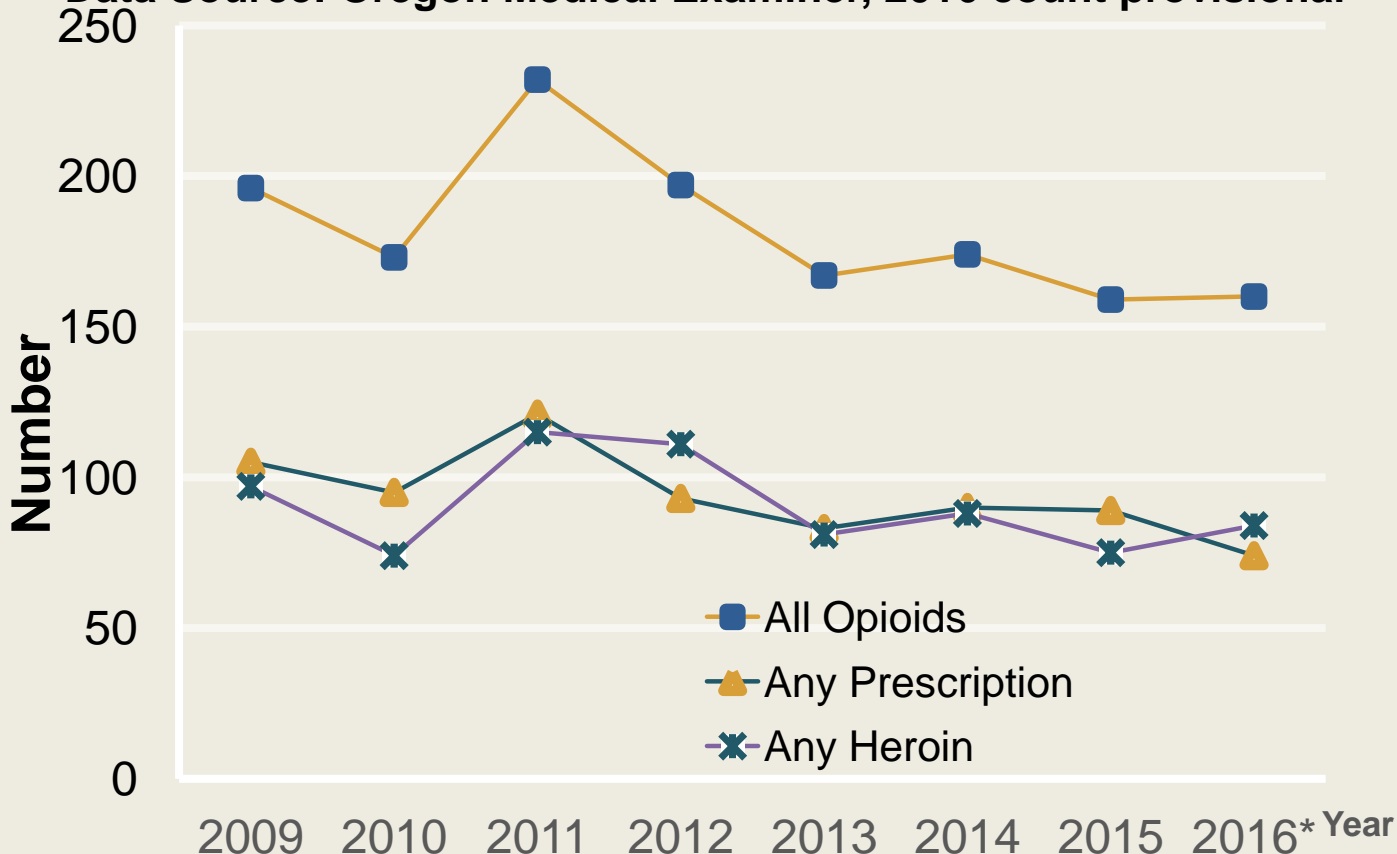


# Statewide Drug Overdose Deaths



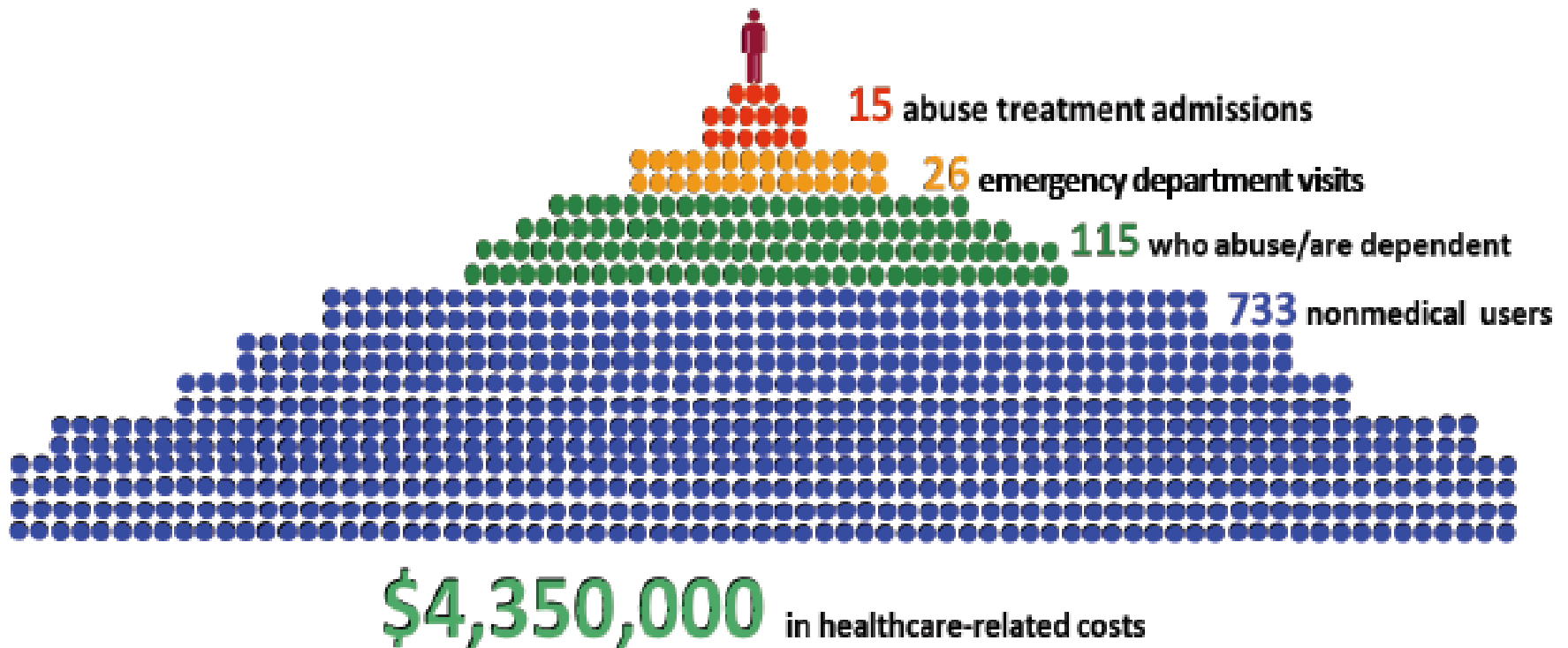
# Portland Metro Tricounty Opioid Overdose Deaths, 2009-2016\*

Data Source: Oregon Medical Examiner, 2016 count provisional



## Opioid deaths are just the tip of the iceberg

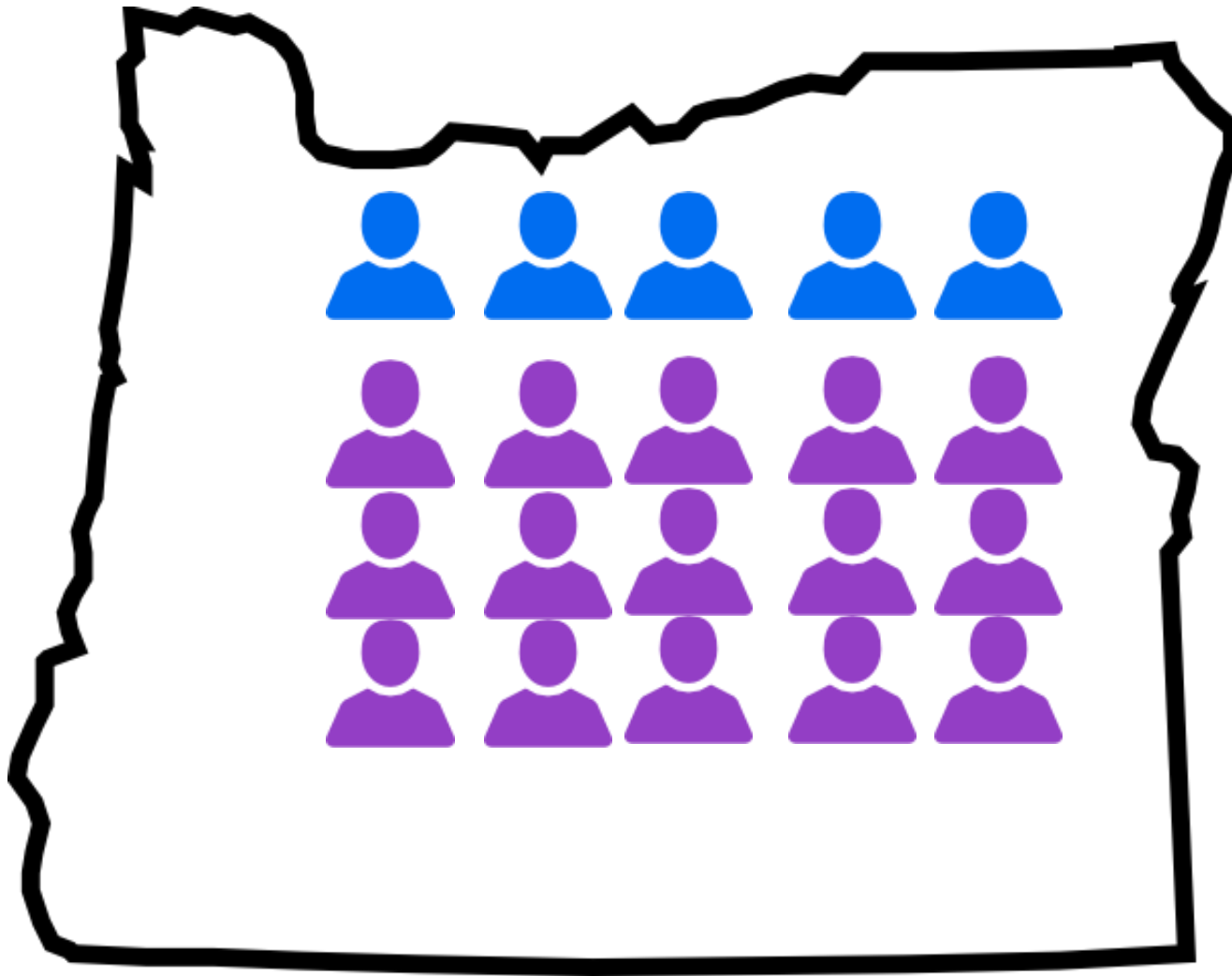
For every **1** prescription opioid overdose death in 2010 there were...



Source: CDC, 2014



How many people get prescriptions in Oregon?

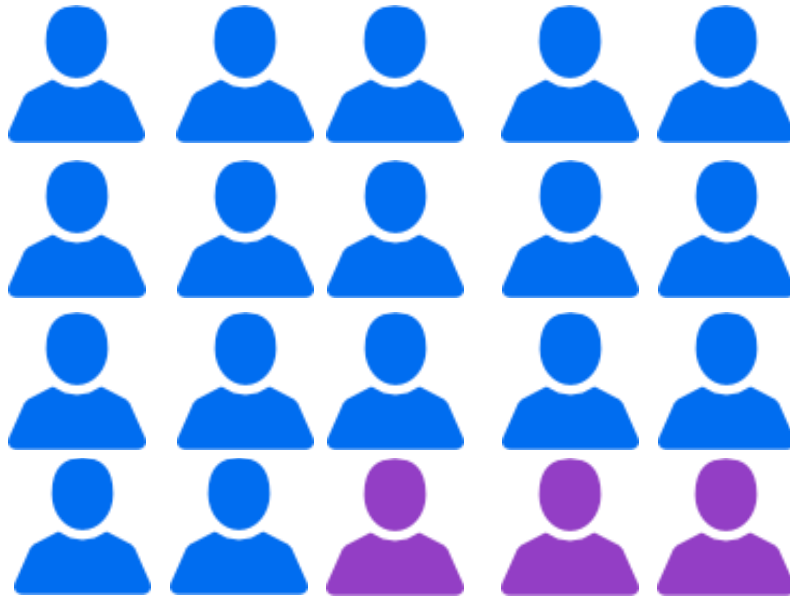


23% of  
Oregon's  
population  
is  
prescribed  
an  
Opioid  
each year





## How much does Oregon prescribe?

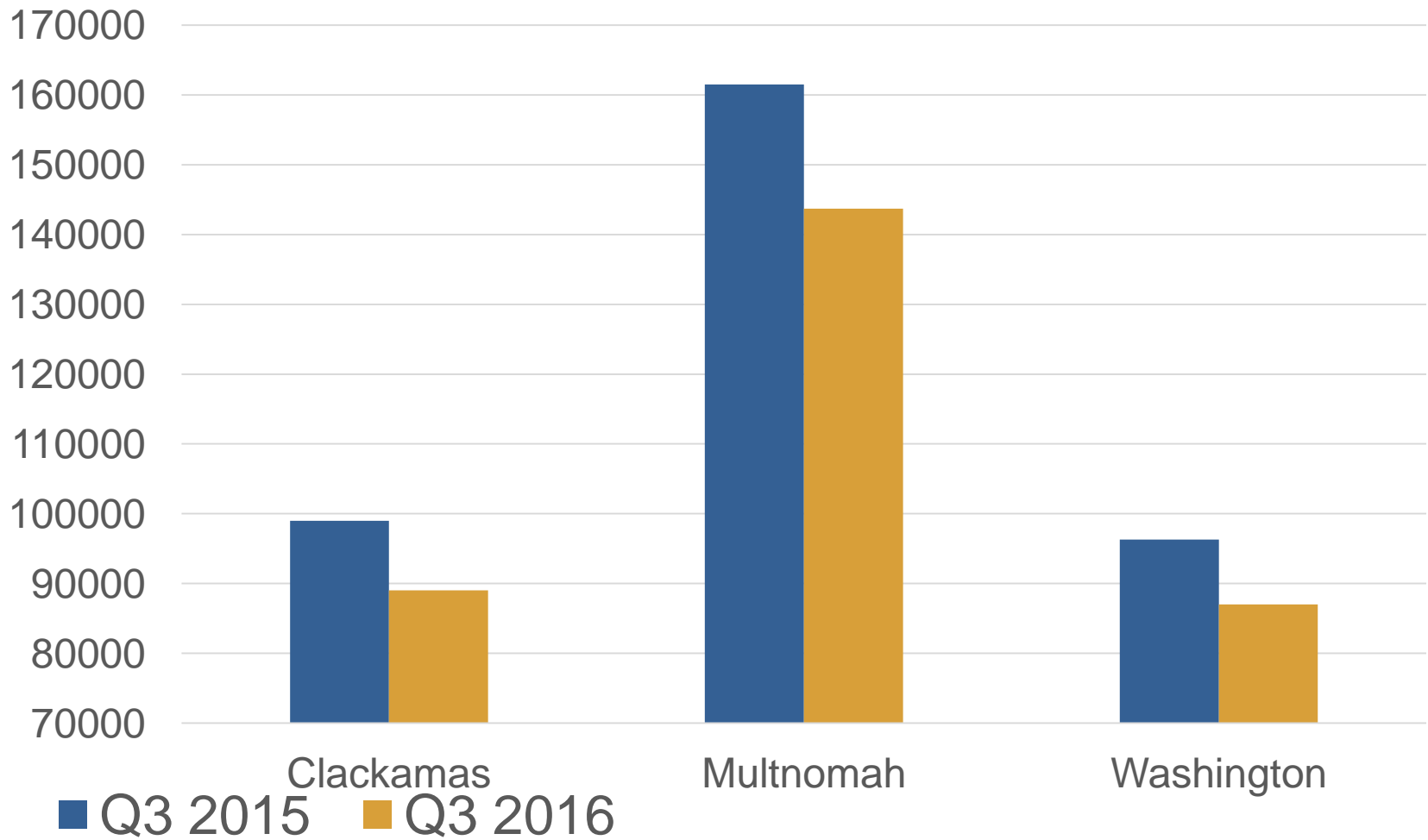


Oregon  
prescribes  
enough opioids  
for 87% of the  
population  
to be treated  
each year

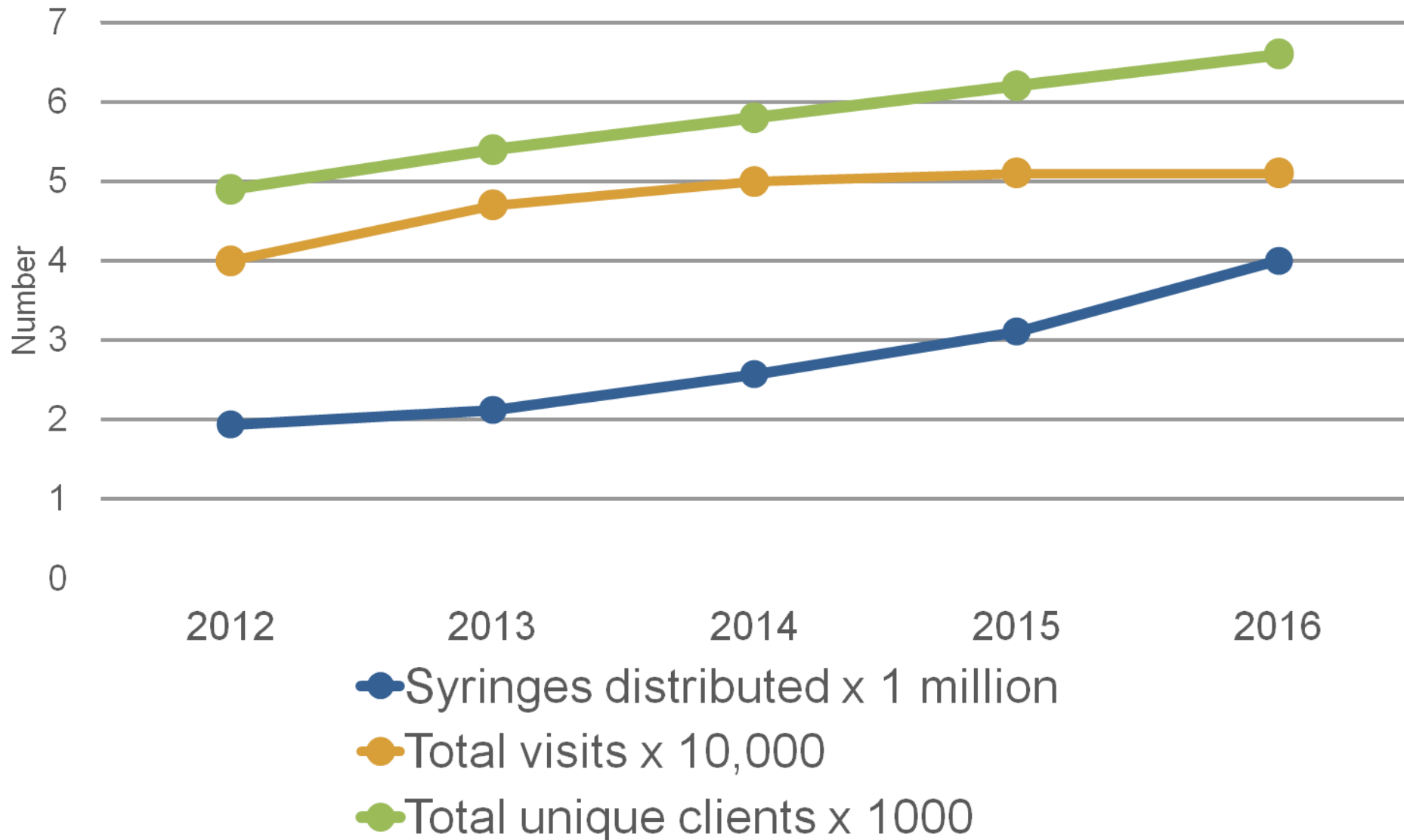
*(86% hydrocodone  
and oxycodone)*



## Opioid Prescriptions 2015-2016



## Syringes Exchanged, Visits, and Unique Clients Multnomah County and Outside In, 2012-2016



# Public Health

## Tri-County Region Opioid Trends Clackamas, Multnomah, and Washington, Oregon

2016



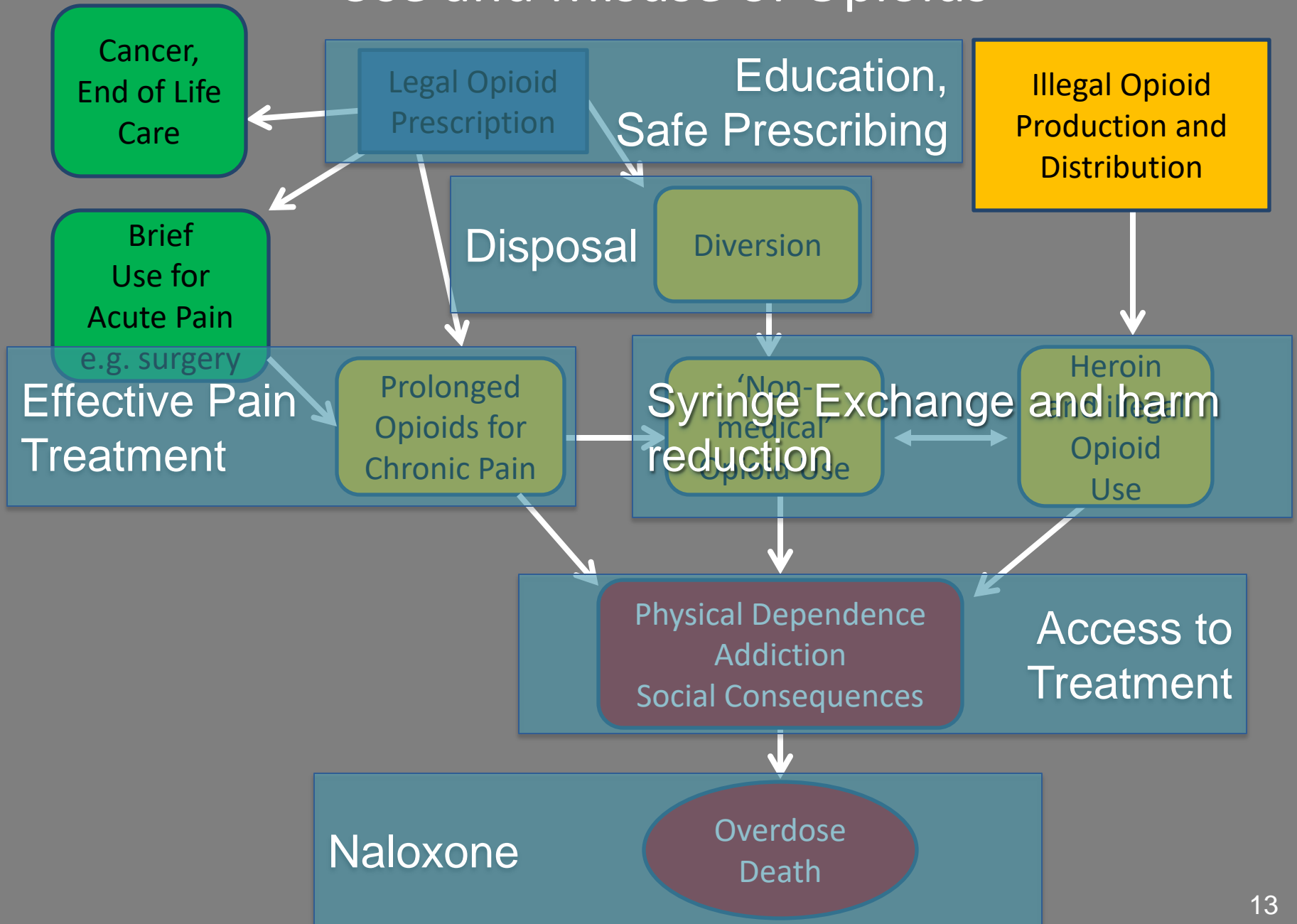
Health, Housing  
& Human Services  
CLACKAMAS COUNTY Public Health

Multnomah  
County  
Health Department

WASHINGTON COUNTY  
OREGON  
Public Health



# Use and Misuse of Opioids



# Public Health//Tri-County Opioid Safety Coalition



- 3-year partnership focused on 3 strategies to combat the region's local opioid epidemic
  1. Assess risks
  2. Increase community awareness
  3. Monitor prescribing trends
- Partners include district attorneys, police, housing programs, and community supervision
- Funded by the US Bureau of Justice Assistance from October 2016-September 2019



## Syringe exchange

- Technical assistance on syringe disposal
- Safe Streets public disposal bins

## Naloxone training

- Community provider training with homeless shelters, law enforcement, others
- Technical assistance across the state on overdose prevention and harm reduction





## 2017 Legislative Session: Opioid-Related Concepts

Several concepts are under consideration:

- Drug take back/disposal
- Prescribing limits
- Prescription Drug Monitoring Program (PDMP) modifications
- Naloxone



# Clinical



- We are the state's largest system of safety net clinics
- We serve over 70,000 patients annually (70% Medicaid)
- Over 1,000 of our patients have substance use disorders
- Patients receive behavioral health interventions
- In 2016, 173 patients referred for opioids and alcohol dependency treatment



### Our approach to the opioid epidemic:

1. Implementing new policies for prescribing and education
2. Making it easier to send in un-used medications (drug take back)
3. Offering specialized treatment for Opioid Use Disorder (through Medication-Assisted Treatment)



- Corrections Health provides detoxification and treatment for patients with substance use disorders
- All incoming detainees receive mental health screening, including review of medication abuse and overdoses
- We provide specialized withdrawal protocols
- Community follow-up and medication upon release is available for select patients



### Prescribing Practices

- County clinics and dental clinics adopted clinical policies to change our prescribing practices

### Medication-Assisted Treatment (MAT)

- Clinics are expanding substance abuse services through a new grant from the Health Resources and Services Administration (HRSA)

### Drug Take Back

- Pilot at Westside pharmacy

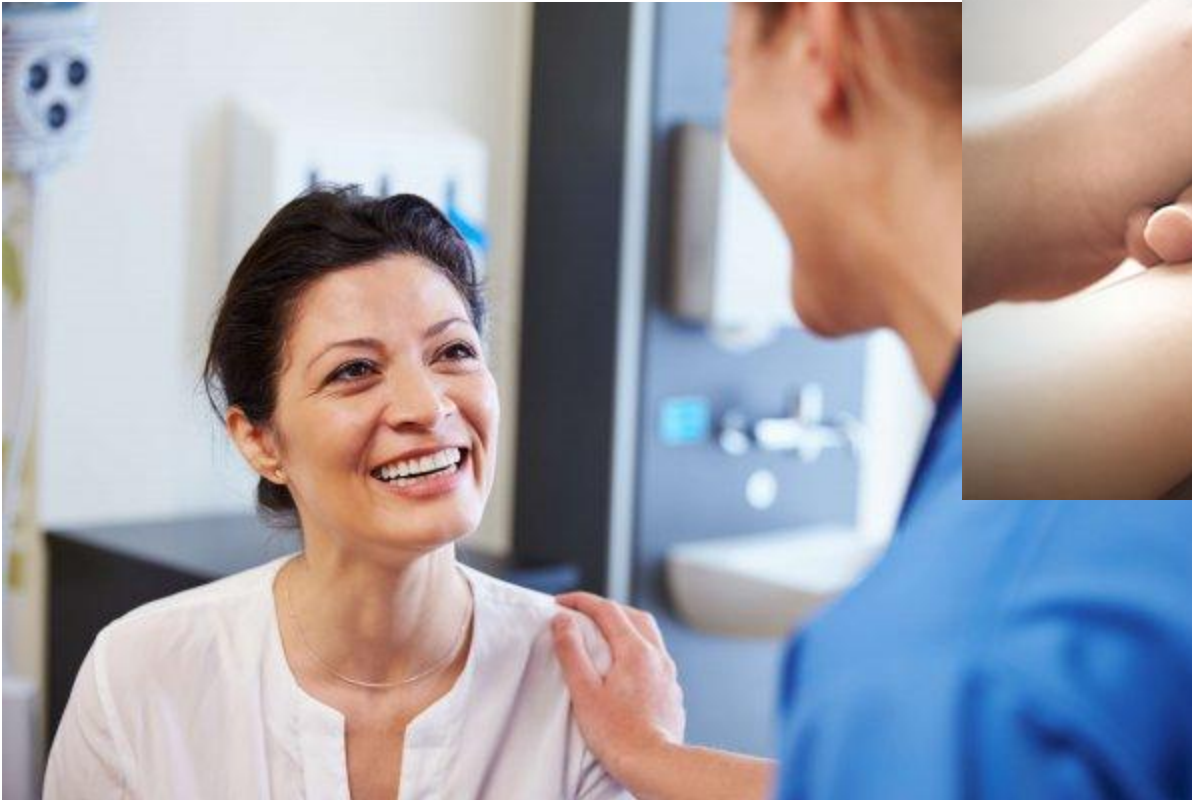


We have seen a reduction in opioid use and prescribing patterns

- Nearly a quarter fewer prescriptions filled at MCHD pharmacy over 6-month period (more than 1,000 fewer filled opioid prescriptions)
- Over 45% fewer dental-related prescriptions filled
- Less than 50 primary care patients now on >90mg morphine dose equivalent
- 17 physicians have obtained a waiver in Medication-Assisted Treatment (MAT) program to treat opioid use disorders
- 36 patients received MAT in 2016



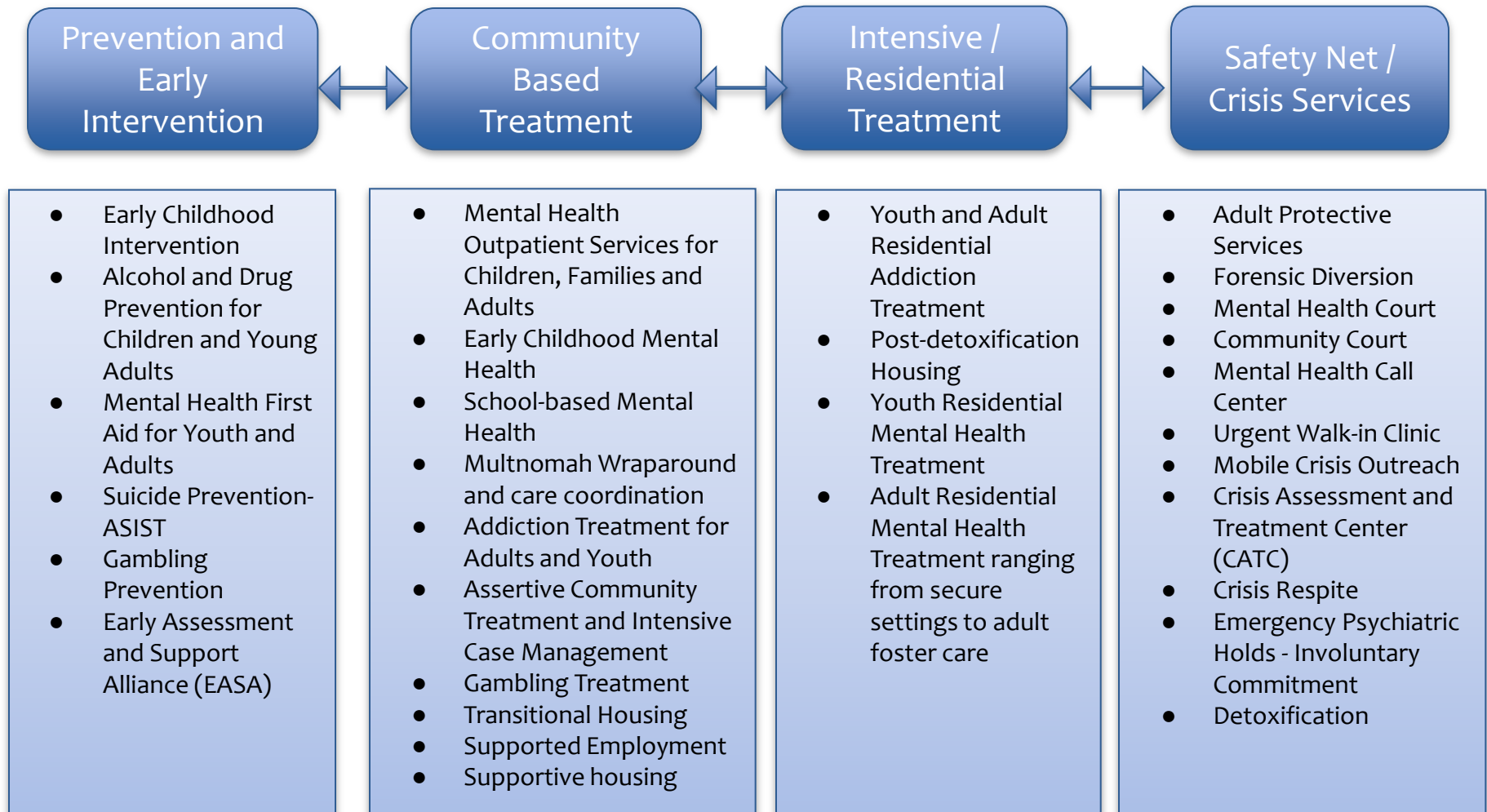
# Behavioral Health





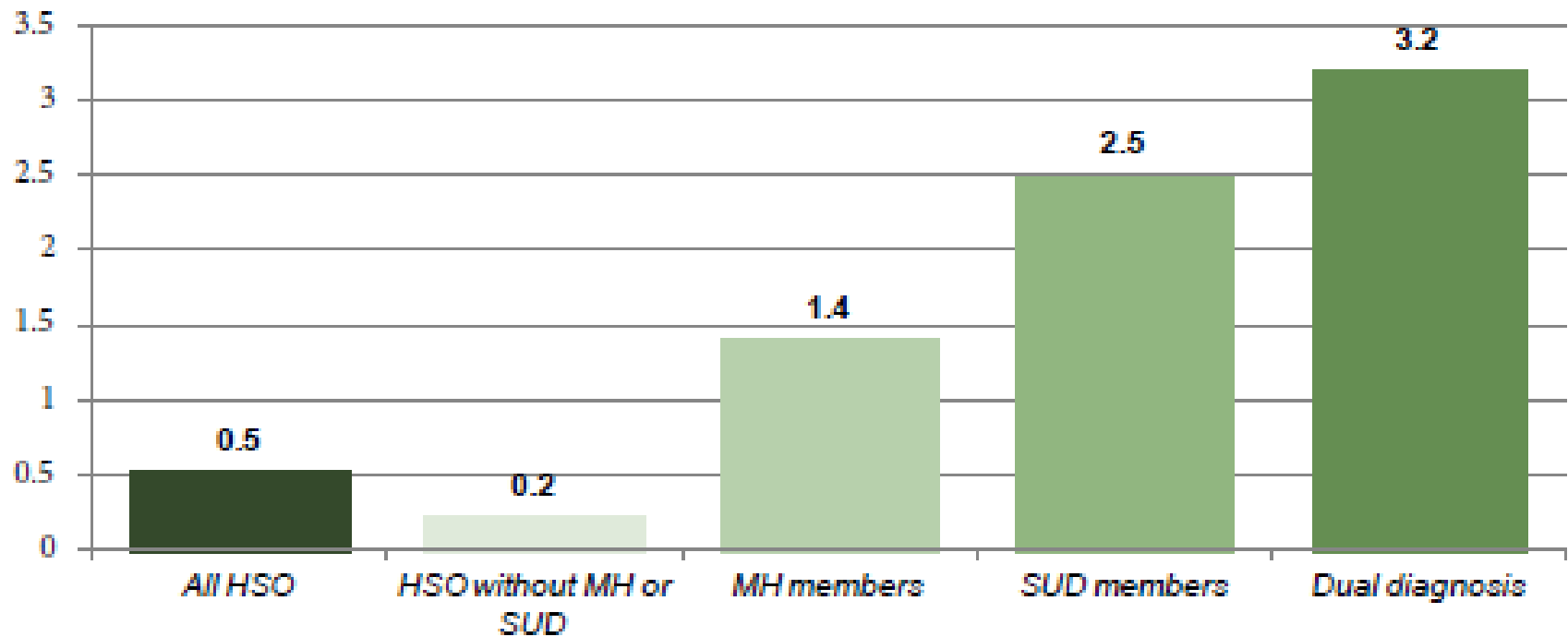
# Behavioral Health//Mental Health & Addictions Services Division

**MHASD MISSION:** To enhance and maintain high-quality, accessible, and culturally appropriate systems of care for children, youth and adults with mental illnesses and emotional and addictive disorders.



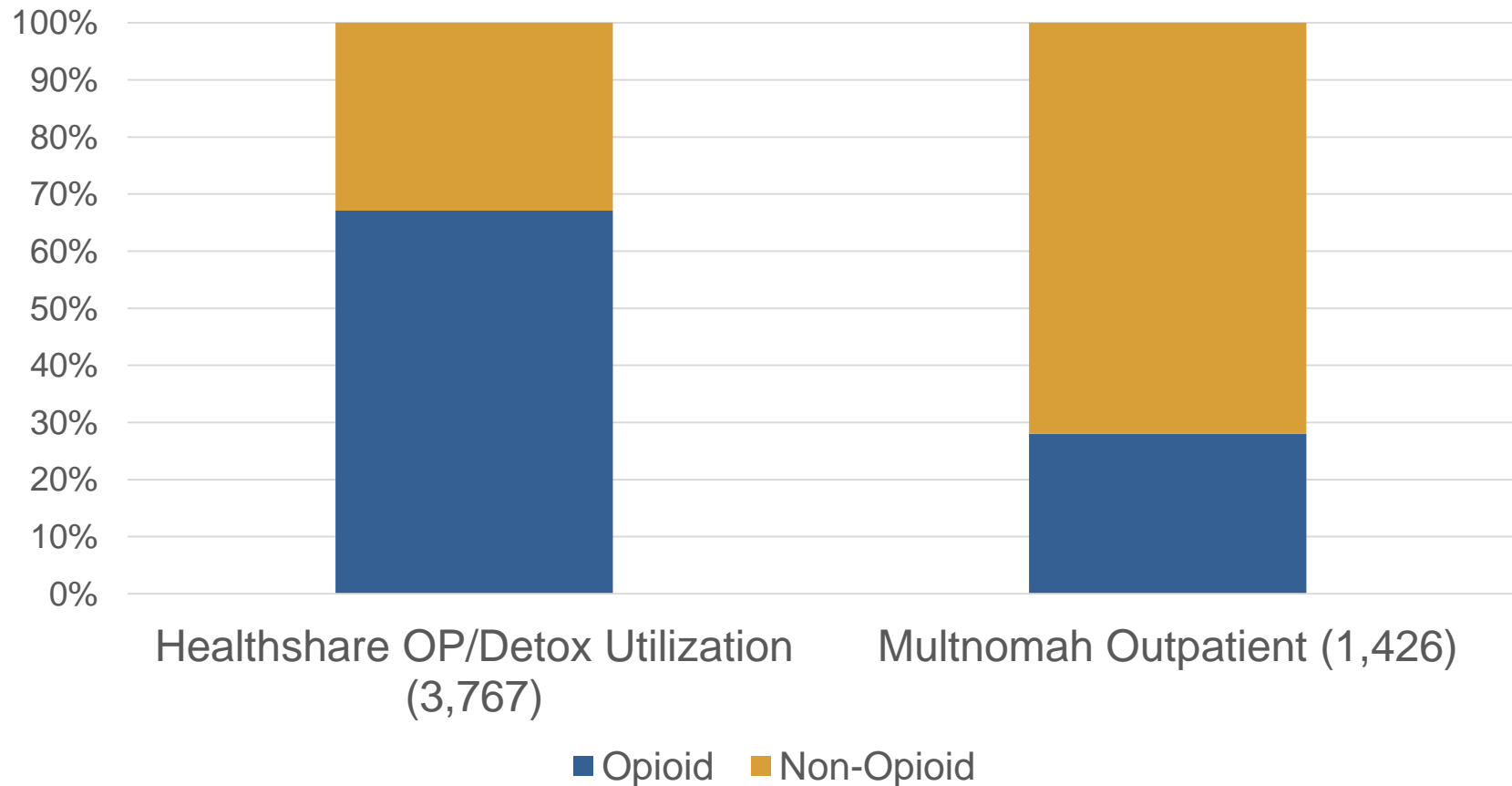
# Behavioral Health//Emergency Department Utilization

**Average visits per member**



# Behavioral Health//Health Share & Mult Co. Outpatient/Detox Utilization Data

## Opioid vs Non Opioid Treatment Costs



Care Coordination: *the organization of multiple individuals/agencies involved with a patient's care to achieve better health outcomes*

- Primary Care Access, Intervention, and Referral (PAIR)
  - 56% of 111 participants connected with services
- Emergency Department Outreach
  - 68% of 292 individuals connected with services
- Addiction Benefit Coordinators
  - 75% of 331 individuals connected with services



# WHEELHOUSE

EXPANDING RECOVERY OPTIONS

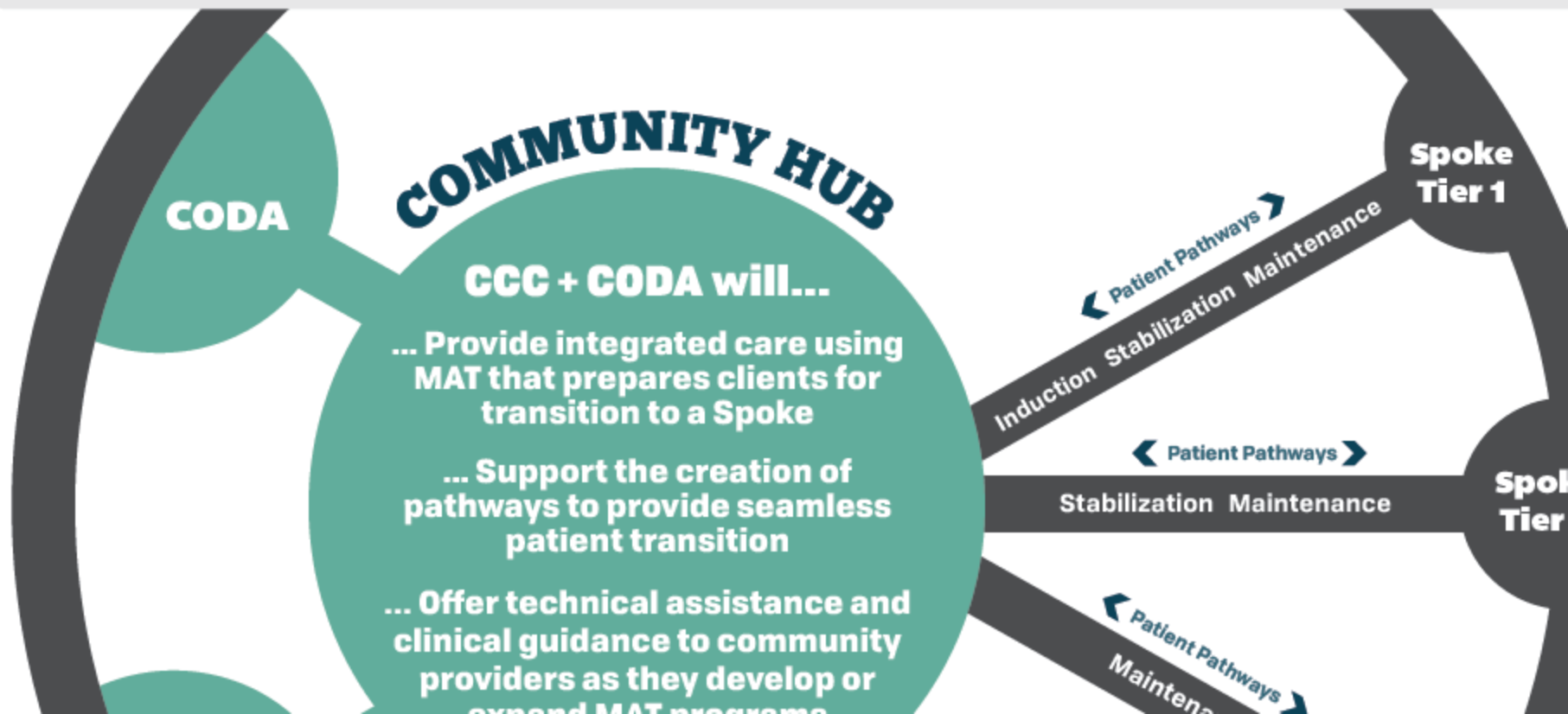
A COLLABORATION TO EXPAND  
RECOVERY OPTIONS IN THE TRI-COUNTY AREA

**1 in 10**



**individuals is receiving  
necessary treatment for  
opioid use disorder.**

To address this gap in treatment, **Health Share of Oregon** is funding a new model of care for opioid use disorder treatment in the Tri-County Area. Referred to as Wheelhouse, the model will be led by **Central City Concern (CCC)** and **CODA**, who will work together to increase access to **Medication Assisted Treatment (MAT)** in **Multnomah, Washington, and Clackamas counties**, and ensure patients can move seamlessly across levels of care without disrupting access to treatment.



# Justice-involved population



## Justice-involved Population// Department of Community Justice

- About 8,000 people on probation and parole
- Average 200 intakes a month
- \$6.5 million substance abuse specific treatment & recovery support services per year\*
  - Included is \$190K MAT (for CODA and VOA)\*
- VOA estimates 45% of clients seeking treatment for opioid dependence or addiction
- CODA reports half of the 3000 clients served last year had the primary diagnosis of opioid use disorder

\*Not including ACA



## Assessment and Referral Center (ARC) – Lifeworks NW

1. Health Assessment Team has 3 alcohol & drug assessors at jails
2. Target population is medium-high risk to offend adults on supervision with mental health and addiction problems
3. Average of 15 evaluations per week
4. Assessments for about 30% of client population





## Justice-involved Population//Justice Reinvestment

1. CODA conducted MAT training for stakeholders
2. CODA Reach-In Counselor assesses and coordinates services to include Medication-Assisted Treatment (MAT)
3. Includes housing assistance, mentor, employment, and other recovery support services
4. Target is high-risk population on supervision



## Justice-involved Population//START Drug Treatment Court

- Treats high-risk, high-need people with addiction on probation
- Treatment at assessed level of care and access to mentors, parenting classes, and other services
- Criminal Justice Commission grant funding to administer and treat with Vivitrol
- 2 providers administering Vivitrol (CODA and VOA)
- Working with Corrections Health, providers, and partners to streamline process for treatment to begin in jail
- Drug Court team have received training in Medication-Assisted Treatment



## Justice-involved Population// DCJ Offenders with Opioid Dependency

- CODA, VOA, DCJ, court staff and Corrections Health coordinate Medication Assisted Treatment
- Vivitrol Workgroup (subcommittee of DCJ Offenders with Opioid Dependency) working to standardize a process for Vivitrol initiation, administration, discharge planning, and release of individuals to treatment



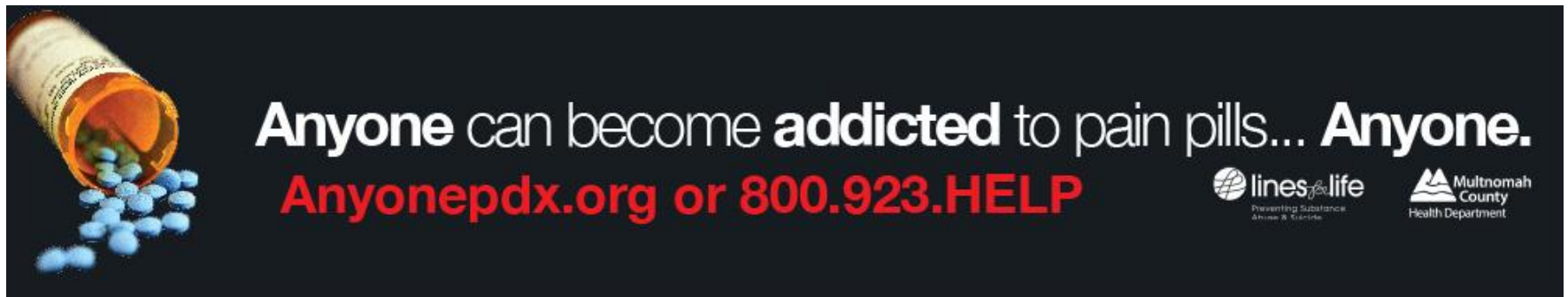
## Justice-involved Population//Treatment First

- Treatment First model assesses individuals and connects them to appropriate level of care and supervision
- Began April 3, 2017 for those charged with Possession of a Controlled Substance
- Individuals assessed and given specific expectations based upon risk and need
- Multiple treatment tracks allows system to treat defendants with appropriate level of treatment
- Lower risk individuals provided resources in the community
- Successful completion of model will result in dismissal of the charge



# Opioid addiction and recovery story

- [Anyone PDX: Randi's story](#)



Questions?

Thank you

