



Countywide Response to the Opioid Epidemic

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Overview// What we will cover

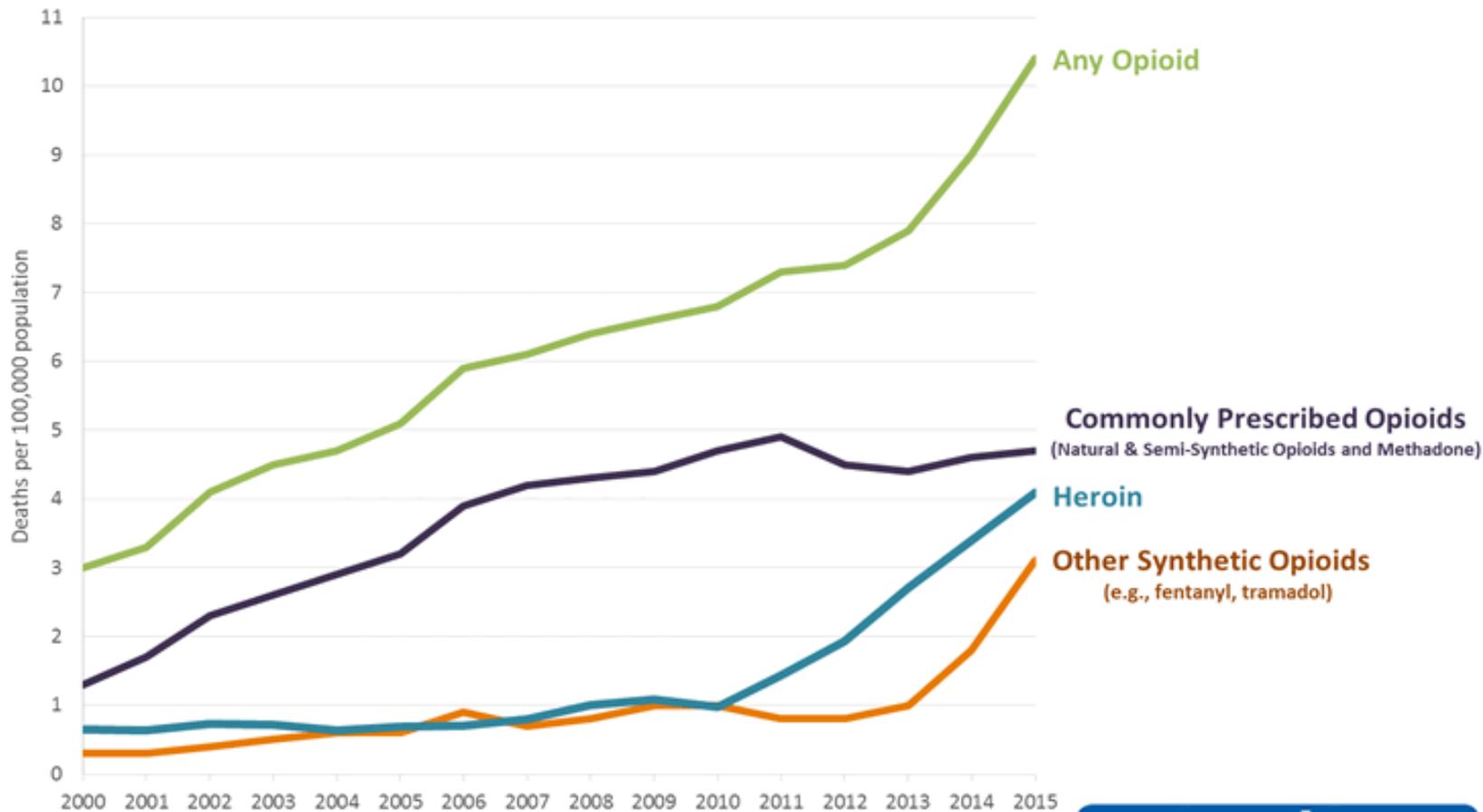
- Understanding the problem: Why are we hearing of an “opioid epidemic?”
- The County’s response across 4 areas:
 - Public Health
 - Clinical
 - Behavioral Health
 - Justice-involved Population
- Story of opioid addiction and recovery



Why are we hearing of an “opioid epidemic?”



Overdose Deaths Involving Opioids, United States, 2000-2015

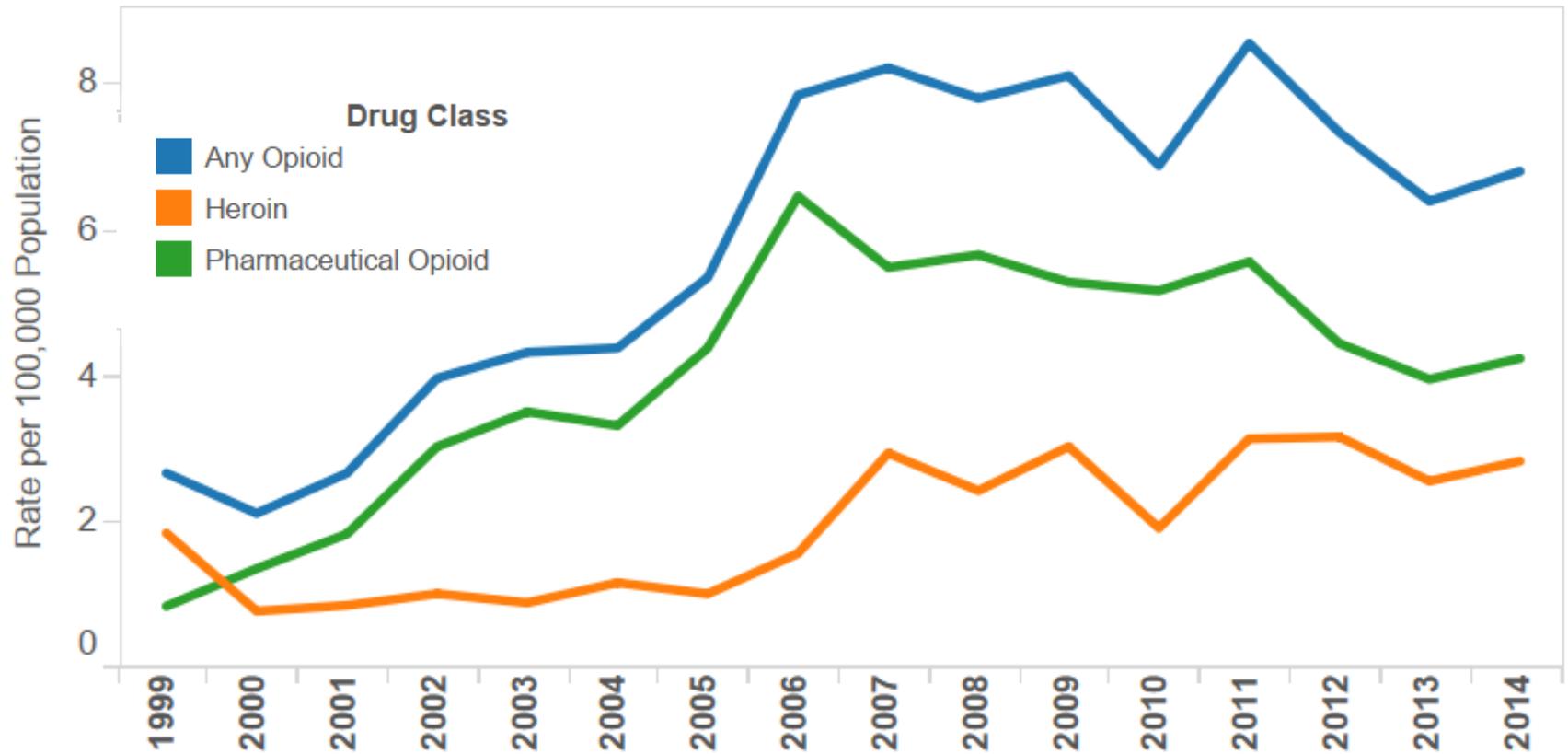


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information

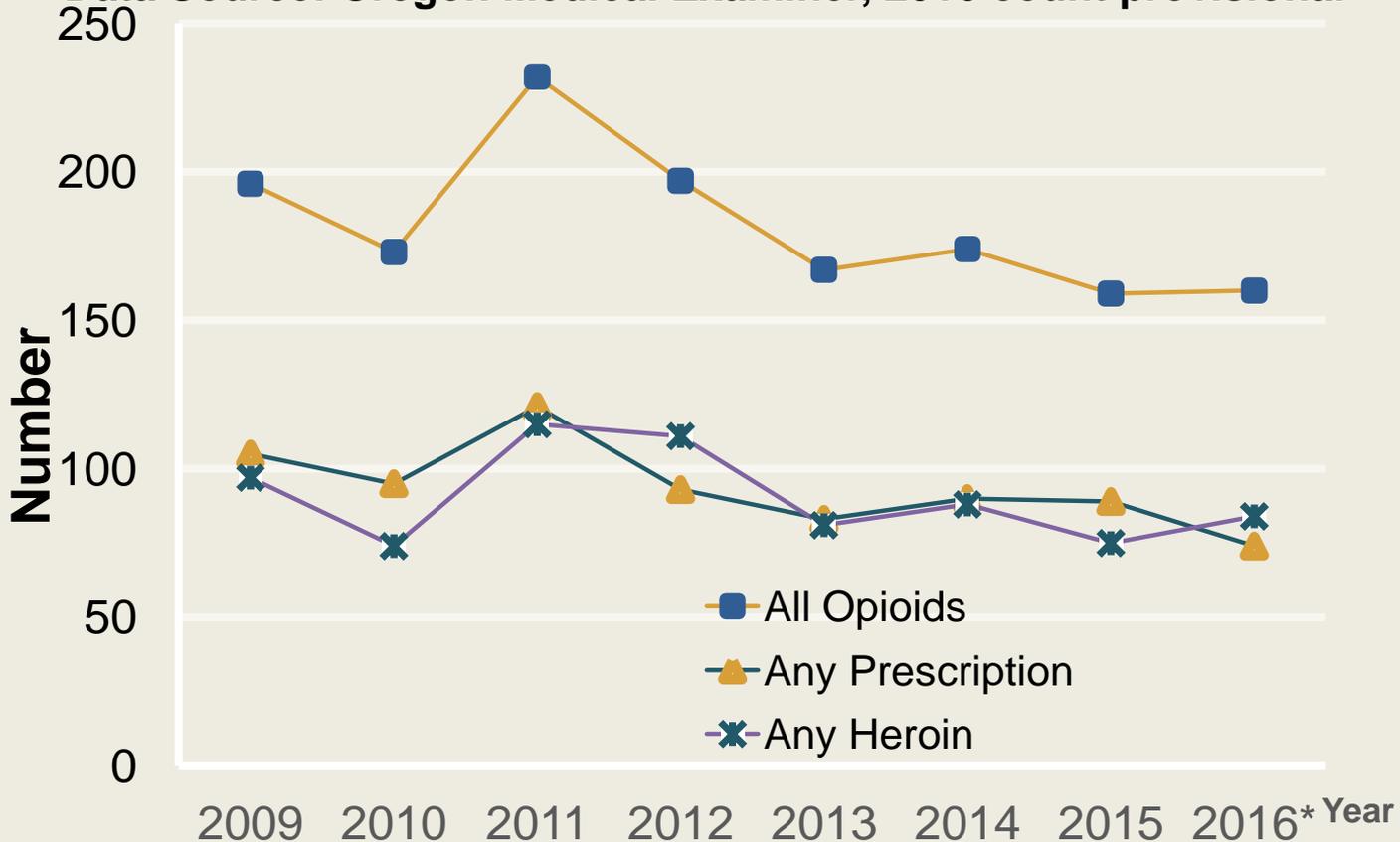


Statewide Drug Overdose Deaths



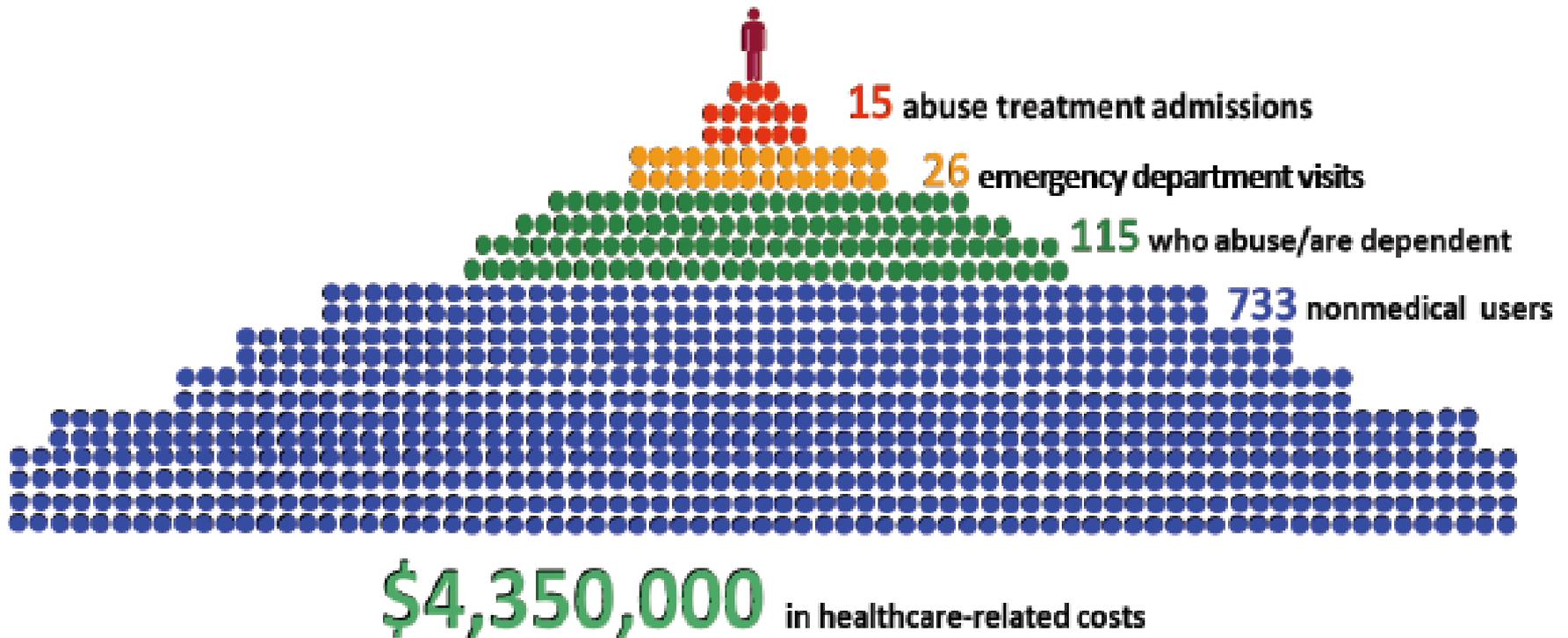
Portland Metro Tricounty Opioid Overdose Deaths, 2009-2016*

Data Source: Oregon Medical Examiner, 2016 count provisional



Opioid deaths are just the tip of the iceberg

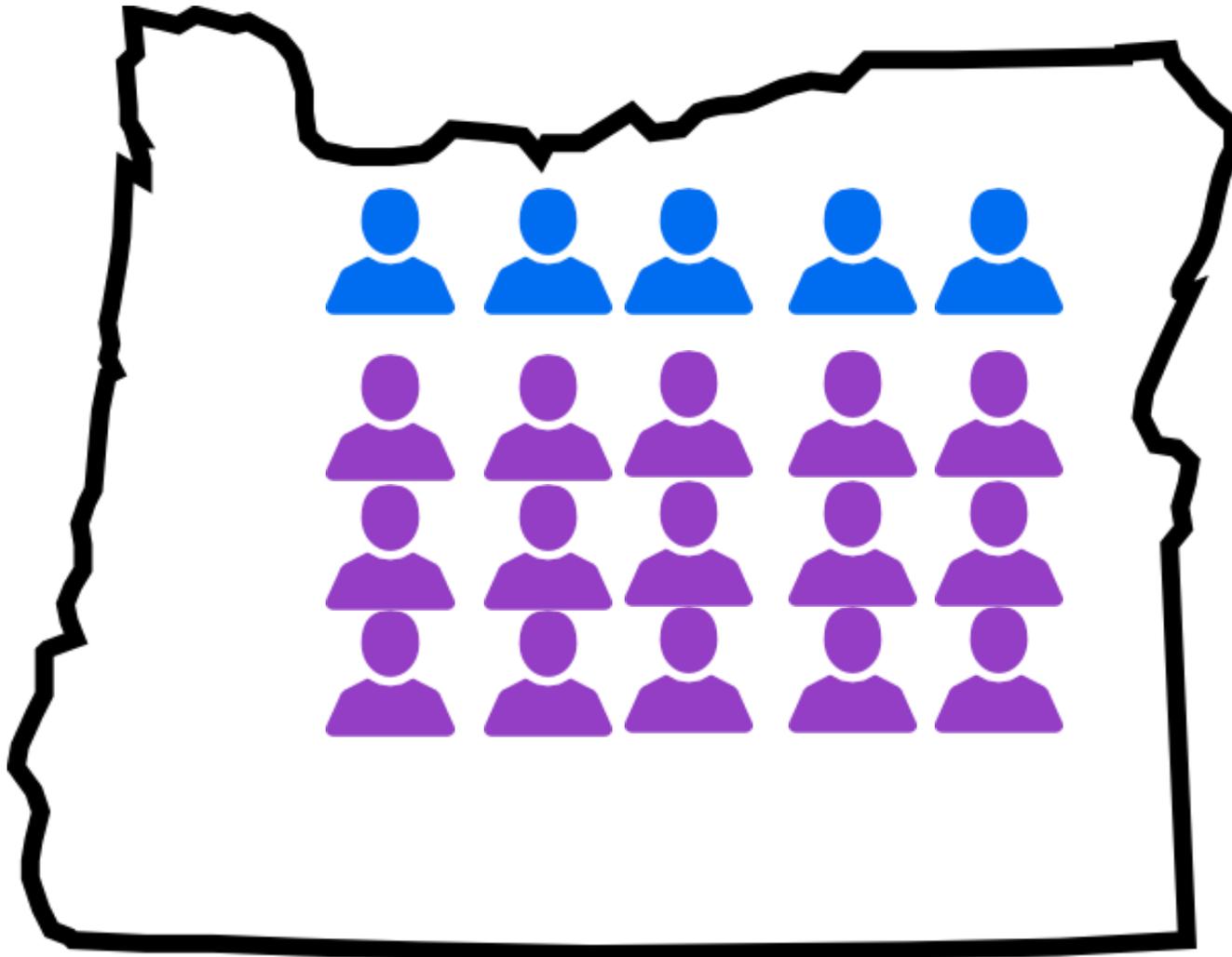
For every **1** prescription opioid overdose death in 2010 there were...



Source: CDC, 2014

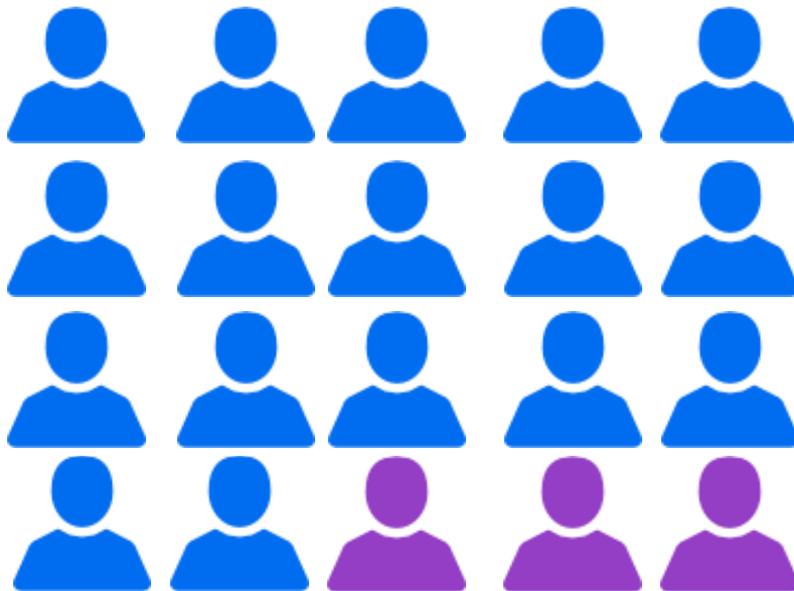


How many people get prescriptions in Oregon?



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

How much does Oregon prescribe?

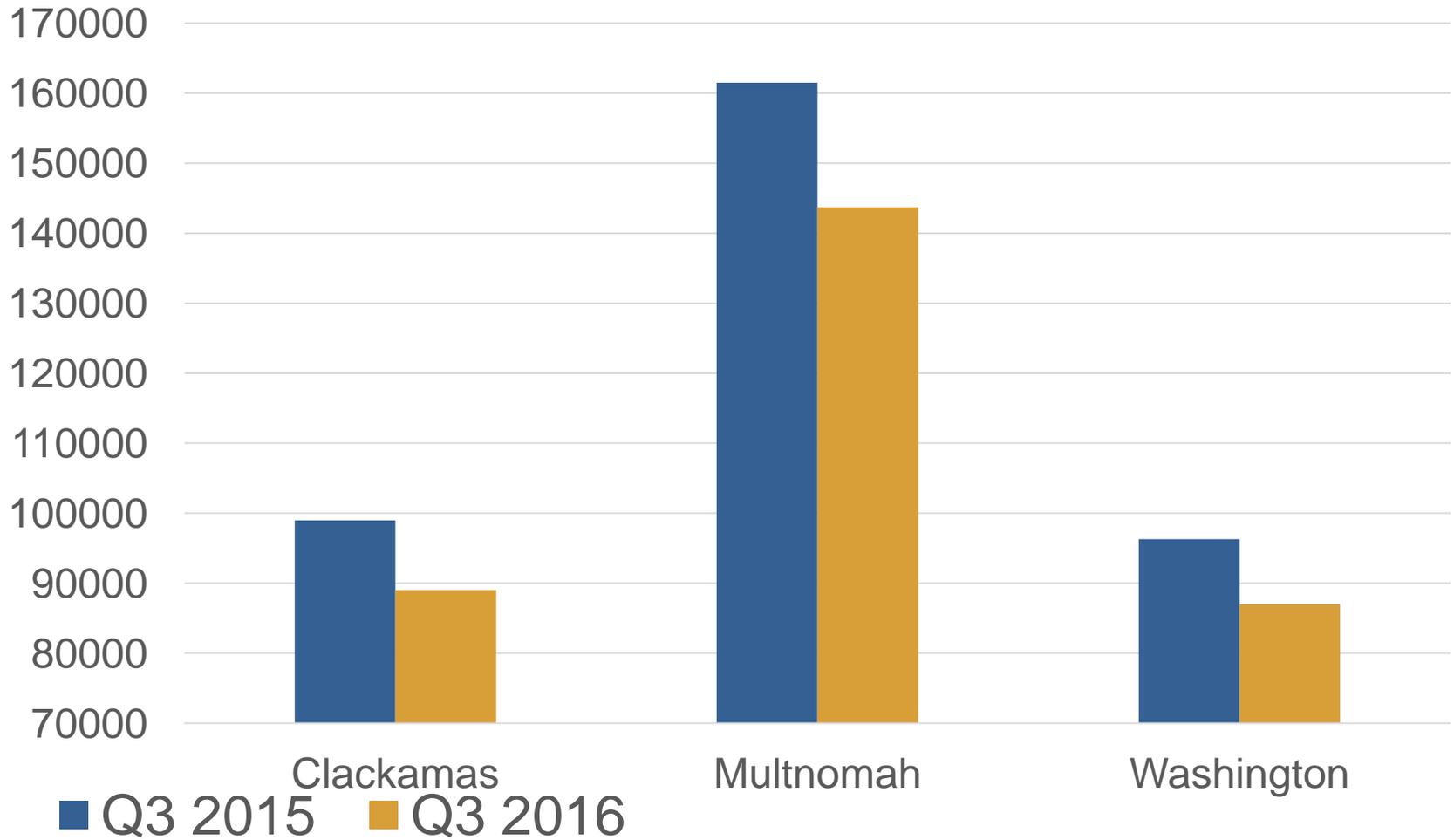


Oregon prescribes enough opioids for 87% of the population to be treated each year

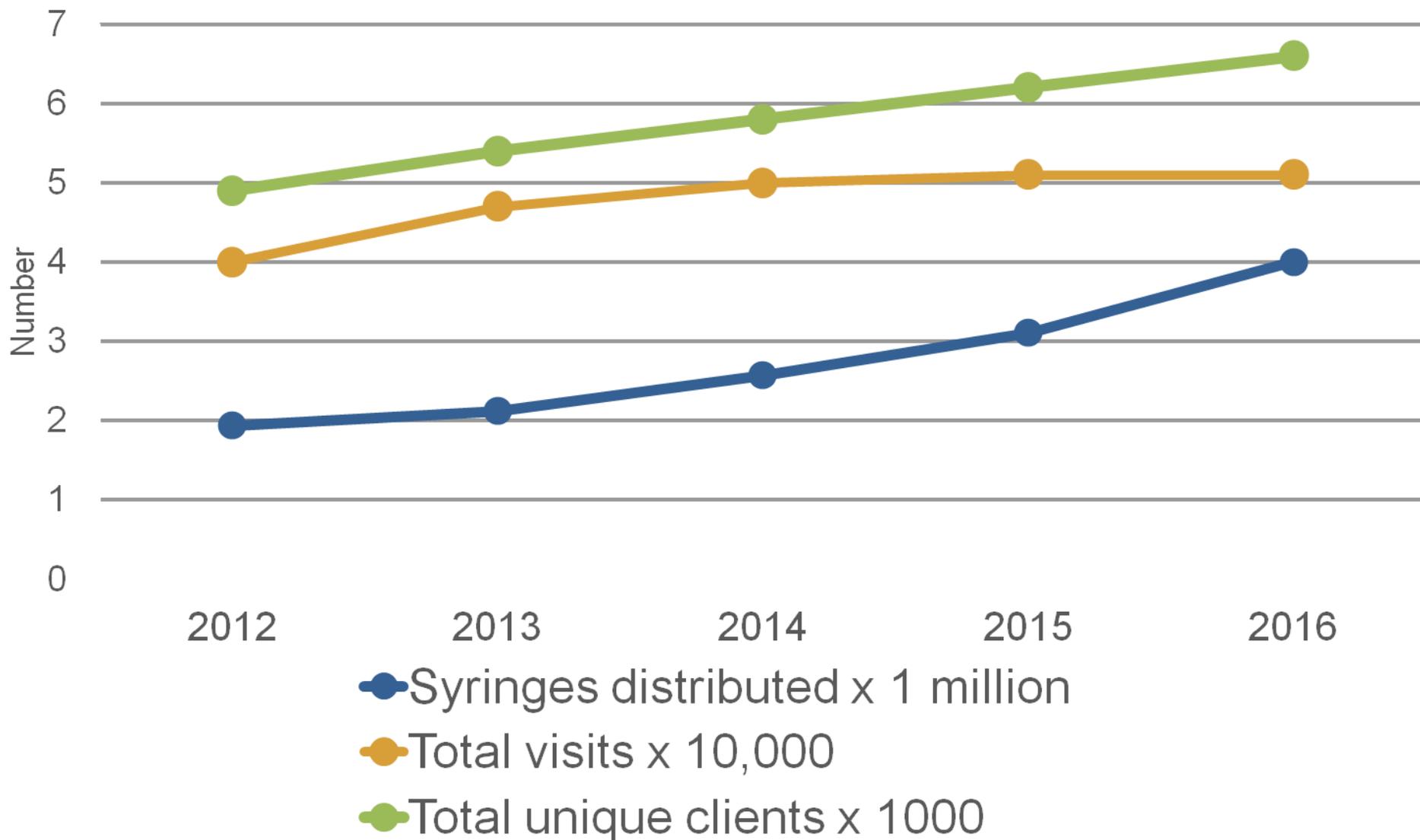
(86% hydrocodone and oxycodone)



Opioid Prescriptions 2015-2016



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



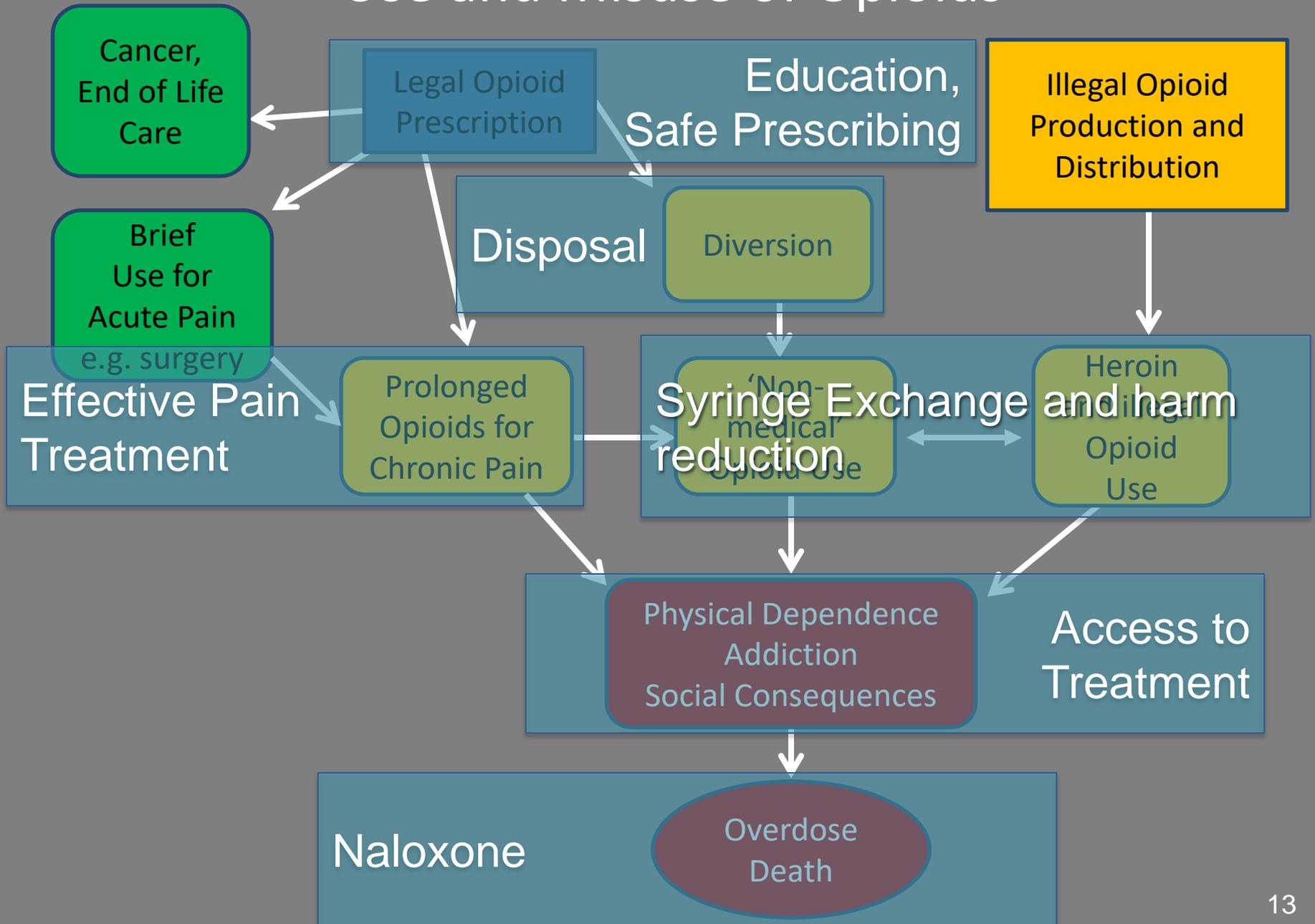
Public Health

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

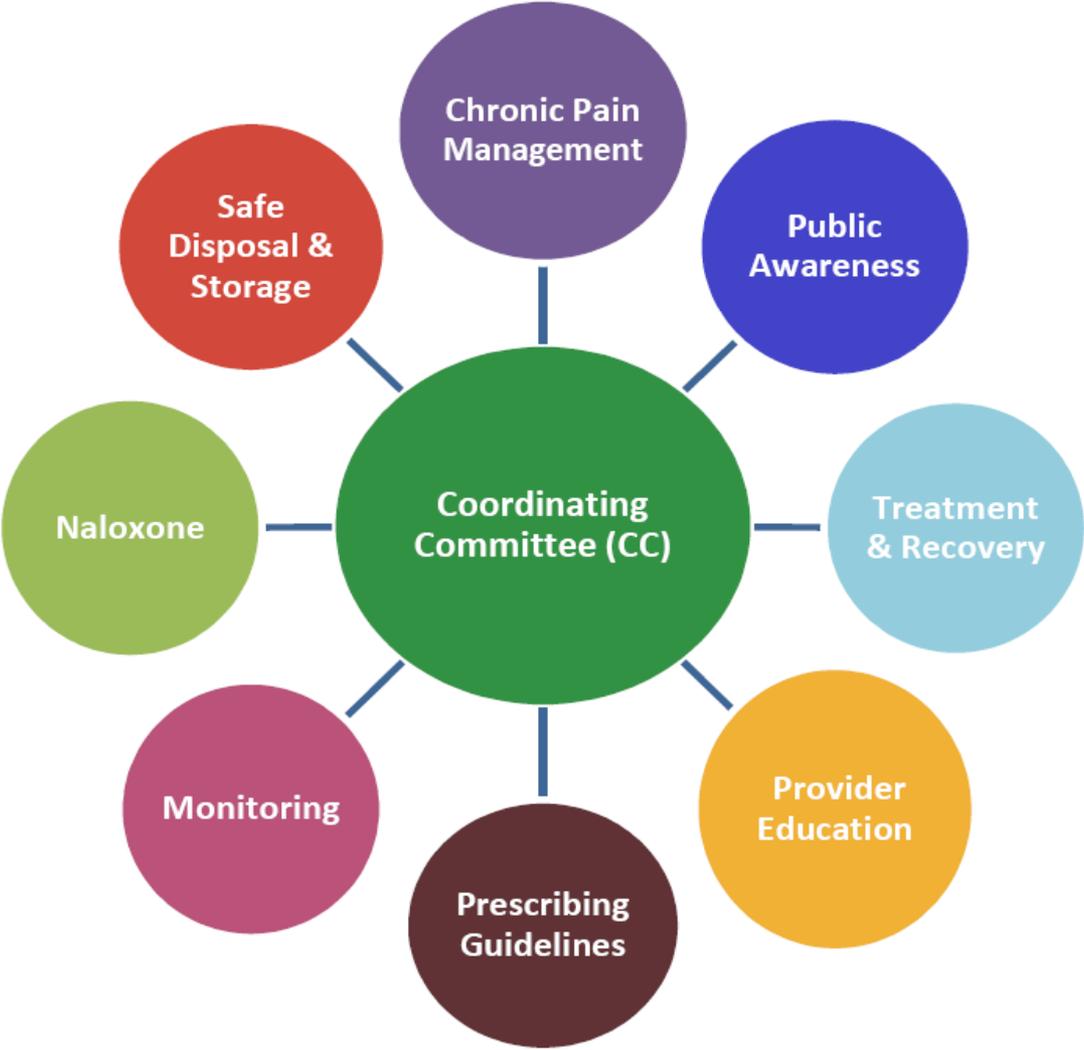
2016



Use and Misuse of Opioids



Public Health//Tri-County Opioid Safety Coalition



Tri-County Regional Coordinating Coalition

- Reduce opioid deaths and improve quality of life for those with pain and opioid dependence
- Partners: Public Health, Justice, Mental Health and Addiction, Drug Court, CCOs, and others

Post Release Overdose Prevention (PROP)

- Assess, pilot, and implement overdose prevention among justice-involved population
- Partners: District Attorney, Police, Sheriff, Housing, Parole & Probation
- 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

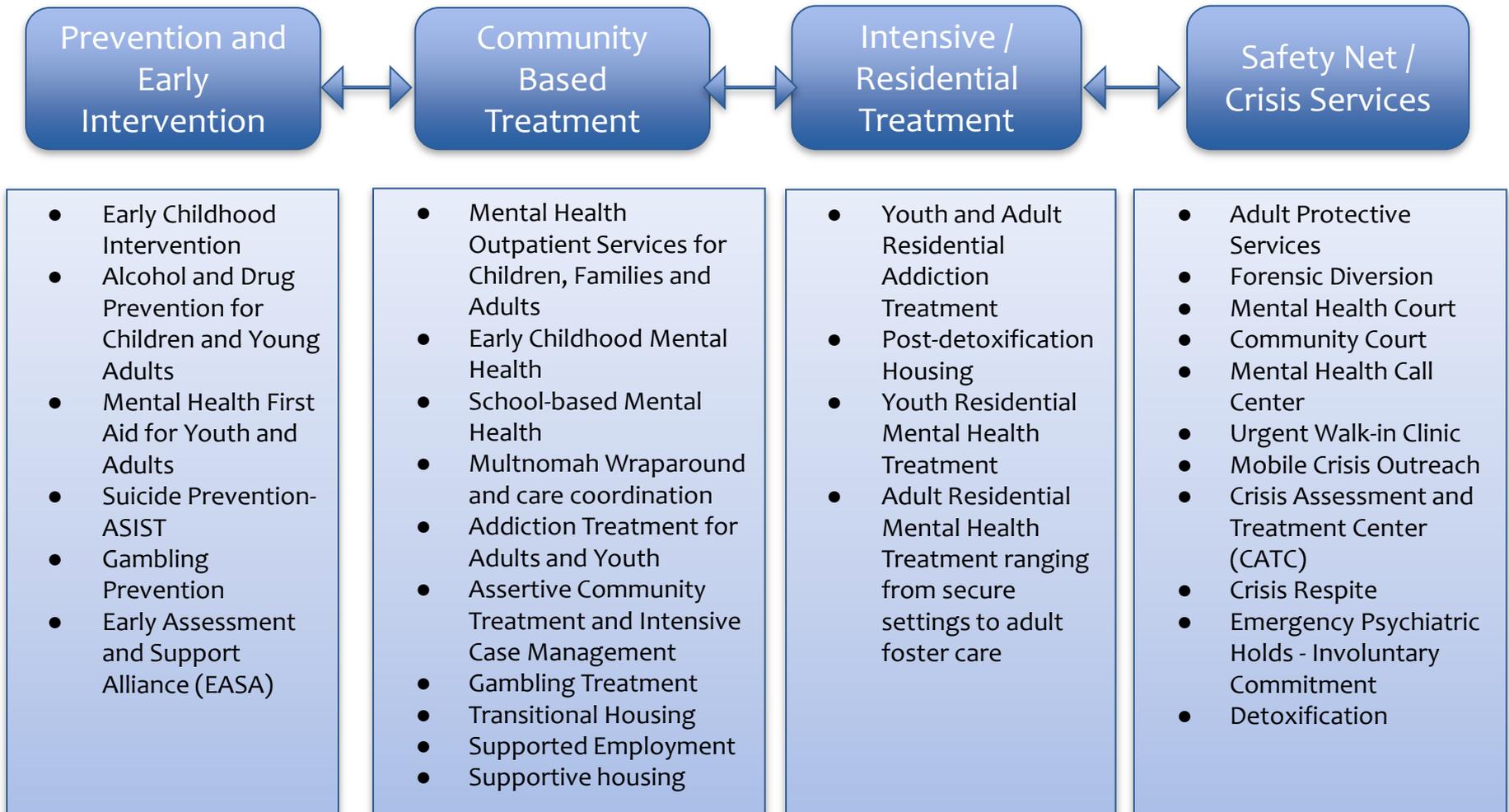


Behavioral Health



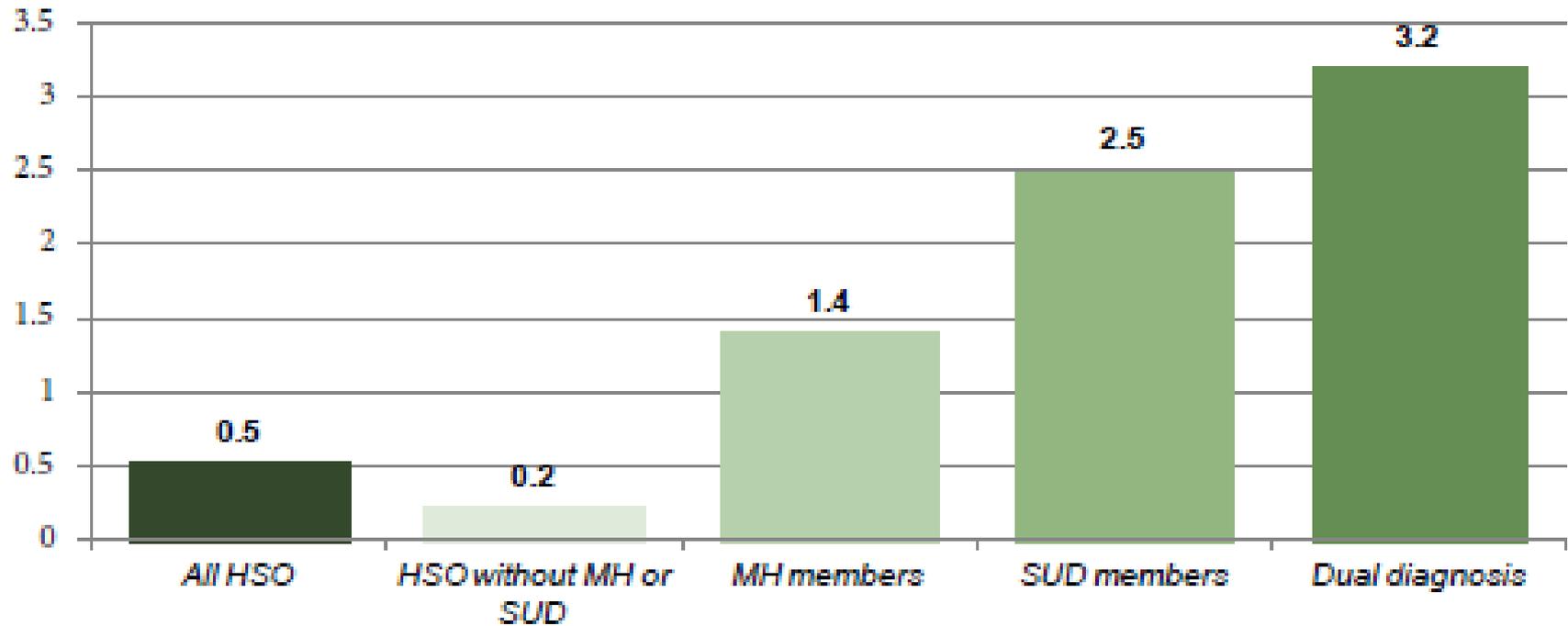
Behavioral Health//Mental Health & Addictions Services Division

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.



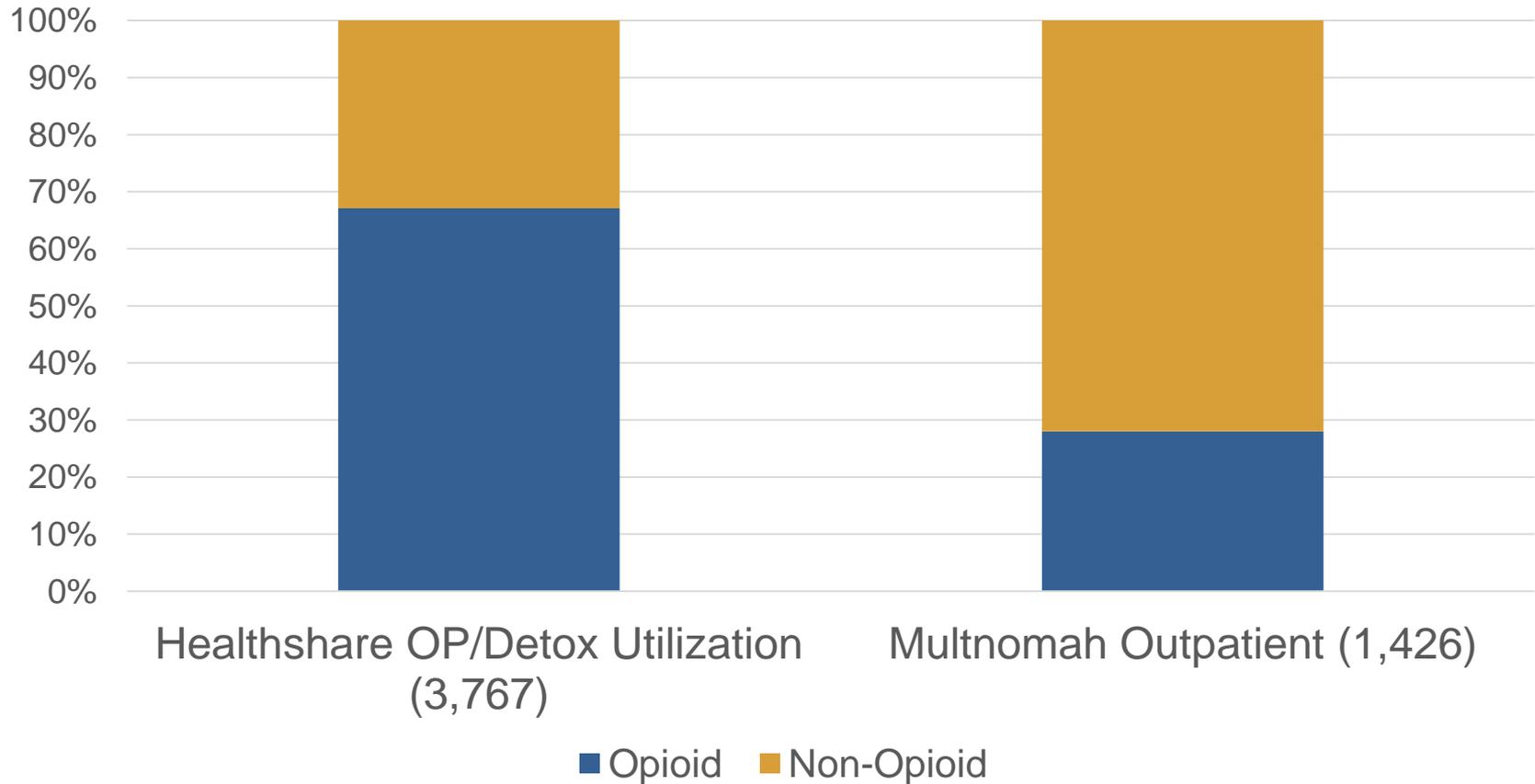
Behavioral Health//Emergency Department Utilization

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

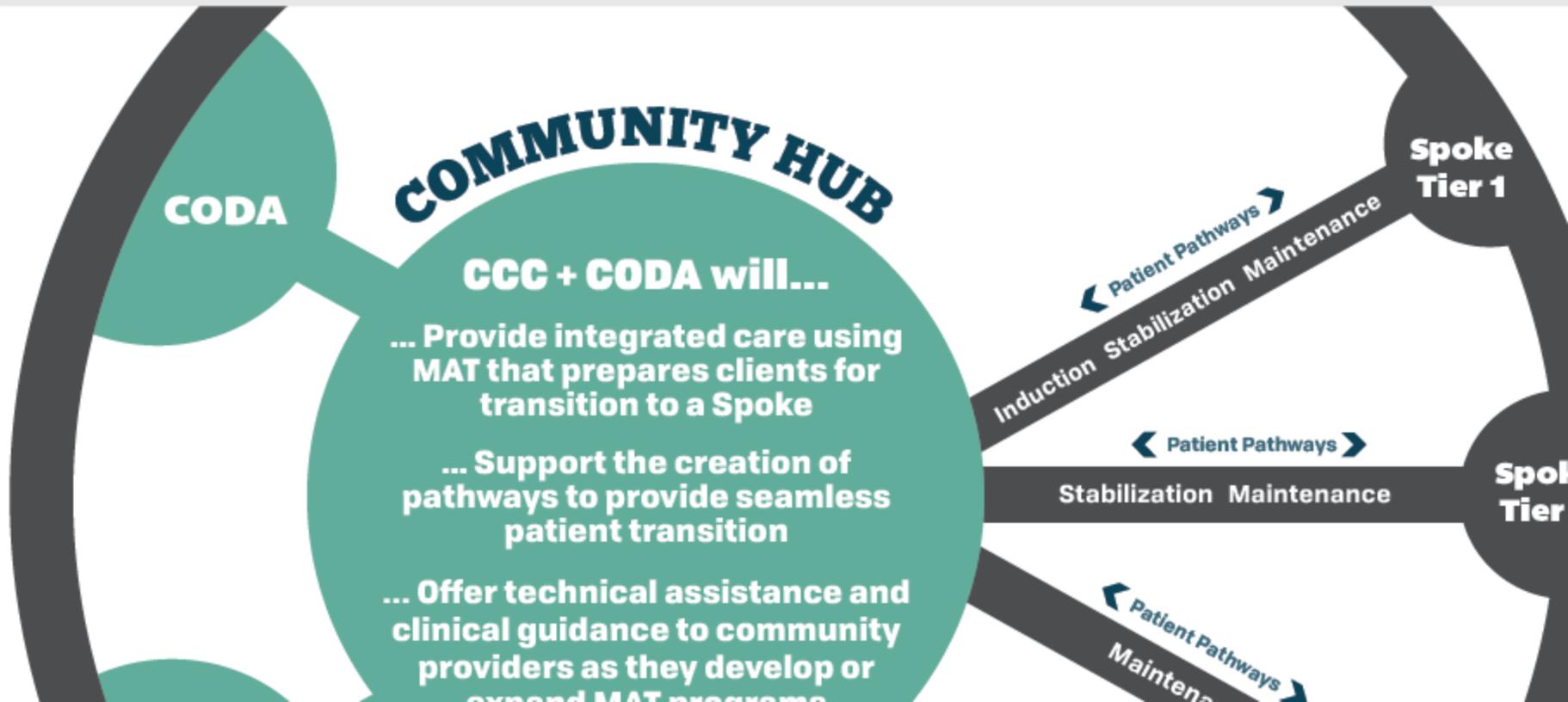


1 in 10



**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 transition 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](#)



Anyone can become **addicted** to pain pills... **Anyone.**
Anyonepdx.org or 800.923.HELP

lines of life
Preventing Substance Abuse & Suicide

Multnomah County
Health Department



Questions?

Thank you

