



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 6/9/2014)

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

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

Note: Title should not be more than 2 lines but sufficient to describe the action requested. Title on APR must match title on Ordinance, Resolution, Order or Proclamation.

Requested

Meeting Date: April 21, 2016 **Time Needed:** 45 minutes

Department: Health Department **Division:** _____

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. Overdose 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.

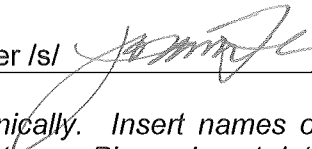
4. Explain any legal and/or policy issues involved. Briefing only.

5. Explain any citizen and/or other government participation that has or will take place. Health Columbia Willamette Opioid Prescribing Standards is a standing collaboration between Portland-Vancouver county Public Health Departments, all regional hospitals (community benefit), 2 metro CCOs. An assessment completed in 2013 identified accidental death as leading cause for years of life lost, with drug overdose major contributor. Prescription drug workgroups were launched to determine standards, education, monitoring.

Required Signature

**Elected
Official or
Department
Director:**

Joanne Fuller /s/



Date:

7/1/16

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