Behavioral Health Care Opioid Reduction Strategies

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Coordinated Care Organization

Opioid Model of Care

Public Health
- Needle exchange programs
- Naloxone
- Social marketing
- OPDMP grant

Health Care Providers
- Prescribing guidelines
- Ceiling dose and tiered goal
- Opioid dashboard
- Community of Practice
- Changing paradigm of chronic pain
- Clinical Up-skilling
- ED/Surgeons/Dentists

Addictions Treatment
- Medication Assistance Treatment
- Detox Center
- Naloxone

Community
- Social Marketing
- Community events
- Awareness of risks
- Community Action

Non-pharmaceutical Treatments
- Behavior Based pain clinics
- Acupuncture coverage
- PT benefit
- Yoga resources
- CBT/Behavioral health

Pharmacy
- Taper Plan Education
- Drug take backs
- Naloxone
- Data/Opioid Risk Score

Behavioral Health
- Integrated behaviorist
- Increasing access to specialty mental health
- Crisis Respite

Access to SUD Services 2016: MAT Services

2019: CPCCO MAT Services

Opioid Strategy Drivers

Aim

Improved patient safety

Improved provider support

Indicators:

Deaths due to opioid OD

MED prescribing levels

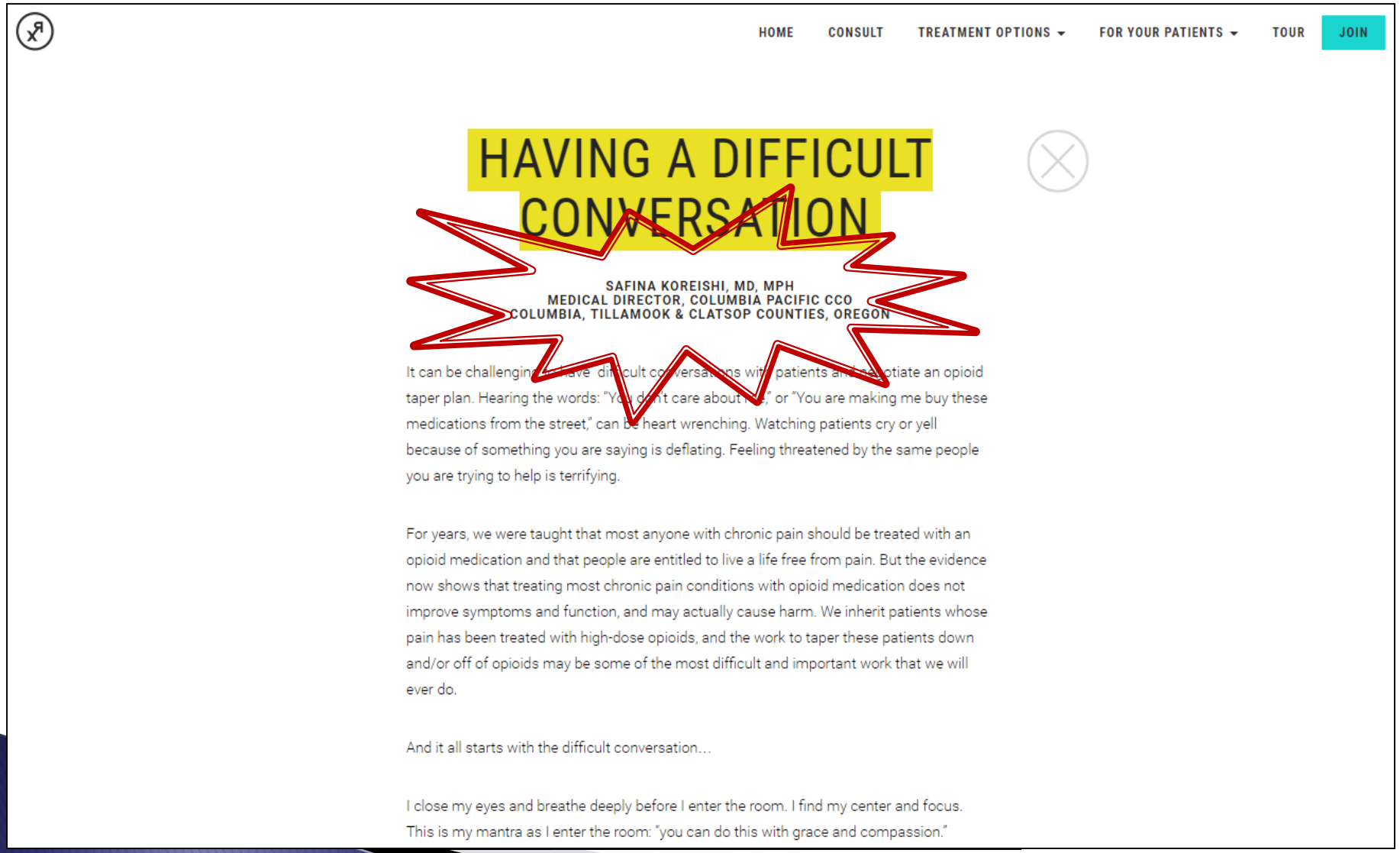
ED utilization due to opioids

Primary Drivers	Secondary Drivers	Strategies
Improve Prescribing Practices	Increase provider/specialty knowledge Reduce MED prescribing Reduce high risk "cocktail" prescribing Improve provider/specialty awareness	Provider trainings Engage acute/specialty prescribers OPDMP registration & trainings Opioid Pledge
Address chronic pain	Treat functionality Improve access to behavioral health	Expand behavioral-based pain clinic services Expand access to non-pharmacological treatment
Reduce Misuse & Abuse	Expand Access to treatment for Substance Use Disorders Reduce pills in circulation	Mental health & addictions treatment MAT Hub-and-Spoke Model Medsafe disposal Detox clinic
Expand Harm Reduction	Increase co-prescribing First responder education & Naloxone	Clinical Naloxone prescribing Community first responder OEND
Increase Community Awareness		Community education campaign

Integrate Behavioral Health Consultant Into The Team

- Pain contracts
- Support plan
- Group education
- ACT model of intervention

Surgeon General's #TurnTheTide



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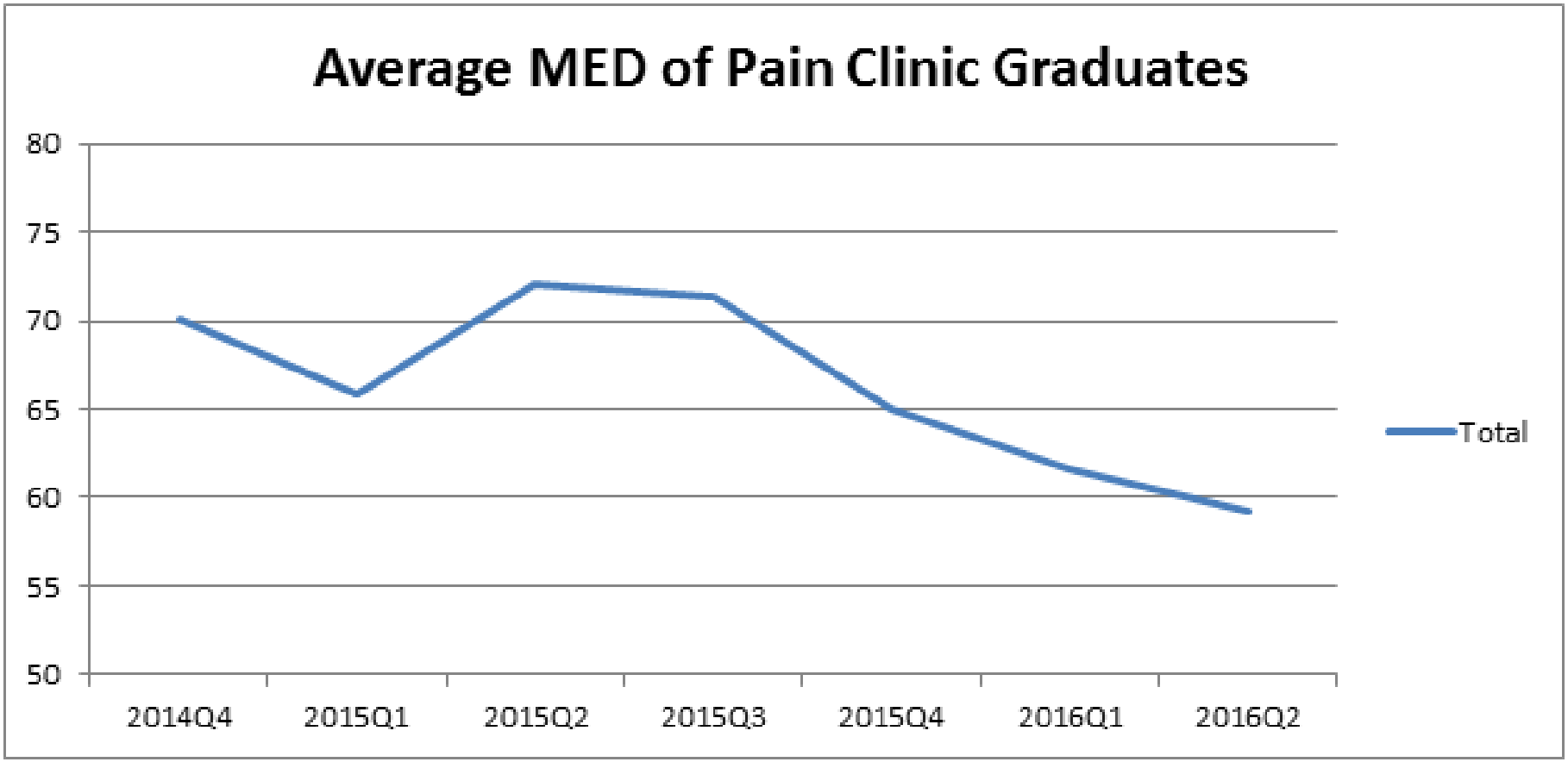
Pain Clinic MED Data



Medication Assisted Therapy

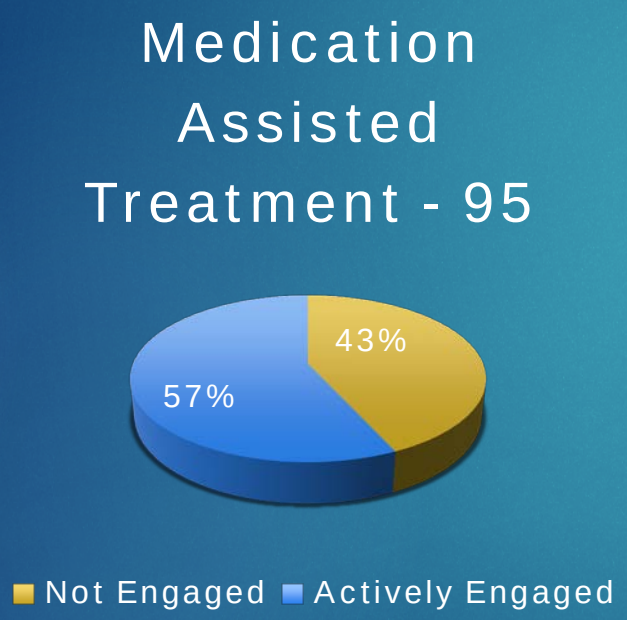
- Individually tailored to the resources available in each community
- Team based care
- Suboxone, Vivitrol, Naloxone

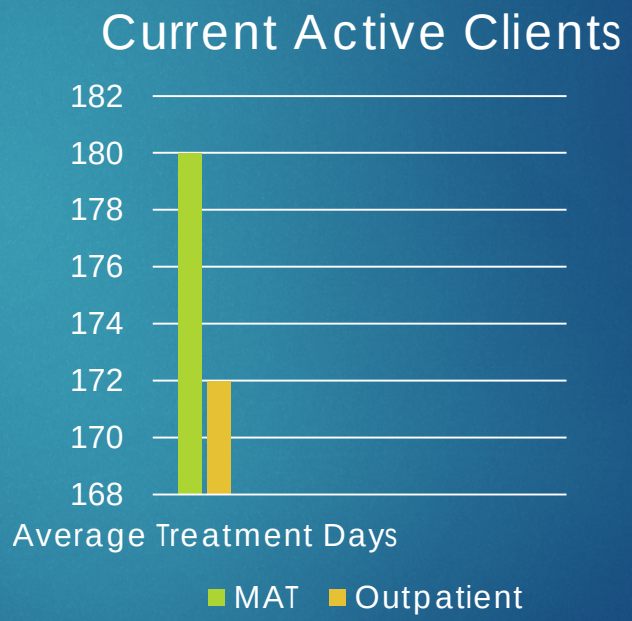
- Effective approach is maximized using a collaborative, integrated approach that includes primary care, behavioral health consultants, and CMHP clinical staff

Clatsop Behavioral Healthcare Medication Assisted Treatment

Challenges in a Rural Area

Medication Assisted Treatment: June 2018 – September 2019





Inpatient Utilization Change

DRG	July 2017 - June 2018 N Admits	July 2018 – June 2019 N Admits	% Δ
Cellulitis	24	14	- 41.7%
Septicemia	47	12	- 74.4%
Poisoning and Toxic Effects of Drugs	47	21	- 55.3%
Overall	**118**	**47**	**- 60.2%**

Clatsop County has seen a 60.2% decrease in IP admits for SUD-related issues, of which all originate in the emergency department

SUCCESS STORIES

Lessons Learned

Regional Overdose Prevention and Crisis Response

Harm Reduction for People Who Use Drugs

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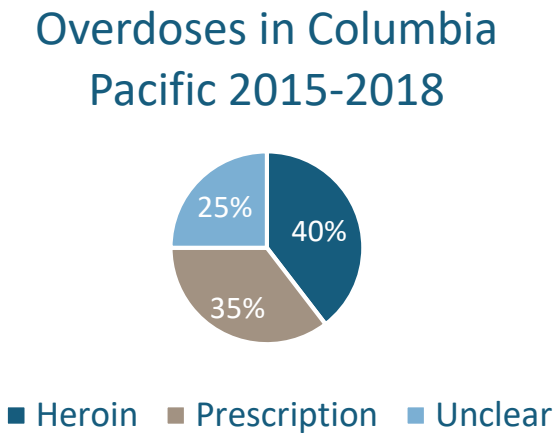
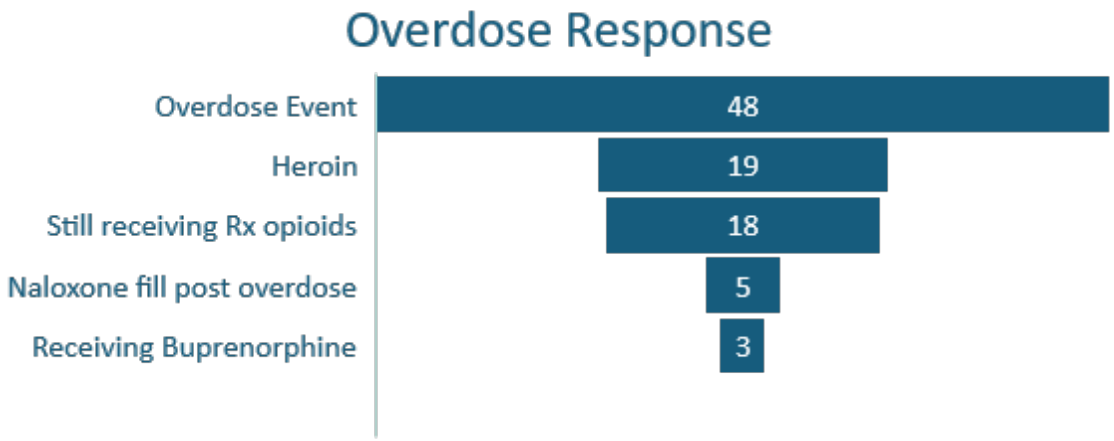
Overdose Data Analysis

A suboptimal response to a growing problem





Deep Dive of 2018 Overdoses (CCO patients only)

32 overdoses

- 14 heroin (44%), 3 methadone (9%)
- 2 young children
- 6 fell off plan (19%), mostly young males using heroin
- 7 intentional
- 1 receiving treatment with buprenorphine
- 2 had fills for naloxone post overdose (6%)
- 9 were <30 years old (28%)
- 16 between 31-50 years old
- 9 clearly related to risky overprescribing (28%)

Key Interventions for Overdose Prevention

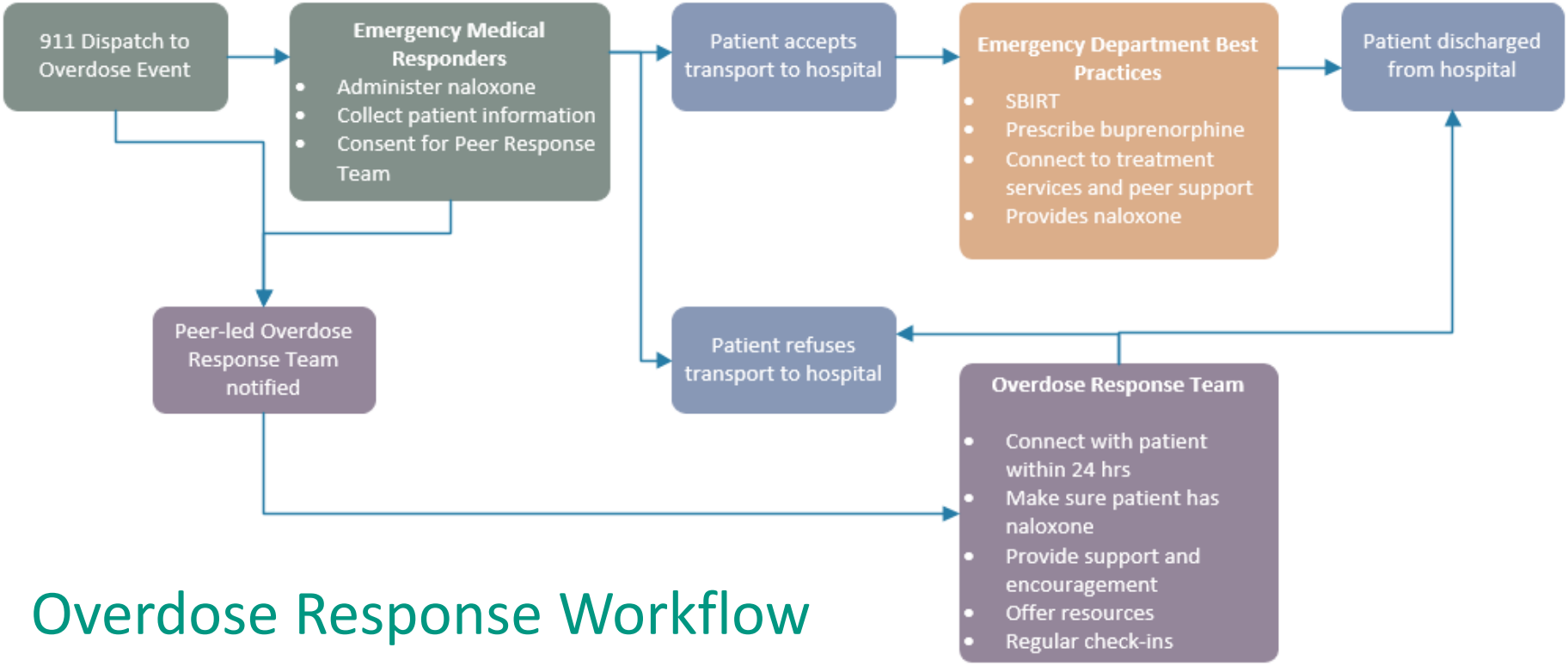
- Notification of overdose by EMS or 911 dispatch
- Emergency department-based screening and referral to treatment
  - SBIRT prior to discharge
  - Project ASSERT in Boston has provided screening and referral for more than 60,000 patients treated for intoxication
  - Initiation of buprenorphine in the ED is more effective than SBIRT
- Naloxone provision
  - Multiple venues for naloxone dispensing, including ED, community paramedic, syringe exchange, pharmacies, and law enforcement or peer drop off programs
  - Designing a program that ensures this happens and is not left up to the patient to fulfill a prescription are preferred and more safe
- Post-overdose outreach and follow-up
  - Outreach workers provide support, information, referrals, and counseling services

Overdose Response Taskforce Vision

Vision and Goals for Overdose Response Strategy

For *all non-fatal overdoses*, we aim to provide:

- Naloxone training for person who experienced OD and/or family members
- Screening and referral to treatment
- Recovery peer mentor support and outreach
- Information regarding services for treatment, recovery, and harm reduction
- Tracking and registry data for continued outreach and outcome monitoring
- Education for first responders, EDs, peers, and other stakeholders
- Compassionate, trauma-informed care that aims to create supportive relationships with people who use drugs



Overdose Response Workflow

Recommendations

1. Develop a Peer-led Overdose Response Team (PORT) in each county to track and follow-up on opioid overdoses.
2. Create a process for 911 dispatchers or EMS to notify PORT when naloxone is used in the field.
3. Develop overdose protocols for hospital emergency departments that includes SBIRT and prescribing naloxone.
4. Develop processes to initiate MAT in EDs.
5. Train and equip PORTs to be able to provide naloxone and train patients and family members on how to respond to an overdose.

MAT and Naloxone in Criminal Justice Settings

- Brings jails in line with medical best practices, ethically appropriate
- Increases likelihood incarcerated people will engage in care in the future
- Reduces likelihood of overdose following release
- Rhode Island saw a 60% decrease in fatal overdose following release

Partnering with Syringe Service Programs

Front lines of the epidemic

Naloxone training and distribution

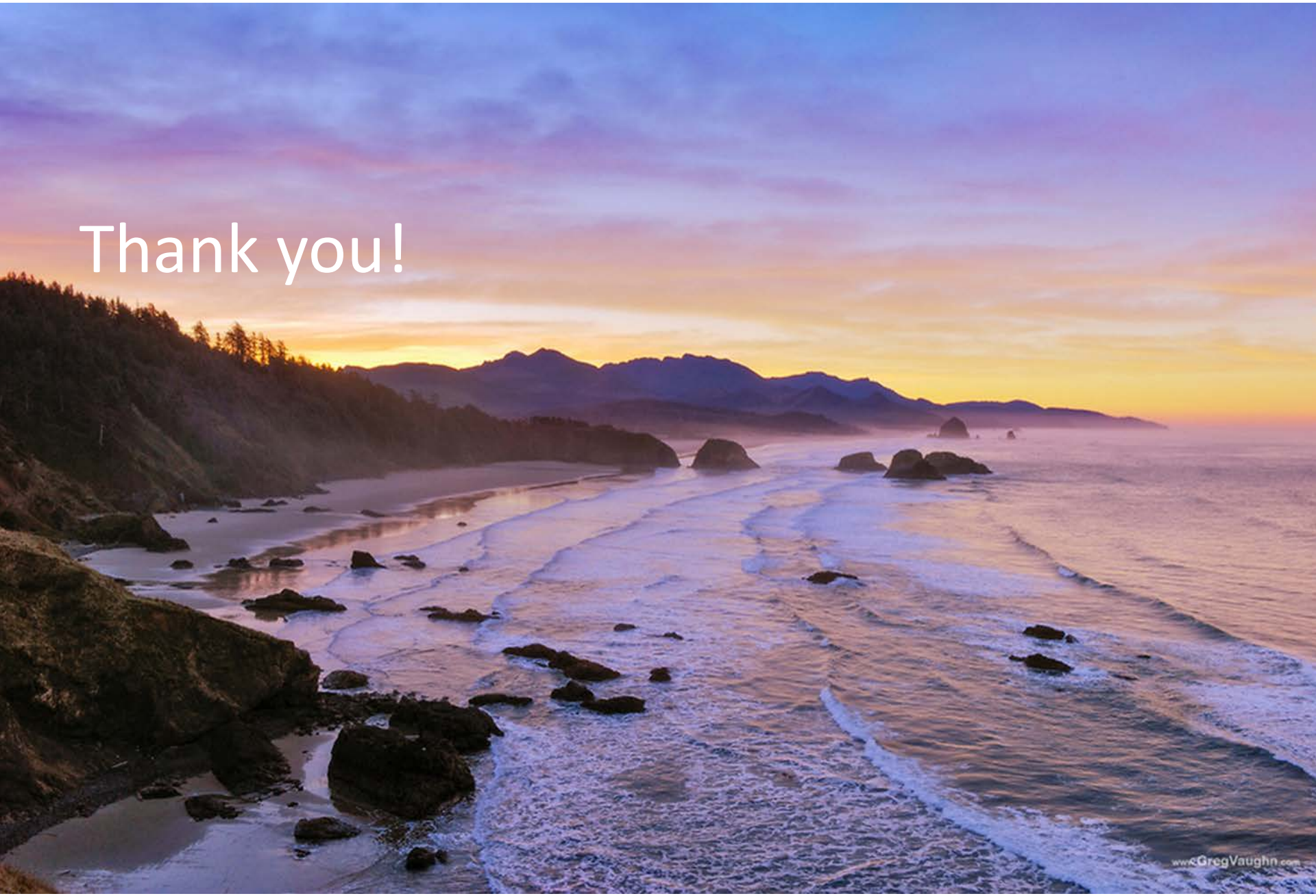
84 lives saved

Regional reduction in sepsis hospital admissions

500,000 syringes exchanged

Partnerships with Hep C and HIV programs

Surveillance for fentanyl in the community


Thank you!
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