SafeRx Santa Cruz County
Steering Committee Meeting
Action and Discussions Log
January 31st, 2019

Attendees: Becky Carter, Bill Morris, Brenda Armstrong, Brian Wang, Denise Elerick, Emily Solick, Jen Hastings, Julio Porro, Katharina Schoellhammer, Kelly Jacobs, Kristin O'Conner, Kristina Muten, Kwan Liou, Laura Wishart, Mikala Caton, Raquel Ramirez Ruiz, Rita Hewitt, Shelly Barker, Stephany Fiore, Suzette Reuschel-DiVirgilio, Vanessa de la Cruz.

Agenda Item	Discussion	Action	Responsible Person	Due Date
Introductions and Updates	Stephany: This coalition and other efforts in our county have contributed to a historic low in prescription drug deaths. We've done a great job of changing our prescribing practices. In alignment with statewide trends, there is a continued concern for the toll that prescription drugs have on pediatric deaths, women, rural communities, as well as a rise in deaths associated with benzodiazepines. Raquel: HSA is looking for a Medical Director for Emeline Clinic and asks for your help in this recruitment.	Share Santa Cruz County Medical Director job description with your networks.	All	
Initiative Updates	**<u>Community Education Initiative</u>** ***Safe Medication Storage/Disposal Survey Update:*** Rita: January 29th we launched a survey to understand how residents are storing, monitoring, and disposing of prescriptions and other medication as well as sharps. We ask that you please share the survey as well as the flyer with Santa Cruz County residents. At the end of the survey, there are several attachments, such an infographic on recommendations for storage and disposal as well as a sheet with a list of all 52 disposal sites in the county. Rita: The survey will be open for a three-week window; it closes on February 24th. We will be sharing the results of the survey to Steering and the Board of Supervisors (Suzette and Brenda are interested in sharing the wording of the survey with Merced and Monterey Counties respectively). Stephany noted that upon completion of the survey, the educational infographics are only easily viewed electronically. She recommends adding instructions within the survey about how to access printable versions. **Med-Project Implementation Plan Update:** Brenda: The City of Santa Cruz was the last to sign to our local Extended Producer Responsibility (EPR) ordinance. (Med-Project is the pharmaceutical industry's contractor to comply with disposal and public education.) **Drug Education Presentations Update:** Rita: I'm excited to announce that we're partnering with a parent, Kelly McWaid and Sergeant Nick Baldrige of Santa Cruz County Sheriff's Office to present at two parent education nights. These events will take place on	-Share the storage and disposal survey and promotional flyer with county residents -Share the consolidated list of all disposal sites Add language on the survey guiding participants to the printable version of the infographics	All All Becky	

SafeRx Santa Cruz County
Steering Committee Meeting
Action and Discussions Log
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	April 15th at Branciforte Middle School and April 23rd at Harbor High School from 6:30 to 8:30 pm. We're currently working on content, but it will be opioid-related and educational. We will have all the different lens from SafeRx, a parent, and law enforcement. A flyer is in progress and will be shared soon. Jen: Has there been any efforts to present at other high schools throughout the county? Rita: Yes, we are considering capacity and ways to scale these efforts. Currently, we are leveraging Kelly McWaid's relationships with Santa Cruz City school leadership as well as a connection with a school nurses group to make inroads in other school districts. Suzette: I have a connection to assist with the implementation of these parent drug education presentations in Scotts Valley. **<u>Prescriber Practice Initiative (PPI)</u>** ***Guidelines Update:*** Rita: Our pain management guidelines are now live on HIP's website. The next step for the guidelines is to work on an implementation plan. If you look at your announcement card, you'll find the web link to access the guidelines. The guidelines are intended to be a living document, thus updates can be made and noted easily. Kristina: How are we promoting the use of the guidelines? Jen: That is our current challenge. For now, our implementation plan is to promote the guidelines at every opportunity. Please distribute our announcement card to promote the use of our guidelines as I work with Bill on how to execute our implementation plan. Please offer your ideas on implementation. Rita: Please reach out to people at meetings and/or presentations to announce the release of the guidelines. HIP will print a small number of guidelines and distribute them to our local hospitals. Let us know if you want a copy for your care setting. Brenda: From the data that I've seen, providers are influenced by their peers. This is the same approach as Jen's academic detailing. Identifying specific providers to adopt the guidelines and then engaging them as champions, will likely be an effective strategy to promote guidelines adoption. Stephany: Presentations at continuing education events for large audiences would be a strategic way to promote the guidelines to the community we want to reach.	Report back on presentations Contact Rita if you feel that the guidelines should be changed or updated in any way	Rita All	

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Action and Discussions Log
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	Denise: We need to target the dental community. We can loop back to the Bay Area Dental Society and attempt to get agenda time to promote the use of prescribing guidelines at their large CME events to a large group of dentists and oral surgeons.	Reach out to local dentists or dental society to promote the guidelines	Denise	
	Shelly: Rita, Becky and I will be attending Accelerator Program statewide in-person convening on March 11th in Sacramento. We can attempt to connect with state contacts and sister coalitions to garner additional ideas and advise about reaching the Dental Community, potentially including the dental schools.	Discuss Dental Outreach with sister coalitions at Accelerator convening on March 11th	Shelly	
	Julio: Moving away from the dental component and putting the focus back on the guideline update is perhaps a follow-up step. Many of you know about Smart Care California and their very specific goals to increase best practices and promoting Narcan, MAT, etc. They offer recommendations for health plans to be doing specific frameworks to achieve these goals. One specific framework that was addressed by Smart Care was the creation of pain therapy order sets for in- and out-patients and would be diagnosed driven. An example of such would be order sets for lower back pain and how to go about treatment for that specific diagnosis. These order sets can include alternative treatment for opioid treatment. Jen: Is there a source where they've already been written?			
	Julio: Given the fact that they've just done our local guidelines I believe they should be based on them and can work with the Alliance's pharmacy team to construct them. Kwan: Dignity Health has order sets used in the hospital setting that I will seek permission to share with this group. In addition, once orders sets are routinely used in the hospitals, it would be important to branch out to private practices and the outpatient setting.	Compile examples of order sets (via multiple local sources) and then align them with local prescribing guidelines	Julio	
	Jen: Suzette has been leading the way with outpatient pharmacies. With her role for the academic detailing project from the California Department of Public Health, she has reached out to nearly all outpatient pharmacies in Merced, Monterey, and Santa Cruz counties. The group agreed that it is ideal to have outpatient pharmacists involved in this work, especially from a chain, such as CVS, which is a major player in the community.	Ensure participation of out-patient pharmacists	Suzette	

SafeRx Santa Cruz County
Steering Committee Meeting
Action and Discussions Log
January 31st, 2019

Agenda Item	Discussion	Action	Responsible Person	Due Date
	Hub and Spoke Update: Each organization will be given 3 minutes to present on the following questions: 1. How many x-licensed providers do you currently have? 2. How many CDAC counselors do you currently have? 3. Who else is an integral part of your team? 4. How many patients have you served and are currently serving? 5. A summary of successes and challenges 6. Next steps <u>Santa Cruz County Clinics</u> Raquel: 1. Santa Cruz County clinics have a total of 17 buprenorphine waivered providers and 9 of them are actively prescribing as we're trying to get more training to get all waivered providers on the same page. To assist we've created our own 'procedures document' that states what our steps are for prescribing. We spent a better part of the year gathering information together for it and is a strong document. This is the workflow for providers in prescribing buprenorphine. 3. We have recently hired 6 case managers, and have nurses attached to our MAT program at our four clinic sites. We have a big team and are continuing to grow. 4. Our clinics have served over 124 unduplicated patients in the past four-month period. 5. A success of our MAT program is the workflow document. We use it as a tool to fall back on and use it to train our staff. We have five different tiers for our patients and only a certain dosage is prescribed to patients depending upon the tier that the patient is placed in. Ultimately, the goal is to get patients to the fifth tier and have month long prescriptions with either group or individual visits with a staff member. In addition, we've started group visits or shared medical appointments. Where a peer mentor oversees the group visit and a prescriber pulls outpatients one at a time to do refill prescriptions or do any lab work that is necessary. One of the challenges we have experienced is office inductions vs. home inductions. Office inductions are hard to accomplish because it's not made for a clinic setting due to a lack of available space. It would wipe out a clinic exam room for hours, so that was our original process and we have made the transition to home inductions. 6. We received a grant through HRSA since to expand our acupuncture services for pain management and substance use disorder. We expect to launch this program in all our clinic sites in March.	Share HSA MAT procedures and workflows documents	Raquel	

SafeRx Santa Cruz County
Steering Committee Meeting
Action and Discussions Log
January 31st, 2019

Agenda Item	Discussion	Action	Responsible Person	Due Date
	Vanessa: There are some clients who can't attend group session because they may have a job or due to the complexity of the disease, they're not capable of participating in a group session in an appropriate way. We try to meet there needs outside of our modeled group program, but they do need to come in for a face-to-face visit with a physician, nurse, or case manager. Emily: Do you know the county split for the use of your program? Raquel: I would say there is approximately a 45% south county vs. 55% north county split. <u>Santa Cruz Community Health Centers</u> Kristen: 1. Santa Cruz Community Health Centers is a newly-launched program and started in the fall of 2018. We now have 5 buprenorphine waiver providers split between two sites. 2. We are using an Integrated Behavioral Health (IBH) Model; our therapists are not yet CDA- certified. 3. The nurses are a huge part of the Boston Medical Center's Office-Based Addiction Treatment (OBAT) Program that we're implementing in our MAT program. 4. We are currently serving 37 patients. 5. Some of the successes that I have seen coming from Boston is integrating the nurse care model. We're training the staff about the current trends and treatment. Another strength in our program is that patients that are coming in seeking treatment are being seen within a day or two, which is incredible due to the fast-acting effects of opioid withdrawals. A huge barrier for people starting MAT is the duration between looking for treatment and getting them to come back to receive the treatment. Since we began offering Vivitrol, we've seen many incarcerated people or individuals not interested in continuing their naltrexone injection make the transition to Vivitrol. We've created a consent form and training providers to be comfortable and aware of that change. We've implemented system-wide documentation, such as consent forms, and policies as well for nurses and other members of the care team to use them to streamline services. In terms of challenges, the biggest is the work of launching new MAT program. We're working with the integrated behavioral health component and getting concrete plans in place for our patients, especially with factors such as co-occurring mental health issues, meth use, and homelessness. We have patients that are homeless and don't have ways to contact them, so learning how to maneuver that situation. Some other challenges include working with pregnant women and having suboxone available to these women or other patients that are on methadone that want to change to suboxone.			

SafeRx Santa Cruz County
Steering Committee Meeting
Action and Discussions Log
January 31st, 2019

Agenda Item	Discussion	Action	Responsible Person	Due Date
	6. We plan to pursue CDAD certification training for our integrated behavioral health therapists. As a long-term goal, we plan to implement shared medical appointments for patients receiving MAT. <u>Salud para la Gente</u> Emily: 1. Salud currently has 7 x-waivered providers. 2. We're fortunate to have one CDAC counselor. He is very part-time, one day a week, but works through our Janus Hub and Spoke collaboration. We also have a staff person with Master of Social Work, whose time is funded by another grant. 3. Some integral team members are out IBH team members, x-waived providers, and our Janus collaboration staff. 4. I have found it hard to calculate the number of patients using our program because of the classification of our visit types. In south county, we tend to see much more alcohol use disorder (AUD). We've just begun documenting SUD for visits that come into our behavioral health providers. Since we made the transition, we've had 176 unique SUD patients with only 13 having OUD. We have 13 active MAT patients; however, how active is questionable because if they've been around 90 days, they're still considered active. Overall, 2 out of 7 have been the bulk of our suboxone patients. We would love to use more Vivitrol more since we have a huge demand for it, but it's so expensive especially since our grant will not cover it for AUD. One of the reasons we don't have as many patients is that the demographics of people who are overdosing are white males. So, being Latino in south county is a protective factor. 5. A success is our partnership with Watsonville Community Hospital and sending our counselors into the hospital. They can physically be with patients and schedule their follow-up appointments prior to discharge. One of our challenges is the Watsonville Community Hospital doesn't prescribe suboxone. We're working on getting it formalized and are very close. In the meantime, they've only been prescribing methadone. 6. Our plans include offering SUD mobile services. This would assist with the patients in the agricultural field that may need our services or those that are using heroin and not necessarily opioid prescription pill users. We're looking to fund a SUD mobile services manager that will coordinate the mobile services site, oversee all the various grants, and be the liaison between community partners and the hospitals. We have the capacity to see more patients and many x-waivered providers that are to prescribe, but we don't have as many patients coming into the clinics especially for regular preventative care. In February there will be a meeting to start suboxone in Watsonville Community	Reach out to Mark Stanford about any condensed material to obtain their CDAC	Jen	

SafeRx Santa Cruz County
Steering Committee Meeting
Action and Discussions Log
January 31st, 2019

Agenda Item	Discussion	Action	Responsible Person	Due Date
	Hospital. Our plan is to start small to get it in the ED setting then move towards broader outreach. We've also had a talk with Kaiser, Salud, and Watsonville Community Hospital to come together to be more widespread. Jen: There is a program in place at Dominican since 2017 that avails Janus counselors to contact patients in the inpatient setting who have a diagnosis related to addiction, either heroin or meth use. It recently expanded to alcohol. We are working to expand into the ER. Bill Morris has been very involved in this program. <u>Encompass</u> Jen: 1. Encompass has a total of 3 providers for our very new clinic on Ocean St. We have a residential provider at Si Se Puede and Santa Cruz Community Health Centers, and she will be getting her X-license. 2. I believe we have a lot of CDAC in Encompass, around 25 or so. However, they're not working with us directly. We're trying to increase our relationship so they will do more work for our program. 3. Newly integral for our team is Docs on Duty. A lot of folks come in having no medical care, no recent contact with their assigned provider, and have transportation difficulty. We're working for patients to get their primary care with Docs on Duty (which has psychiatrists on staff three times a week) and their SUD treatment with Encompass. 4. Since we formally opened in August, we've seen 64 patients, 15 were no shows, and are currently serving 34. 5. I think our successes are primarily in hiring Katrina Leteesma, who is an RN and LMFT associate. Our challenges are all the same that the other spokes have identified. As a social services agency, having started a MAT program, our funding is entirely based from our Hub and Spoke program so we can't bill for what we do in the way that a health center can. This means that there currently is zero sustainability for us. We're working hard to figure out how we can stay alive. Another challenge is the complexity of our patient population. At this point, we aren't asking for the Hub to take them, but we're working to help support them in a variety of factors such as food, housing, and everything that makes people's lives complex. Katrina has an intense relationship to address all of these factors by text and phone. I'm excited but also worried about our program. 6. We plan to deepen our relationship with the psychiatrists at Docs on Duty. We're also want to increase our relationship with all the Spokes because many of our patients previously received care in these other settings.			

SafeRx Santa Cruz County
Steering Committee Meeting
Action and Discussions Log
January 31st, 2019

Agenda Item	Discussion	Action	Responsible Person	Due Date
	<u>Natividad</u> Jen on behalf of Eric Stanford: From the county perspective, it's difficult to get access to services for the people just getting out of jail. So that sounds like something south county needs more help on. In addition, he would like a better connection with the Hub, Janus, especially when someone is failing at suboxone and they need methadone which usually has a 2-month wait. He was hoping to get a faster track for people failing suboxone to get the treatment more quickly. Lastly, an issue that most clinics face is that addiction clinics don't share medical records of patients, so we don't know if patients are seeing someone else for their addiction needs. This is being seen on a state and national level. Vanessa: When you consent your patients for treatment, do you ask for ROIs? Jen: Encompass patients sign ROI before they receive treatment. Vanessa: In order to address this, the County clinics made it a requirement for receiving medical care with our clinic, a patient would need to sign to give consent that lets us talk to any provider. Jen: Vanessa, can you share your release form? This we can see if it does include Janus in the people that can receive this information. Vanessa: Yes, because I think it is crucial to have this information because you wouldn't want to start someone on buprenorphine who is getting methadone every day. ***ED Bridge/Hospital (Project Shout) Update:*** SafeRx is working to promote the initiation of MAT in local ED settings. We've succeeded at getting traction on this in both hospitals and Jen will be bringing Project Shout materials to key players in the next couple months. **<u>Harm Reduction Coalition</u>** **Proclamation Discussion:** Denise: I really enjoy the conversations of increase immediate access to treatment and to expand services in hospitals, and I want to pivot our focus to a harm reduction conversation since it is common for people to be using substance and not quite ready for treatment. My desire for the Harm Reduction Coalition is to be a community-based organization that can support a government-run clinic and harm reduction approaches			

SafeRx Santa Cruz County
Steering Committee Meeting
Action and Discussions Log
January 31st, 2019

Agenda Item	Discussion	Action	Responsible Person	Due Date
	throughout our county. Our coalition of about 150 members wants to expand harm reduction work in all aspects of our community. In addition, we're wanting to portray the history of the Santa Cruz community and how we'll always need harm reduction, especially during an opioid crisis. Injection drug use is never going to disappear from our reality. We need to reduce the stigma that comes from use. The local harm reduction coalition seeks the support of community-based organizations such as SafeRx Santa Cruz County to gather community support for this proclamation. CDPH is offering permits for needs based supply provision and the Harm Reduction Coalition is considering applying for a mobile outreach syringe services program. I was told that one person used Narcan twice in one morning to save two different individuals. I know this is a shift for people working in the medical field because the goal isn't toward getting people into treatment. I've seen people that were in treatment and now they're looking for clean supplies, but their path is still in the works, it isn't a straight line for a lot of people, and there is hope. I'm happy to answer any questions regarding the proclamation and open for feedback or any edits to be made. Emily: You're asking for agencies to sign the proclamation and do you know of a date to be presented? Will we have time to present it to our board before we agree to sign the proclamation? Denise: Yes, I'm asking for the Board of Supervisors to endorse it. The BOS needs to hear from the syringe services every two years, so they will be presenting in 2019. They do not have a date established yet, but last time it was presented in May. Shelly: For clarification, I discussed with Elisa, Executive Director at the Health Improvement Partnership, to bring it up to this body as the highest governing body of our coalition. The request for today, on behalf of Denise, to agree or not, to sign Denise's proclamation. We will use a neutral platform and consensus decision-making process to arrive at that decision. My interpretation of that was to use unanimity to sign as a coalition rather than the entities that you work under. I do realize that many of you do your work here under SafeRx's partnering organizations, so that may bring up a lot of questions. In addition, I'd like to point out that I've enjoyed working with Denise and have made suggestions to wording changes that have reflected in the document that you see, so I'm sure that Denise would happily receive comments and make changes to come to a unanimous decision today. Stephany: I'm just wanting to confirm that this signature will be as a coalition not as individuals with our listed work agency/organization listed?			

SafeRx Santa Cruz County
Steering Committee Meeting
Action and Discussions Log
January 31st, 2019

Agenda Item	Discussion	Action	Responsible Person	Due Date
	Jen: No, I think it is the former option. It will be as a coalition and we aren't required to do this today, but I think it would be good for us to look at it and if there are no objections, we can consider approving it today. All: Discussed typos and wording changes. Shelly: I want to clarify, what are our next steps to resolving the discrepancies for the proclamation, so we can come to a consensus decision. Jen: Are people comfortable saying yes to this? Given that it's evidence-based and an important part of Santa Cruz county efforts to decrease opioid deaths. Shelly: So, there is a unanimous agreement to have SafeRx sign on to the proclamation. Please speak up if you object this decision. We will conclude with the consensus that after the minor wording changes to the proclamation are made, HIP will send the updated document to SafeRx Steering Committee for final approval within 5 days of the revised document being shared. All: Correct, I agree with that decision. **<u>Other Updates:</u>** Jen: March 22nd is the yearly presentation at IBHAC of opioid-related deaths. Stephany: This presentation will also include a reflection of opioid trends in the past 10 years, 2008-2018. Shelly: We request feedback on the updated infographic style SafeRx coalition map. Compared to the older version, you'll see we changed the title of our work groups to initiatives to signify our ongoing work. However, feel free to express your opinion on the visual components or lacking elements of the flyer. All: Discussed improvements to make to the coalition map.	Update Proclamation and send out to the committee for final approval Update formatting of coalition map	Shelly Becky	

A&D Log Submitted by:
Becky Carter, AmeriCorps VISTA, Health Improvement Partnership