

SafeRx Santa Cruz County
Steering Committee Meeting
Action and Discussions Log
April 25th, 2019

Attendees: Angelica Torres, Becky Carter, Brenda Armstrong, Danny Contreras, Denise Elerick, Emily Solick, Jen Hastings, Jessica Nichols, Julio Porro, Katharina Schoellhammer, Kristen O'Connor, Kristina Muten, Mary Mason, Mikala Caton, Rita Hewitt, Stephany Fiore, Suzette Reuschel-DiVirgilio, Vanessa de la Cruz.

Agenda Item	Discussion	Action	Responsible Person	Due Date
Introductions and Updates	<p>Julio: I will be stepping down as Medical Director for the Alliance this coming July, so this will be my last Steering Committee meeting.</p> <p>Kristina: This will also be my last meeting since I will also be stepping down around the same time as Julio from my position as a physician at Santa Cruz Community Health Centers.</p> <p>Danny: Santa Cruz County Health Service Agency is looking to expand our team and is currently recruiting a bilingual nurse and bilingual drug and alcohol counselor.</p>			
Initiative Updates	<p><u>Community Education Initiative</u> <i>Safe Medication Storage/Disposal Survey Update:</i> Mary: In our last CEI group meeting we discussed and did a breakdown analysis of the survey results to find specific target audiences that can assist with prescription medication storage and disposal best practices. The group found 12 target groups such as parents, seniors, and Spanish speaking populations to focus our efforts on. We also found that pharmacists are the primary lead for the distribution of this information. In our next meeting, the group will be creating action plans for reaching these target audiences where our first actionable step will be to require pharmacists to educate their customers on proper medication storage and disposal.</p> <p><i>Santa Cruz City School Presentations:</i> Rita: SafeRx had two parent education sessions on opioids and youth with myself, Sergeant Nick Baldrige from the Sheriff's office, and Santa Cruz City School's District Nurse Kelly McWaid. We led the session at Branciforte Middle School two weeks ago and at Harbor High School this past week. We had 15 participants at Branciforte and 62 at Harbor High. After the presentation, Amanda Magana, Director of MAT Programs at Janus, provided naloxone training for those interested in taking naloxone home at the Harbor High session. Now we are looking at establishing a more formal protocol to provide these sessions this</p>			

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	<p>upcoming fall. Additionally, we had various resources available at the end of the session for attendees.</p> <p><u>Prescriber Practice Initiative (PPI)</u></p> <p><i>Guidelines Update:</i></p> <p>Jen: Thank you to Santa Cruz County Health Services Agency for their approval to adopt SafeRx’s guidelines as their official protocol for prescribers. For those of you who are at other health centers in the county, we’d love to see what needs to be in place for formal adoption of the guidelines. I believe the guidelines are in total alignment with your own protocols. I think making an official stance endorsing the guidelines will help with its promotion. We’re also beginning to work with Applied Survey Research (ASR) to track who and why they’re using the pain management guidelines.</p> <p>Brenda: The intent of the survey, as described in the County’s strategic plan for Substance Use Disorder Services, is to measure the effectiveness of guidelines endorsement. The largest portion of monitoring this is to know who is using what practices. This information will also be useful for prescribers and administrators, so once we compile the survey results, we can get it back to them, and these systems will then have a sense of what is happening in their own agencies.</p> <p><i>Hub and spoke Update:</i></p> <p>Jen: We will be hearing an update from the spokes in our community. Each organization will be given 3 minutes to present on the following questions:</p> <ul style="list-style-type: none"> • Have there been any changes in the number of x-waivered providers at your Spoke? • Are there any other major updates you 'd like to share with the SafeRx Steering Committee? <p><u>Janus</u></p> <p>Katharina: We just heard back from DHCS for our year three proposal. Year three starts on July 1st and will be extended until September 2020. DHCS didn’t except our proposed budget, so we will resubmit May 7th with our revised budget. Once we hear back from them, we will be reaching out to the spokes on what that means in terms of funding.</p> <p><u>Encompass</u></p>	<p>Design a request for endorsement document for SafeRx’s Guidelines</p> <p>Create a table for future H&S updates to visually see the comparison at each of the spokes with a # of providers, # of patients, comments and notes sections</p>	<p>TBD</p> <p>Becky</p>	

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	<p>Jen: An update from our head nurse is that we hired another part-time nurse to assist our MAT nurse. We are also working with the Cabrillo College Nursing Program, and right now, we have 2 nurses shadowing the MAT clinic. We're waiting on a response from the funder for the grant we applied for to assist with maintaining our clinic since we're not a health center we cannot bill in the same regard. Our MAT nurse is a counselor in the residential treatment facility that offers linkage between the clinics and our services. We're wanting to improve discharges of patients and create a smoother transition into outpatient care. Encompass currently has an 80% retention rate when our client's relapse, which is a part of recovery and emphasized in our mindfulness MAT program. We currently have 10 residential patients and 29 outpatients with a rapid turnaround time of 24-48 hours, often only a couple of hours, for inductions.</p> <p><u>Santa Cruz Community Health Centers</u> Kristen: We have two new providers since our last update, but we're going to be losing one provider, Kristina. Our total number of x-waivered providers is currently at 16 providers. We're getting our nursing staff trained and implement concrete flow charts for the staff to follow. In the near future, we're going to have a large provider meeting with the nurses to explain our formal protocol. Since we last met, we decided as an organization that if a patient becomes pregnant while receiving MAT, we will continue their suboxone treatment. Our organization is also working with the ED-BRIDGE and looking at the referral process to take patients that started treatment in the ED. In addition to our MAT AG convening, we have scheduled a meeting with Dr. Ho as an organization to work through complex patient care.</p> <p><u>Santa Cruz County Health Service Agency</u> Danny: We have 19 x-waivered providers and approximately 130 patients on MAT. We are on the 11th week of our contingency management pilot program. Once we complete our 12th week, we will tweak elements of the program that need to be improved to implement the program across our clinics. We are working to get all our nurses trained in MAT. We're working to get EMS linkage between our center and the ED.</p> <p>Vanessa: We're attending the CCI: Addiction Treatment Starts Here series on MAT services. Half of the cohort are experienced in the field, and the other half are just starting their</p>			

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	<p>programs. It discusses the complexity and screening of patients and brings insight into what other clinics approaches are to MAT programs and services. What we're going to focus on is that we're reaching all patients within our clinic with more and accurate screening. CCI has provided numerous materials to share. They have another series that provided funding to get buprenorphine started in local jails. HSA and all behavioral health care workers are in support of it, so we're looking to approach the sheriff on this matter.</p> <p><u>Salud</u> Jessica: We have not had any changes to the number of x-waiver providers. We still have 8 providers with 7 of them functioning. We have very few participants, currently, there are 4 to 5 clients. We are looking to increase this by using motivational interviewing to get people to seek out treatment services. We think by expanding to mobile services over the summer to increase this number and have it up and running downtown by the fall. We're working with ED-BRIDGE in both hospitals and providing the workflows to get the appointments set by the next day. We're also providing services inside of Watsonville Hospital. The patients that we do have we're closely following them and giving the support they're needing such as behavioral health services, counseling or setting them up with a caseworker. We're wanting to spread our services into the community for referrals to get people into the program.</p> <p><u>Natividad</u> Rita: Faculty is presenting on chronic pain and opioid addiction for two hours to residents in training. Every month we have a resident do the Suboxone x-waiver online training. At any time, there are 10 to 20 out of 30 residents trained in Suboxone.</p> <p>ED Bridge: Jen: The purpose of the ED-BRIDGE is to get people that are interested in recovery to link and make a clear, easy transition into the most appropriate spoke. It has been a fascinating process, and we've definitely moved the needle. We're currently in the process of coordinating how to execute delegating patients to a spoke that does not have an x-licensed provider at their PCP site.</p> <p><u>Metrics</u></p>			

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