

SafeRx Santa Cruz County  
Steering Committee Meeting  
Action and Discussions Log  
October 4<sup>th</sup>, 2018

**Attendees:** Becky Carter, Denise Elerick, Elisa Orona, Emily Solick, Jen Hastings, John Beleutz, Katharina Schoellhammer, Kelly Jacobs, Laura Wishart, Mary Mason, Nicole Campbell, Rachel Stein, Rita Hewitt, Robin Oakey, Stephany Fiore, Suzette Reuschel-DiVirgilio, Vanessa de la Cruz.

Agenda Item	Discussion	Action	Responsible Person	Due Date
<b>Initiative Updates</b>	<p><b><u>Community Education Initiative</u></b>  <b><i>International Overdose Awareness Day Update:</i></b>            Mary: We partnered with the Harm Reduction Coalition for International Overdose Awareness Day on August 31<sup>st</sup>, 2018. The event held 50+ people and meant a lot to the families and friends of those who have passed from an overdose. The event was centered around curing the stigma that comes with substance use disorder. The guest speaker, Kelly McWaid, told her story on how her son died of a heroin addiction and she didn't believe it when he came forward with his addiction. There is so much judgement that people are afraid to come forward and seek help. The hope is to shift the idea that substance use disorder is a brain disease instead of a moral deficiency. There were fentanyl test strips, Narcan, and brochures distributed. There was an article in the Sentinel covering the event.</p> <p>Denise: The event was well received and we're looking forward to hosting the event again next year.</p> <p><b><i>Safe Medication storage/disposal survey Update:</i></b>            Mary: We are looking to expand our medication storage and disposal survey. It is going to be approximately 12 questions long with the purpose of gathering current data on how local residents store, monitor, and dispose of prescription medication and sharps. We are conducting this survey again to compare how we are doing (since we have a baseline from conducting this survey in 2014). We are adding questions about sharps and cannabis and how people are storing them. At the end of the survey, we are looking to include an infographic on tips to safely store, monitor, and dispose of medications and sharps. Lastly, we are also going to have a flyer with the consolidated list of disposal locations for medications and sharps as well as mail back locations. The survey will be offered for 3 weeks from the release date. Last time we got over 600 surveys and this year our goal is around 800. The survey will also be available in Spanish.</p> <p><b><i>Med Project Update:</i></b></p>			

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	<p>Mary: Santa Cruz City has individual companies in charge of hosting disposal boxes. Work is being done to set up the city under the MED-Project contract to have pharmaceutical companies responsible to host and dispose of items in their medication/sharp disposal kiosks. This is being done through Governor Brown’s SV212 policy, which is similar to California’s state policy, except Santa Cruz County’s is more intensive.</p> <p><b><u>Prescriber Practice Initiative (PPI)</u></b> <b><i>MAT Advisory Group</i></b></p> <p>Jen: At the last MAT meeting, we had two speakers that talked about their experience when switching from opioids to MAT. The purpose of this convening was to discuss the stigma and shame when switching from opioids to MAT from the patient and provider perspectives.</p> <p>Shelly: The goal is to foster confidence in providers who have an X-license and aren’t using it or offer detailed information sharing/providing peer support. The group meets quarterly in person and has a Google Group where providers may ask questions and make pertinent announcements.</p> <p>Jen: One of the speakers was a (heroin) user, on high dose methadone who then switched to buprenorphine (suboxone). Her story was very moving to the group. It led into a controversial topic on using cannabis to help with a methadone to suboxone transition such as the initial tapering down of methadone. The speaker commented that her use of cannabis was to assist with digestive/intestinal discomfort.</p> <p>Vanessa: I don’t believe it should be recommended since many of the patients that are transitioning have a history of addiction habits. It hard to judge if it will be used judicially.</p> <p>Jen: There was a mention of trying to have it regulated as well as keeping the conversation going on this topic.</p> <p>Bill: It is possible to try micro-dosing to assist with the transition to MAT, such as microdoses of suboxone.</p>			

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	<p>Vanessa: Watsonville is starting to use buprenorphine in their hospitals. Dominican is wanting more information on resources for the community. They're constructing a resource fact sheet that can be distributed to the public. Internists aren't aware of these resources, so it's creating an educational gap in hospitals. Various training sessions are being conducted to push buprenorphine use. There is also a push to decrease benzodiazepine use to assist with alcohol withdrawal. The push for MAT has an assumption for methadone use, not buprenorphine. In hospitals, it's important to recognize that methadone needs to be out of the system to use buprenorphine.</p> <p><b>Guidelines Update:</b> Rita: We have submitted our final version to our graphic designer. We're hoping to have the guidelines finalized soon.</p> <p>Shelly: The guidelines are intended to be user-friendly and web-based. This will allow for easy electronic searching and allow for easier updates. We will use HIP to disseminate the guidelines. We are also open to other ideas on how to get the guidelines in use. Our hope is to create awareness for safe prescribing.</p> <p>Denise: Deb D – dentist Monterey bay – to get dentists to use the guideline.</p> <p><b>Metrics</b></p> <p>Shelly: We are looking to reinvigorate our Metrics Initiative with the goal of creating an interactive dashboard and updated infographic. Trends regarding opioids (e.g., opioid prescribing rates, overdose deaths related to opioids, number of buprenorphine prescriptions, mortality related to all opioids, high MME patients) are headed in the right direction in Santa Cruz County.</p> <p>Stephany: CDPH has a grant through the CDC for better data collection on death certificates. I spoke with them in November 2017 about getting involved in this grant because I'm already involved in this type of data collection. I am also working on expanding my database to looking back at 2007 to see a longer trend and capture the</p>	<p>Ask Deb Diaz to send guidelines to dental society</p>	<p>Denise (Rita)</p>	

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	<p>highs and lows, this can also be used to smooth out the discrepancies from my data and CDPH's data. The reason might be due to population size and how they're calculating percentages, which might skew the data.</p> <p><b>CURES Update:</b> Rita: CURES 2.0 mandatory use was released and put in effect on October 2, 2018.</p> <p><b>Reconvening the Metrics Initiative Update:</b></p> <p>Rita: The intent of this initiative is to use data to steer the work in the community. An example of this is to distribute Narcan to the zip codes that have the highest opioid overdose deaths. I will be sending out a doodle poll to see when the best day and time would be to convene. If anyone is interested in joining please contact me.</p>			
<p><b>Updates and Announcements</b></p>	<p>Rachel: HIP/SafeRx will see some upcoming staffing changes. I will be leaving HIP in December to attend nursing school, thus Rita (Program Analyst) and Becky (AmeriCorps VISTA) will be transitioning to overtake my current duties with SafeRx.</p> <p>Jen: Encompass is now hosting a Mindfulness MAT group that is outpatient and residential. We are need of more patients and would appreciate if other organizations can refer MAT patients to us. There is yoga for all sponsored by the hub and spoke grant. Acupuncture is also a part of the program.</p> <p>Jen: Kristina and I attended the CSAM State of the Art Conference in San Francisco. The event was highly impressive, and all the presentations were short and mimicked a TED talk. This allowed the audience to be engaged because it was focused and to the point. Presentations discussed peer navigator programs, humor, the latest research on addiction medicine, relativity new community activities, problem-solving techniques,</p>	<p>Send out MAT cards with the phone number to refer patients to the Mindfulness MAT program</p> <p>Find out of participants must be receiving treatment at Encompass to participate in Mindfulness MAT program</p>	<p>Jen</p> <p>Jen</p>	

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	<p>how to get hospitals on board with MAT, and was great for networking. The event next year will be further expanded and would highly recommend attending.</p> <p>Shelly: Jen and I were interviewed for the American Opioid Podcast. This was an exciting and interesting new platform to disseminate the work done to combat the opioid epidemic. Our hope is to create a list, so in case this happens in the future, we have people that are interested in engaging with the media on behalf of the coalition.</p> <p>Robin: We were approved for our grant for the hub and spoke program until May 2020, this will be our 3rd year with the program. Funding for people that are incarcerated. This is only for methadone and people that already registered in the hub and spoke program. There is a gap for buprenorphine use in jails along with figuring how to pay for the medication.</p> <p>Jen: Other areas of California are funding buprenorphine use in jails. We will network with those individuals to see how they accomplished this.</p> <p>Vanessa: I composed a survey for the medical directors in the county and no one was supplying buprenorphine for any jails. This is because supplying buprenorphine is expensive and individuals Medi-Cal is turned off while in jail.</p> <p>Kristen: There needs to be lobbying done at legislation to change that, that is what occurred in Massachusetts.</p> <p>Denise: From what I've learned talking to people on the street is that it will be less susceptible to overdose death right when coming out of prison since they will not have the huge craving to use. Many individuals are put into jail for 3-5 days and have severe withdrawal symptoms for petty theft, etc. and all their harm reduction supplies are taken from them. So, when they're released, they don't have many items and the first thing they must do is use. We should push to advocate for this because it would assist with preventing an overdose death.</p>			

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	<p>Vanessa: Something else we should advocate for is CURES use. Physicians must check CURES and they cannot have someone check on CURES on their behalf. This would mean that you would have to give your login information to a designee. However, a designee cannot run a report. They can pull it up for you, but not actually run the report. This is concerning because it requires physicians to take time out of their busy schedule to run these reports. In order to compensate for the time taken to run the reports and fill in the information for CURES, standardized language may become mainstream to use. Resulting in providers to overlook important information and quickly look over any CURES reports.</p> <p>Stephany: Since I'm not a provider I'm required to submit a justification letter. Potentially, this could allow PAs and nurses to put in a letter that justifies why they're needed to have access to assist the physician in their daily duties for CURES.</p> <p>Vanessa: This would require the physician to give the designee their login information. CURES also tracks every time someone logs into the database, so you want it to reflect when you're using it.</p> <p>Suzette: AB 2760. This requires that all prescribers are to offer naloxone and educate patients and their additional parties on how to use it. Providers must provide and educate, if they don't, they can be referred to the medical board. The co-prescription for naloxone will be for any patients that receive an opioid for any amount of days. This will reduce the stigma of biases, everyone is required to receive the naloxone because it's not the person, it's the drug that requires the need for prevention measures. We're wanting providers to offer two to four kits.</p> <p>Jen: Its required to educate another person as well?</p> <p>Suzette: Only if it applies. The physician must ask the patient if they want someone else to be educated on the information as well. If the patient is a minor, the physician must also advise the minor's parent or guardian.</p>			

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	<p>Stephany: From the end of July, there have been 24 opioid deaths last year compared to 26 deaths this year. There were 50% more opioid prescription deaths in 2017 compared to 2018 so far. More users are getting their hands on illicit benzodiazepines and heroin. If people are not able to get the medication they're interested in from a provider, they can purchase it on the internet. The number one cause of death in the county is now methamphetamine, but opioids are still prevalent.</p> <p>Bill: I wanted to invite everyone to attend the Calciano mental health conference in the spring (March). The topic is going to be around prescription opioid crisis and substance use in youth.</p>			

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