

# STRATEGIC PLAN

## RCORP Tillamook

Tillamook, Oregon

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## Needs Assessment Summary

The prevalence of opioid abuse, overdoses, and mortality in Tillamook County though trending downward, continues to be a challenge. According to an article which appeared in Tillamook Headlight Herald on May 2, 2018, Tillamook County is “currently experiencing the fastest increase in the rate of per-capita prescription opioid overdose deaths and has the highest level of high-dose opioid prescribing in the state.” Further, according to Oregon Health Authority’s Opioid Overdose and Misuse webpage, Oregon has one of the highest rates of misuse of prescription opioids in the nation. The most significant data gathered in the RCORP Tillamook Needs Assessment and informing workgroup members’ strategic planning decisions, include the following:

- Tillamook County had the highest rate overdose deaths in the state for pharmaceutical opioid overdose deaths (10.6 deaths per 100,000 people). This rate is more than three times the state measure for this statistic, at 3.02 deaths per 100,000 people. The majority of opioid overdose deaths in Tillamook County were from pharmaceutical opioids.
- Between 2010 and 2014, Tillamook County had a high rate of hospitalizations for pharmaceutical opioid overdose (12.64 per 100,000 people). The rate for the state of Oregon was much less, at 7.95 per 100,000 residents.
- In 2019, Tillamook has the highest rate of >90 morphine equivalent units (MEU) prescriptions in the state at 15.08 individuals per 1,000 residents.
- By 2019, Tillamook dropped from an estimated 26 per 1,000 residents who received an overlapping opioid and benzodiazepine prescription to 12.50 per 1,000. They are still higher than the 2019 state rates at 8.89 per 1,000.
- A median estimate of 1,742 Tillamook County residents “misuse opioids” over a 12-month period. This estimate was made using data from 2016, which is the latest published data from NSDUH.
- Tillamook County is designated as a Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA). These classifications, provided by the federal government, indicates the area has a shortage of health professionals for primary care, dental care and mental health care. Tillamook County is documented with a ratio of 490 residents per mental health provider, compared with Oregon’s ratio of 270 residents per provider. Despite the county’s efforts to attract, recruit, and retain providers, there is still a demand for providers of mental health, substance abuse and primary care.

Tillamook County is turning a corner and while the challenges are significant, the stakeholders and citizens in this rural coastal region have a strong history of coming together in times of natural disaster and community crisis. Together, Tillamook County is committed to laying an important foundation for change.

In the past five years, Tillamook County has reduced prescribing rates from a high of 365 opioid prescription fills per 1,000 residents to a rate of 268 fills per 1,000 in 2019. In 2014, Tillamook had an estimated 26 per 1000 residents who received an overlapping opioid and benzodiazepine prescription. By 2019, the rate dropped to 12.50 per 1,000.

The RCORP Tillamook workgroup, as well as other community partners and leaders recognize that this challenge is complex, will require a long-term approach, and must be addressed through an integrated and sustainable strategic plan. To ensure the health of Tillamook County and their community, this project reflects a broad and diverse community of key stakeholders ready to make systemic change.

## Problem Statement

Tillamook County rates of overdoses and death related to opioid use disorder and substance use disorder (OUD/SUD) are significantly higher than Oregon statewide rates, as are rates for opioid prescriptions topping 90 MEU. This situation, coupled with gaps in access to evidence-based OUD/SUD treatment and recovery services, has been recognized by community stakeholders as a public health issue to be addressed.

## Target Population

Primary: People in Tillamook County with or at risk of SUD/OUD.

Secondary: Family and friends of those with SUD/OUD, citizens of Tillamook County, health care providers in Tillamook County.

## Goals

RCORP Tillamook identified three main goals it would like to achieve.

1. Reduction in use and overuse, overdose, mortality and morbidity, contact with law enforcement related to OUD, contact with healthcare related to OUD (such as emergency department [ED] visits and hospitalization)
2. Willingness to explore treatment and recovery by those diagnosed or at risk with SUD/OUD
3. Engagement in the recovery process by those diagnosed or at risk with SUD/OUD

## Long-Term Outcome

Tillamook County residents will have access to health providers versed in best-practice pain relief, enjoy better health through addiction prevention strategies, benefit from ready access to treatment for addictions, and find support in a recovery community that embraces a range of options.

## Long-Term Outcome Indicators

- Decreased mortality and morbidity from overdose-related health incidences
- Decreased hospitalization for overdose-related health crises
- Decreased prescription levels that lead to OUD/SUD
- Decreased dual prescribing

- Decreased number of new opioid-prescribed users
- Decreased law enforcement activity related to OUD
- Increased successful recovery through supportive communities
- Increased number of providers with medication-assisted treatment (MAT) certification and support

Population indicators under consideration for tracking progress toward achievement of the population result for Tillamook include:

- Number of emergency department visits that received an opioid overdose diagnosis
- Number of unintentional opioid-related deaths
- Number of naloxone administrations by first responders
- Number of community naloxone reversals
- Number of opioids dispensed
- Percentage of patients with an opioid prescription receiving more than an average daily dose of 90+ MEU of opioid painkillers
- Percentage of prescription days any patient had at least one opioid and at least one benzodiazepine prescription on the same day
- Percentage of opioid deaths involving heroin or fentanyl/fentanyl equivalent
- Number of certified peer support specialists
- Number of Tillamook residents served in alcohol and drug treatment programs
- Number of buprenorphine prescriptions dispensed

## **Partners:**

Each RCORP Tillamook member has identified specific, ongoing roles in implementing the strategies identified in this plan. In addition, the workgroup has identified additional partners with a role to play in successfully implementing the strategies. These include, but are not limited to, local emergency departments, local correctional facility, healthcare providers, community social service providers, Columbia Pacific Coordinated Care Organization, Lines for Life, Synergy Health Consulting, Project ECHO, Oregon Health Authority, Northwest Addiction Technology Transfer Center, and the Mental Health and Addiction Counselor Certification Board.

## Strategic Planning Process:

In November and December 2019, RCORP Tillamook dedicated their monthly two-hour meetings to reviewing findings from their needs assessment and identifying strategies to include in the Tillamook county-wide strategic plan. The workgroup identified those strategies using several methods, including: identifying existing initiatives, activities, and strategies, included in their local Community Health Improvement Plans; strategies identified by Columbia Pacific Community Care Organization (CCO) serving Oregon Health Plan members in Columbia, Clatsop and Tillamook Counties; and guidance from consultants Lines for Life and Synergy Health Consulting, that included discussion on strategies identified in urban and rural communities throughout the state, through a number of Oregon regional opioid summits held from 2016 to 2018.

In the November 2019 RCORP Tillamook meeting, workgroup members reviewed and discussed feedback from key informant interviews that addressed current successes, greatest challenges and recommendations and priorities for the strategic plan. They were given time to discuss and respond to the findings. Their comments were included in the final assessment report. The members confirmed agreement and support for addressing three key objectives or themes of the strategic plan:

- Pain Management and Prescribing Practices;
- Access to Treatment and Recovery Support;
- Harm Reduction and Education.

In the December 2019 meeting, a community survey highlighting additional challenges and possible solutions was shared and discussed. A final copy of the RCORP Tillamook needs assessment was also reviewed and the members spent the remainder of the meeting reviewing and responding to a first draft summary of the strategic plan that captured the objectives, strategies and activities identified by members in the key informant interviews, meetings and discussions.

The first draft was also shared with Columbia Pacific CCO and Synergy Health Consulting for review and additional recommendations for partnering and aligning with state and regional resources and initiatives.

At the January 2020 meeting, RCORP Tillamook member Erin Skaar, Executive Director of CARE, a Tillamook social service agency, facilitated a three-hour strategic planning session that recapped earlier conversations and allowed members to confirm commitment to key components of the plan and provide additional details. The planning session included: a final review and conversation on the problem statement; selection of the target population and setting goals which included brainstorming and prioritizing; and agreeing on longterm outcomes. Poster-sized copies of the strategic objectives, strategies, and activities were then posted on the walls and members were given time to vote on the relevance of each activity, decide whether each activity was a year one, two or three project, and add new activities if needed. Ms. Skaar walked the consortium through each strategy and activity to confirm final priority ranking of all activities and to identify key members for leading or providing a supportive role in implementation and available to participate as needed in additional followup in writing of the plan.

The workgroup identified three objectives and seven strategies within the plan to address first, based on specificity and importance to pursue resources for. These seven strategies are described in the strategic plan itself and include:

1. Develop a county-wide strategy for prescribing and transitioning high-use patients
2. Increase knowledge on opioid basics and overdose prevention

3. Increase the number of providers identifying and treating SUD/OD, especially in primary care
4. Reduce costs of treatment for uninsured and underinsured patients and individuals
5. Strengthen and expand SUD/OD recovery services in Tillamook County
6. Leverage opioid overdose reversal and increased naloxone distribution
7. Provide education on importance of proper storage and disposal of unused medications

RCORP Tillamook members self-identified roles they are willing to play in implementing these strategies, including lead or collaborator. Leads and collaborators will work together to clarify needed additional resources and partners, key initial and/or next steps, and timeline.

## **OBJECTIVE 1: System Change for Best Practice in Pain Care**

The RCORP Tillamook Needs Assessment identified that there is an extreme and persistent shortage of SUD/OD providers and services to address prevention, treatment, and recovery, including: primary care providers, SUD/OD providers, MAT providers, peer support specialists, office-based and out-patient treatment providers, and emergency or transitional housing personnel.

Gaps identified by the workgroup during the needs assessment phase for System Change for Best Practice in Pain Care, include:

- **Safe Guidelines.** Tillamook County prescribers do not yet have a shared strategy to addressing pain and prescribing. As a key preventive measure many informants discussed a desire for safe prescribing guidelines to be a priority.
- **Resources.** A lack of SUD resources available to both the community and healthcare providers frequently came up. Tillamook County is a Health Professional Shortage Area (HPSA) meaning there are not enough providers available to the community and even less who are local since most live in the Portland metro area. The shortage affects patients with chronic pain and seniors who need a provider that understands their relationship with opioids. On the other hand, there may be a handful of X-waivered providers offering medication-assisted treatment (MAT), but there is not a county-wide support system to facilitate services by those providers and to help other providers cross over into MAT care.
- **Data.** One of the most pressing challenges for prescribing practices is that record systems across Tillamook County healthcare organizations cannot easily communicate information with each other. Even within some organizations there is not a culture of sharing data with prescribers. There also is a level of data mistrust that needs to be addressed for providers to have confidence when data may not match their practice experience.
- **Stigma.** Stigma continues to shape how Tillamook County residents approach addiction, poverty and homelessness. There is a generalization that addiction is a moral failing rather than a disorder and that those seeking housing have long-standing addiction issues. Even in the recovery community those with opioid use disorder are frequently misunderstood or rejected because of a stigma around MAT. Tillamook County has a number of community-based recovery groups focused on drugs and alcohol that don't share the same philosophical view of MAT versus complete substance abstinence. It is a topic that is highly sensitive and frequently debated.

Evidenced-based solutions proposed by the workgroup include:

- **County-wide strategy for prescribing.** This includes sharing of reliable and pertinent data and continuous communication between healthcare partners in Tillamook County. In a best practice scenario, all prescribers would accept and commit to following safe county-wide prescribing strategies.
- **Transitional plan for high use patients.** With a county-wide prescribing strategy, some patients will need a plan to lower their use and special attention will need to be given to senior citizens who have age-specific needs. Providers will need education on transitional plans and resources available such as tapering clinics.
- **Education.** Through community messaging and partnering with other local campaigns some broader, community-wide education can begin. This messaging could use local faces and success stories about living with substance use disorder and their recovery. Another education point is focused on people in treatment and recovery. RCORP Tillamook would like to see more peer recovery mentorship. It is important to have a connection with someone who has gone through treatment and can help alleviate some of the pressure of public stigma.
- **Alternatives for pain management.** There are some county programs available to help people with pain management, but they are not widely or well known. The programs may not work together or communicate effectively with each other. Providers and public will need more readily available information about their options. Referral plan built into clinic electronic medical records (EMRs).

***Strategy 1: Develop a county-wide strategy for prescribing and transition plan for high use patients***

***Strategy 2: Increase knowledge on opioid basics and overdose prevention.***

Consultants for this project, Lines for Life (LFL) and Synergy Health Consulting (SHC), have shared experience developing and implementing system change for best practice in pain care at the state, regional, county, community, and health-system level. Strategies to execute Objective 1 were developed with the guidance of LFL and SHC in partnership with Tillamook County community stakeholders and informed by the findings of the needs assessment conducted September 2019.

The initial phase of this work will begin with the first of two Prescriber's Grand Rounds on Pain Management and Prescribing Practices on April 16<sup>th</sup>. Grand Rounds attendees will include Tillamook County medical providers and staff members. Facilitation for the event will be by RCORP Tillamook members with academic and experiential learning provided by LFL, SHC, Columbia Pacific CCO, among others. The second Grand Rounds will focus on best practices in treating Substance Use Disorder. The date for this event has not yet been decided. LFL and SHC will follow Oregon Medical Association(OMA) protocol for continuing medical education (CME) Application submission for the second Grand Rounds event.

The aim of these events is to strengthen community collaboration across health systems and foster a sense of shared purpose through didactic and experiential learning and dialogue, as well as to educate stakeholders about the activities planned over the next three years in support of implementing a county-wide strategy for safe opioid prescribing and for tapering patients on long-term and/or high-dose opioids.

Synergy Health Consulting (SHC) will partner with champions from Tillamook County for curriculum development, and presenters will include both local content experts as well as those from around the state.

While the curriculum is still being developed, topics will include the history of the opioid crisis and opioid prescribing trends; inconsistencies in opioid prescribing practices and safe-prescribing guidelines; social determinants of health, understanding pain and pain management; difficult conversations and alternative treatments for pain; team-based care, understanding Opioid Use Disorder, naloxone co-prescribing, and safe and effective tapering.

The activities identified to support a county-wide strategy for prescribing and transition planning for patients on long-term and/or high dose opioids include developing and adopting shared strategies for addressing pain, prescribing, and tapering. Additional activities include developing a customized data dashboard for Tillamook County prescribers and administering cross-system trainings in the use of and registration for the Prescription Drug Monitoring Program.

Some existing resources and supports for these efforts have been identified and are available to be adopted should Tillamook County choose. Columbia Pacific CCO has recently developed a comprehensive pain and prescribing guideline modeled off the Oregon Pain Guidance guidelines. SHC will develop and provide technical assistance with the use of a data dashboard that will allow clinics to review prescribing data for patients and prescribers.

Members of SHC sit on the Oregon Health Authority Opioid Tapering Task Force that is finalizing the authoring of Tapering Guidelines and support tools such as the BRAVO Protocol<sup>1</sup>. These resources, along with Technical Assistance, training, and case consultation are available to Tillamook County community partners.

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<sup>1</sup> BRAVO: The Cardinal Principles of Tapering Patients Off of Chronic Opioid Therapy. Lembke, A. Stanford Medicine Center for Continuing Medical Education CME Online Activity. Stanford Medicine, 2018.

## OBJECTIVE 1: System Change for Best Practice in Pain Care

### Intermediate Outcome

- Decreased mortality and morbidity from overdose-related health incidences
- Decreased hospitalization for overdose-related health crises
- Decreased prescription levels that lead to OUD/SUD
- Decreased dual prescribing
- Decreased number of new opioid-prescribed users
- Decreased number of opioid pills dispensed
- Decreased percentage of patients with an opioid prescription receiving more than an average daily dose of 90+ MEU of opioid painkillers

### Intermediate Outcome Indicators

- Number of high-risk patients
- Number of patients diagnosed with OUD
- Number of fatal and non-fatal opioid overdoses in the project's service area
- Number of media messages, articles and printed materials distributed on opioid risks and misuse
- Number of media messages distributed monthly on opioid risks and misuse
- Number of ED visits that received an opioid overdose diagnosis
- Number of unintentional opioid-related deaths
- Percentage of opioid deaths involving heroin or fentanyl/fentanyl analogues
- Percentage of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day

Strategy 1: Develop a county-wide strategy for prescribing and transition plan for high-use patients.

Activities	Timeline		Responsible party	Progress indicators	Short-term outcomes
	Start date	End date			
Host a Prescribers Grand Rounds on Pain Management and Prescribing Practices to include data dashboards.		4/16/2020	RCORP Tillamook  Lines for Life (LFL)  Synergy Health Consultion (SHC)	RCORP Tillamook members, Lines for Life and SHC facilitate academic and experiential learning and dialogue, as well as to educate stakeholders about activities planned over next three years.  2.5 CMEs secured and provided.	Strengthen community collaboration across health systems.  Foster a sense of shared purpose in support of implementing a county-wide strategy for safe opioid prescribing and for tapering patients on long-term and/or high-dose opioids.
Develop and adopt a Tillamook County prescribers shared strategy for addressing pain and prescribing. Include review of Columbia Pacific CCO guidelines.	Year 1	Ongoing	Adventist Health Tillamook (AHTM)  Rinehart Clinic (RC)  Tillamook County Community Health Clinics (TCCHC)	Tillamook prescribers and staff attend 2 CME Grand Rounds on pain and SUD provided by LFL, SHC, and Columbia Pacific CCO.  Tillamook prescribers reference state and Columbia Pacific CCO strategy for addressing pain and prescribing.	Strengthen community collaboration across health systems.  Foster a sense of shared purpose in support of implementing a county-wide strategy for safe opioid prescribing and for tapering patients on long-term and/or high-dose opioids.
Develop a customized data dashboard for Tillamook County prescribers. Adopt <a href="#">SUPPORT act requirements</a> .	Year 1	Year 1	Synergy  Columbia Pacific CCO	Tillamook providers attend dashboard tutorials by Synergy Health Informaticist.  Providers adopt data dashboard usage as office policy.  Increased number of providers accessing dashboard data.	Identification of high-risk patients in physicians' practice.  Development of tapering plans for identified high-risk patients by physicians and patients.  Identification of patients with OUD.  Tracking of fatal and non-fatal overdoses.  Coordinated use of data dashboard and PDMP by patients' treatment team.

Strategy 1: Develop a county-wide strategy for prescribing and transition plan for high-use patients.

Activities	Timeline		Responsible party	Progress indicators	Short-term outcomes
	Start date	End date			
Review and adopt tapering strategy for high use patients in Tillamook County. Contract consultation resource for prescribing and tapering support and review <a href="#">BRAVO protocol</a> .	Year 2	Ongoing	AHTM RC Synergy TCCHC	Tillamook prescribers and staff attend 2 CME Grand Rounds on pain and SUD provided by LFL, SHC, and Columbia Pacific CCO.  Tillamook prescribers reference tapering guidelines and BRAVO protocol in practice.  Tillamook prescribers seek consultation for difficult tapers.	Identification of high-risk patients in physicians' practice.  Development of tapering plans for identified high-risk patients by physicians and patients.  Identification of patients with OUD.  Integrated treatment planning for patients with OUD.  Tracking of fatal and non-fatal overdoses.  Coordinated use of data dashboard and PDMP by patient's treatment team.
Provide local training regarding Prescription Drug Monitoring Program (PDMP) available through Tillamook County and promote registration by targeting rural area health care providers.	Year 1	Year 1	AHTM RC TCCHC	All Tillamook health care providers will participate in training and integrate PDMP use.	Tillamook County prescribers will better monitor patients' prescribiton use.

**Strategy 2: Increase knowledge on opioid basics and overdose prevention.**

Activities	Timeline		Responsible party	Progress indicators	Short-term outcomes
	Start date	End date			
<p>Launch awareness and education campaign on risks of opioid use.</p> <p>Develop and disseminate communication materials and other resources to increase families, caregivers and community members' understanding of facts around opioid misuse by target overuse of prescription opioids, understanding of addiction and experiences of those suffering.</p>	Year 2	Year 3	RCORP Tillamook, OSU Extension Office	<p>Assess the impact of culturally appropriate education to improve the public's understanding of treatment and prevention strategies for SUD/ODU and to eliminate stigma.</p> <p>Launch an awareness campaign through social media and billboards sharing stories of addiction.</p> <p>Provide campaign toolkit based on real stories for community-based campaign implementation.</p> <p>Develop data collection and tracking plan for social media accounts and email campaigns.</p>	<p>Increased awareness that prescription opioids can be addictive &amp; dangerous.</p> <p>Decreased number of individuals who use opioids recreationally or overuse them.</p> <p>Increased understanding of addiction as a disease rather than a personal choice or sign of human/moral weakness.</p>
<p>Host community town halls designed to decrease stigma related to SUD and build public awareness on risks of opioid use.</p>	Year 2	Year 3	RCORP Tillamook	<p>Secure sponsors and facilitator. Host community town halls in selected venues, e.g. faith-based organizations, schools.</p> <p>Provide evidence-based messages on prevention, treatment and recovery.</p>	<p>Increased awareness that prescription opioids can be addictive and dangerous.</p> <p>Decreased number of individuals who use opioids recreationally or overuse them.</p> <p>Increased understanding of addiction as a disease rather than a personal choice or sign of human or moral weakness.</p>

**Strategy 2: Increase knowledge on opioid basics and overdose prevention.**

Activities	Timeline		Responsible party	Progress indicators	Short-term outcomes
	Start date	End date			
Provide education targeting healthcare providers on alternative treatment for pain management. (e.g., physical therapy, hydrotheraphy, chiropractic, etc.)	Year 2	Year 3	RCORP Tillamook	Promote Physical Therapy and other evidenced-based treatments as Pain Management Alternative to Opioid Use.  Create or adopt toolkit with resources which include messaging suggestions, patient handouts, healthcare provider resources.	Increased awareness and use of safe alternatives to prescription opioid use for chronic pain management.
Identify providers to serve as referral source for alternative treatment for pain management.	Year 2	Year 2	RCORP Tillamook	Convene key stakeholders including health care providers, physical therapists and alternative treatment providers to share best practices of pain prescribing and adopt approved list of referral sources for dissemination.	Decreased rate of opioid prescriptions through promotion of alternative evidence-based pain management strategy. (i.e. Physical Therapy)
Create a county-wide alert system for reporting individuals with high prescriptions or concerns for high prescriptions.	Year 1	Year 2	Nicole Vertner (AHTM)	Form a multidisciplinary Expert Panel to advise and oversee development and use of a county wide alert system.  Research models that use electronic medical record (EMR) to identify at risk patients utilizing searchable, objective indicators of risk for misuse, abuse, and diversion of prescription controlled substances.	Impact prescribing behavior by providing integrated clinical decision support within the EMR.

Strategy 2: Increase knowledge on opioid basics and overdose prevention.

Activities	Timeline		Responsible party	Progress indicators	Short-term outcomes
	Start date	End date			
Emergency department adopts best practices for pain prescribing.	Year 2	Ongoing	Dr. Cox (AHTM)	Separately convene AHTM emergency department staff, urgent care staff and acute care staff to review, discuss and adopt best practices for pain prescribing.	Reduction in potentially risky opioid prescribing practices.  Reduced rates of opioid prescription in emergency department settings.
Urgent Cares adopt best practices for pain prescribing.			Dr. Halferty (AHTM)		
Acute care adopts best practices for pain prescribing.			Dr. Bohlman(AHTM)		
				Standardize evaluation and treatment of patients complaining of pain.	
				Research options and cost for academic detailing. Trained detailing teams provide on-site visits to healthcare providers and provide tailored education and technical assistance on best practices for prescribing.	

## **OBJECTIVE 2: Ready Access to Evidence-Based SUD Treatment and Expanded Support for Recovery and Services.**

Key informants, local people in recovery, and RCORP Tillamook members recognize that the community lacks the appropriate resources to address the SUD/ODU crisis, including support groups, prevention interventions, treatment options, and recovery programs. There is a need to build more community-based resources and to train providers on how to better identify and refer individuals to these resources. Key informants and workgroup members noted that barriers currently exist to identifying and referring individuals and there is a lack of community-level coordination and alignment.

Gaps identified by RCORP Tillamook during the needs assessment phase, for ready access to evidenced-based SUD treatment and expanded support for recovery services, include:

- **Diagnosing substance use disorder.** Substance use disorder (SUD) often presents itself under the mask of a seemingly unrelated issues. Because the patient and provider are focused on solving the presenting problem, they may miss the root cause. Some providers also defer diagnosing a patient with SUD since there isn't help readily available to refer them to.
- **Barriers to treatment and recovery.** Crisis services are utilized at a very vulnerable moment in people's lives. There are many barriers that can prevent someone from benefitting from these services. Limited peer support, extensive paperwork, and lack of readily available post treatment/follow-up recovery options all push people away.
- **Facilities and resources.** Two facilities in Tillamook County currently provide basic levels of detox support for withdrawal: the hospital emergency department and the County Jail. Neither of these facilities is an appropriate environment for managing withdrawal symptoms. Neither of these facilities have resources for individuals wanting to pursue ongoing treatment.

***Strategy 1: Increase the Number of Providers Identifying and Treating SUD/ODU; especially in primary care***

***Strategy 2: Reduce costs of treatment for uninsured and underinsured patients/individuals***

***Strategy 3: Strengthen and Expand SUD/ODU recovery services in Tillamook County***

Consortium members agree training and resources are an integral component for achieving ready access to treatment and expanded recovery support. Training hospital and clinic staff about opioid use disorder and addiction, medication-assisted treatment and how to provide behavior health support is the priority for this section. Other basic resources needed include having SUD consulting contacts for providers in criminal justice and the emergency department. Leaders in both law enforcement and emergency health services expressed the need for on-call advice and behavioral health support.

Evidenced-based solutions proposed by the Consortium include:

- **Easier access to treatment.** Treatment should be a welcoming process. As soon as someone reaches a decision to seek treatment, they need to be met with as few barriers as possible. Having a focus on streamlining will make sure that individuals aren't buried with paperwork, but instead surrounded by support. Ideally each person accessing treatment would be offered a peer to talk them through the process and provide responsive support.

- **Addiction and treatment referrals.** The hospital emergency department and county jail need a referral process. Neither place should be used as a detox facility, however that is what is currently happening. Once someone expresses interest in treatment, both facilities want to know where to refer them. Healthcare partners need to share information, so everyone knows what is available to the community at that time. After treatment referral, there will need to be an outpatient strategy for ongoing recovery which includes peer support, appointments and group counseling involving families.

Objective 2 will be achieved through the development and implementation of an integrated system of care across sectors: primary care, hospital/ED, specialty care including mental health, the recovery community, and the criminal justice system. The aim of this integrated network will be to provide “no wrong door” and multiple points of entry to individuals suffering from substance use disorder and opioid use disorder who are seeking individualized and comprehensive treatment and recovery support services in Tillamook County.

This collaborative and integrated system of care across sectors will be attained through various methods, formally beginning with a Grand Rounds focused on addiction, treatment and recovery. The aim of this event will be to educate the medical community on how to screen for, diagnose and treat opioid dependence, opioid use disorder, and cooccurring substance abuse, as well as opioid prescribing trends, inconsistencies in opioid prescribing practices and safe-prescribing guidelines, social determinants of health, understanding pain and pain management, difficult conversations and alternative treatments for pain, team-based care and safe and effective tapering. Participants will learn about the critical role that primary care plays in addressing stigma and bias when developing an evidence-based, harm-reduction, trauma-informed approach across sectors.

The Grand Rounds will also be used as an opportunity to recruit primary care professionals interested in pursuing their X-waiver status, as well as to promote existing technical assistance programs and resources such as OHSU Project ECHO’s Addiction Medicine ECHO Certificate Program that includes seminars on chronic pain and opioids, substance use disorders in hospital care, and effective systems for addiction treatment in primary care. The North Coast recently opened its first Opioid Treatment Program (OTP) in Seaside, and the Grand RSounds may also offer an opportunity to educate providers about methadone and patients who may be ideal candidates to receive OTP services.

Columbia Pacific CCO has agreed to partner with Tillamook county in these efforts by hosting X-waiver trainings and has invited stakeholders to participate in Columbia Pacific CCO’s upcoming Medication for Addiction Treatment Learning Collaborative. Columbia Pacific CCO and SHC have also offered to help convene a regional learning network for support staff such as nurses, medical assistants, case managers, and community health workers to discuss best practices and aid MAT service delivery.

Columbia Pacific CCO has also developed a comprehensive SUD strategy which aims to develop and increase access to services in Tillamook County over the next three years such as: peer recovery specialists, a county recovery support center, medically-assisted withdrawal (detox) services, medication-friendly recovery housing, and methamphetamine treatment services.

### **Tillamook Family Counseling Center, Peer Recovery Support.**

The Tillamook Family Counseling Center (TFCC) provides behavioral health services that offer screening, assessment, mobile crisis services, counseling, peer support, recovery mentors and SUD assessment, treatment and prevention. TFCC is under consideration by the state for participation in an expansion of legislative initiative HB 4143, Section 3. Under this initiative the Oregon Health Authority established a pilot project for the purpose of: determining the effectiveness of establishing immediate access to appropriate evidenced-based treatment for persons who suffer opioid and opiate overdoses; and use of peer recovery support mentors to facilitate the

link between ED and appropriate treatment and resources. The pilot was implemented in Coos, Jackson, Marion and Multnomah counties and OHA is identifying additional counties for possible expansion of the pilot. If RCORP Tillamook determines it would like to be a part of the expansion project, TFCC will need to identify key partners to establish operational aspects of the project; agree to meet regularly with the state and as a group to discuss implementation issues and identify data collection measures.

#### **Tillamook County Sheriffs Office and the County Correctional Facility.**

Criminal Justice and community leaders are committed to creating a seamless continuity of care for OUD as people move in and out of the criminal justice system. Workgroup members agree both law enforcement and health care providers need to work together to understand their role in a person's recovery and how to support them while in jail. Safe detox for substance use as well as warm handoff to treatment and recovery options are vital to long-term recovery and will need to be an integrated effort by all community health care organizations. Ensuring continuity of care is a significant opportunity for many individuals in the criminal justice system to successfully access treatment and move forward on the road to recovery.

#### **Yamhill County Jail MAT Program.**

RCORP Tillamook is committed to learning from other successful models currently in practice in Oregon. Provoking Hope, a peer recovery support program, is now partnering with the Yamhill County Correctional Facility on the launch of a pilot program for medication assisted treatment (MAT) for inmates with opioid addictions such as heroin. Yamhill County Sheriff's Office has received funding from Oregon Health Authority to administer a MAT program while individuals with opioid use disorder are in custody. Inmates with a history of using heroin or other opioids who qualify for the program are given the opportunity to start Buprenorphine, a medication that dramatically reduces cravings. To ensure the individual remains in treatment after leaving the facility, Provoking Hope's JMAT Certified Recovery Mentor will go into the jail and meet with individuals in the MAT program to mentor them, help set them up for after care appointments, and assist in transitioning them onto a successful pathway of recovery.

## OBJECTIVE 2: Ready access to evidence-based SUD Treatment and expanded support for recovery and services

### Intermediate Outcome

- Improved access to treatment and self-care
- Increased number of peer support specialists and peer outreach workers
- Increased number of residents seeking treatment and benefiting from recovery support services
- Decreased use of emergency department services
- Increased ability to identify and manage high-risk situations that could lead to relapse
- Decreased incidence of relapse and risky opioid use following release from criminal justice program
- MAT provision for affected incarcerated individuals
- Increased continuity of care for MAT while transitioning back into community setting

### Intermediate Outcome Indicators

- Number of providers, paraprofessionals, and peer recovery support mentors (nonproviders) who received general SUD education or training
- Number of full-time equivalents (FTEs) currently providing SUD/ODU treatment services
- Number of FTEs providing peer recovery support
- Number of patients in criminal justice facilities referred to support services
- Number of practices receiving referrals from criminal justice facilities
- Number of individuals screened for SUD
- Number of patients with a diagnosis of SUD who were referred to treatment
- Number of unduplicated patients who have received MAT in the past 6 months
- Number of unduplicated patients who have received MAT for 3 months or more without interruption
- Number of eligible providers without a DATA waiver (by provider type)
- Number of providers eligible to provide MAT (by provider type)
- Number of providers who have provided MAT in the past 6 months (by provider type)
- Number of providers within the service area who have received training related to MAT

- Number of patients with SUD diagnosis who are eligible for Medicaid/enrolled in Medicaid
- Number of patients with a diagnosis of SUD who were referred to support services
- Number of patients with a diagnosis of SUD who were referred to support services and received those services
- Number of SUD resources in each community
- Number of peer counselors
- Number of resource guides distributed to local health and social service providers
- Number of individuals linked by peer support to resources

**Strategy 1: Increase the number of providers identifying and treating SUD/ODU; especially in primary care.**

Activities	Timeline		Responsible party	Progress indicators	Short-term outcomes
	Start date	End date			
Host a Grand Rounds on addiction, treatment and recovery. Educate the medical community on the adoption of evidence-based policies, programs, and practices to prevent opioid misuse, and to diagnose and treat OUD and co-occurring substance misuse. Partner with Columbia Pacific CCO MAT learning collaborative.	Year 2	Year 2	RCORP Tillamook Lines for Life Synergy	RCORP Tillamook members, Lines for Life and SHC facilitate didactic and experiential learning and dialogue, as well as to educate stakeholders about activities planned over next three years. 2.5 CMEs secured and provided.	Strengthen community collaboration across health systems. Foster a sense of shared purpose in support of implementing a county-wide strategy for adopting. evidenced based policies, programs and practices to prevent opioid misuse and diagnose and treat opioid use disorders. Increased understanding of the critical role primary care plays in addressing stigma and bias when developing an evidence-based, harm-reduction, trauma-informed approach across sectors.

**Strategy 1: Increase the number of providers identifying and treating SUD/OD; especially in primary care.**

Activities	Timeline		Responsible party	Progress indicators	Short-term outcomes
	Start date	End date			
Recruit primary care professionals interested in pursuing waiver status and leverage state resources for financial and education programs to received MAT certification. Partner with Columbia Pacific CCO on data waiver training in Tillamook.	Year 1	Ongoing	AHTM Columbia Pacific CCO RC TCCHC	Work with Columbia Pacific CCO to host DATA Waiver training in Tillamook.  MAT 101 and MAT Waiver Training to medical providers in the region.	People who use substances and people in treatment and/or recovery, including incarcerated individuals receive MAT and/or other evidence-based SUD/OD treatment that is most appropriate for them.  Providers & clinic support staff who provide behavioral health and/or substance use-related services deliver MAT and other evidence-based SUD/OUT treatment effectively and appropriately.
Increase the number of local professionals who access technical assistance programs such as Project ECHO. Participate in the ECHO program “Effective Systems for Addiction Treatment in Primary Care”.	Year 1	Year 2	Columbia Pacific CCO	Work with Columbia Pacific CCO to host DATA Waiver training in Tillamook.  MAT 101 and MAT Waiver Training to medical providers in the region.  Engage providers into the ECHO program “Effective Systems for Addiction Treatment in Primary Care”.	People who use substances and people in treatment and/or recovery, including incarcerated individuals receive MAT and/or other evidence-based SUD/OD treatment that is most appropriate for them.  Providers & clinic support staff who provide behavioral health and/or substance use-related services deliver MAT and other evidence-based SUD/OUT treatment effectively and appropriately.

Strategy 1: Increase the number of providers identifying and treating SUD/OD; especially in primary care.					
Activities	Timeline		Responsible party	Progress indicators	Short-term outcomes
	Start date	End date			
Create a regional learning network for support staff such as nurses, medical assistants, case managers, and community health workers to discuss best practices and aid MAT service delivery.	Year 1	Ongoing	AHTM Columbia Pacific CCO RC TCCHC	RCORP Tillamook members and Columbia Pacific CCO convene a regional learning network for support staff such as nurses, medical assistants, case managers, and community health workers to discuss best practices and aid MAT service delivery.	People who use substances and people in treatment and/or recovery, including incarcerated individuals receive MAT and/or other evidence-based SUD/OD treatment that is most appropriate for them.  Providers & clinic support staff who provide behavioral health and/or substance use-related services deliver MAT and other evidence-based SUD/OUT treatment effectively and appropriately.
Facilitate collaboration between primary care, specialty care and the recovery community to support the development and implementation of comprehensive and integrated systems of care that provide the full spectrum of treatment and recovery support services for people with opioid use disorder.	Year 1	Year 2	AHTM RC TCCHC	Increased communication between health care providers and the recovery community.	People who use substances and people in treatment and/or recovery, including incarcerated individuals receive MAT and/or other evidence-based SUD/OD treatment that is most appropriate for them.  Providers & clinic support staff who provide behavioral health and/or substance use-related services deliver MAT and other evidence-based SUD/OUT treatment effectively and appropriately.
Strategy 2: Reduce costs of treatment for uninsured and underinsured patients/individuals.					
Activities	Timeline		Responsible Party	Progress indicators	Short-term outcomes
	Start Date	End Date			
Participate in state-level billing and coding education opportunities.	Year 2	Ongoing	RCORP Tillamook	Identify and outreach to providers, administrative staff and other stakeholders to attend Billing & Coding best practices training.  Initiate Billing & Coding best practices training.	Maximize reimbursement for treatment through proper coding and billing across insurance types.

Strategy 2: Reduce costs of treatment for uninsured and underinsured patients/individuals.					
Activities	Timeline		Responsible Party	Progress indicators	Short-term outcomes
	Start Date	End Date			
Collaborate with state team and agencies that receive substance use treatment funding for uninsured.	Year 2	Ongoing	RCORP Tillamook	Facilitate a learning collaborative among providers to address reimbursement issues.  Host & Conduct Learning Collaborative check-in opportunities; Continue to promote learning collaborative to other providers.	Institute Learning Collaborative among billing providers to share best practices, solve barriers, etc.
Leverage partners to implement new payment models that facilitate and incentivize coordinated care and build incentive across programs.	Year 2	Ongoing	RCORP Tillamook	Work with Columbia Pacific CCO to share operational procedures and lessons learned on newly developed payment system for office visits for MAT services given in Primary care.	More treatment options available to patients.
Strategy 3: Strengthen and expand SUD/ODD recovery services in Tillamook County.					
Activities	Timeline		Responsible Party	Progress indicators	Short-term outcomes
	Start date	End date			
Create a resource guide of substance misuse prevention, treatment and recovery best practices, programs and policies document and update annually.	Year 1	Ongoing	Dusti Linnell/OSU  RCORP Tillamook	Convene RCORP Tillamook members and key stakeholders including health care providers, behavioral health and treatment providers, Peer Recovery mentors and alternative treatment providers to contribute to resource guide and recovery best practices.	Members meet, review and approve resource guide and meet annually to modify and update.
Post guidelines on local website and/ or state hub. Update as needed.	Year 3	Ongoing	RCORP Tillamook	Identify local, regional and state websites appropriate for posting guidelines.	Guidelines posted on local, regional and state websites as appropriate.

Strategy 3: Strengthen and expand SUD/OD recovery services in Tillamook County.

Activities	Timeline		Responsible Party	Progress indicators	Short-term outcomes
	Start date	End date			
Hold training for law enforcement and criminal justice on MAT and continuity of care in jails. Invite Yamhill County Sheriff's Office and Provoking Hope to share Jail MAT program.	Year 1	Year 2	Tillamook County Sheriff's Office  RCORP Tillamook	Provide MAT and continuity of care training in jails. Meet with criminal justice system to ensure they are prepared to deliver MAT, either by continuing treatment from the community setting or through initiation of treatment for affected individuals.	MAT provision for affected incarcerated individuals. Increased continuity of care for MAT while transitioning back into community setting.
Integrate resources and services with law enforcement. Support community-based providers in being prepared to receive referrals. Provide support through: trainings, academic detailing and technical assistance.	Year 1	Year 3	Tillamook County Sheriff's Office  RCORP Tillamook	Assess current discharge processes for in-patient treatment and criminal justice facilities. Identify barriers to coordination and discharge. Promote best practices for discharge with key stakeholders.	Continuity for MAT provision is provided upon release thereby lowering the risk of relapse or return to opioid use-related risky behaviors.
Embed Peer Recovery Support Specialists in programs that support treatment of individuals with OUD; provide referrals to bridge medical, behavioral health, dental and other social service programs and supports. Increase provider and community understanding of Peer Recovery Support models.	Year 1	Ongoing	Tillamook Family Counseling Center (TFCC)	RCORP Tillamook member presentation and discussion on how TFCC, Peer Recovery Support can be component of programs.  Assessment of RCORP need for PRS in broader settings and creation of key partner workgroup to establish operational aspects of project.  Evaluation plan for measuring successful engagement in treatment.	Increase annually in Peer Recovery Support services in community.  Increased support for Peer specialist certification training.  Engagement metrics identified and data collection process started.

Strategy 3: Strengthen and expand SUD/ODU recovery services in Tillamook County.

Activities	Timeline		Responsible Party	Progress indicators	Short-term outcomes
	Start date	End date			
Nurse case manager, MSW or CADC and registered nurse to reduce barriers to treatment by providing care coordination and connection/referrals to social services and support for individuals with SUD/ODU, including those connected through emergency department peer support handoff, and FQHC patients.	Year 2	Ongoing	Dr. Cox (AHTM)  RC  TCCHC	Assessment of RCORP need for PRS in broader settings and creation of key partner workgroup to establish operational aspects of project.  Invite Columbia Pacific CCO to share peer mentor project involved in overdose response and distribution of naloxone.  Create a direct link between emergency department and appropriate treatment and recovery resources, including the availability of MAT in the ED.	Increase annually in successful connection and referrals to social services and support.  Increase in ED access of Peer Recovery Support Mentors as direct link to appropriate treatment.
Support community and peer intervention models that encourage overdose survivors to seek evidence-based treatment and recovery support services.	Year 1	Ongoing	Frank Hanna-Williams (TFCC)	Use Peer Recovery Support Mentors to facilitate link between ED and appropriate treatment and recovery resources.	Increase annually in peer support services in community; Trained PRS mentors provide support along the recovery continuum which may range from emotional to practical support with the tasks of recovery.

### **OBJECTIVE 3: Reduce Harm and Access to Disused Prescription Pills**

Gaps identified by RCORP Tillamook during the needs assessment phase :

- **No needle exchange programs.** There used to be a needle exchange for many years but was discontinued 10 years ago. Now needles are often found in public places like park bathrooms. In Tillamook County there are only three locations where people can dispose of medications and needles, and these locations often have limited availability.
- **Moral objection to harm reduction.** Harm reduction techniques frequently face general opposition from the public. This is especially true for safe use sites because it is perceived as condoning use. Those who are not familiar with substance use disorder, and even some who are, feel that harm reduction allows or promotes continued substance use.
- **Misperceptions from courts and bar.** Legal practitioners may not understand that they have a role in preventing and responding to opioid use disorder. The courts have the unique ability to influence harm reduction by mandating strategies as a part of offender sentencing.

***Strategy 1: Leverage Opioid Overdose Reversal and Increased Naloxone Distribution***

***Strategy 2: Provide education on importance of proper storage and disposal of unused medications.***

Evidenced-based solutions proposed by the workgroup include:

- **Develop understanding and support with local courts and law enforcement.** Local attorneys and judges need to be educated on the treatment services available and what can be mandated, like medication-assisted treatment, etc. They also have a role in supporting consistent access to naloxone for law enforcement, those with opioid prescriptions, and other at-risk individuals. They should also be advocates to encourage support from the public for these practices.
- **Safe disposal and exchanges.** RCORP Tillamook wants to remove barriers to safe disposal of medications and needles. A focus on providing needle receptacles in public places like park bathrooms could be a natural starting point, with the goal to eventually reintroduce a needle exchange program.
- **Work closely with Columbia Pacific CCO.** The overdose crisis response strategy task force could provide expertise and funding.

Over the next three years, Tillamook County will convene an Opioid Crisis Response Team comprised of key community partners that will develop a system for sharing information and communicate regularly in order to identify emergent overdose trends, identify the source of overdose spikes, and respond immediately to overdose surge events using a prearranged response strategy stratified upon the severity of the situation.

Naloxone is the fastest way to restore breathing to persons experiencing an overdose. Providing naloxone training and supply to law enforcement, first responders, emergency department staff ensures that responders are equip to respond to overdose events in Tillamook county. Providing naloxone training and supply to high-dose long-term opioid therapy patients, patients with OUD, and their family and friends ensures that patients at

highest risk for opioid overdose have access to the necessary medicine to save their lives. Educating physicians in all disciplines and pharmacists on the importance of supplying and prescribing naloxone allows patients to understand the gravity of adhering to their prescriber's instructions and ensures that patients and their support systems are capable of confidently administering naloxone in incidences of overdose. Providing public awareness information on prescription opioid overdose risk and locations of prescription take-back programs offered through Tillamook Police Department and The Rinehart Clinic Pharmacy can reduce the number of pills in circulation and prevent overdose.

Since patients with OUD may use injectable drugs such as heroin, it is important to reduce patient harms and the potential spread of communicable diseases. Syringe exchange programs offer one-to-one exchange of hypodermic needles for intravenous drug users in order to prevent the sharing of needles which leads to the spread of communicable diseases like HIV, hepatitis C, and other blood-borne infections. SHC can support public health in coordinating with HIV Alliance to create a linkage to HIV testing, syringe exchange services and naloxone distribution and training for high risk populations in Tillamook. Jackson County's Syringe Exchange Program webpage provides an example of what could be offered through public health.

During year one, RCORP Tillamook's targeted implementation strategy is focused on addressing non-fatal overdoses by increasing distribution and access to naloxone across sectors, as well as to increase the number of available needle exchange programs and safe pill disposal sites. Champions from Public Health, the Sheriff's Department, the AHTM Emergency Department, and primary care facilities have already been identified to move this work forward. Columbia Pacific CCO, LFL, and SHC will provide training, consultation, and support with convening key partners. Clatsop Public Health Department, which developed their mobile syringe exchange in late 2018, is willing to partner with Tillamook County to share these services. They provide free naloxone, syringes exchanged on a 1:1 basis, testing kits for fentanyl, and referrals to and resources for treatment.

Columbia Pacific CCO has established a multiagency Overdose Task Force including EMS, fire, law, hospital, mental health, public health, and ED leadership from Northern Oregon counties implementing integrated opioid crisis response efforts with a focus to advance ED screening and protocol, naloxone provision, and post-overdose outreach and follow-up protocol utilizing peer supports.

Currently, efforts are underway to implement regional activities for non-fatal overdoses to include: naloxone and training to persons who experienced overdose 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 to first responders, EDs, peers, and other stakeholders on the strategy; and compassionate, trauma-informed care that aims to create supportive relationships with people who use drugs. Columbia Pacific CCO is participating in RCORP Tillamook's efforts and will work with their committee to develop these integrated overdose response activities as they are operationalized in Columbia Pacific CCO's North Pacific region.

SHC's Chief Medical Officer and Jackson County Public Health Officer, Dr. Jim Shames, is also well positioned to provide consultation to RCORP Tillamook in this space. Dr. Shames convened an Opioid Crisis Response team after a cluster of 10 fatal opioid overdoses in Jackson County within an 8-week period, more fatalities than those of the prior year combined. The Opioid Crisis Response team is comprised of the county Medical Examiner, EMS responders, EDs, State toxicology lab, law enforcement, Oregon Health Authority, and syringe exchange. SHC also recently completed a Drug Overdose Outbreak Plan guidebook for the OHA providing drug overdose crisis response recommendations and strategies successfully implemented in Oregon counties and nationally.

### OBJECTIVE 3: Reduce Harm and Access to disused prescription pills

**Intermediate Outcome:**

- People who use substances and people in treatment and/or recovery including youth, have access to evidence-based harm reduction interventions that are supported and encouraged by providers, law enforcement, and first responders.
- Community partners, particularly local law enforcement, first responders and community-based harm reduction workers, are equipped to respond effectively to overdose situations and prevent further harm to people with SUD/ODU

**Intermediate Outcome Indicators**

- Number of non-fatal opioid overdoses in the project's service area
- Number of naloxone kits used by local law enforcement and first responders
- Number of naloxone kits distributed by health department
- Number of naloxone training and distribution efforts
- Number of harm reduction/stigma education events or message launches
- Number of safe disposal receptacles for prescriptions

#### Strategy 1: Leverage Opioid Overdose Reversal and Increased Naloxone Distribution.

Activities	Timeline		Responsible Party	Progress indicators	Short-term outcomes
	Start date	End date			
Develop and disseminate educational and training materials to first responders and the public on how to respond to an opioid overdose with naloxone.	Year 1	Ongoing	Columbia Pacific CCO	Implement regional activities for non-fatal overdoses include naloxone and training to first responders and persons who experienced overdose and/or family members.	Increase of knowledge of naloxone use throughout Tillamook county.

**Strategy 1: Leverage Opioid Overdose Reversal and Increased Naloxone Distribution.**

Activities	Timeline		Responsible Party	Progress indicators	Short-term outcomes
	Start date	End date			
<p>Hold training for partners, first responders, and community organizations on proper use of naloxone.</p> <p>Community naloxone distribution.</p>	Year 1	Ongoing	Columbia Pacific CCO	<p>Securing funding for Tillamook naloxone supply.</p> <p>Tillmook parteners attend Columbia Pacific CCO naloxone training.</p> <p>Providers co-prescribe naloxone to patients with opioid prescriptions to treat acute and chronic pain .</p>	<p>Increase of naloxone supply throughout Tillamook county.</p> <p>Increase in naloxone prescriptions and fills.</p> <p>Tracking of naloxone administration by first responders and ED.</p> <p>Tillamook partners arrange naloxone trainings for new hires.</p>
<p>Collaborate with local health departments on distribution to those screened for OUD.</p>	Year 1	Ongoing	Health Department  TCCHC	<p>Securing funding for Tillamook naloxone supply.</p> <p>Tillmook partners attend Columbia Pacific CCO naloxone training.</p> <p>Providers co-prescribe naloxone to patients with opioid prescriptions to treat acute and chronic pain.</p>	<p>Increase of naloxone supply throughout Tillamook county.</p> <p>Increase in naloxone prescriptions and fills.</p> <p>Tracking of naloxone administration by first responders and ED.</p> <p>Tillamook partners arrange naloxone trainings for new hires.</p>
<p>Promote opioid overdose prevention planning for those working with criminal justice populations pre- and post-release from local jails and distribution of naloxone upon release.</p>	Year 1	Ongoing	Sheriff's Office  AHTM  Columbia Pacific CCO	<p>Securing funding for Tillamook naloxone supply.</p> <p>Tillmook parteners attend Columbia Pacific CCO naloxone training.</p> <p>Physicians co-prescribe naloxone to patients with opioid prescriptions to treat acute and chronic pain .</p>	<p>Increase of naloxone supply throughout Tillamook county.</p> <p>Increase in naloxone prescriptions and fills.</p> <p>Tracking of naloxone administration by first responders and ED.</p> <p>Tillamook partners arrange naloxone trainings for new hires.</p>

**Strategy 1: Leverage Opioid Overdose Reversal and Increased Naloxone Distribution.**

Activities	Timeline		Responsible Party	Progress indicators	Short-term outcomes
	Start date	End date			
Naloxone deployment through the sheriff's office with AHTM and Columbia Pacific CCO as partners.	Year 1	Ongoing	Sheriff's Office  AHTM  Columbia Pacific CCO	Securing funding for Tillamook naloxone supply.  Tillmook partners attend Columbia Pacific CCO naloxone training.  Physicians co-prescribe naloxone to patients with opioid prescriptions to treat acute and chronic pain .	Increase of naloxone supply throughout Tillamook county.  Increase in naloxone prescriptions and fills.  Tracking of naloxone administration by first responders and ED.  Tillamook partners arrange naloxone trainings for new hires.
Promote opioid overdose prevention planning for those working with emergency room admissions due to overdose and distribution of buprenorphine and naloxone upon discharge.	Year 1	Ongoing	Dr. Cox (AHTM)  Synergy	Securing funding and supply of naloxone for the ED.  ED providers attend naloxone training by Columbia Pacific CCO.  X-waiver training for ED medical providers.	Increase of naloxone supply throughout Tillamook county.  Increase in naloxone prescriptions and refills.  Tracking of naloxone administration by first responders and ED.  Tillamook partners arrange naloxone trainings for new hires.
Work with Columbia Pacific CCO to educate providers on co-prescribing of naloxone at the time of a high dose opioid prescription.	Year 1	Year 1	AHTM  Columbia Pacific CCO  RC  TCCHC	Columbia Pacific CCO, LFL, and SHC will provide training, consultation, and support with convening key partners.	Increase of naloxone supply throughout Tillamook county.  Increase in naloxone prescriptions and fills.  Tracking of naloxone administration by first responders and ED.  Tillamook partners arrange naloxone trainings for new hires.
Purchase naloxone to be distributed by support providers. Research other funding sources including Columbia Pacific CCO.	Year 1	Year 2	AHTM  RC  TCCHC	Work with Columbia Pacific CCO to secure funding and supply of naloxone.	Increase of naloxone supply throughout Tillamook county.  Increase in naloxone prescriptions and fills.

**Strategy 1: Leverage Opioid Overdose Reversal and Increased Naloxone Distribution.**

Activities	Timeline		Responsible Party	Progress indicators	Short-term outcomes
	Start date	End date			
Increase number of available needle exchange programs.	Year 1	Year 2	Public Health  CARE	Convene RCORP Tillamook member meeting dedicated to harm reduction and community stigma and action.	Increase awareness of steps individuals and communities can take to combat the opioid epidemic.
Create an Opioid Crisis Response Plan.			Synergy  Lines for Lines  Emergency Preparedness Committee	Identify Tillamook leadership from municipal, medical, and community agencies as Task Force Members.  Review overdose and prescribing trends identified through data analysis.  Identify gaps in response and services.  Establish crisis response work-flows.  Disseminate overdose prevention and harm reduction strategies to the public.	Tillamook leadership mobilized to intercept and reduce harm in overdose events.  Preparedness established for responding to mass overdose events.  Increase in community preparedness in responding to and preventing overdoses.

**Strategy 2: Provide education on importance of proper storage and disposal of unused medications.**

Activities	Timeline		Responsible Party	Progress indicators	Short-term outcomes
	Start Date	End Date			
Identify evidence-based practices and principles that include harm reduction, storage and disposal messaging targeting at-risk populations.	Year 1	Year 1	RCORP Tillamook	RCORP Tillamook member meeting dedicated to harm reduction and community stigma and action.	Increase awareness of steps individuals and communities can take to combat the opioid epidemic.

Strategy 2: Provide education on importance of proper storage and disposal of unused medications.					
Activities	Timeline		Responsible Party	Progress indicators	Short-term outcomes
	Start Date	End Date			
Identify key communication venues for target populations, including web-based social networking sites and print and broadcast media (PSAs).	Year 2	Year 2	OSU	Launch an awareness campaign through social media and other venues on harm reduction, storage and disposal.	Increase awareness of steps individuals and communities can take to combat the opioid epidemic.
Develop and disseminate educational materials and evidence-based messaging to educate the public about not sharing medications, safe storage of medications, and safe disposal of medications.	Year 1	Ongoing	Columbia Pacific CCO	Provide campaign toolkit based on real stories for community-based campaign implementation.  Develop data collection and tracking plan for social media accounts and email campaigns.	Increase awareness of steps individuals and communities can take to combat the opioid epidemic.
Work with FQHC, AHTM and local pharmacies to increase the availability of safe medication disposal in Tillamook pharmacies, to ensure that access to and use of safe medication disposal is simple, easy, and available to all consumers, especially those impacted by health disparities.	Year 1	Ongoing	AHTM  RC  TCCHC	Drug disposal sites in Tillamook take expired, unwanted, or unused medications in order to responsibly dispose of them. Sites use in-person drop-offs, mail-in services, or permanent secure collection sites.	Prevention of poisoning.  Decreased inappropriate access to and misuse of opioids.

Strategy 2: Provide education on importance of proper storage and disposal of unused medications.					
Activities	Timeline		Responsible Party	Progress indicators	Short-term outcomes
	Start Date	End Date			
Provide initial kick-start funding for pharmacy based disposal to FQHC pharmacies and other independent pharmacies. Disposing of medications safely requires specialized methods of collection and medication destruction that have kept medication disposal from being widely accessible to the public.	Year 1	11/2020	Lines for Life  Eric Swanson (AHTM)  Tillamook County Commissioner (Bill Baertlin)	Submit application to Lines for Life for Pharmacy Safe Medication Disposal Kickstarter funding. Once awarded, sign MOU with LFL detailing reimbursement process. Directly contract with pharmaceutical controlled substance disposal service. Invoice LFL for reimbursement up to \$1,860.	Funding secured. Receptacle and service purchased. Report submitted by 11.30.20

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