

**California Department of Public Health**  
**Prescription Drug Overdose Prevention Program**

**REQUEST FOR APPLICATIONS:**  
**Local Coalitions to Address Opioid Misuse and Abuse**

**COVER PAGE**

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<b><u>Coalition Name:</u></b>	Safe Rx Mendocino: Opioid Safety Coalition
<b><u>Applicant Jurisdiction - County or Counties Covered Under Coalition:</u></b>	Mendocino
<b><u>Website (if applicable):</u></b>	www.saferxmendocino.com
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<b><u>Total Amount Requested:</u></b>	\$52,500

## **Safe Rx Mendocino County Opioid Coalition Proposal Narrative**

### **1. DESCRIPTION OF THE PROBLEM**

In 2014, Mendocino County ranked 7<sup>th</sup> highest in prescription opioid overdose deaths, higher than all but 51 of California's 58 counties. At 17/100,000, the rate of opioid-related deaths was more than three times the state average of 5/100,000. At 25/100,000, opioid-related hospitalizations were more than twice the state average of 11/100,000 in 2014, and the rate of opioid-related emergency room visits (18/100,000) was 80% higher than the state rate of 10/100,000.

After reviewing these rates, it is not surprising to find that the rate of prescribing opioids is also more than twice the state rate—1,239/1,000 residents in 2015, compared with 619/1,000 residents statewide, and the morphine milligram equivalent rate per resident is 1,477 (compared with 581 statewide). Furthermore, the rate at which opioids are prescribed for 30 days or more is also double the statewide rate: 18/1,000 residents, compared with 9/1,000 residents statewide. The percentage of residents with six or more prescribers or pharmacies is 4/1,000, compared with 3/1,000 statewide.

However, the rate of buprenorphine prescriptions is also high (29/1,000 residents compared with 10/1,000 statewide) and has increased by 45% since 2010. As of January 2017, there are nine certified prescribers in the county with an aggregate capacity of treating 1,500 patients. Data for 2014 to 2016 from Partnership HealthPlan (PHP), the county's MediCal managed care system, show several positive changes (listed below) that have had the overall impact of reducing the rate of opioid use for PHP members to less than the average rate of use for all 14 PHP counties.

- Opioid prescriptions: 44% decrease
- Opioid users: 21% decrease (from 1,847 to 1,465)
- Initial opioid prescriptions: 36% decrease
- PHP members on unsafe doses: 53% decrease (from 230 to 107)

In Mendocino County, the problems of opioid misuse, abuse, and overdose are exacerbated by the county's rugged terrain and geographic size—Mendocino County is equal in size to the states of Delaware and Rhode Island combined. Given that only 3% of the county is flat, serving small isolated communities is challenging. The two primary population centers (inland Ukiah and coastal Fort Bragg) are nearly 1.5 hours apart by car, and travel to remote communities such as Gualala and Covelo can take up to four hours roundtrip. Winter weather often closes connecting roads for several days at a time. These conditions limit access to buprenorphine programs and non-opioid alternatives. For example, there are only two suboxone providers serving the entire Mendocino County coast. Furthermore, some parts of the county (particularly the northeast and pockets on the south coast) lack reliable internet access, which compromises providers' ability to access and report information.

### **2. LOCAL RESPONSE TO THE OPIOID CRISIS**

In the fall of 2015, a coalition of concerned community members, medical professionals, educators, law enforcement, and community-based organizations came together to form the Safe Rx Mendocino: Opioid Safety Coalition (the Coalition) with the mission of

preventing opioid abuse and reducing opioid related stigma, and the vision of a healthy community that is free of opioid abuse. The Coalition is working to ensure that:

- PATIENTS receive superior pain medication management, medication-assisted treatment for opioid addiction/dependency, and holistic support.
- PHYSICIANS implement safe prescribing practices.
- FIRST RESPONDERS carry the opioid antidote naloxone.
- YOUTH are an integral force in opioid education and prevention.
- COMMUNITY members experience safety and well-being as a result of equitable access to integrated treatment and resources.

In response to geographic challenges, the Coalition is designed as two co-equal sub-coalitions, one on the coast and one inland. Together, the groups have made significant progress in developing a response to the opioid crisis, as described below.

**Prescribing guidelines.** The Coalition completed the development of prescribing guidelines for emergency rooms (ER) in March 2016, with the support of the county's three emergency rooms. Flyers detailing the ER guidelines have been posted in all emergency rooms and are also posted on the Coalition website. The Coalition has completed the development of prescribing guidelines for primary care providers and distributed them to 43 providers and pharmacies in January 2017. These guidelines have also been posted on the Coalition website. The guidelines include information on PHP policies, which restrict opioid prescriptions.

**Medication-assisted treatment (MAT).** MAT is available in five county communities (Fort Bragg, Gualala, Laytonville, Ukiah, and Willits). However, most MAT is provided by Mendocino Community Health Clinics (MCHC), which employs most of the certified providers. Therefore, the Coalition's efforts to increase MAT access are focused primarily on getting non-MCHC physicians certified. This process requires intensive provider education, especially to reduce stigma and reinforce integration of case management into patient care. In addition, the Coalition is developing an ER suboxone induction protocol, so that ER patients can initiate suboxone treatment immediately.

**Naloxone use.** Currently, the only first responders carrying naloxone are ambulances. The Coalition is working with the Fort Bragg Police Department (FBPD) to develop and monitor a naloxone policy for all first responders. In November 2016, the Coalition completed an informal survey of nine pharmacies in Ukiah and Willits. The survey asked pharmacists whether they were aware of the availability of nasal naloxone without a treatment authorization request (no pharmacists were aware of this formulation, but all were willing to carry it) and whether they would be willing to take a continuing education course that would certify them to dispense naloxone without a prescription. Most of the pharmacists were dependent on their corporate employers adopting such a policy.

**Healthcare policy adoption.** The Coalition's primary policy effort has focused on partnering with law enforcement agencies to ensure that physicians and pharmacies are informed when they apprehend someone trying to sell a prescribed opioid drug. On the coast, FBPD has entered into an informal agreement with local clinics, through which police report to the provider any lost and stolen opioids that they encounter.

**Academic detailing efforts.** The Coalition has not focused on academic detailing, primarily because provider education is being addressed during Coalition meetings, through distribution of information to provider offices, and in informational emails

distributed to a listserv of 130 people. As an example, the Regional Medical Director of PHP presented “Managing Pain Safely” at a recent Coalition meeting. In addition, two physicians, including a Coalition member who is the Medical Director of Redwood Coast Medical Services, are available to consult and coach other physicians who are interested in becoming buprenorphine certified.

**Community outreach.** Outreach efforts have been both general (news articles, health fairs, website) and targeted (presentations, lock bag distribution), as detailed below:

- Patient education flyers have been posted in 55 physician offices.
- In August 2016, coastal Coalition partners hosted “Opioid Use and Abuse: Understanding the Crisis and Solutions in our Community,” a community forum featuring representatives of Safe Rx Mendocino, the office of State Assembly Representative Jim Wood, a pain management physician, the PHP Medical Director, Mendocino County Youth Project, FBPD, and Mendocino County Health and Human Services Agency (HHSA). Fifty community members attended the forum, a video of which is posted on Mendocino TV (<http://tinyurl.com/jp8aaye>).
- In September 2016, the coastal Coalition and its partners hosted an educational event for parents to increase their understanding of prescription drug abuse.
- During the past year, Coalition staff and members made presentations to 10 community groups, including: Rotary and Soroptimist Clubs, Round Valley Indian Health Center, Willits High School Peer Counselors, Laytonville Healthy Start, Leadership Mendocino, Covelo Community Collaborative, and Ukiah Indian Senior Center. Together, these presentations reached more than 140 people.
- An article about opioid safety was published in the Ukiah Daily Journal and staff are developing a series of articles that will be published in coming months.
- The Coalition website and Facebook page provide information about the Coalition and its activities, opioid-related data, and a listing of resources.
- The Coalition is supporting the distribution of prescription lock bags accompanied by prevention information and drug take-back days.
- The Coalition distributed opioid safety information at health fairs in four communities during the past year.

**Other interventions.** The Coalition is working with providers to increase usage of the CURES system. Utilization of CURES is limited by internet connectivity in rural communities, and the Coalition is currently surveying medical providers and pharmacies to identify and address additional barriers that are preventing their participation. Finally, the Coalition is working to assess access to non-opioid alternatives, ranging from passive therapies (e.g., massage, acupuncture) to yoga, trigger point injections, meditation, and hypnosis; a resource guide is under development.

### 3. APPLICANT CAPABILITY AND EXPERIENCE

**Partnership development.** The HHSA Prevention and Planning Unit (PAPU) is the Coalition lead agency. PAPU's mission is to promote community wellness by preventing problems before they occur. Toward this mission, PAPU collaborates with funders and community partners to create healthy places to live, learn, work and play. In 2014, PAPU began gathering community support to address opioid overuse and abuse and partnered with PHP to host an informational event for health care providers working in Mendocino and Lake Counties. The event, which was attended by more than 100

people, helped to initiate and inform public dialog about prescription drug misuse and overdose and served as the kick-off event leading up to formation of the Coalition.

The county's four Drug Free Community (DFC) Coalitions, which are funded through SAMHSA and located in Fort Bragg, Gualala, Laytonville, and Ukiah, are vital partners in opioid prevention efforts. Each Coalition operates independently in its own community and all have identified opioid abuse and misuse as a priority issue. Other key Coalition partners: the county's three hospitals; a majority of the county's health care providers; ARCH, the county's clinic consortium; law enforcement agencies; city governments; local pharmacies; local school districts, and the Mendocino County Office of Education. Community clinics and nonprofit organizations are supporting the Coalition by sharing data and committing their time. Coalition members continue to reach out to groups such as Nuestra Alianza (a Latino service organization) and the Consolidated Tribal Health Project to ensure equitable access to information and data sharing.

**Coalition development.** The Safe Rx Mendocino Coalition began meeting in October 2015, modeling its structure on Safe Rx Marin with adaptations to address unique needs of local communities. Start-up activities included establishing the coastal and inland groups and forming a Steering Committee. The Coalition has completed a needs assessment and developed an action plan with a logic model. Currently, the Coalition has 130 members. The Steering Committee meets bi-monthly, and the Prescribers Committee meets monthly. To address emerging issues, the Coalition forms *ad hoc* working groups on such topics as lock bag distribution, complementary therapies, naloxone access, law enforcement, data, and community and youth outreach.

PAPU has successfully developed and led multiple coalitions (e.g., substance abuse prevention, tobacco prevention) and supports the Coalition by providing leadership and administrative support, facilitating Coalition meetings, distributing meeting minutes and other relevant information, and serving as fiscal agent. PAPU has been supported in this work by a \$60,000 grant from PHP that funds staffing and other Coalition costs.

**Reaching at-risk populations.** Research suggest four factors that increase the risk of opioid dependence eight-fold among patients taking prescription painkillers: age, depression, psychotropic medication, and pain impairment ([www.medpagetoday.com/psychiatry/addictions/22039](http://www.medpagetoday.com/psychiatry/addictions/22039)). The Coalition's strategies to target these at-risk populations include the following:

- Educational presentations to groups such as senior centers, advisory boards, and high school classrooms, and utilization of Teen Peer Court for youth.
- Articles in local newspapers and newsletters.
- Flyers posted in health care and mental health care provider offices.
- Distribution of lock bags to patients receiving opioid prescriptions.
- Tabling at health fairs and other community events.
- Partnering with law enforcement to report confiscated opioids to prescribers.
- Recruiting people who have experienced opioid issues to be Coalition members.
- Distributing parent support kits to educate parents about prescription abuse.
- Hosting educational events for parents and community members.

**Data utilization.** Through the HHSA Data Analyst, PAPU has access to a range of relevant data. The Coalition's website features a community dashboard that tracks opioid-related deaths, emergency room visits, controlled substance prescriptions,

pharmacists and practitioners using CURES, safe medication disposal, naloxone doses, and adult treatment and detox admissions. Data are drawn from numerous sources, including: California HealthCare Foundation, CDPH EpiCenter, California Healthy Kids Survey, California Prescription Drug Monitoring Program, CURES, CDC, and PHP, as well as local emergency rooms, Mendocino County Sheriff's Office, and other law enforcement agencies. The Coalition is using the data to develop brochures, flyers, presentations, newspaper articles, and PSAs targeting both general and specific audiences, and will also use data to support future funding applications.

#### 4. APPLICANT CAPACITY

**Minimal planning and start-up time.** The Coalition has been fully functioning for over a year, and will be able to begin implementation of the activities described in the Scope of Work immediately upon receipt of funding.

**Government contract.** Because PAPU is a unit of HHSA, contracting will be carried out at the Agency level. HHSA holds numerous state and federal government contracts.

**Invoicing.** HHSA has a record of submitting prompt and accurate invoices for payment.

**Accomplishment of deliverables.** HHSA has a strong record of carrying out projects as planned and completing deliverables as proposed. The fact that the Coalition is an established group with a well-developed structure and a completed needs assessment will facilitate completion of project deliverables.

**Progress tracking and reporting.** HHSA's experience with state and federal grants has proven its ability to track and report data as required by diverse funders.

**Progress report submission.** HHSA's extensive experience with CDPH funding ensures its capacity to track and report documentation for progress reports as required.

**Sustaining activities.** PAPU will continue to provide in-kind support (meeting space, project management, and administrative support). The Coalition will use its collective knowledge and influence to monitor opioid use, and use that data to support funding from County General Funds and grant funders. PAPU has an impressive history of sustaining programs following the completion of a range of grant-funded projects.

#### 5. OTHER FUNDING SOURCES

Coalition funding sources are detailed below.

FUNDING SOURCE	FUNDING TERM	ACTIVITIES	AMOUNT
PHP	1/1/2016 – 6/30/2017	Staff salaries and Coalition support	\$60,000
County General Fund	Ongoing		\$11,500
California Department of Health Care Services, Partnership for Success	Pending (4-½ years)	Evidence-based prevention focused on youth and underserved groups	\$450,000
Fort Bragg DFC Coalition	7/1/2016 – until spent	Purchase of lock bags	\$1,500
FBPD	7/1/2016 – until spent	Purchase of lock bags	\$1,500
Ukiah Valley Medical Ctr.	7/1/2016 – until spent	Match for lock bag purchase	\$1,500
MCHC	7/1/2016 – until spent	Purchase of lock bags (towards match)	\$500
Community donations	Ongoing		\$361