



Prepare. Respond. Recover.

**Meeting Notes  
King County Opioid Treatment Programs (OTP) Summit  
November 16, 2007**

**Present:** Ron Jackson (Facilitator), Evergreen Treatment Services (ETS); Jane Kennedy, ETS; Cpt. Andrew Stevermer, Department of Health & Human Services; Andy Stergachis, University of Washington; Joe Merrill, Harborview Medical Center; Michelle McDaniel, Public Health-Seattle & King County (PHSKC); Patricia Edmond-Quinn, Therapeutic Health Services; Michael Hanrahan, PHSKC; Onora Lien, PHSKC; Tim Fuller, Wa. State Board of Pharmacy; Deb Cummins, Department of Alcohol & Substance Abuse (DASA); Ann Cotton, Veterans Administration (VA); Carolyn Cichanski, VA; Inspector Sanchez, Drug Enforcement Administration; Michelle Burke, CRC Health; Shelly Buchmayer, Hope Link; Glenn Baldwin, DASA; Adrienne Anderson, PHSKC.

**1. Introductions**

**2. Purpose of today's meeting**

- The purpose of the summit was to bring together the key stakeholders involved in methadone treatment for opioid dependence in King County in order to begin identifying ways we can work together to better ensure:
  1. continuity of care during emergencies or disasters for those enrolled in an OTP, and
  2. development of a method for responding to community members who experience opiate withdrawal related to a community-wide emergency or disaster, yet are not enrolled in a treatment program.

**3. Best practices and lessons learned with OTP disaster preparedness and response**

- Cpt. Stevermer, Regional Emergency Coordinator, presented on his experience helping manage the federal health and medical response to Hurricane Katrina, as well as a responder in other major disasters. Key components of his presentation:
  - Often the issues related to drug addicted/dependent disaster victims are not addressed by response leaders until late into the recovery phase.
  - These populations are disenfranchised and have little political clout, so it is important for stakeholders like us to champion the issue.
  - In considering which medical system has a good disaster response plan, Cpt. Stevermer suggested reviewing the end stage renal failure/dialysis provider's plans. That system seemed to have had an effective response.

- As an example of another emergency where responders had to deal with addiction issues, Cpt. Stevermer relayed an incident in Michigan. Due to a flood a few years ago in Grand Forks, the military need to evacuate the population. A number of citizens who stayed at a shelter began going into alcohol withdrawal, some experienced seizures.
- Several weeks into the Katrina response, federal health officials helped mobilize \$5 million to address addiction disorders. The money was to pay for 100 clinicians (physicians, RNs, addiction counselors) to be deployed to assist those with addictions who were displaced and cut off from treatment. Anecdotal comments from providers who were in the area suggest that not all the clinicians were able to be integrated into the emergency response.
- The group discussed other emergency response issues related to OTP and current preparedness efforts -
  - a. Discussed 9/11 report that stated 1,000 OTP patients in NYC were displaced by the attack and sought treatment from other providers. A vast majority of patients either accurately reported their dosage or under reported.
  - b. Digital Access to Medication (D-ATM): About to enter its pilot phase, D-ATM is a database designed to ensure continuity of care in disaster situations for patients in treatment for opioid dependence. Database will securely hold information that is included in the OTP clinic's electronic dosage management systems and information will be accessible via finger imaging technology or a PIN number (no patient names will be in system).
  - c. A PowerPoint presentation by Dr. Donna Bloodworth, called "Access to opioid treatment, psychotropic medications and other pharmaceuticals: Local response – the Astrodome" was briefly discussed. Dr. Bloodworth is an advocate for teaching OTP patients how to self withdraw in the event that services are severely disrupted.

#### 4. **Preparedness level of regional OTP system and current gaps**

- Ron led group in a discussion about how providers would respond in emergencies spanning lower level (i.e. snow storm, short term power outage) to major events (i.e. major earthquake, terrorist attack). Some questions that were addressed include:
  - Would a provider give a courtesy dose to a patient of another program if confirmation of client and dosage information were not possible because phones and faxes were down?
  - In the event of an emergency where one provider agrees to serve another provider's clients, could the State run Target database information be shared with the emergency provider?
  - If office phones were down (such as the case when CRC lost power last December), how could providers contact each other?
  - What are ways clients could be notified of closures and/or rerouting of services? (example: Spokane providers use the local media to get messages out to patients).
  - What kind of mitigation and planning efforts should be done now to prevent a provider from running out of methadone and/or overextending its

other resources (i.e. staff, financial reserves) in the event of a surge in patients due to closure of 1 or more clinics in the region?

- What are some ways clients can be informed in advance about what to do if a community-wide emergency prevents them from getting treatment from their clinic? (i.e. CRC gives clients emergency information cards upon intake).
- In the event that an organization's methadone has become unsecured (i.e. major earthquake), would the DEA or local police prioritize providing security at the clinic?
- How would the King County Healthcare Coalition and the KC Healthtrac software assist providers in obtaining resources, coordinate response efforts and communicate between providers in a disaster?

## **5. Next steps**

- The group agreed that it should meet again in January. Topics for future meetings include:
  - Pandemic flu planning
  - Emergency transportation of methadone (security & permissions)
  - Financial implications of a surge in patients
  - Planning to serve those who go into opioid withdrawal, but are not in a treatment program
  - Overview of Healthcare Coalition and operational assistance it provides in the planning, response and recovery phases of disaster.
- Tasks for group:
  1. Create a phone book of provider's emergency contact numbers & develop an emergency communication plan between providers.
  2. Explore the development of MOUs between providers for 1 time or short-term dosing when verification is not possible.
  3. Develop protocols & MOUs for ongoing dosing of another provider's client in the event of a long-term loss of services.
  4. Explore the possibility of releasing information in the Target database to other providers in an emergency.

**Michelle McDaniel to schedule next meeting in January at Evergreen Treatment Services – specific date TBD.**

## **Questions? Contact:**

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