



Prepare. Respond. Recover.

**Meeting Notes
King County Methadone Preparedness Workgroup
February 1st, 2008**

Present: Ron Jackson (Chair), Evergreen Treatment Services (ETS); Jane Kennedy, ETS; Michelle McDaniel, Public Health-Seattle & King County (PHSKC); Heidi Toomb, Therapeutic Health Services; Michael Hanrahan, PHSKC; Onora Lien, PHSKC; Tim Fuller, Wa. State Board of Pharmacy; Deb Cummins, Department of Alcohol & Substance Abuse (DASA); Carolyn Cichanski, VA; Michelle Burke, CRC Health; Adrienne Anderson, PHSKC.; Allison Schletzbaum, King County Healthcare Coalition; Geoff Miller, King County Mental Health & Substance Abuse Division; Mark Alstead, PHSKC Jail Health; Donald Williams, University of Washington;

1. Introductions

2. Review and update of items from last meeting

- Workgroup agreed to have a phone tree containing the emergency contact numbers of OTP provider leadership. Tree would be activated in the event of a community-wide emergency as a way of obtaining operational status information from providers to Public Health, the County Mental Health/Substance Abuse Division and DASA. Michelle M. developed the template and will populate it with the contact information for each of the 4 OTP providers in King County. Tree will then be distributed only to those providers due to the list containing personal phone numbers.
 - Phone tree will be used until KC Healthtrac incident management software is in place this fall or as a back up in the event the software is not available.
 - Michelle M. and Onora L. will follow up to identify protocol for when and how DASA should be notified with situational status reports.
- Workgroup discussed options for sharing client information in an emergency:
 - Target database – Deb C. reported on DASA's research on whether information in Target can be shared between providers who give emergency dosages to clients from another OTP program. Reported that CSAT would like to put emphasis on the technology D-ATM (which is currently in pilot phase in various U.S. cities), rather than Target. Additionally, the Legal Action Center does not believe that Target information can be shared between providers because interruption of methadone services does not meet the definition of a medical emergency as indicated in CFR 42.

- KC Healthtrac software was identified as a possible solution for housing client information in an emergency.
 - Ron J. will follow-up with the Legal Action Center for more information and to advocate for releasing information in an emergency/disaster.
 - CRC does not identify their clients in Target by their name, but rather by a number. Michelle B. will follow-up to see if names of CRC clients can be made available via Target.
- Workgroup discussed the option of educating clients on self-withdrawal protocols as a way to mitigate sudden withdrawal. Factors discussed include the fact that clients would still need to be supplied methadone on a regular basis until titration was complete, which would assume that OTP clinics were still in operation or hospitals would be willing to dispense. Group agreed that including the local hospitals in methadone disaster planning once workgroup has made further progress will be necessary for coordinating and collaborating dispensing in the event the OTP are unable to care for some, or all, of their clients.
- Development of MOUs between providers was discussed for:
 - 1 time or short-term dosing when verification is not possible, and
 - on-going dosing of another provider's client in the event of a long-term loss of services

Reasons for developing MOUs between providers include resolving issues regarding reimbursement, organizational liability, healthcare worker liability and procedures for routing clients back to their original provider once the emergency is over. Group agreed to move forward with developing MOUs.

 - PHSKC & the King County Healthcare Coalition (HCC) have created an MOU guidance document that will assist providers in designing agreements. Document will be distributed to members. OTP providers will answer key questions from the document and report back at next meeting.
 - PHSKC will follow up on questions regarding recently passed healthcare worker protection laws and report back at next meeting.
- Emergency transportation of methadone (DEA permissions) – No update. Tim F. will contact the DEA to get further information on the rules for transporting methadone between providers and over county lines in an emergency. Tim will report back to the group at next meeting.
- Workgroup discussed issue of serving those who go into opioid withdrawal during an emergency, but are not in a treatment program. Questions included:
 - What are the expectations of treatment providers to assist this population in an emergency? Group agreed that OTP providers are responsible for their clients first and foremost and will request that expectations/requirements of them from the County & State level are explicitly indicated in a disaster plan.
 - Workgroup agreed that this matter is a larger public health/law enforcement issue, thus is not appropriate for this group to work on.
 - Michelle M. will follow-up with the County Mental Health/Substance abuse and Public Health preparedness division on this topic.

3. **Overview of King County Healthcare Coalition & RMRC**

- Allison S., Michelle M. and Onora L. presented to the group on the HCC, Regional Medical Resource Center (RMRC) and KC Healthtrac. Highlights of presentation:
 - The Coalition is a network of healthcare organizations in King County that are committed to strengthening the healthcare system for emergencies.
 - The purpose of the Coalition is to develop a coordinated and effective medical and public health system response to all hazards through:
 - Effective communications systems and protocols
 - Strategic acquisition and management of resources
 - Collaborative response planning
 - Example RMRC response activities include:
 - Coordinate with medical vendors such as blood, oxygen, medical supplies and pharmaceuticals
 - Manage access to and distribution of federal medical assets
 - Collect and manage intelligence
 - Facilitate Situation Awareness for Healthcare Organizations and policy level decision makers
 - Track and Forecast Medical Resource Requests
 - Coordinate with local EOC's on Critical Infrastructure restoration
 - Coordinate with Hospital Control on Patient Bed Availability
 - Manage regional health and medical volunteers human resource management
 - KCHealthTrac is an Incident Management software system designed to support the Health & Medical Response and Healthcare Coalition members and partners. Starting this month, the software will begin being configured for mental health & substance abuse sector.

4. **Schedule ongoing meetings** – workgroup will meet the 1st Friday of the month, 11:00 – 1:00 (brown bag meeting) at Evergreen Treatment Services.

5. **Next steps:**

- Michelle M. will contact OTP providers who have not yet submitted contact information for the phone tree. Once all information has been submitted, Michelle will send out the final version with instructions to providers.
- Michelle M. and Onora L. will follow up to identify protocol for when and how DASA should be notified with situational status reports obtained via the phone tree.
- Ron J. and Michelle M. will work with the KC Healthtrac workgroup to develop ways the software might be used to house client information in an emergency.
- Ron J. will follow-up with the Legal Action Center for more information and to advocate for releasing information in an emergency/disaster.
- Michelle B. will follow-up to see if names of CRC clients can be made available via Target database.

- Michelle M. will email the HCC document on developing an MOU to workgroup. OTP providers will answer key questions from the document and report back at next meeting.
- Michelle M. and Onora will follow up on questions regarding recently passed healthcare worker protection laws and report back at next meeting.
- Tim F. will contact the DEA to get further information on the rules for transporting methadone between providers and over county lines in an emergency, as to whether we are able to have a methadone “stockpile” in the county and report back to the group at next meeting.
- Tim F. will also look into advocating for methadone to be included in the strategic national stockpile (SNS).
- Mark A. and Michelle M. will look into jail health planning regarding how inmates will receive methadone in the event of a disaster caused lockdown; specifically talk with legal department regarding PHSKC’s ability to make emergency exceptions to certain regulations.
- Michelle M. & Onora will talk with PHSKC legal department to understand authority the Health Officer has to waive regulations.
- Michelle M. will review internal PHSKC communications strategy to insure coordination and information sharing w/Needle Exchange program on key preparedness issues.

**Next meeting:
Friday, March 7
11:00 – 1:00
Evergreen Treatment Services
1700 Airport Way**

Questions? Contact:

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