Multnomah County Public Health Advisory Board Minutes February 2023

Date: Thursday, February 23, 2023
Time: 3:30-5:30pm
Purpose: To advise the Public Health Division on several areas of work with a strong focus on ethics in public health practice and developing long-term public health approaches to address the leading causes of death and disability in Multnomah County.
Desired Outcomes:

1. Strengthen our bonds of community and trust
2. Learn about the illicit substance misuse/overdose prevention work in the Health Department, and discuss and provide recommendations to staff
3. Hear an update on the Legislative Session and ways that the board can be involved
4. Review MCPHAB Bylaws and decide on whether to make changes to conflict of interest section

Members Present: Cheryl Carter, Keara Rodela, Jennifer Phillips, Ronica Reimers, Haley Mountain
Multnomah County Staff: Nathan Wickstrom, Adelle Adams, Jessica Guernsey, Valdez Bravo, Tyler Swift, Anthony Jordan, Jaxon Mitchell, Zumana Rahman, Aaron Monnig, Ann Loeffler, Chantell Reed, Kelsi Junge, Kevin Minor, Stacy Cowan, Teresa Everson, Marc Harris, Sharmila Bose, Kim Toevs, Jenny Tsai, Nikki Propert

Item/Action	Process	Lead
Welcome, Introductions, Agenda & Minutes Review	• Attendees introduced themselves • January minutes were approved by consensus	Mz Cheryl

Illicit Substance Misuse / Overdose Prevention Planning	• Valdez:
	  o We started having conversations around a one department strategy for overdose prevention
	  o Let's see what work we're doing and map out what other divisions are doing to get a well-rounded picture. This also shows any gaps in our work
	• Jessica:
	  o We are now gathering personal experiences and community wisdom from our partners
	  o One of the first steps we wanted to take was to come to MCPHAB
	  o These slides are a first attempt at putting together a visual for the community
	• Marc facilitated through the slide deck (see attachment)
	  o Eventually we will put together an action plan to identify gaps
	  o Overdose deaths in Multnomah County continue to rise, with BIPOC members most impacted
	• Kevin Minor provided updates on Integrated Clinical Services (ICS) efforts (see attached Continuum of Care for details)
	  o We are primary care focused - want to make sure we cover whole person care
	  o We have created a clear path to Corrections Health - if someone is being discharged from corrections they can have pathways to access care
	  o Partnered with Public Health to increase distribution of naloxone or narcan, which can overturn an overdose
	  ▪ Staff a naloxone/narcan response team at the McCoy building for overdose instances
	  o Continued work with providing medication assisted treatment that can reduce withdrawal symptoms
	  o Harm reduction focused - provide resources and access to information
	• Aaron Monnig gave updates on the Health Officers efforts, including EMS, Medical Examiners, Public Health Emergency Preparedness and Tri-County 911 (see attached Continuum of Care for details)
	  o Safety net treatment providers
	  o Work on policy to remove barriers to access for people
	  o Distribution and first people to respond to medical emergencies
	• Anthony Jordan provided updates on Addictions Services within the Behavioral Health Division (see attached Continuum of Care for details)
	  o Manage care coordination for those with withdrawal symptoms
	  o Pay for services such as housing
	  o Pay for residency for indigent individuals (those who are not working) - we
		Health Department Staff

pay for those who would need to pay a deductible for housing but cannot afford to
    - Provide recovery services for any person looking for any type of services - meet them where they're at
        - Street outreach - e.g. food box, reuniting with their kids
        - Whatever the client decides their goals are
        - Harm reduction - whatever the client wants that will promote a sense of health
        - Provide a lot of services that are attached to living skills - how to pay bills, deal with emotions, etc.
    - PATH program - outreach program that provides recovery services to individuals in different stages of recovery
        - LEAD program got disbanded, and PATH came out of it
        - Similar model - meet clients in the streets, provide low-barrier services
        - Difference is dealing with targeted populations (e.g. African American population)
        - Goal is to get them into some type of services, whatever that may be
    - Behavioral Health Resource Center
        - Speaks to the large volume and complex needs of the community
- Tyler Swift shared his coordination work at the tri-county level (see attached Continuum of Care for details)
    - Works with partners to address overdose spikes happening in the community, facilitating bi-monthly meetings
    - Shares communications and make sure the efforts are coordinated
    - Looks at data and works with epidemiology team to look at these rapid changes
- Kelsi Junge gave an update on the Harm Reduction program work
    - Small team that provides direct services, naloxone services, distribution of harm reduction supplies to providers under CareOregon grant
    - Have a clinic on 122nd that is open 2 days a week
    - Staff members are primarily community health specialists
    - Also provide services out of county vans Tuesday and Friday nights
        - Syringe service and naloxone distribution
        - Partner with a church to provide supplies
    - Partnering with community members to build capacity
    - Have given out over 10,000 doses of nasal naloxone to service providers over the last few months
    - Partner with Outside In and will continue to try to partner with organizations working on Measure 110
- Nikki Propert shared information about Corrections Health, including the transition team, treatment for opioid withdrawal, and providing Narcan upon release (see attached Continuum of Care for details)
    - Get folks started on MSR 7-10 days before release date, in collaboration with MCSO
    - Hoping to expand services
    - Currently all releases happen downtown - anyone released can take narcan from a bin
- Visual shows at a high level what we're doing as an organization, using the whole department approach
    - Work divided into 4 areas: prevention, harm reduction/intervention, recovery support, treatment
        - Planning & coordination touches on all 4 areas
- By the numbers:
    - 4,000-7,000 unique people receiving syringe services per year
    - 162 community-based organizations trained in naloxone use in 2022
    - 220 people on buprenorphine supported by Behavioral Health providers in our Community Health Centers each year
    - 137 opioid or opioid containing medications prescribed by the Dental Program in 2022 -- reduced from 4,668 in 2015
    - 90,000 calls to the Behavioral Health Call Center last year
    - 15,000 services provided to more than 3,000 people by Project Respond last

year
    - 2,087 people served in treatment and recovery support services
    - 150 people per day using the Behavioral Health Resource Center
- Jennifer:
    - Who do you contract with for services? I have tried to get friends into recovery but I thought the barrier was money
    - I couldn't get a man help because he had bipolar disorder
    - We need more people willing to take people who have mental health disorders for treatment
    - I'm hearing a lot of people on the streets that the drug use isn't the primary issue, it's having housing
    - We need more inpatient services, more housing for people who are not ready to get off drugs
    - We could really use the list for who we can contact for services
    - HD should think about safe supply - a prescription for drugs that people are taking, which would be pure and monitored by a doctor
        - Vancouver BC has this model
        - Portugal also has this model
- Nikki:
    - The wraparound services are so critical - there can be the tendency for providers to get tunnel vision, so we need a more holistic approach
    - In the jails, we clean their wounds and pretend like nothing happened, but when people get out the other complicating factors make it hard not to start using again
    - In the jails we have this window and opportunity, but we don't have the bandwidth to cover all of the social determinants of health
    - Originally from Baltimore, and the opioid epidemic is bad there and has been for some time
        - Hearing anecdotally that it's a different world out there now - drugs filled with poisons that weren't there before
    - Need the whole picture lens
    - Homeless services - need to have the people most impacted involved at the frontend of planning
    - Giving power and voice to folks who are impacted - they know what they need
    - Could we create a phone line, testimonial, etc. - what do you actually need right now?
- Mz Cheryl:
    - Who are the voices missing at the tables?
    - I'm 11 years in recovery - what helped me was to hear from other addicts, whether they were coming out of rehab, jails, etc. if somebody has the experience - need to have inclusion at meetings
    - Start putting information in different areas of the county, like TPI or Outside In so that when people are ready to take that step, to show people that are coming into any room that there are people who look and sound like them, always meet people where they are
    - I will use my voice in any situation that's given
    - I also learned through my experience, by not hearing that tape playing over and over again, it's a disservice
    - Self esteem is huge
- Jenny:
    - Do you have any thoughts on AA or NA organizations?
    - If we were to do outreach, what's your suggestion on where outreach might be most effective?
        - People are moved around so much it's hard
        - Facebook groups or other electronic social media sites
        - Central library – serves homeless and addictions communities
        - In front of the downtown Target
        - Pioneer Square
        - Transition Projects
        - Mission and Church on Burnside
        - Feeding places

	▪ Downtown churches ▪ Blanchet House ▪ Bottle Drop locations ▪ Reaching out to Community Based Organizations – will need information to be translated to the communities they serve ● Jennifer: o Local Users Drug Union - flyer attached o Have a brother who swears by AA, but know other people who don't o Need a large toolbox - acceptance needs to be the brightest tool there o Are safe consumption sites something we could consider in the future? ▪ New York calls them overdose prevention centers; data shows 70% of deaths are from people using substances alone ▪ Public Health is considering all perspectives and options, and honing in on what problem we're trying to solve ▪ Increase in fatal overdoses is one of the issues we're trying to solve ▪ Not ready to consider just one intervention - not ruling out solutions from the get go ▪ We have statutory power, but we need readiness and a multi-faceted approach. Need to educate and get buy-in from political powers. ● Suggestion made to give power and voice to those folks who benefit from the work, testimonials from folks either written or recorded o Sample question: "What do you need right now?"	
Wrap-up and Meeting Evaluation	● Attendees did the meeting evaluation ● Meeting adjourned at 5:20pm	Mz Cheryl