



ASSOCIATION OF OREGON COMMUNITY MENTAL HEALTH PROGRAMS

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Testimony in support of HB 4143

Opioid Epidemic Task Force Priorities

February 5, 2018

Dear Chair Greenlick and Members of House Health Care Committee,

I am Silas Halloran-Steiner, testifying on behalf of the Association of Oregon Community Mental Health Programs (AOCMHP) as President, in support of HB 4143. We commend the Opioid Epidemic Task Force for the work they are doing to prioritize Oregon's next steps in combatting this terrible epidemic.

We agree with the priorities chosen by the task force, understanding that this is the prelude to a more expansive, systemic and funded effort in the 2019 session: 1) the DCBS study on barriers, access and reimbursement for substance use disorder treatment, the findings of which to form recommendations for broader legislation in 2019; 2) a pilot project to determine the effectiveness of peer recovery mentors in emergency departments and other interventions, and 3) mandating PDMP registration. We especially applaud the inferred change in philosophy and practice that substance use disorder is a chronic, rather than acute illness, and the focus on improving access to Medication Assisted Therapy (MAT) in rural and frontier areas.

I am also speaking in my role as Yamhill County Health & Human Services Director. I am honored to share this testimony alongside Diane Reynolds, Executive Director of Provoking Hope, Traci Lundy and Chris Cardinal, Certified Recovery Mentors (CRMs) at Provoking Hope. In addition to growing an army of CRMs in Yamhill County, Provoking Hope operates a center where individuals can come for hope, food, healing and recovery, as well as linkage to services.

Together, we would like to share our community's story as an example of how we can save lives through innovative programs to reach people who are struggling with opioid and other addictions and, again, all of us support HB 4143.

The project was prompted by unmet community need and discussions in the fall of 2015 that we were having with local law enforcement in order to implement a Naloxone administration protocol. Knowing that often individuals refuse medical treatment post-Naloxone or are sometimes afraid to trust professional staff, we came up with a model of using CRMs to do warm handoffs both within the community and at key intercept points such as hospital emergency departments. Ms. Reynolds and a CRM named Jake Peleshuck presented the model at Yamhill County's Ambulance Service Area meeting and it was quickly embraced. After several more community conversations, and with a small start-up budget, we officially began the project in December 2015. However, our partnership with Provoking Hope began in 2013.

Today, thirty three CRMs are actively engaging individuals with opiate dependency, as well as a host of other substance abuse issues, all across our communities in Yamhill County. Three are specifically assigned to this project. They go into our local jail, knock on doors, work the streets, and spend time within a number of community based organizations and, as mentioned earlier, CRMs regularly go into the two local hospitals. The goal is always to help individuals gain access to medical detoxification services as needed and then continue onto appropriate care and link individuals to natural supports.

While we have not had enough time to robustly study the long term impacts to the population, we do know that from January 2017 to November 2017, CRMs in this specific project served 195 unique individuals with over a thousand face-to-face interactions. Evidences suggest that many individuals are getting into both local and regional treatment services at a higher rate. There are dozens of success stories within the project and hundreds of success stories within the broader work of CRMs at Provoking Hope.

One story is of an individual who overdosed on heroin and received 3 doses of Naloxone from first responders. After the person reached the hospital, CRMs joined the family and for the next three days they provided family support. As this person clawed his way back to health, the CRMs spent countless hours with him and his family in a way that medical professionals cannot provide. Months later, he is engaged in men's recovery court, has developed a strong recovery plan and is living a life that is rich with healthy, prosocial activities.

Law enforcement, healthcare professionals and first responders are overjoyed with the impact of CRMs. And, for the families who struggle to help their loved one(s) as they spiral deep in their addiction, CRMs are a bridge to safety. It has been a *game changer* in the truest sense.

I would like to conclude by pointing to two areas for continued contemplation as Oregon hopefully supports these four pilots in HB 4143:

1. Data collect and analysis should be central to any effort Oregon takes to establish more systematic use of CRMs across our communities.
2. Increased use of CRMs will likely exacerbate the immediate need to increase medical detoxification, residential, medication assisted therapy and intensive outpatient treatment services and supports, including safe and affordable housing.

We need to make long term systematic investments to build capacity in these areas.

Lastly, I have attached information regarding population data on opioid related issues in Yamhill County, and while some trends indicate improvement, the need for prevention, CRMs and treatment access continues. This need exists in every community in Oregon, especially in rural and frontier areas.

Thank you for the opportunity to share our Yamhill experience in support of HB 4143.



Silas Halloran-Steiner

President, AOCMHP, and Director, Yamhill County Health & Human Services

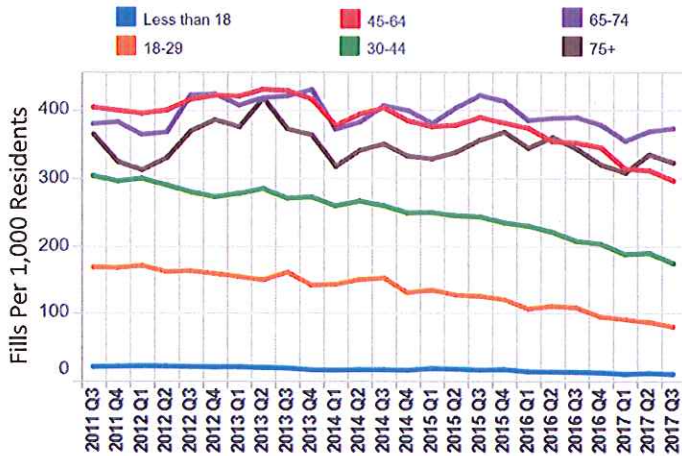
PRESCRIPTION DRUGS Yamhill County

Data from Oregon PDMP, Vital Records, and Hospital Discharge Dataset

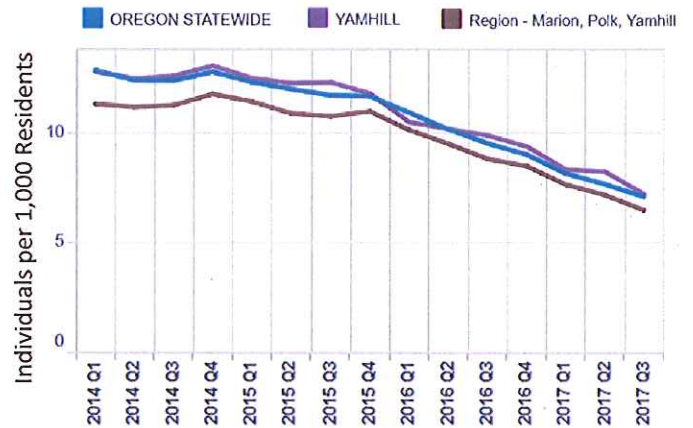


Updated 11/02/2017

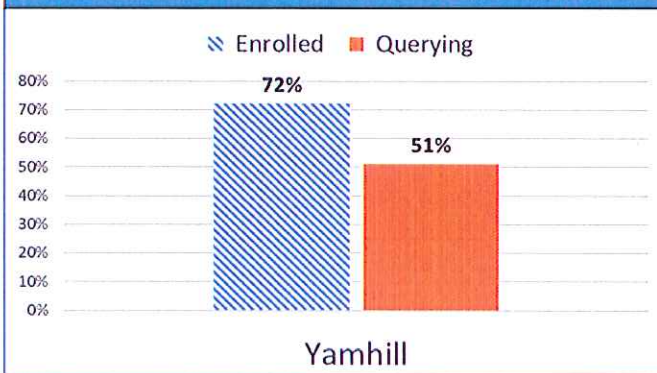
Yamhill Opioid Prescription Fills by Age



Individuals Receiving High Dose Opioids (>90 MED)



Top Opioid Prescribers PDMP Measures in 2017 Q1



Controlled Substance Prescribing 2017 Q3

*Opioid (Non-tramadol) in Yamhill County

18,977

Prescriptions fills, which represents about 22% of the fills in the region (Marion, Polk, Yamhill).

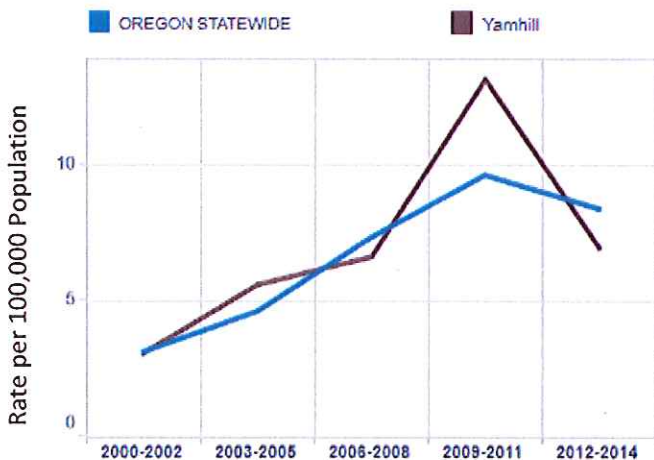


8,477

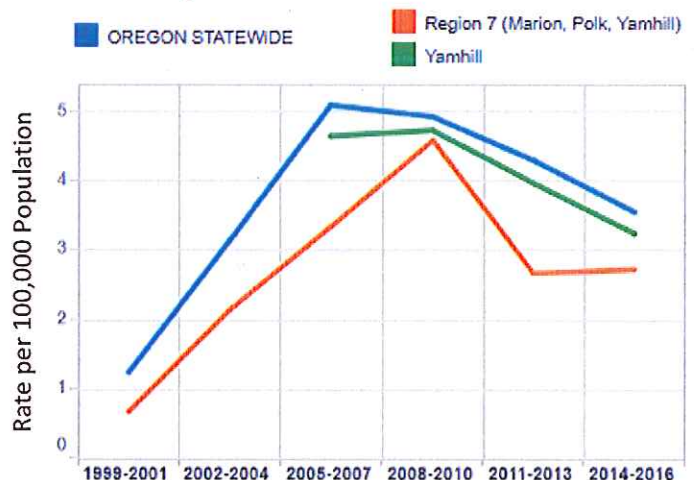
Individuals receiving opioids, which represents about 8.2% of the county's population.



Opioid Overdose Hospitalizations



Opioid Overdose Deaths



Technical Note: Counties with smaller populations may have rates suppressed due to small numbers.