



## “Community in Crisis: A Collaborative Approach to Responding to the Opioid Epidemic”

Presented by:

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### Webcast Questions and Answers

*(Answers are in **bold**)*

Questions:

1. Who initiated the Castlight study? Who was it funded by?
  - a. **Healthcare Tech Company out of San Francisco**
2. Our Community Link sounds amazing. How was it created?
  - a. **Our Community Link is being built through a contract with Aunt Bertha. You can learn more about the vendor [HERE](#).**
3. How do 12 step groups and other support groups fit in?
  - a. **Churches are part of the community and often a meeting place for the support groups. They participate in our coalition. Twelve step groups also participate by leading groups among hospitalized patients with substance use disorder.**
4. Is any part of this project involved in trying to recruit primary care docs, nurse practitioners, and physician assistants to become waived to administer buprenorphine treatment?
  - a. **Our continuing education team provides education on MAT. We provide this education to support and potentially develop treatment resources in our region.**
5. How do you justify not treating pain in patient's suffering from pain who needs opioids?
  - a. **We do treat pain. The STOP act provides a limitation on the first prescription. Thereafter, it is up to the clinician on how best to manage further pain. We have actively educated clinicians regarding the importance of multimodal pain management to safely and effectively treat pain.**

6. These results for overdose deaths are terrific. If you had to choose one or two actions to make a difference, without having to create a huge community coalition effort, what would it be?
  - a. **Hard to say. We believe it is the culmination of the activities. The coordinated steps to standardize offerings in pain management has helped and specifically the work with first responders.**
  
7. Is this effective for all races? Recently there have been statements that the Opioid Epidemic and treatment is the white man's drug program.
  - a) **While the primary demographic that is overdosing at the highest rate is middle aged white men, we are seeing data nationally that other races, sexes, and ethnicities are increasingly being impacted. Additionally, much of the concern for this epidemic is due to its lethality. This is the deadliest drug crisis in American history, killing more individuals yearly than firearms and automobile accidents, and is killing individuals at a more rapid pace than the HIV epidemic did at its peak.**
  
8. I hear a lot about legislation and education, and these are necessary and not sufficient for all the change that you desire in your community. What other parts do you see needing to be added to legislation and education? What are next steps to adding these parts?
  - a. **We need legislators to consider supporting further resources for substance use disorder and mental health. We will continue to engage our elected leaders in this conversation and continue community education with our clinicians.**
  
9. When did heroin become synonymous with Norco and oxycodone-heroin must be stopped at the border?
  - a. **Not sure I understand the question. They are distinct though both require a good system to provide treatment.**
  
10. Do you have a full time social worker in the ED? Is the coverage around the clock 24/7/365?
  - a) **I believe we do have a FT SW in ED, I am waiting to hear back on the hours and will let you know. We also have a representative from the local MAT in our ED.**
  
11. Which incentives are helping to keep engaged the different stakeholders? Which incentives did not work for legislators, housing authorities, churches, first responders, medical providers, competing health care systems...?
  - a) **The feedback of improvement regarding our outcomes and a genuine desire to improve. We do not offer more tangible incentives.**

12. What happens when opioids are appropriate and the law says otherwise?
  - a. **This has not been an issue thus far.**
  
13. Are you familiar with 211.com? Website that lists resources via counties and zip codes.
  - a. **No, but thank you for bringing this to our attention. Yes. While this is a great resource, we find that community members often get frustrated when resources are given to them in which they are ineligible for.**
  
14. For the Primary Prevention strategies - if you had to pick just 2 or 3 highest payback strategies what would they be? (from list of options of take-back or education in schools or ...)
  - a. **Take back and education to our community providers and public service announcements.**  
**While we've had great success with the medication takeback initiative, we don't necessarily attribute success to any one strategy. We feel that we've seen success because of the interdisciplinary, with multi sectors, focused on prevention, intervention, recovery, and community infrastructure.**
  
15. Regarding "is it making a difference?" what are unexpected findings and unintended consequences?
  - a. **Some providers have become concerned about prescribing narcotic pain medication and have told patients that they no longer do so. Maybe on a positive note, the increasing interest of additional groups, agencies and departments. I always thought that transportation involvement was an interesting outcome. I actually thought there would be a higher rate of deaths attributed to heroin and fentanyl due to the sharp decrease in opioid prescribing.**
  
16. Please tell us more regarding your peer support specialists - who are they? How are they trained?
  - a. **Peer Support Specialists are people living in recovery with mental illness and / or substance use disorder and who provide support to others whom can benefit from their lived experiences. The certification/education processes are different for each state.**