

Prescription for Impact: Marin County's Organized Community Response to the Prescription Drug Crisis

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EXECUTIVE SUMMARY

The prescription drug epidemic is a multifaceted problem that requires a unified, yet multi-leveled response with equal commitment and engagement across institutions, agencies, non-profits and local communities. Marin County has evolved a successful centralized structure that allows for an equal voice among participants and is directed toward

ongoing action. Sonoma County has made efforts to address prescription drug abuse, but its efforts are disjointed and do not fully engage the community. Sonoma would benefit from modeling itself after RxSafe Marin in addressing the prescription drug crisis and forming a regional collaboration with Marin County.

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Introduction

Through the Upstream Investment Initiative, Sonoma County has set a goal to be the healthiest county by 2020. The astounding prescription drug epidemic in the United States may become a serious barrier to Sonoma County if the prescription drug and opioid epidemic is not met with a strong, unified response. In the United States, over one hundred and fifteen Americans die after opioid overdose every day. In Sonoma County, drug overdose was the leading cause of premature death by unintentional injury from 2013-2015. It is estimated that one in four people in Sonoma County has an opioid prescription.

Prescription drug addiction is a complex issue that is hardly limited to one county department or agency. To take Family, Youth and Children as an example, the increase in the prescription drug addiction rate is likely to result in more referrals and reduced reunification rates, and increase the already severe challenge of treatment access. Prescription drug abuse resists generally accepted substance abuse interventions because this addiction is often accompanied by legitimate, diagnosed medical conditions, chronic pain, and the resulting attitude that it cannot be addiction because a doctor prescribed the drugs.

Transparency and family and community empowerment are strong Sonoma County values. Sharing intervention strategies and data leads to better services and support, as well as improved client experience and opportunities for service provider learning. To adequately address the growing opiate problem, counties must hold these values at the forefront. Neighboring Marin County utilizes an

award-winning opiate coalition model. There are currently thirty-two prescription drug and opiate coalitions under the California Opioid Safety Network umbrella. RxSafe Marin is the oldest and serves in a consultative role to others. Marin County's success appears to be based on its 'Collective Impact' approach, a centralized framework for organized action when a problem has become too big and complex for any one entity to solve. Sonoma County would benefit from considering RxSafe Marin as its structural model for successful action in line with its values.

History of the Prescription and Opioid Problem in Marin

In Marin County in 2013, Mark Dale, a grieving father who had lost his son to overdose, started researching the Marin County Coroner's reports. From the alarming overdose data he found, he and other parents formed the Marin County Prescription Drug Abuse Task Force. Prescription drug overdose was the leading cause of accidental deaths in Marin County at that time. There was a contradiction alive in the county: While consistently ranked among California's healthiest counties, it was struggling with high substance abuse and overdose rates. In 2013, Marin County healthcare providers wrote over 400,000 narcotic, sedative or stimulant prescriptions—or approximately 60 pills for every person! Unfortunately, the Task Force had no real power, due to lack of funding, staff and action steps. After the Task Force contacted Marin County Chief Public Health Officer, Matt Willis, to explain the overdose deaths data, he issued a prescription drug epidemic alert.

In 2013, Marin Health & Human Services allocated \$20,000 of its Substance Abuse Prevention and Treatment Federal block grant (“SAPT”) funds as a start-up investment to hire a consultant to move the organization process around the crisis. With this support, a community meeting attended by more than one hundred people was held in February 2014 to focus on reducing prescription drug abuse by better understanding the problem’s scope and complexities, and to develop an action plan. Public health, education, law enforcement, healthcare, drug treatment and prevention, and community advocacy groups all had a place at the table. From that meeting and based on collected data, five Action Teams were organized, including Community-Based Prevention, Prescribers & Pharmacists, Data Collection & Monitoring, Treatment & Recovery, and Law Enforcement. The group advocated for funding from the Board of Supervisors, which resulted in approval of the RxSafe Marin initiative for three years, with \$30,000 set for activities and \$70,000 for a .5 FTE Coordinator position from the General Fund annually. Funding has varied somewhat since, with continued Board of Supervisors’ support totaling \$100,000 annually and additional grant or award funding, including Healthy Marin Partnership, HHS Public Health Administration, Kaiser Community Benefits Grant, Public Health Institute, California Department of Public Health, and Center for Volunteer Award for Non-profit and Leadership.

The Collective Impact Model & RxSafe Marin

While RxSafe Marin developed its structure organically, it meets the five Collective Impact conditions for success: a Common Agenda, Shared Measurement Systems, Mutually Reinforcing Activities, Continuous Communication and Backbone Support Organizations. Institutions, agencies, government and community members join forces to collaborate upon a mutually agreed problem in order to create lasting social change. In pursuit of this, partner organizations coordinate agendas to reinforce activities. Due to the complexity of the

defined problem, multiple perspectives are valued as essential to forming the shared vision that sustains and enables the coalition activities. Regular open communication and collection and shared analysis of relevant data measurement tie the activities together. The following outlines how RxSafe Marin exemplifies the Collective Impact conditions for success.

Common Agenda: RxSafe Marin’s overarching goal is to reduce prescription drug misuse and abuse through measurable strategies and twelve-month action plans that address the factors across the continuum. The initiative aims to reach zero percent overdose deaths.

Shared Measurement System: Central to the Data Action Team is its monthly Report Card, located on the RxSafe Marin website for shared access. RxSafe Marin prides itself on being data-driven. The Report Card is comprised of Data Team selected elements, along with data sources.

Mutually Reinforcing Activities: Each team works from its own perspective, but also collaborates within the community in forming its own strategies and SMART goals and producing an annual Action Plan. Each team also has representation at the monthly Steering Committee meeting.

The main coalition strategies have been to reduce the supply of opiates through efforts toward safe prescribing and drug disposal, reducing demand through medically-assisted treatment and non-opioid pain management and the prevention of overdoses through use of Naloxone.

An important lesson learned through the multi-pronged Action Teams is that each activity must receive equal investment, with thought given to potential impacts on each other, or there can be unintended consequences. Continuous communication is therefore the way to ensure ongoing coalition health. The Steering Committee provides much of this role in forming an overarching agenda and exploring decision impacts. The Steering Committee also has rotating leadership, to ensure that

success and longevity are based on the group, rather than charismatic individuals.

Continuous Communication: One of RxSafe Marin's most striking aspects is its lively social media presence. From a Facebook page and Twitter account, to an easy-to-navigate and colorful website, complete with YouTube videos, information on excess medication disposal sites, as well as the Data Report Card. By viewing this website, anyone interested in RxSafe Marin would have an idea of the coalition's focus and how to get involved. Anyone who participates even once in an Action Team is added to the RxSafe email list. Action Teams meet frequently and according to schedules determined by members. Steering Committee meetings are monthly and public education forums are quarterly.

Backbone Support: With community stakeholders and partners at the forefront, the County of Marin plans and provides meeting logistics, prepares steering committee agendas, collects data and reports, provides program monitoring and evaluation and communications support. In addition to the above duties, the Coordinator writes grants and serves as general clearinghouse for all activities. In truth, the Coordinator is the initiative linchpin. The County Public Health Media and Technology Unit supports the Coordinator for communications and other county employees volunteer to serve in a backbone role within each Action Team for a one-year period of commitment.

Marin County's Successes and Challenges

Marin County has formed a highly engaged and active membership, while producing documented success decreasing prescription drug misuse and over-prescribing and other outcomes, such as reduction of high dose prescriptions (equal or greater than 90 MMEs) from 33,199 Marin residents in 2013 to 22,749 in 2016. Additionally, in 2013 there were 149 prescribers registered with CURES (Controlled Substance Utilization Review and Evaluation), while in 2016 there were 770.

Maureen De Neiva, RxSafe Marin's Coordinator, attributes coalition success to the value placed on members being genuine and authentic. Communication and trust are highly emphasized. Building RxSafe Marin's circle of influence and relationships within the community is central to its foundation. In addition to the website and social media outreach, much participation has developed through word of mouth.

RxSafe Marin is fortunate to have a County Supervisor as a champion, resulting in steady funding through the county's General Fund. Additionally, a major success has been the balance of participants, which includes major health providers, such as Kaiser, Marin General and Partnership, along with treatment programs and individuals in recovery, or with other personal motivations.

Ongoing challenges have included funding, staffing, locating community space and occasional competing personalities. Issues are discussed openly and efforts are made to find a respectful resolution through the Action Teams and Steering Committee. Lastly, overdose numbers are currently slightly up, due to the entry of fentanyl into the community.

Implications for Sonoma County

Sonoma County has long valued early prevention strategies. Indeed, Sonoma County's Upstream Investments Initiative organizes around investing early and wisely to avoid the higher costs of later intervention. On July 1, 2017, Alcohol and Other Drugs ("AOD") Prevention moved from the Department of Health Services' Health Policy Planning and Evaluation Division, where it had been part of a prevention program hub, to AODS in Behavioral Health. AODS is now able to consider the full prevention and intervention spectrum; however, AOD Prevention is split off from other preventive services, making collaboration more difficult.

To fund AOD Prevention, the Department of Health receives SAPT Federal block grant funding, which is funneled through the state, with every county getting a percentage based on county population. Twenty percent of the county allocation is

mandated for prevention services and activities. The county must conduct a self-assessment and strategic plan every five years to determine the goals, strategies and activities to support allocation receipt. In Fiscal Year 2017-2018, the Sonoma County prevention portion amounted to \$531,000, with \$30,000 earmarked for the Friday Night Live program for Youth Development and Youth Leadership. Behavioral Health and Public Health are aware of the need for strong collaboration across preventive services and are considering ways of joining forces.

The current July 2015–June 2020 Strategic Plan, known as the Sonoma County Promotion and Prevention Plan, divides its planned activities and goals by alcohol, marijuana and prescription drug abuse. It identifies a .5 FTE Health Information Specialist II for opiate prevention. Pursuant to the Strategic Plan, initial prevention efforts involving opiates have pursued two strategies: opioid prescribing guidelines and safe medicine disposal. Prescribing guidelines were developed last year and safe medicine disposal activities occurred largely through the Safe Medicine Disposal Collaborative, which has existed since 2009.

The next level of strategy would be carried out by a currently vacant Health Information II position and include prevention strategies, such as addressing the medical role in prescribing opioids, performing outreach and education campaigns and interventions with at-risk groups, screening and treatment for substance use disorders, and promoting harm reduction efforts.

Areas currently under Department of Health consideration in next phase opioid prevention planning also include developing and implementing community approaches to prevention through resuscitating the Prevention Partnership Workgroup. The county would provide backbone support, while seeking to develop community ownership of the coalition. Existing groups, such as Petaluma Parents Against Drugs, would be invaluable for their motivated involvement and ‘word of mouth’ power. RxSafe Marin’s structure and activities would serve

well as a model for this approach. Other areas for planning detailed in the Strategic Plan are also similar to RxSafe Marin.

Additionally, Kaiser and Partnership are Marin and Sonoma County health providers. Both participate on the RxSafe Marin Steering Committee and may provide experienced knowledge and regional support in Sonoma County implementation.

Recommendations

It is recommended that Sonoma County adopt the framework of RxSafe Marin in strategizing how to prevent further overdose deaths due to prescription drugs.

1. Identify prescription and opiate substance abuse in the next SAPT Strategic Prevention Plan as an emerging crisis in order to strategize around the complex issues raised by opioid addiction. The current plan does not expire for two years, but discussions and planning for it have started. Currently, AODS does not structure its prevention team by drug class delineation. The prescription drug abuse problem demands a clear rallying message and structure, rather than being subsumed in general prevention activities as it has been in the past. The estimated timeline would be over the next two years.
2. The AODS Health Information Specialist II position should be elevated to a Senior Health Information Specialist position utilizing SAPT funding in the next fiscal year. Sonoma County’s efforts to prevent and treat opiate abuse are fragmented. A collaborative, yet centralized coordination of effort that would lead to strategic planning with achievable SMART goals is what the opiate crisis demands. Shared planning and effort would be far more cost-effective in a fiscally-strained environment. The Senior Specialist position would be comparable to Marin County’s Senior Program Coordinator in its requirement of an experienced program leader. The cost for the Senior

Specialist position would be approximately \$5,500 more than the Health Information Specialist II position.

3. In the next year, the county should use any undesignated SAPT funds or possible grant or Healthy Partnership funds toward hiring a one-time consultant for \$25,000 to assist in initiative organization and to design an action-based, informative website. Perhaps with strong community advocacy the Board of Supervisors would make a one-time General Fund investment. Another means may be pooling agency and inter-departmental resources. The Human Services Department could contribute impact statements regarding its ongoing cost-savings partnership work, such as linkages, as well as work with vulnerable clients to support Board of Supervisors advocacy.
4. As backbone support, the Specialist would establish stakeholder contacts and conduct website and social media outreach, resulting in a community-wide gathering and study session in a year to establish priorities and goals with consultant assistance. The Human Services Department should ensure representation from across all divisions to ensure a full understanding of the prescription drug problem. Currently, RxSafe Marin does not maintain any data on issues the department's clients who are abusing opioids.
5. In a year and a half, the Specialist would organize county employees who wish to "give time in kind" as backbone support for Action Teams by reaching out to employees, monitoring their one-year commitments, and through supervision. Employees would have a reduced workload to support their activities. Human Services Department social workers should be encouraged to receive training and develop the skills necessary to facilitate such meetings, especially Team Decision Making/Child Family Team facilitators.

6. After approximately three years, when the Sonoma County initiative is operating smoothly, a regional coalition with Marin County would be formed. The regional coalition would share data and notify each other of issues that may arise, such as is the case with the current fentanyl outbreak.

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