



Prepare. Respond. Recover.

**Meeting Notes
King County Methadone Preparedness Workgroup
March 14, 2008**

(Action items in red)

Present: Ron Jackson (Chair), Evergreen Treatment Services; Michelle McDaniel, Public Health-Seattle & King County (PHSKC); Onora Lien, PHSKC; Tim Fuller, Wa. State Board of Pharmacy; Glenn Baldwin, Department of Alcohol & Substance Abuse; Patricia Edmond-Quinn, Therapeutic Health Services; Dean Webb, PHSKC; David Kerschner, Department of Health & Human Services.

1. Group review action items from last meeting

- Emergency Phone Tree – All contact information for emergency phone tree was collected. **Michelle M. will be sending it out with instructions to those listed in the tree.**
- DASA's Access to Situational Awareness During Disaster: Like other government partners, DASA will have read-only access to KC Healthtrac software which will allow DASA staff to follow developments. Additionally, DASA can call the PHSKC Emergency Operations Center during an event for a status report on substance abuse provision – ask for the Behavioral Health Liaison.
- Sharing Critical OTP Client Information: The Command Center function of KCHealthtrac software is a secure, HIPPA compliant way to share critical client data (i.e. name, dosage, other identify verifying information). The sender of the information can restrict it so that one 1 person is able to access it. Once client information has been exchanged it will be deleted from KCHealthtrac, but an electronic trail is archived within the software so we can retrace the steps between sender and receiver, if needed.
- Healthcare Laws to Protect Non-Volunteer Workers: Onora followed up on the question regarding liability protection for a paid staff member from one agency relocating to another agency in a disaster. (For example, ETS was unable to operate out of their office due to structural damage, thus moved staff and clients to a THS site for dispensing.) Onora reported that at this time solid legislation does not exist to protect paid staff in a disaster – there is protection for healthcare workers who volunteer in a disaster. **Onora will continue to monitor the legislative situation and update the group of any new information.**
- Transporting Methadone Between Providers and Over County Lines: Tim reported that the DEA only requires the 222 paperwork be completed. In a

disaster situation, it is acceptable for the 222 to be completed after the transport.

- Request for Methadone to be included in the strategic national stockpile (SNS): Tim inquired about the possibility of the Federal government adding methadone to the SNS. Tim reported that this had been considered at one time, but due to security and other controlled substances regulations, this will not occur. Group discussed the possibility of getting permission to reallocate supply of methadone at local hospitals for opioid substitution. Onora will inquire as to whether the Local Health Officer could have the authority to mandate this in a disaster. Members of the group suggested that we look into the RX Response Team and consider the possibility of using an alternate care facility to dispense in a disaster. **Michelle will research whether there is precedent for licensing an emergency OTP dispensing site.**

2. CDC grant application

- Group discussed the grant that was submitted by PHSKC to the CDC in order to fund the objectives of this workgroup, as well as additional deliverables. From grant abstract:

“With funding from the CDC, the workgroup will meet the following objectives in its effort to develop a resilient system of care:

- (1) Develop an emergency communication plan between critical partners,*
- (2) Develop and test operational plans, written agreements, protocols and guidelines designed to ensure continuity of care, and*
- (3) Develop tools and templates that can be used by other jurisdictions to replicate all hazard heroin substitution/opioid treatment disaster planning.”*

Grant awards will be announced by the end of April.

3. Next meeting: Begin developing a Memoranda of Understanding (MOU) between OTP providers.

Next workgroup meeting will concentrate on developing an MOU template between providers. MOU will be developed to address issues such as:

- 1 time or short-term dosing when verification is not possible,
- on-going dosing of another provider’s client in the event of a long-term loss of services,
- reimbursement,
- organizational liability,
- worker liability, and
- procedures for routing clients back to their original provider once the emergency is over.

For this meeting it will be critical that all OTP agencies are represented, as well as King County Mental Health & Substance Abuse and DASA, and those representatives be empowered to make decisions on this matter.

To prepared for this meeting, members will review the document “Developing a Memorandum of Agreement”.

**Next meeting:
Friday, May 2nd
11:00 – 1:00
Evergreen Treatment Services
1700 Airport Way
(April meeting cancelled)**

Questions? Contact:

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