



Prepare. Respond. Recover.

**MEETING NOTES**  
**King County Methadone Preparedness Workgroup**  
**October 10, 2008**

**Present:** Ron Jackson (Chair), Evergreen Treatment Services; Michelle McDaniel, Public Health-Seattle & King County (PHSKC); David Kerschner, Department of Health & Human Services; Michelle Burke, WCHS; Carolyn Cichanski, VA; Deborah Podus, UCLA (via phone)

**1. SAMHSA OTP emergency guidance**

Reviewed guidelines send out by SAMHSA during Hurricane Katrina & preemptively for Gustav. Items to note from document:

- “In an emergency, program personnel may disclose information to the program medical director, program physician, registered nurse, or dosing nurse without a patient’s signed consent.”
- “The OTP should assign a clinic identification number and maintain a temporary medical record for each guest patient.”
- “Opioid-Dependent Displaced Patients Not Currently in Treatment: OTPs may admit, treat, and dose these patients under existing guidelines and regulations.”
- “Patients who were being treated for pain with methadone by a physician may contact an OTP when they run out of medication and have no local physician, particularly a pain management specialist.”

**2. Emergency access to hospital methadone supply**

Joe Merrill (Harborview) researched the possibility of OTPs requesting transfer of a hospital’s “excess” supply of methadone in the event an OTP experiences a shortage during a regional emergency and are not able to obtain more via their suppliers. Joe discovered that Harborview does not store a significant supply – they generally have enough on site to meet the hospital’s need. We assume that this is true for other hospitals in the county.

Michelle McD. briefed the workgroup on the role of Public Health Seattle-King County in an emergency related to medical resources. If an OTP is anticipating a shortage of critical pharmaceuticals and are not able to obtain them from a supplier or “borrow” from either a hospital or OTP provider, they can contact the Public Health Duty Officer number and request assistance. Public Health will work with the provider to problem solve and include the State DOH, if needed.

Next steps: Michelle will contact Tim Fuller from the WA Board of Pharmacy to update on our pharmaceutical mitigation and planning efforts.

**3. WATrac (KHealthTrac) rollout update**

WATrac incident management software will be rolled out to the behavioral health sector beginning this year. The King County Mental Health and Substance Abuse Division will be sending out invitations for providers to attend a 90 minute demo. Demos will take place in December and January. In February, key staff from

each behavioral health agency will be trained in how to use the software, then have a couple of weeks to practice using it. The software goes “live” on March 9<sup>th</sup>.

Among the benefits of the software is the ability to track behavioral health psychiatric hospital, detox and diversion bed availability. During an emergency response, the software will be used to securely exchange critical patient data, update the region on each facility’s status (i.e. open, closed, relocated, not accepting new patients, etc.) and track critical medical resources such as pharmaceuticals.

#### **4. Memorandum of Agreement**

Final edits were made to the MOA at the meeting. We have a final version. Evergreen and WCHS are ready to sign.

Next steps: Michelle will obtain final signatures from Evergreen & WCHS, as well as update THS and see if they are ready to sign on. Carolyn and her colleagues at the VA have asked upper management to review the MOA and consider signing on. Harborview supports the MOA, will collaborate in a response, but will not be signing on.

#### **5. Pandemic Flu self guided tabletop exercise**

Michelle presented the plan of instruction document for a pandemic flu tabletop exercise she designed. The exercise and instruction document are designed for a provider to facilitate it on their own, including developing an emergency response improvement plan. Michelle asked if there are any providers that would like to pilot the exercise and give her feedback on how to improve the plan of instruction and exercise scenario. Ron and Michelle B. agreed to pilot it.

Next steps: Ron and Michelle B. will send Michelle McD the contact information of a staff member who would facilitate the exercise. (Exercise is designed so that executive level staff are players, not facilitators.) If any other provider would like to pilot test it, please contact Michelle McD.

#### **6. Tabletop Exercise Planning**

Mark your calendars: Michelle McD will be facilitating an Earthquake Tabletop Exercise for OTP providers and stakeholders on Friday, January 30<sup>th</sup>, 11:00 – 3:00, Chinook Building, 401 5<sup>th</sup> Avenue.

Michelle McD presented the following draft objectives for exercise:

- a. Determine ability to support timely decisions regarding operations of the Opioid Treatment Program (OTP) in an emergency.
- b. Demonstrate ability to coordinate communication and resources among key stakeholders.
- c. Evaluate process for activating and implementing mutual aid between OTP providers.
- d. Demonstrate ability to adhere to internal and external regulations and protocols.
- e. Evaluate effectiveness of recovery plan.

Group agreed with the objectives and suggested components to the scenario such as security issues. Group also began development of a list of potential players.

Next steps: Michelle and Ron will be sending invitations to players no later than December. Observers are welcome, but please RSVP to Michelle McD. Michelle

McD will work with Deborah to develop the tabletop based on the objectives listed above.

**7. Next meeting:** Friday, December 19<sup>th</sup>, 11:00 – 1:00.

Note change of location for this meeting only:

City of Seattle Emergency Operations Center

610 Fifth Avenue

Seattle, WA 98124-4986

In addition to our usual meeting, we will be getting a tour of the City's new state-of-the-art emergency operations center (EOC).

**Questions? Contact:**

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