City Council Meeting Schedule April 2019

April 2, 2019
Tuesday, 6:30 p.m. REGULAR COUNCIL MEETING

April 9, 2019
Tuesday, 6:30 p.m. WORKSHOP MEETING
1. Collective Bargaining Process Update (Walsh – 60 minutes)
2. Ben Franklin Transit Annual Report (Mosley – 20 minutes)
3. 4th of July Update – Water Follies (Walsh – 15 minutes)

April 16, 2019
Tuesday, 6:30 p.m. REGULAR COUNCIL MEETING

April 23, 2019
Tuesday, 6:30 p.m. WORKSHOP MEETING
1. Year-End Financial Review/Spring 2019 Budget Adjustments (Legard – 45 minutes)
2. City Manager's 2019 Goals (Mosley – 20 minutes)
3. KOMO Documentary Video (Mosley – 60 minutes)

April 30, 2019
Tuesday, 6:30 p.m. WORKSHOP MEETING
1. Blue Mountain Heart-to-Heart Syringe Exchange/Benton-Franklin Health District (Everett Maroon and Dr. Amy Person - 20 minutes)
2. Medication Assisted Treatment Program (Sheriff Hatcher and Dr. Jeff Allgaier – 20 minutes)

To assure disabled persons the opportunity to participate in or benefit from City services, please provide twenty-four (24) hour advance notice for additional arrangements to reasonably accommodate special needs.

Please be advised that all Kennewick City Council Meetings are Audio Taped

Council Workshop Coversheet

Agenda Item Number	1.	Meeting Date	04/30/2019	Info Only ☒
Agenda Item Type	Presentation			Policy Review ☐
Subject	Blue Mountain Heart to Heart & BF Health District			
Ordinance/Reso #		Contract #		Policy DevMnt ☐
Project #		Permit #		Other ☐
Department	Police Department			

Summary

Syringe Service Programs: A Model of Care in Opioid Crisis Response. Presented by Everett Maroon, Principal Investigator, SE WA, SAMHSA PDO Project and Executive Director of Blue Mountain Heart to Heart.

Local Opioid Data Trends: Presented by Dr. Amy Person, Health Officer - Benton-Franklin Health District.

Through	Chris Guerrero Apr 23, 10:59:39 GMT-0700 2019
Dept Head Approval	Ken Hohenberg Apr 23, 11:01:09 GMT-0700 2019
City Mgr Approval	Marie Mosley Apr 25, 11:37:30 GMT-0700 2019

Attachments:

Syringe Service Program Presentation
Local Data Trends Presentation

Syringe Service Programs: A Model of Care in Opioid Crisis Response

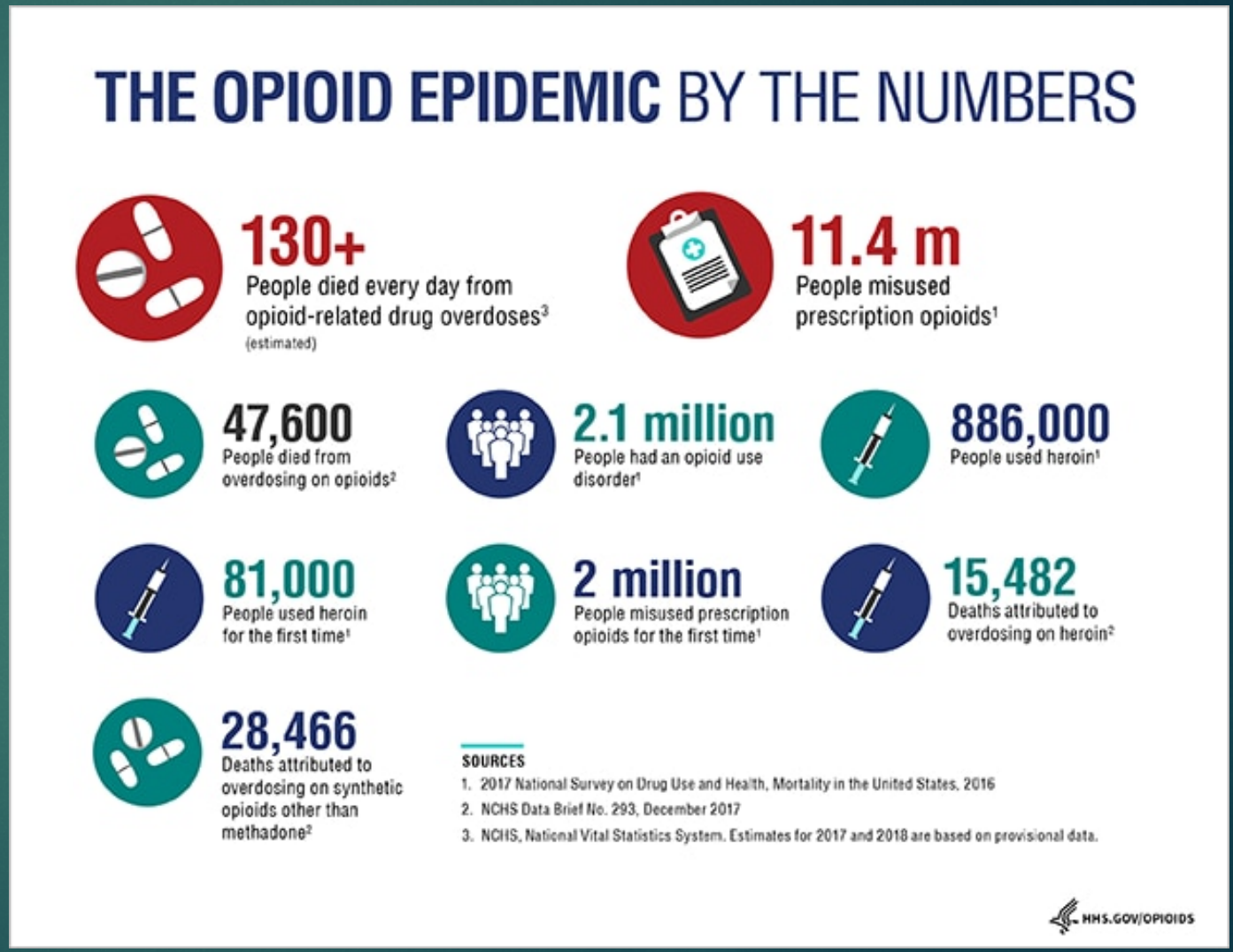
APRIL 30, 2019

EVERETT MAROON, PRINCIPAL INVESTIGATOR, SE WA, SAMHSA PDO PROJECT

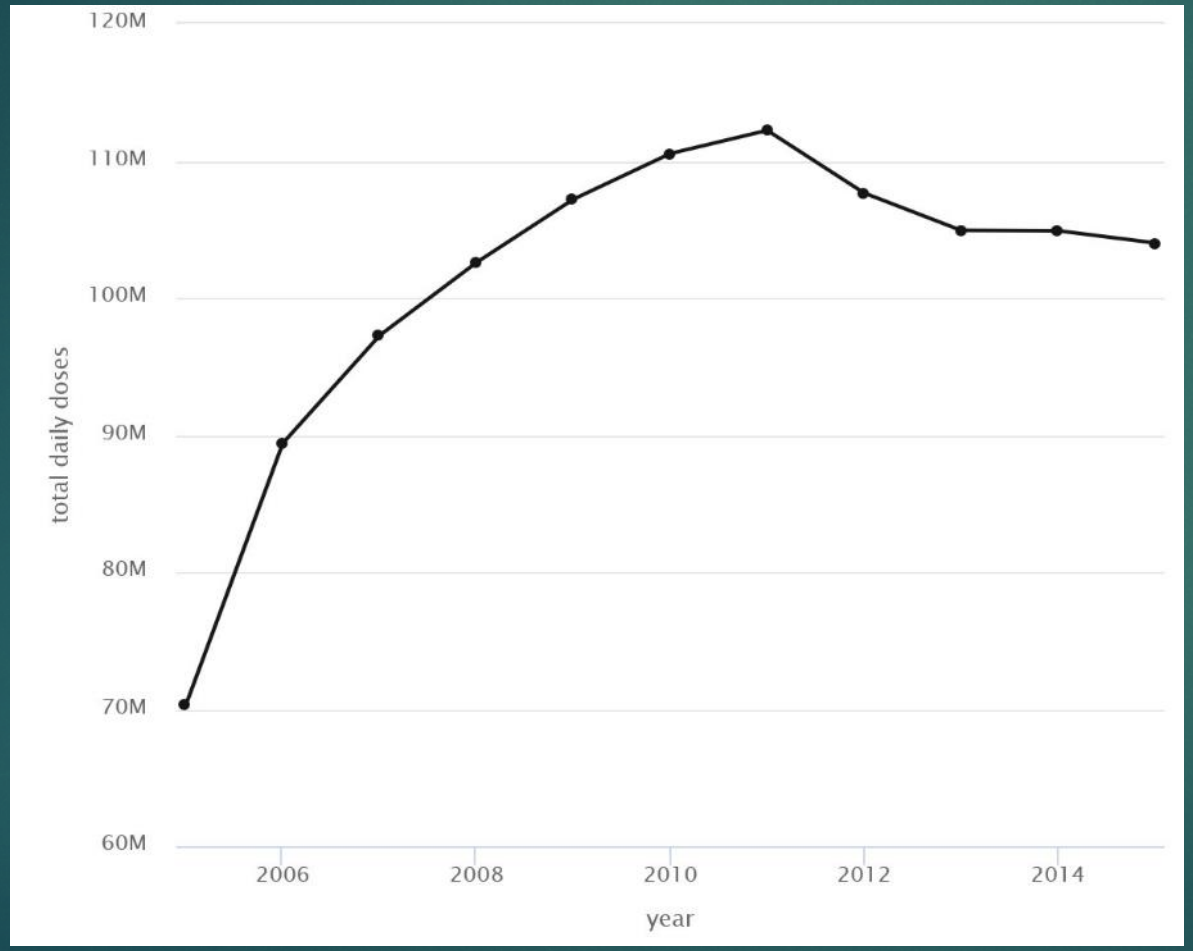
EXECUTIVE DIRECTOR, BLUE MOUNTAIN HEART TO HEART

How Did We Get Here?

- Rampant Overprescribing—
- Weak or Inaccessible Behavioral Health Resource Infrastructure—made it hard to recover
- Inapplicable Models of Recovery—recovering from opioid addiction is different than recovering from alcohol or stimulant abuse



Prescription Opioids Distributed in WA State (DEA ARCOS)



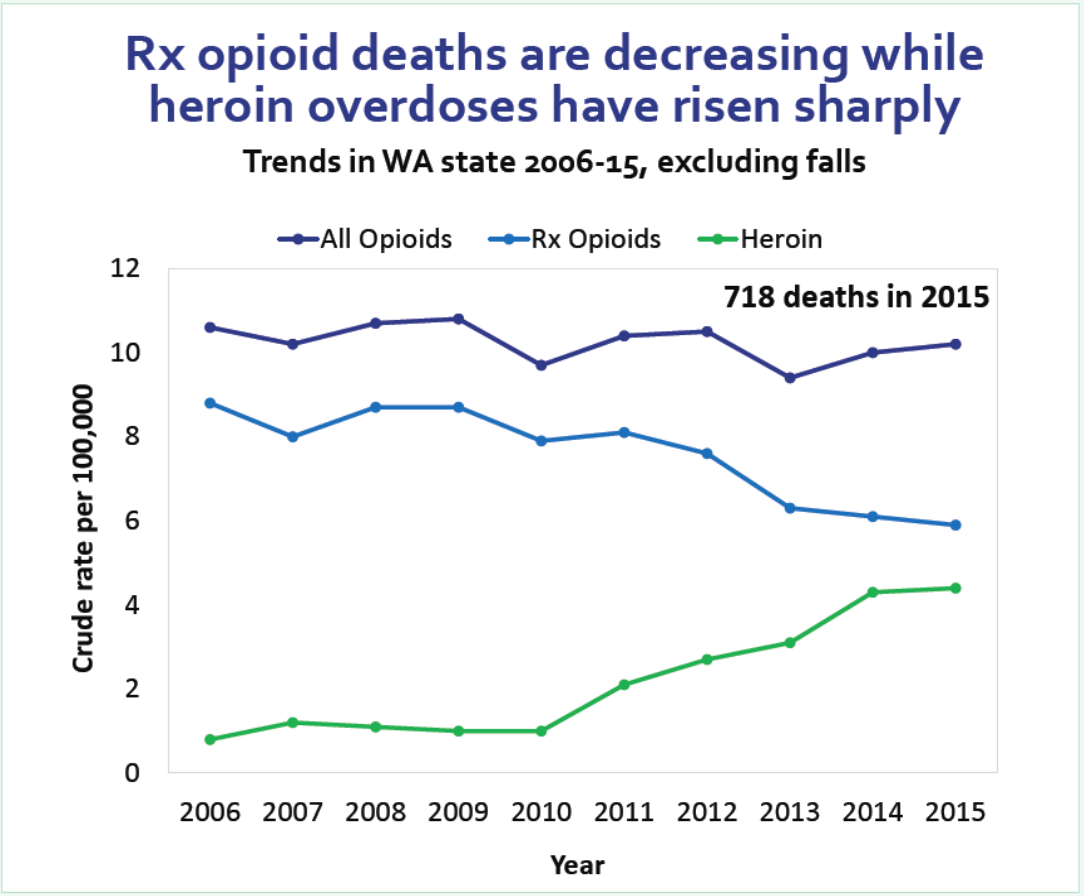
The total number of daily doses of opioids sold to hospitals and pharmacies in WA State peaked in 2011 at 112 million. The increase over time was enormous, it has since declined modestly.

http://adai.washington.edu/wadata/ARCOSopiates.htm

OPIOID PRESCRIBING —NATIONAL

- Approximately 1 in 5 adults gets at least one opioid Rx each year
- Approximately 2-4% of adults use opioids chronically
- Approximately 10% of adolescents get an opioid Rx each year
  - Peak age of first misusing Rx opioids is 14-15

Opioid Deaths in Washington



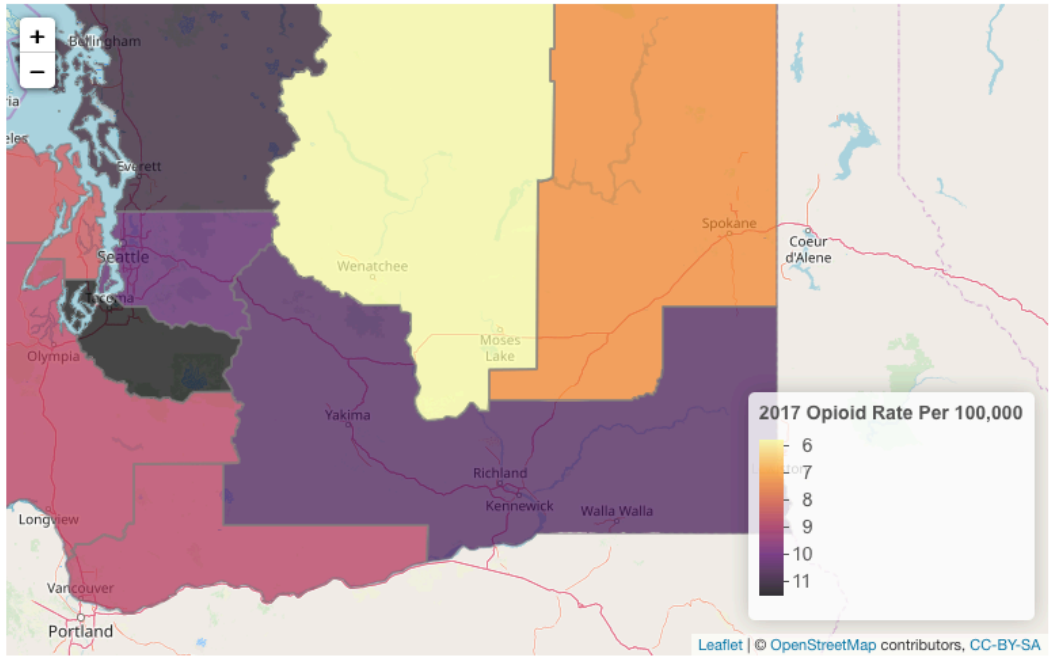
Source: Department of Health death certificates

- Without comprehensive opioid crisis response , the draw down on opioid prescriptions has resulted in greater heroin use, which has seen a concurrent increase in heroin-involved overdose deaths

Washington State Residents Drug Overdose Quarterly Report - 2017

Opioid Overdose Deaths 2017 Map

Click on the ACH for more details.



Drug Overdose Resident Deaths 2018 and 2017 Tables

Opioid Deaths in Washington

Map shows WA State by Accountable Community of Health region

- 115 people died from opioid overdoses from 2013 to 2017

Models of Care in Opioid Crisis Response

- Medication-Assisted Treatment Models
- Behavioral Therapy Models
- **Harm Reduction Models**
- Care Delivery Models
- Peer-based Recovery Support Models
- Prevention Models

Source: https://www.ruralhealthinfo.org/toolkits/substance-abuse/2/program-models

History of Harm Reduction

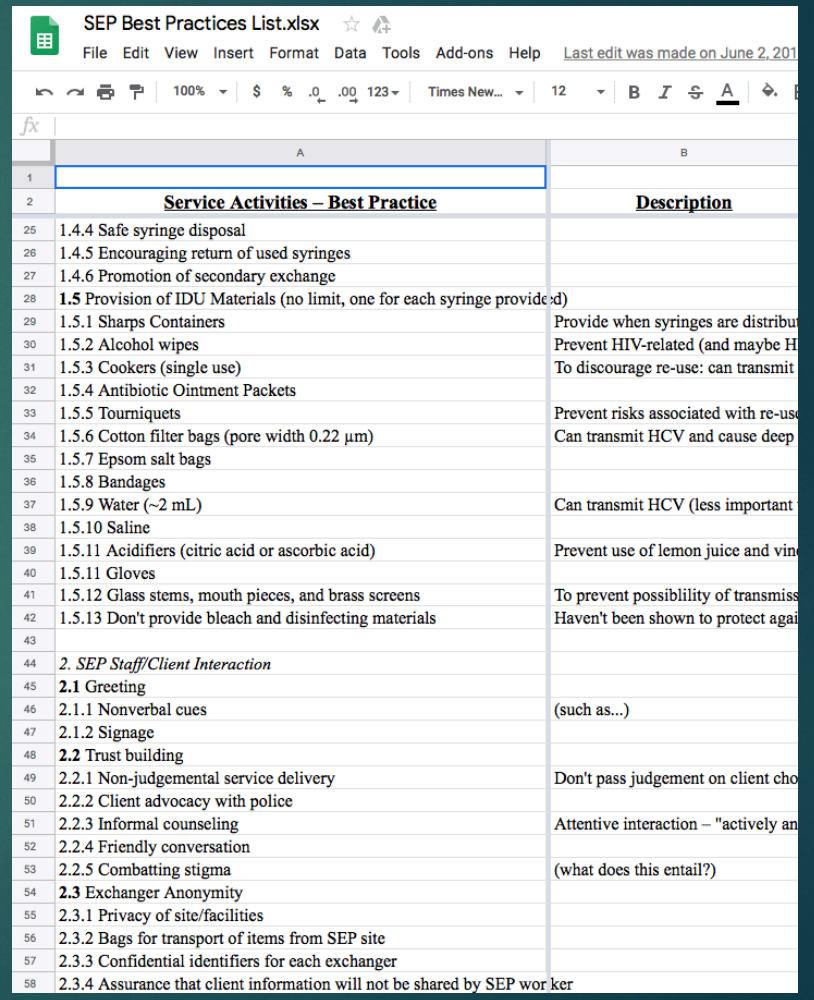
- Dave Purchase in Tacoma in the 1980s
  - Street exchange, bleaching kits, user-led
- Dan Biggs in Chicago
  - Lobbied for naloxone to reverse overdose, fewer restrictions on distribution
- Landmark study in NYC in 2000 on opioid injectors who participated in syringe exchange vs. those who did not
- Twenty-five years, 1,500+ studies = Most Studied US Public Health Program
- Uneven Legal Framework Across States, Within States (SSP legality, OTC syringe purchase, naloxone distribution)
- Recent Legal/Funding Changes
  - Removal (2016) of federal funding ban, easing of Suboxone prescribing restrictions

What Harm Reduction Does

1. It prevents the spread of blood borne pathogens. Not just HIV, but including HIV and hepatitis C, among others.
2. It reduces morbidity among people who inject drugs by providing clean needles and other supplies like alcohol wipes and Epsom salts. We see fewer infections—cellulitis, MRSA, for example—fewer amputations, fewer incidents of vein collapse, less tissue damage.
3. It reduces mortality associated with opioid overdose in part because exchangers learn to test their dope, because they tend to use less once they are in these programs, and because increasingly SSPs give out naloxone to reverse overdose.
4. It increases the likelihood that the exchanger will get into recovery and attempt sobriety.

How Harm Reduction Works

- **Harm reduction is a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use.**
- **These strategies are translated into practices at the program level, and based on the body of evidence that identifies which practices work well ("best practices") and which do not.**
- **Harm reduction strategies work best when predicated on an individual community's needs and population.**



SEP Best Practices List.xlsx

File Edit View Insert Format Data Tools Add-ons Help Last edit was made on June 2, 201

	A	B
1		
2	**Service Activities – Best Practice**	**Description**
25	1.4.4 Safe syringe disposal	
26	1.4.5 Encouraging return of used syringes	
27	1.4.6 Promotion of secondary exchange	
28	**1.5** Provision of IDU Materials (no limit, one for each syringe provide	d)
29	1.5.1 Sharps Containers	Provide when syringes are distribut
30	1.5.2 Alcohol wipes	Prevent HIV-related (and maybe H
31	1.5.3 Cookers (single use)	To discourage re-use: can transmit
32	1.5.4 Antibiotic Ointment Packets	
33	1.5.5 Tourniquets	Prevent risks associated with re-us
34	1.5.6 Cotton filter bags (pore width 0.22 µm)	Can transmit HCV and cause deep
35	1.5.7 Epsom salt bags	
36	1.5.8 Bandages	
37	1.5.9 Water (~2 mL)	Can transmit HCV (less important
38	1.5.10 Saline	
39	1.5.11 Acidifiers (citric acid or ascorbic acid)	Prevent use of lemon juice and vin
40	1.5.11 Gloves	
41	1.5.12 Glass stems, mouth pieces, and brass screens	To prevent possiblility of transmiss
42	1.5.13 Don't provide bleach and disinfecting materials	Haven't been shown to protect agai
43		
44	*2. SEP Staff/Client Interaction*	
45	**2.1** Greeting	
46	2.1.1 Nonverbal cues	(such as...)
47	2.1.2 Signage	
48	**2.2** Trust building	
49	2.2.1 Non-judgemental service delivery	Don't pass judgement on client cho
50	2.2.2 Client advocacy with police	
51	2.2.3 Informal counseling	Attentive interaction – "actively an
52	2.2.4 Friendly conversation	
53	2.2.5 Combatting stigma	(what does this entail?)
54	**2.3** Exchanger Anonymity	
55	2.3.1 Privacy of site/facilities	
56	2.3.2 Bags for transport of items from SEP site	
57	2.3.3 Confidential identifiers for each exchanger	
58	2.3.4 Assurance that client information will not be shared by SEP wor ker	

Best Practice Documents

- SSPs: Developing, Monitoring, and Implementing Programs
  - https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-developing-ssp.pdf
- World Health Organization/UN AIDS: Guide to Starting and Managing Needle & Syringe Programs
  - http://www.who.int/hiv/pub/idu/ needleprogram/en/
- CDC: Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States
  - https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf
- Recommended Best Practices for Effective Syringe Exchange Programs* in the United States: Results of a Consensus Meeting
  - https://harmreduction.org/wp-content/uploads/2012/01/NYC-SAP-Consensus-Statement.pdf

BMHTH's Approach to SSPs

- Warm Greeting—de-medicalize what is essentially a medical supplies transaction
- Ten-to-Ten Exchange with Rounding—estimate/count what comes in, document what goes out
- Staff and Exchanger Safety—touch syringes as little as possible, use precautions, PPE, bloodborne pathogen protocols
- Ask about Other Needs—injection-related materials, health of body, need for referrals, antibody tests, vaccines, mental health, etc.
- Naloxone Determination—for themselves or those they know
- Genuine Goodbye—finish with a request to see us again

BMHTH's Approach to SSPs, con't.

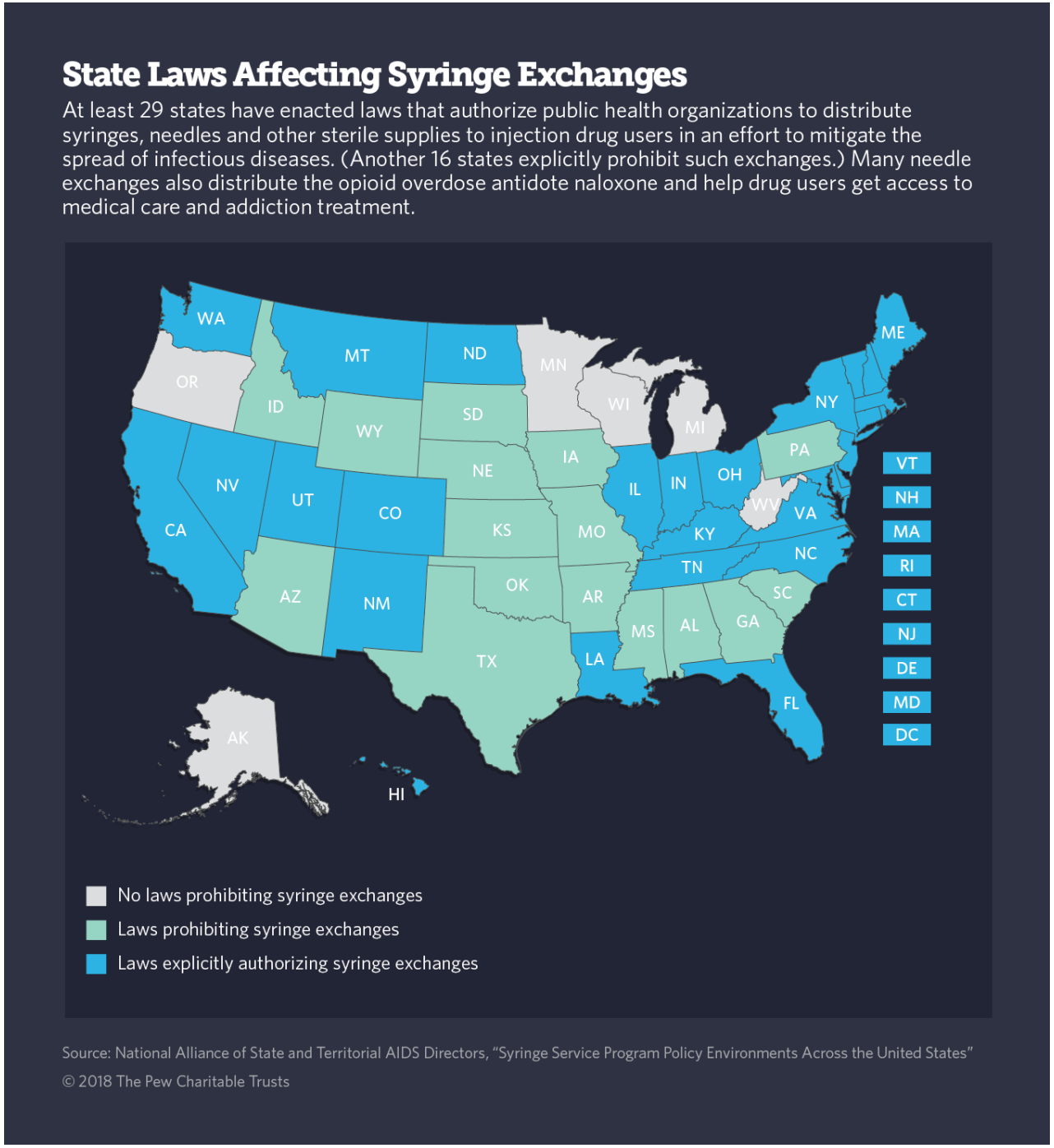
- Unique Codes—having de-duplicated data gives us much more information on how the program is working at the individual level, which helps us learn more about community health
- Ending Isolation—we may be seeing individuals who are not contacting other sectors in the community, like law enforcement, family court, primary care, social services, so we want to connect people to resources and shift their posture toward getting help
- Connection to Self-Driven Change—our goal is to help exchangers become healthier, more self-aware, and more focused on improving their lives, up to and including recovery from opioid abuse

The Counter-Intuitive Message

- It can be hard to make sense of seeing so many people so deeply affected by powerful drugs. But one way to think about people who are dependent on opioids is like they are out on a flooded river, in dangerous rapids. First we need to get them out of harm's way, knowing that later, there are ways that they can get their life journey back on course.

What Does the Law Say?

- SSPs are legal in Washington State, and constitutionally protected under a 1992 decision, *Health District v. Brockett*
- RCW 69.50.412, Sec 1., Part 5 grants adults the right to carry clean syringes or needles for the purpose of reducing bloodborne disease
- RCW 71.34.530 grants that the age of consent for individual-initiated behavioral health treatment or services without parental consent is 13 in Washington State



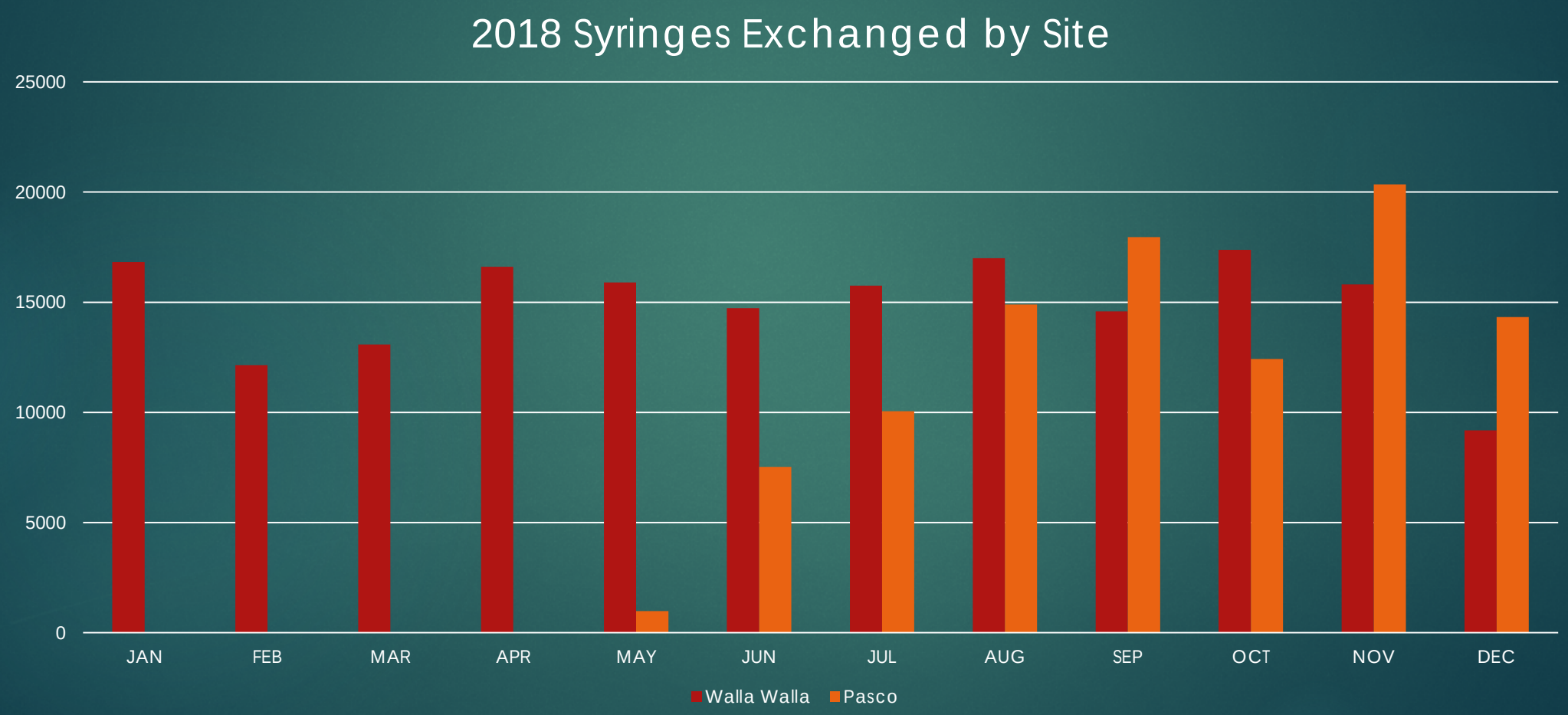
State of SSPs

Alabama, Arizona, Georgia, Iowa and Missouri, are considering or are introducing SSP legislation this year

Pasco Syringe Exchange

- Effort began in 2015 to bring harm reduction into Franklin County
- Worked to include Board of Health, Health Officer, two county commissions, public health district, and nearby neighbors
- Opened May 2018 with 14 primary exchangers on the first day; 980 syringes in the first month
- By end 2018, Pasco SEP had exchanged 98,500 syringes
- Supported approximately 180 primary exchangers each month; 332 (unduplicated) individuals visited in 2018
- Five new cases of HCV identified; all referred to confirmatory testing & treatment
- Ninety-nine overdoses reversed with naloxone distributed at the SEP
- Program moved to Kennewick, WA, in March 2019

By the Numbers



By the Numbers: Pasco 2018

	Pasco	Kennewick	Richland	Burbank	Benton City	Other*
MAY	81%	7%	12%			
JUN	55%	14%	14%	8%	2%	7%
JUL	42%	23%	20%	7%	>1%	7%
AUG	47%	32%	14%	3%	2%	2%
SEP	41%	36%	17%	2%	0%	4%
OCT	33%	32%	30%	1%	0%	4%
NOV	34%	38%	19%	1%	1%	7%
DEC	37%	33%	18%	1%	3%	4%

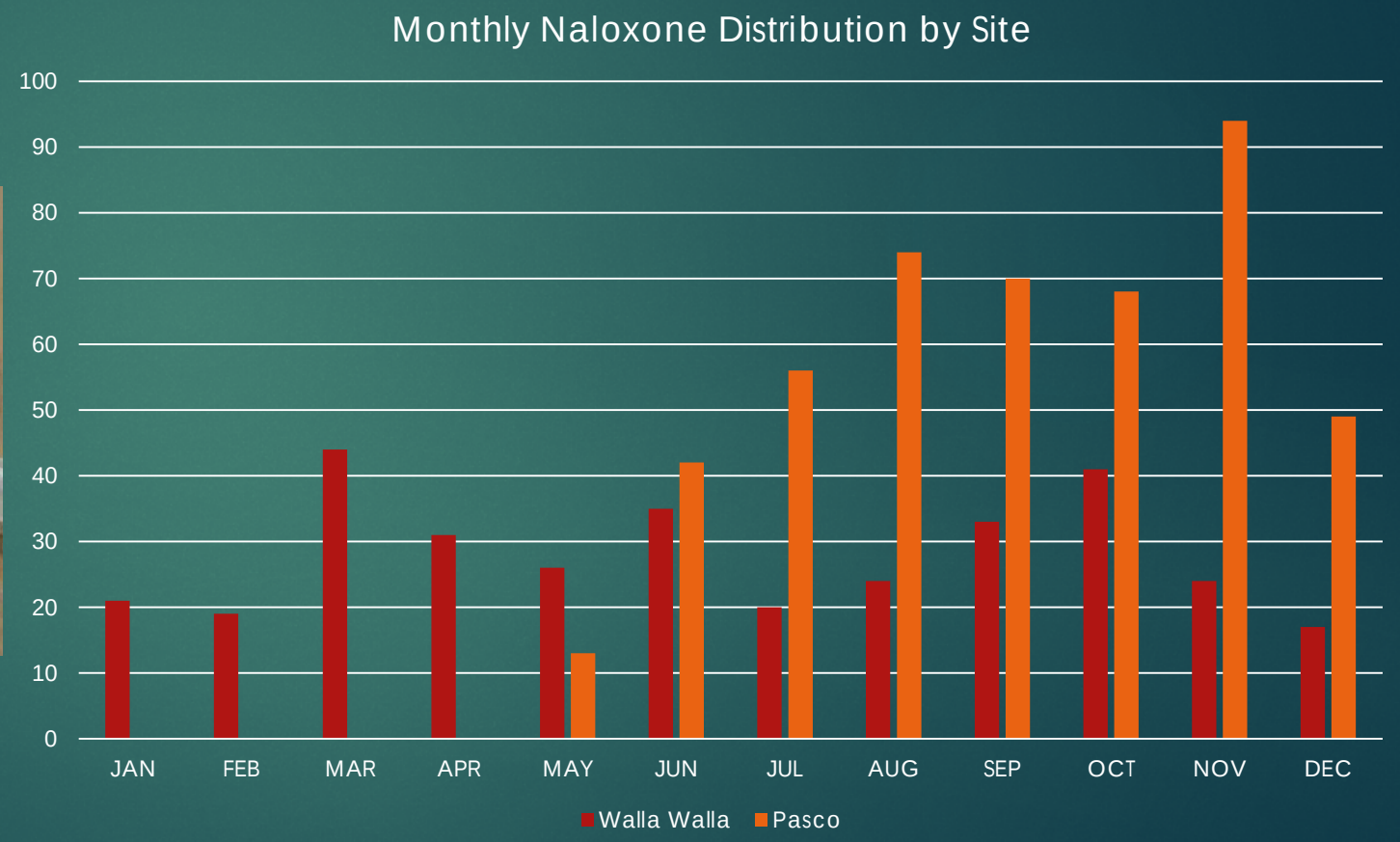
* Other includes: Prosser, Dayton, Finley, West Richland, Othello, and Portland

Primary Exchangers

- More likely to be slightly younger than median in general population for WW, older for Pasco (34 for WW, 37 for PSC)
- Come from a cross-section of income levels; lower income is tightly correlated to housing instability/homelessness for the drug using population
- Urban exchangers more likely to use a mix of drugs than rural exchangers*
- Two-thirds (70%) are interested in MAT and/or lowering their use*
- Thirty percent remain uninsured (but we will follow up with a June 2019 survey)*
- Women more likely to get naloxone on first visit than men

Source: 2017 UW ADAI SSP Survey

Naloxone to Primary Exchangers



Overdose Reversal Numbers

- 99 reversals among PSC SEP Primary Exchangers in 2018
- 109 reversals among WW SEP Primary Exchangers in 2018
- More than 370 reversals in WW Valley Since 2015 (program inception)
- 2,812 reversals in WA State via PDO Contract in 2018

Who Supports SSPs?

- Centers for Disease Control and Prevention
- World Health Organization
- WA State Department of Health
- Benton Franklin Health District
- White House Office of National Drug Control Policy
- The CATO Institute
- The Trust for America's Health
- The American Foundation for AIDS Research
- The American Medical Association
- The Johns Hopkins School of Public Health
- The National Institutes of Health
- Vera Institute of Justice

Collaborations with SSPs

- DBHR Contracts: Hub & Spoke, SSPs required (local award, Comprehensive Mental Health, Yakima)
- UW ADAI Center: Study to examine “Rapid Induction to Buprenorphine” (4 awards, including BMHTH in Walla Walla)
- 2018 WA State Opioid Response Plan
  - Goal 3, Strategy 1, 3.1.2—Increase naloxone through SSPs
  - Goal 3, Strategy 3
- SAMHSA Prevention of Drug Overdose (PDO) Contracts: (local award, BMHTH, Southeast WA)
- Greater Columbia Accountable Community of Health: Opioid Resource Network (local award, BMHTH and Consistent Care)

Newest guidance

- Evidence-Based Strategies for Preventing Opioid Overdose, CDC, 2018: https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf
- CDC Explanation on Requesting a Determination of Need for SSPs: https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringge-Presentation_HHS_SSP_Guidance_Webinar.pdf
- Cost-Effectiveness of Scaling up HCV Treatment with SSPs and MAT Services for People Who Inject Drugs in San Francisco and Rural Kentucky: https://ashecon.confex.com/ashecon/2018/webprogram/Paper6685.html
- Dynamics of the HIV outbreak and response in Scott County, IN, USA, 2011–15: a modelling study, Gregg Gonsalves and Forrest Crawford, *The Lancet HIV*, October 2018

Questions?

Everett Maroon, Executive Director, Blue Mountain Heart to Heart

Principal Investigator, SE Washington, SAMHSA WA PDO Project

Co-Chair, Greater Columbia Accountable Community of Health, Opioid Transformation Project

e.maroon@bmh2h.org

509-529-4744

LOCAL DATA TRENDS – OPIOIDS

Amy Person, M.D.

April 30, 2019
Kennewick City Council Workshop

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Opioid overdose

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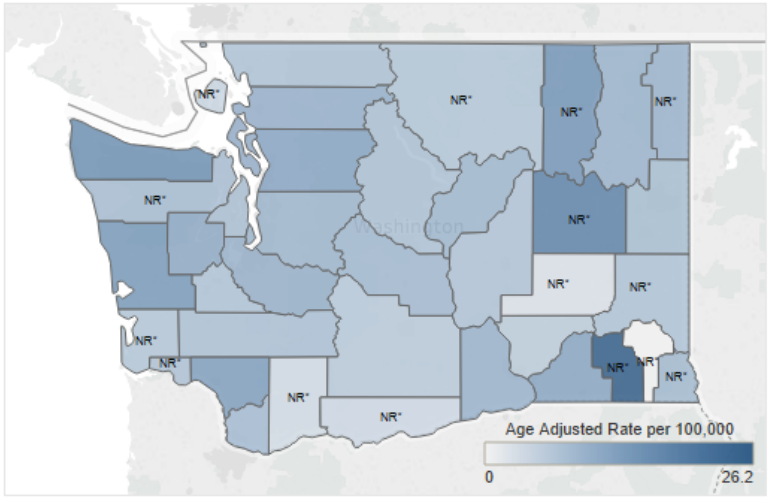
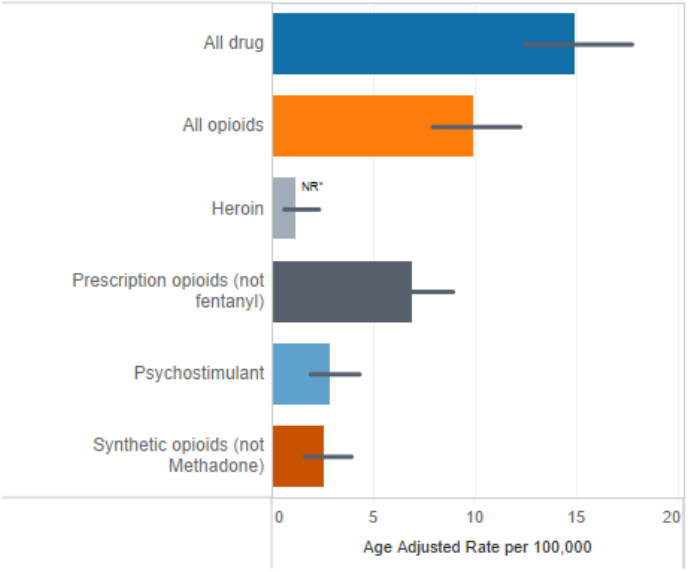
Select Year Grouping
5-year

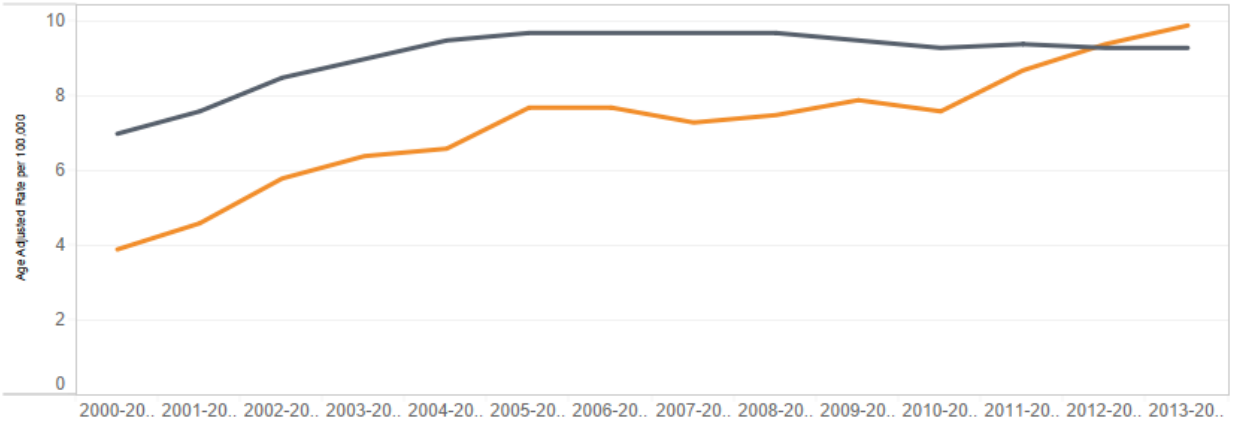
Select Drug Type
All opioids

County
Benton

Select Years
2013-2017







Drug Type Selected
All opioids

Select County
Benton

Benton

Reference Rate (State)

NR* = Not Reliable due to RSE>25. For definitions of the drug type, please see the Technical Notes on the landing page:
https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/OpioidDashboards

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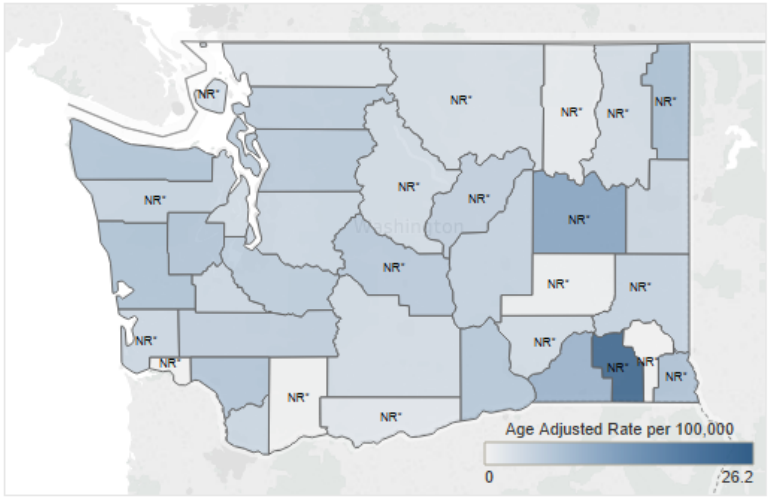
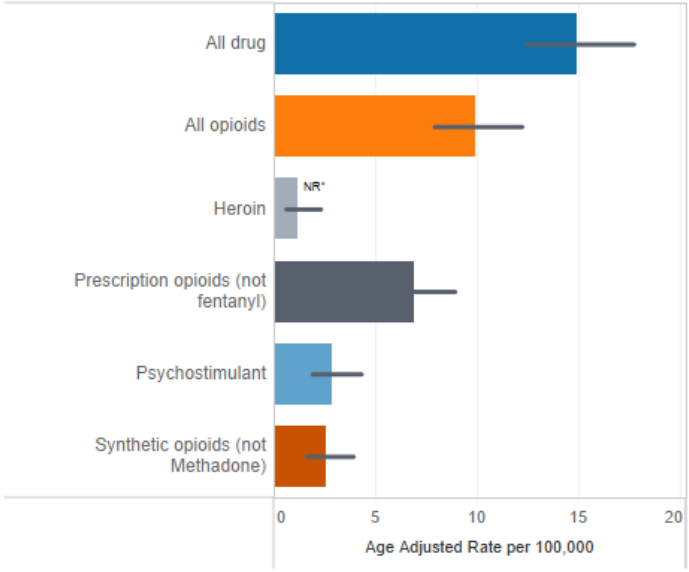
Select Year Grouping
5-year

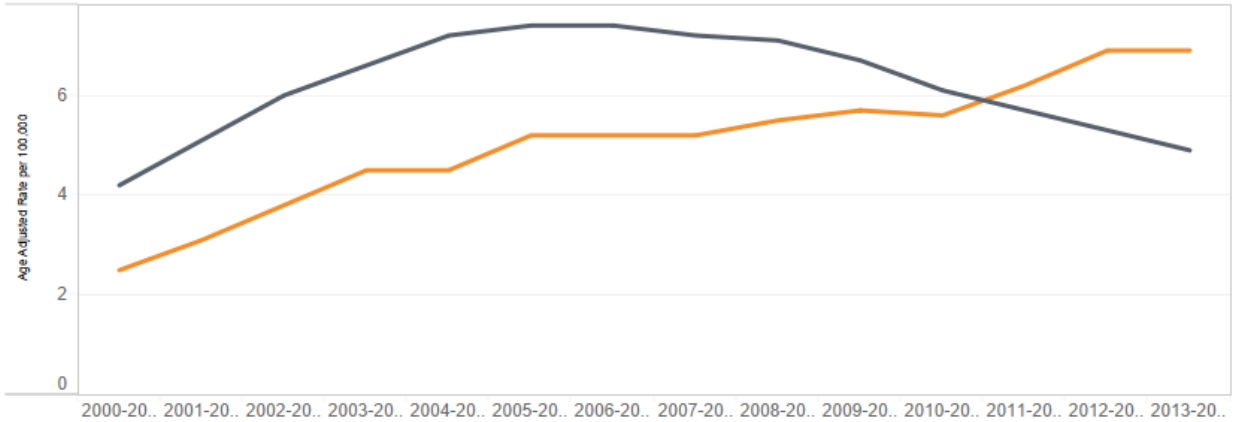
Select Drug Type
Prescription opioids (not fentanyl)

County
Benton

Select Years
2013-2017







Drug Type Selected
Prescription opioids (not f..

Select County
Benton

Benton

Reference Rate (State)

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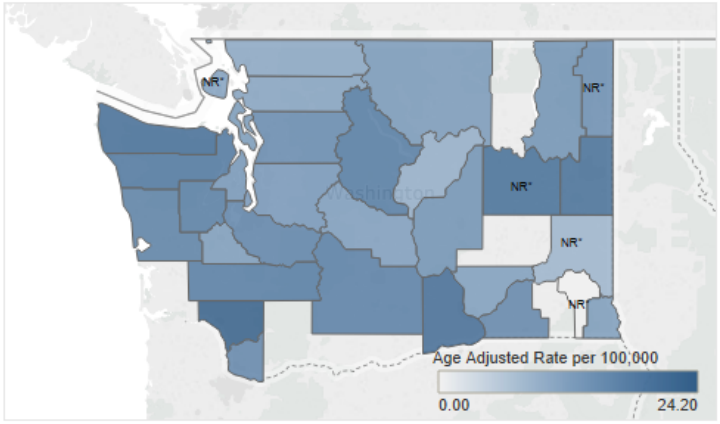
Hospitalizations due to Drug Overdose

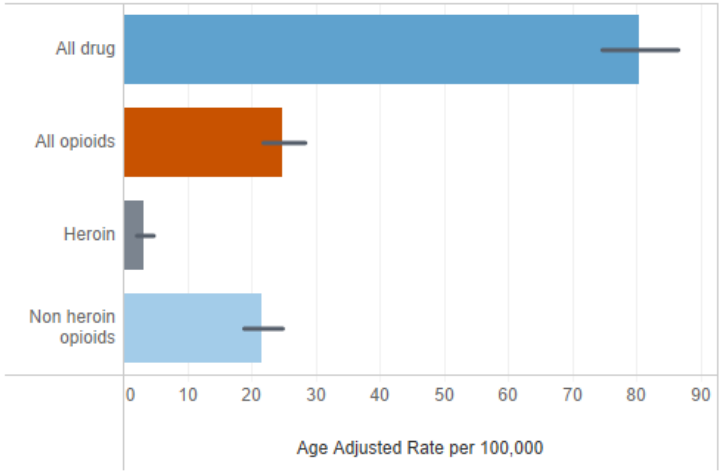
Select Year Grouping
5-year

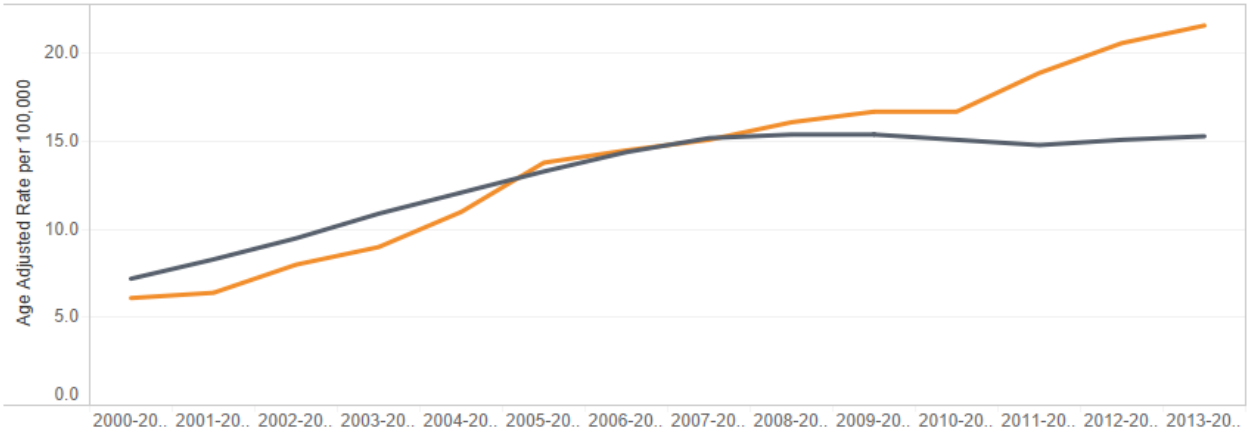
Select Drug Type
Non heroin opioids

Selected County
Benton

Select Year
2013-2017







Drug Type Selected
Non heroin opioids

Select County
Benton

Counties Selected
Benton

Reference Rate (..

NR* = Not Reliable due to RSE>25. For definitions of the drug type, please see the Technical Notes on the landing page:
https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/OpioidDashboards

Health

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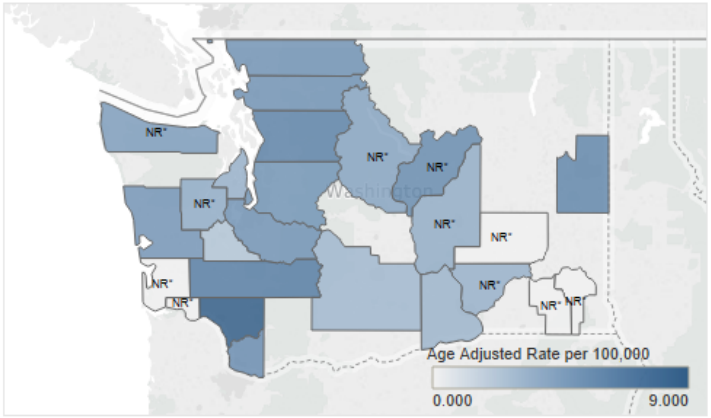
Hospitalizations due to Drug Overdose

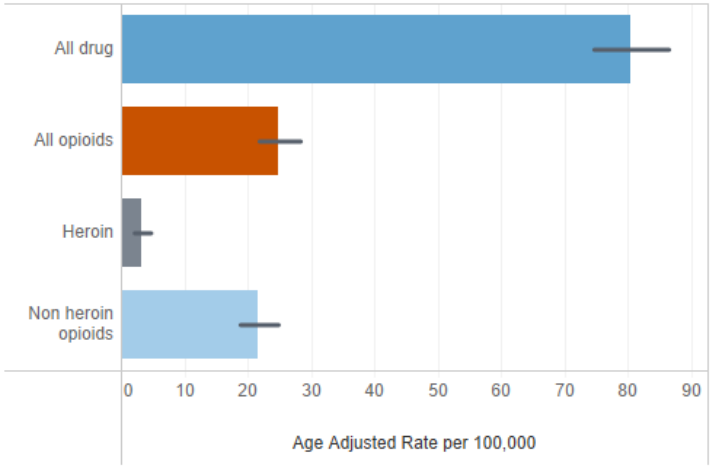
Select Year Grouping
5-year

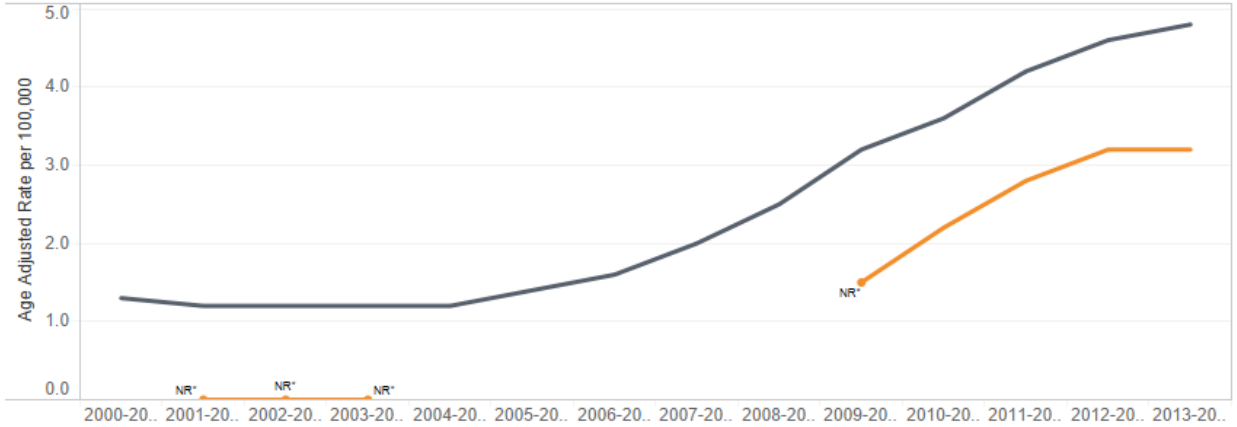
Select Drug Type
Heroin

Selected County
Benton

Select Year
2013-2017







Drug Type Selected
Heroin

Select County
Benton

Counties Selected
Benton

Reference Rate (..

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Opioid use disorder treatment

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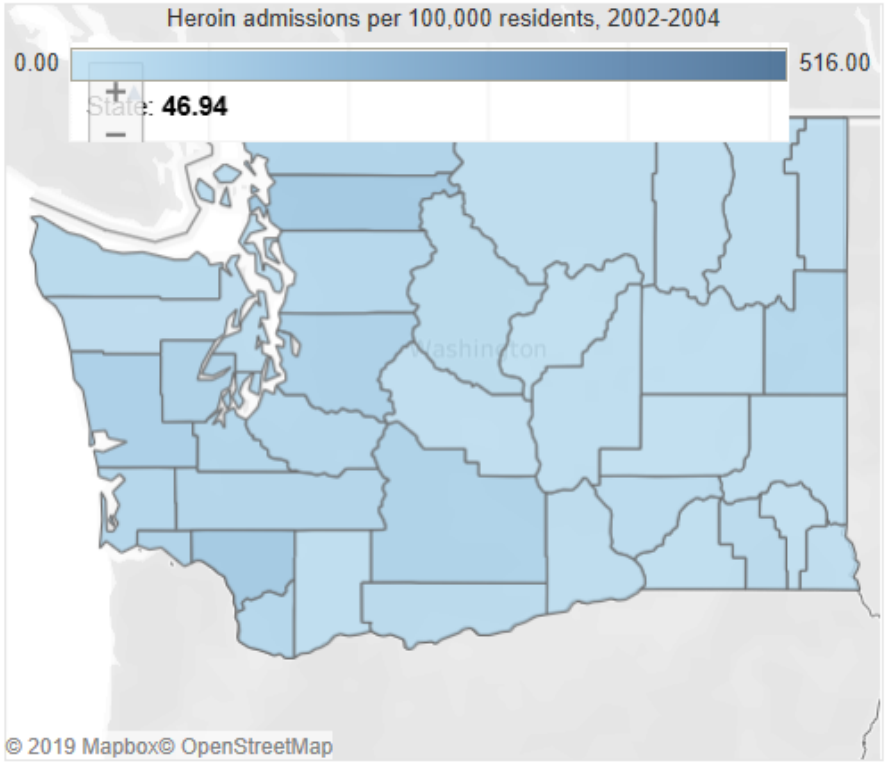
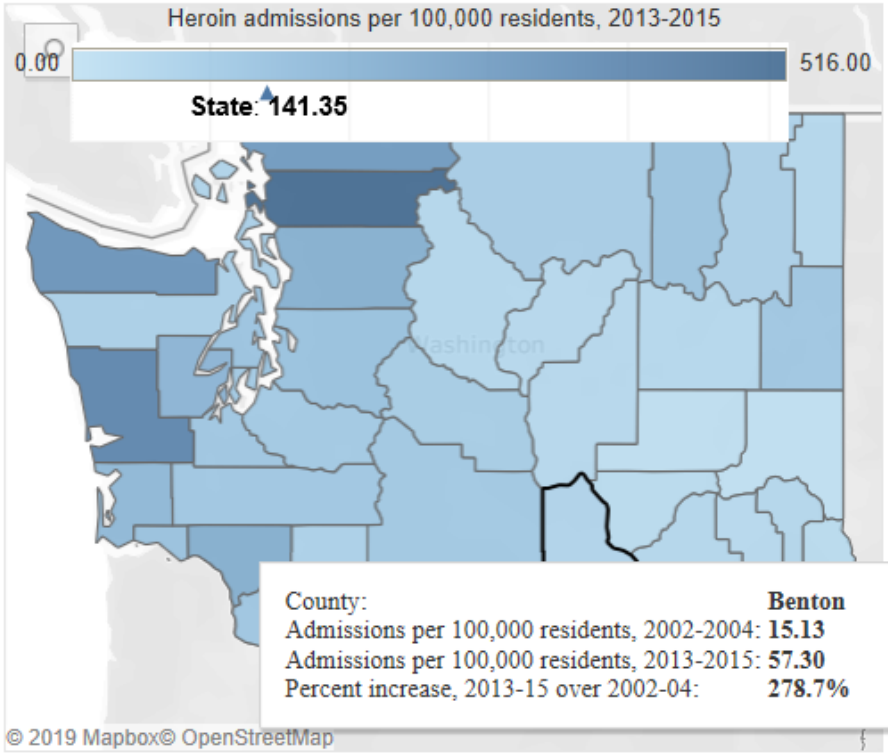
Admissions for which heroin was the primary drug





Data sources: Division of Behavioral Health and Recovery, Washington State Department of Social and Health Services (admissions), state Office of Financial Management (population)

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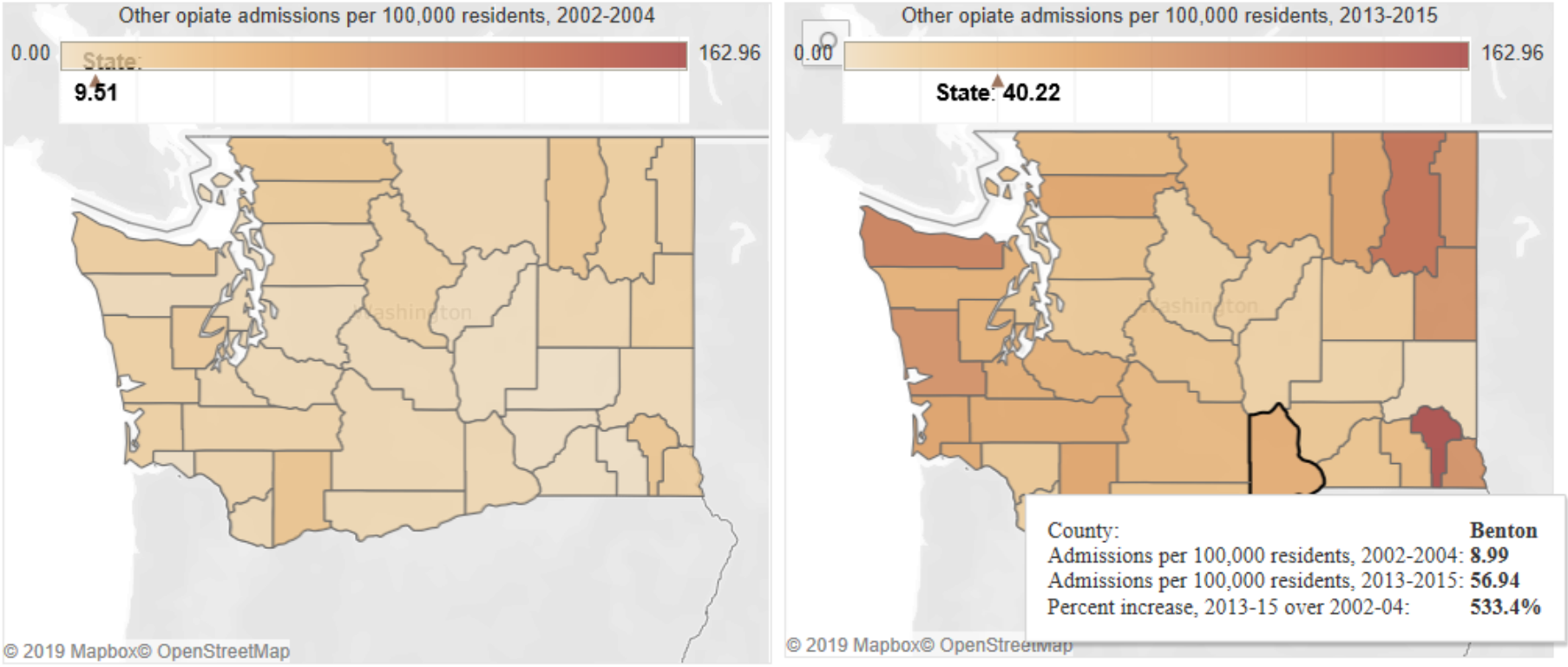
Admissions for other opiates

While rates of treatment admissions for which the primary drug was a non-heroin opiate increased in most counties between 2002-2004 and 2013-2015, the motion chart above shows that the rate in the latter period is generally below peaks seen in 2008 or 2009.



Data sources: Division of Behavioral Health and Recovery, Washington State Department of Social and Health Services (admissions), state Office of Financial Management (population)

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Benton County 12th graders 2010 – 2016 Healthy Youth Survey

- Using heroin at least once in their lifetime: 3% (no change)
- Currently misusing prescription pain killers: 10% ↘ 6% (decrease)

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Hepatitis C

- Contagious through exposure to blood
- Treatable

Acute

- No symptoms in 70 – 80%
- 15 - 25% clear the infection within 6 months

Chronic

- Infection lasts longer than 6 months
- No symptoms, non-specific symptoms or cirrhosis

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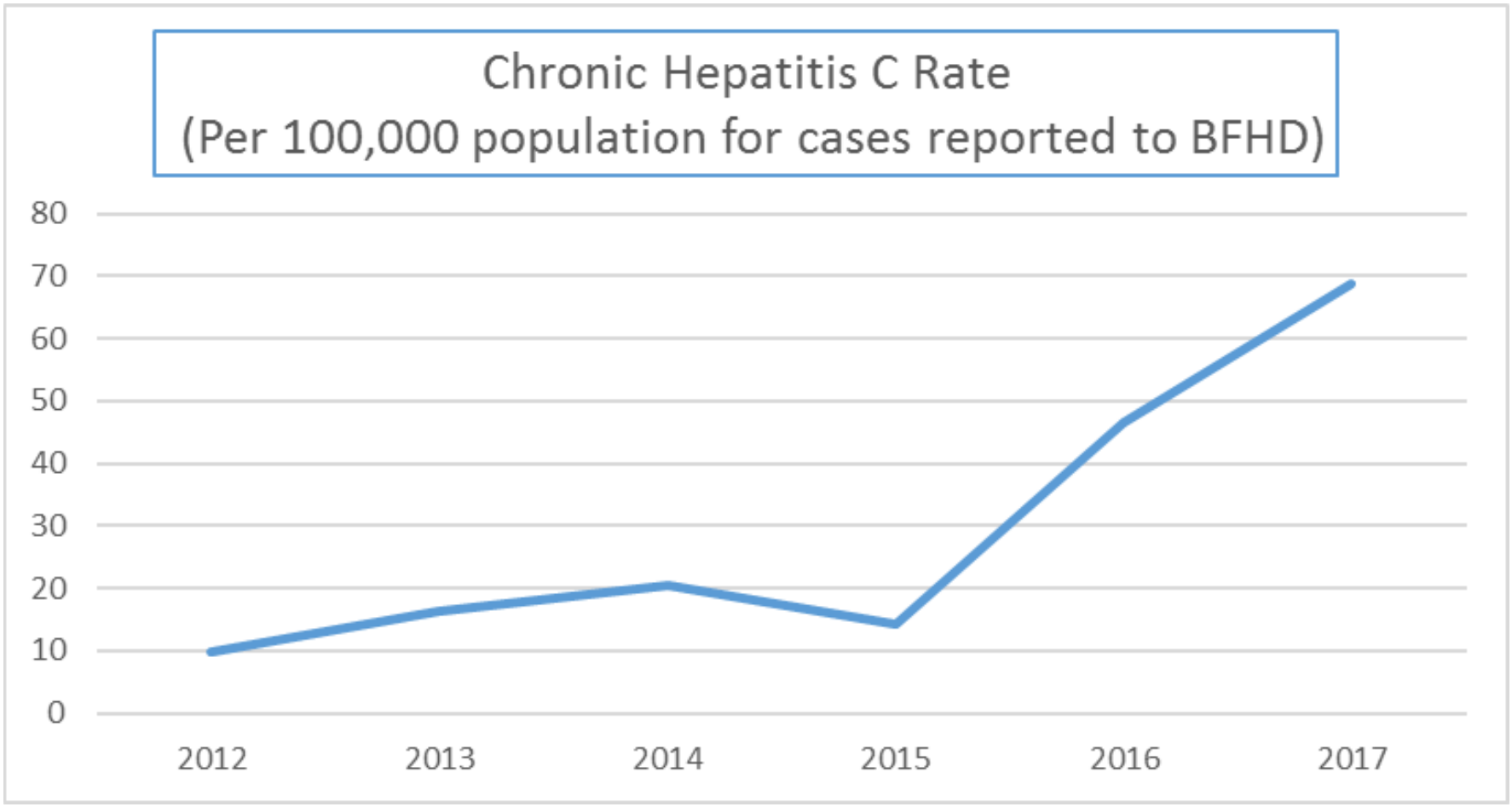

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Hepatitis C
Risk Factors/Prevention Strategies

Injection drug use

Goals:

Increase screening

Reduce injection transmission risk

Improve access to Hepatitis C treatment

Improve access to substance use disorder treatment

Born between 1945 – 1965

Goals:

Increase screening

Improve access to Hepatitis C treatment

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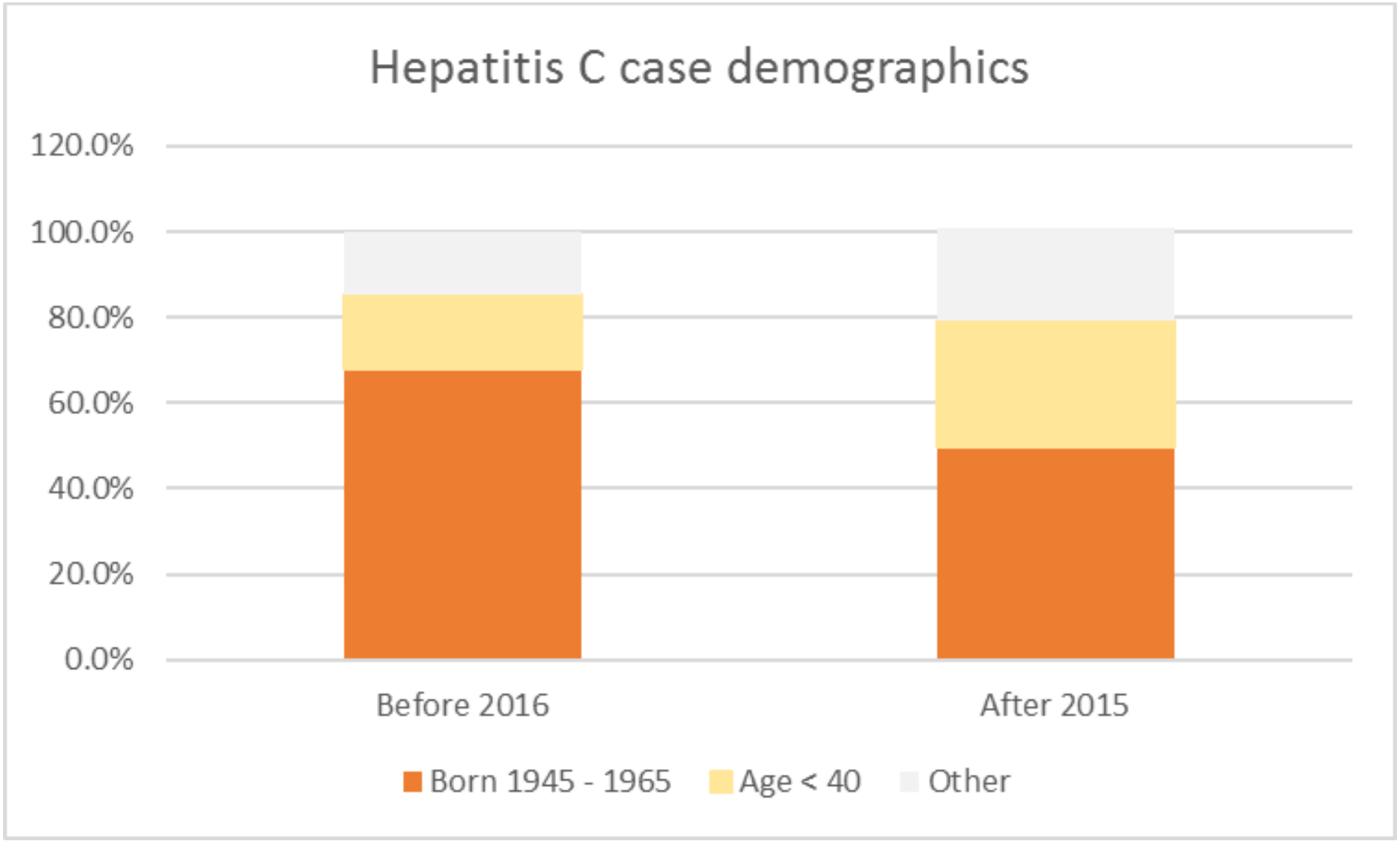

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Council Workshop Coversheet

Agenda Item Number	2.	Meeting Date	04/30/2019	Info Only ☒
Agenda Item Type	Presentation			Policy Review ☐
Subject	Medication Assisted Treatment Program			
Ordinance/Reso #		Contract #		Policy DevMnt ☐
Project #		Permit #		Other ☐
Department	Employee & Community Relations			

Summary

Medication Assisted Treatment (MAT) Program - Presented by Benton County Sheriff Jerry Hatcher and Dr. Jeff Allgaier, Ideal Option.

Through	Chris Guerrero Apr 23, 11:01:15 GMT-0700 2019	*Attachments:*
Dept Head Approval	Ken Hohenberg Apr 23, 11:04:22 GMT-0700 2019	
City Mgr Approval	Marie Mosley Apr 25, 11:39:47 GMT-0700 2019	

City Council Meeting Schedule May 2019

May 7, 2019
Tuesday, 6:30 p.m. REGULAR COUNCIL MEETING

May 14, 2019
Tuesday, 6:30 p.m. WORKSHOP MEETING

1. Port of Kennewick Partnership (20 minutes)
2. KAC & KMC Policy Changes (Legard/Beaton – 45 minutes)
3. KMC Title 18 Code Amendment Options (Beaton – 15 minute)
4. Televising Council Meetings Update (Palmer – 10 minutes)

May 21, 2019
Tuesday, 6:30 p.m. REGULAR COUNCIL MEETING

May 28, 2019
Tuesday, 6:30 p.m. WORKSHOP MEETING

1. Workplace Safety Update (Lemieux – 15 minutes)
2. 2019 AWC Elected Officials Essential Webinar - Public Sector Resource Management (Mosley - 60 minutes)
3. Annual Comp Plan Amendment Docket (McCormick – 20 minutes)

To assure disabled persons the opportunity to participate in or benefit from City services, please provide twenty-four (24) hour advance notice for additional arrangements to reasonably accommodate special needs.

Please be advised that all Kennewick City Council Meetings are Audio Taped