

OUR Tillamook Implementation Plan Overview*

Year 1

Year 2

Year 3

Theme 1: Harm Reduction and Education

Increase number of available needle exchange resources.

Work with Columbia Pacific CCO to educate providers on co-prescribing naloxone with high dose opioid prescription.

Promote opioid overdose prevention planning for criminal justice populations pre- and post-release from local jails and ED admissions due to overdose.

Work with FQHC, AHTM and local pharmacies to find/provide funding to increase the availability of safe medication disposal in Tillamook.

Pursue funding, create plan, provide training and distribute naloxone to partners, first responders, those screened with OUD, community organizations, ED admissions due to overdose, those released from jails.

Develop data collection tool in partnership with Sheriff's office to collect SUD/OUD usage data upon jail intake.

Develop/adapt and disseminate education materials and evidence-based messaging to audiences about a variety of SUD-related topics.

Create resource guide of SUD prevention, treatment and recovery best practices, programs and policies.

Develop and offer screening for HIV, hepatitis and other infectious diseases at the county jail. Provide or refer to treatment if needed.

Hold training for Law enforcement and criminal justice on: SUD-related topics

Pursue funding for each new, un-replicated harm reduction program.

Strengthen collaboration with law enforcement and first responders to enhance capability of responding and providing emergency treatment to those with SUD/OUD.

Plan and develop a county-wide SUD/OUD data collection and evaluation process.

Post SUD prevention treatment and recovery best practices, programs and policy guidelines on local website.

****ON HOLD**** Adapt CCO's overdose taskforce plan for a Tillamook County opioid crisis response plan.

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Theme 2: Pain Management and Prescribing Practices

Host a Prescribers Grand Rounds on Pain Management and Prescribing Practices to include data dashboards.

Develop and adopt a Tillamook County prescribers shared strategy for addressing pain and prescribing. Include review of Columbia Pacific CCO guidelines.

Provide, promote local training regarding Prescription Drug Monitoring Program (PDMP) available through Tillamook County.

[Review and adopt tapering strategy for high use patients in Tillamook County. Contract consultation resource for prescribing and tapering support and review BRAVO protocol.](#)

Identify providers to serve as referral source for alternative pain management.

Increase the number of local professionals who access technical assistance programs such as Project ECHO “Effective Systems for Addiction Treatment in Primary Care”.

Provide education targeting healthcare providers on alternative treatment for pain management.

Adopt best practices for pain prescribing at Emergency Department, Urgent Care and Acute Care.

Collaborate with clinical specialists in developing methods for: providing opioid prescribing and tapering resources and education, offering decision support tools, using BRAVO protocol, evaluation use.

Utilize closed loop referral system to integrate referrals between medical, behavioral health, dental and other social services programs and supports.

[Develop a customized data dashboard for Tillamook County prescribers. \(review CCO's dashboard coming soon and adopt SUPPORT act requirements \).](#)

Provide training on better pain management for emergency room, urgent care, acute care.

Create a county-wide alert system for reporting individuals with high prescriptions or concerns for high prescriptions.

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Theme 3: Treatment and Recovery

Conduct further assessment to specify county need - provider type and quantity.

Create and adopt a Tillamook County learning network for medical/clinical support staff to aid best-practice MAT service delivery. (utilize Project ECHO and other resources)

Facilitate collaboration between health care and recovery community to support implementation and growth of integrated therapy and recovery support services.

Participate in state-level billing and coding education opportunities.

Assist new prospective NHSC sites in determining eligibility and provide guidance through the NHSC site application process.

Assess county need for peer recovery support and create workgroup to establish project.

Identify and access resources for hiring peer recovery specialists.

Increase the number of providers who are trained, certifies and willing to provide MAT.

Develop and support community and peer intervention models that encourage overdose survivors to seek evidence-based therapy and recovery support services.

Cultivate clinical champions who will: encourage additional providers to integrate MAT in their practices; create provider alignment on MAT and use same metrics.

Pursue state, federal and foundation funding to develop and adopt a plan to expand availability of and access to recovery support services.

Peer Recovery Support Specialist Credentialing Training.

Identify and prioritize barriers and possible solutions to recruitment, retention and development of providers.

Embed Peer Recovery Support Specialists (PRSS) in programs that support OUD therapy; provide referrals to bridge medical, ED, behavioral health, dental and other social service programs and supports. Increase provider and community understanding of Peer Recovery Support models.

Provide training and other professional development opportunities to increase the number of providers who can identify and treat SUD/OUD. Work with healthcare providers to develop guidance for identifying, diagnosing, and appropriate referral to or link to therapy for OUDs.

Integrate therapy and recovery resources in law enforcement. Support community-based providers in preparation to receive referrals. Provide support through trainings, academic detailing and technical assistance.

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Theme 3: Treatment and Recovery (Continued)

	Encourage the use of multidisciplinary team models for pain management. Assess and identify physical and occupational therapists and leverage their services and collaborate with partners for other holistic therapies for pain management.
	Nurse case manager, MSW or CADC and registered nurse to reduce barriers to therapy by providing care coordination and connection/referrals to social services and support for individuals with OUD, including those connected through emergency department, peer support handoff, and FQHC patients.
	Identify funding/waivers to support provider time for training programs.
	Explore, adapt and implement new payment models that facilitate and incentivize coordinated care and build incentive across programs.
<p>**ON HOLD** Collaborate with state to increase substance use therapy funding for uninsured patients and Columbia Pacific CCO to share operational procedures and lessons learned on newly developed payment system for office visits for MAT services in primary care.</p>	

* This plan is subject to change at the discretion of the OUR Tillamook Consortium

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