Regional Opioid Workgroup

1:00 PM – 2:30 PM Friday January 19th, 2018

Location **Confluence Technology Center** 285 Technology Center Way #102, Wenatchee, WA 98801	**Conference Information:** Join from PC, Mac, Linux, iOS or Android: https://zoom.us/j/155569333 *Dial: (669) 900 6833 or (408) 638 0968* *Meeting ID: 155 569 333*

Agenda

Proposed Agenda	Time	Goals

1. Welcome, Introductions, & Project Planning Structure
Dr. Malcom Butler and Christal Eshelman
	1:00	• Introductions
		• Workgroup Chair
		• Charter Membership Agreement and Attendance Requirement
		• Review of last meeting
		  o Strategies
		  o Application Process
		• Review Proposed Project Planning Timeline

2. Project Data Update *Caroline Tillier*	1:15	• Regional Opioid Data
3. Finalize Current State Capacity Assessment *Christal Eshelman*	1:20	• Opioid Initiative Matrix
4. Strategies *Dr. Malcom Butler and Christal Eshelman*	1:40	• Finalize Selected Strategies • Prioritize Selected Strategies based on criteria
5. Application Attributes *Christal Eshelman*	2:05	• Key concepts to include? • What does application ask? • Templates?
6. Domain I Linkages *John Schapman*	2:15	• Workforce, HIT/HIE, Value-Based Payment
7. Assignments	2:25	• Review draft application prior to next meeting (will be emailed 1 week prior) • Sign Charter Membership Agreement • • •

Next Meeting: February 16th 1:00-2:30PM at Confluence Technology Center (regular meetings are the 3rd Friday of the month)

OPIOID PROJECT - PROPOSED PLANNING TIMELINE

Dec-17

- Continue Current State Assessment (Initiative Matrix) and survey
- Exploration of strategies
- Exploration of data gaps/needs

Jan-18

- Review and finalize current state assessment for projects
- Review and finalize selection of strategies
- Domain I linkages discussion

Feb-18

- Review draft Implementation Partner Application and scoring/funding criteria
- Initiate project funds flow discussion

Mar-18

- Finalize Implementation Partner Application and scoring/funding criteria
- Continue funds flow discussion

Apr-18

- Distribute Implementation Partner Application to potential partners
- NCACH Whole Person Care Summit
- Final funds flow document created (and budget for 2018 year funding)
- Review draft LOI for partners

May-18

- Review and select successful Implementation Partner Applications
- Initiate process for binding LOIs for partners
- Approval of final funding document for 2018 funding

Jun-18

- Review received LOIs (LOIs from partners due June 8th, 2018
- Discuss gaps and develop plan to address them
- Initiate draft Implementation Plan

Jul-18

- Draft Implementation Plan (including partner LOIs)
- Initiate continuous monitoring and improvement discussion

North Central Accountable Community of Health

DRAFT - NCACH Opioid Initiative Matrix - DRAFT

	Initiative	Chelan/Douglas	Grant	Okanogan
Prevention	**Public Education**	Planned: Regional Opioid Public Outreach Committee		
		Need: public awareness/education campaigns, broader education and marketing; Greater community knowledge of current problem/crisis		
		Planned: participate in state wide education effort once it becomes available Current: Together for Youth/CVCH produced local brochure.	Current: Grant County Helath District website and public outreach	
	Prevent opioid intiation amonth youth	Current: Student Assistance Professionals in the two DBHR-identified CPWI communities, Wenatchee and Waterville. Provide ATOD prevention curriculum, individual screening, referrals for AOD assessments, alternatives to ATOD suspension (discipline buy-backs), and prevention/intervention groups for students, and staff training and technical assistance.		
		Need: Student Assistance Professionals in more than the one DBHR-identified community in each county. Currently, no school-based ATOD professional exists in the other schools in those counties, except Eastmont, which funds their own staff person to do that work. Also needed is evidence-based ATOD prevention curriculum at middle grades, and staff drug recognition training to all schools.		
		Current: eudcation and awareness to Chelan High School 9th Grade Health Class	Current: Youth education	
		Current: TOGETHER for Youth provides information to students in health classes (junior and high school levels) about the dangers of these drugs. Provides information to parents and community members at outreach events.	Need: Youth Mental Health Training Course Need: Youth Coalition Assistance	
		Need: After school programs		
		Need: Peer support/education in schools		
	Medication take back boxes	Current Locations: 4	Current Locations: 6	Current Locations: 3 (+2 in Grand Coulee)
		Need: Increased awareness	Current: Public awareness Planned: Expansion Need: More boxes	Need: More boxes due geographic distances to travel
	Home lock boxes		Need	
	General Prevention	Need: Destabilize stigma	Current: GIS a prevention program thru DBHR and are working w/GCHD to maximize funding and resources Need: Better coordination of efforts and additional MAT prescribers	Need: increase ACES/Resiliency knowledge through education, Biggest barrier is STIGMA
	Promote opiod prescribing best practices	Current: Opoid Workgroups & Oversight Committee, Updated procedures for prescribers, Integrating BH to assist with managing pain, Staff education on the use of opioids (Confluence)		
		Current: Sophisticated pain management program which allows us to minimize the use of prescription opioids, pain Need: work on opioid prescribing for acute pain with non-primcary care providers, dentists, etc.		Need: non-opioid modalities for acute and chronic pain and provider prescribing parameters

DRAFT - NCACH Opioid Initiative Matrix - DRAFT

	Initiative	Chelan/Douglas	Grant	Okanogan
Treatment	Syringe Exchange Program (SEP)	Need	Planned: Grant County Public Health	Current: Okanogan Public Health Planned/hopeful: increase outreach capacity
				Need: increased awareness of program, increased hours, establish other sites
	Jail MAT program	Current: Chelan County Jail and CVCH	Need/Interested	
		Need: Start treatment sooner while incarcerated		
	Drug Court	Need	Interested/Expressed Need	Current
	Increase Suboxone Prescribers and expand access to MAT	# and capacity of Prescribers: Confluence - CVCH - All PCPs Cascade - LCCH - New Start Clinic - The Center -	# and capacity of Prescribers: Confluence - MLCHC - Samaritan Healthcare - Columbia Basin Medical Center - Columbia Basin Health Association - Mattawa Family Medical Center - Quincy Valley Medical - New Start Clinic -	# and capacity of Prescribers: Confluence - FHC - 9-10(?) Colville Tribal Health Services - Coulee Medical Center - Mid Valley Hospital - North Valley Hospital - Three Rivers Hospital - New Start Clinic -
			Need: More prescribers	Need: More prescribers
		Current: increasing Suboxone prescribers, incentive program (Confluence)		
		Current: expanding MAT capacity, behavioral treatment capacity, and capacity for integration/support with behavioralists in the primary care pods (CVCH)		Current: Working to develop a system that supports prescribers (FHC)
		Planned: Cascade Medical Center Coordinating March Suboxone prescribing training opportunity		Current: New Start Clinic co-locating at OBHC ~1-2 days per week. Trying to ensure clients are receiving SUD therapy and MAT
		Need: Supportive/safe housing	Need: Providing/promoting assistance for barriers to treatment (housing, transportation, financial costs, ect)	Need: supportive housing (ie. Oxford housing)
		Need: boots on the ground outreach to homeless for OUD and housing		
		Need: methadone maintenance program		
	Build capacity of healthcare providers to recognize signs of opioid misuse, identify OUD, link patients to treatment	Need: school-based AOD assessment and treatment providers, likely from external agencies already providing these services in the community or in other communities.		
		Current: Working to make OUD a core competency of primary care. (CVCH)	Current: GIS Working with medical providers to expand assessment activites to ER, medical clinics	Need: ER Behavioral Health and MAT providers
	Non-MAT treatment	Current: Outpatient, residential, Detox	Need: Promotion of our county's rehab services/collaboration.	Need: inpatient treatment

DRAFT - NCACH Opioid Initiative Matrix - DRAFT

	Initiative	Chelan/Douglas	Grant	Okanogan
Overdose Prevention	**Law enforcement, EMS, Jail personnel, others carrying Narcan**	Current: Chelan Co Jail Catholic Charities Housing Outreach	Current: All law enforcement carrying Nalaxone GIS Mobile Outreach Team Soap Lake PD Grant Co Sheriff	Current: Drug Task Force Okanogan Co Sheriff Brewster PD Lifeline
		Planned:	Planned:	Planned: Interested: Oroville PD Border Patrol
		Need: Narcan expansion to police and first responders Schools Homeless shelters	Need: Expansion to first responders not carrying narcan, broader community partners w/naloxone	Need: more LE carrying Narcan
	Narcan distribution at SEP			Current: Okanogan Public Health
	Community based naloxone distribution		Need: Promote community based nalaxone	Need: Increase those with access and education on opioid overdose signs/symptoms; distribute more intranasal naloxone
	ED provide take home naloxone to indivuals seen for opioid overdoes			
	Promote co-perscribing of naloxone for pain patients	Need: improved education to those prescribed opioids and family on benefits of narcan & improved access to narcan		
		Current: Prescribing naloxone for high risk patients (CVCH)	Need: Co-prescribing of Nalaxone for pain patients; patient education	
	Monitoring of Overdose ER visit data	Need: Improved data collection to understand if OD is intentional vs accidental		
				Planned: Okanogan Public Health
	Monitoring Overdose Death data	Need: improved data collection to understand if OD is intentional vs accidental		
				Current: Okanogan Public Health
	Good Samaritan Law Education			
Recovery	**Support whole person health in recovery**	Current: Integrated Behavioral Health at all Primary Care Clinics (Confluence)		Current: Integration BH at some PC clinics (Confluence) Need: Expansion of BH to all remote sites
	Peer and community-based recovery support services	Current: Oxford Houses	Need: Community education and service access outside of Moses Lake	Current: Shove House
		Need: Recovery housing		Need: More Oxford type hopuses where people in recovery can be supported 24/7
		Current: 12 step meetings, NAMI	Need: Long term treatment	Current: Numerous support group meetings in most areas of our county, Faith-Based organizational support
		Current: Suboxone Support Group starting soon (CVCH) Planned: building capacity to do more recovery support (CVCH)		Need: Involve those in recovery in assessment of services/plan needs
		Need: Inpatient and detox options that middle to upper class will access		

Proposed approaches to be included in the application for implementation partners for the NCACH Opioid Project.

	Approaches	P4R	P4P	Need	Total
Prevention	Promote accurate and consistent messaging about opioid safety and to address the stigma of addiction		1	1	2
	Promote safe storage and appropriate disposal of medications through 1) medication take back programs, 2) home lock boxes, 3) "med-mud" education.		1	1	2
	Expand Medication Take Back programs.		1	1	2
Treatment	**Increase the number of providers certified to prescribe OUD medications in the region (ie. hospitals, primary care clinics, correctional facilities, mental health and SUD treatment agencies, methadone clinics and other community based sites).**	1	1	1	3
	Build structural supports (e.g. case management capacity, nurse care managers, integration with substance use disorder providers) to support medical providers and staff to implement and sustain medication assisted treatment, such as methadone and buprenorphine; examples of evidence-based models include the hub and spoke and nurse care manager models.	1	1	1	3
	Promote and support pilot projects that offer low barrier access to buprenorphine in efforts to reach persons at high risk of overdose; for example in emergency departments, correctional facilities, syringe exchange programs, SUD and mental health programs.	1	1	1	3
	Increase OUD treatment, particularly MAT, during incarceration and ensure continuity of treatment for persons with an identified OUD need upon exiting correctional facilities by providing direct linkage to community providers for ongoing care.	1	1	1	3
	Organize or expand syringe exchange and drug user health services.	1		1	2
	Develop/support linkages between syringe exchange programs and physical health/OUD treatment providers.	1	1	1	3
	Establish or enhance community pathways to support pregnant and parenting women with connecting to care services that address whole-person health (physical, mental and substance use disorder treatment) needs during, through, and after pregnancy.	1	1		2
OD Prevention	Provide technical assistance to first responders, chemical dependency counselors, and law enforcement on opioid overdose response training and naloxone programs.		1	1	2
	Assist emergency department to develop and implement protocols on providing overdose education and take home naloxone to individuals seen for opioid overdose.	1	1	1	3
	Establish standing orders in all counties to authorize community-based naloxone distribution and lay administration.		1	1	2
	Collaborate with the BHOs to provide residential, outpatient and withdrawal management programs with guidelines, training and tools to provide overdose prevention education to all clients.	1	1		2
Recovery	Enhance/develop or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.		1	1	2
	Establish or enhance community-based recovery support systems, networks, and organizations to develop capacity at the local level to design and implement peer and other recovery support services as vital components of recovery-oriented continuum of care.		1	1	2
	Connect Substance Use Disorder providers with primary care, behavioral health, social service and peer recovery support providers to address access, referral and follow up for services.	1	1		2

Proposed approaches that are in the scope of the Whole Person Care Collaborative (WPCC) for the NCACH Opioid Project.

	Approaches
Prevention	Promote the use of the Prescription Monitoring Program and its linkage into electronic health record systems in an effort to increase the number of providers regularly using the PDMP and the timely input of prescription medication data into PDMP.
	Build enhancements in the electronic medical record systems to default to recommended dosages, pill counts, etc.
	Train, coach and offer consultation with providers on opiod prescribing and pain management. Train providers on AMDG's Interagency Guideline on Prescribing Opioid for Pain.
	Promote the integration of telehealth and telephonic approaches.
	Work closely with dentists' awareness of opioid prescribing "best practices" - Dr. Butler
	Conduct an inventory of existing patient materials on medication safety for families and children. Develop new materials as needed as tools for health care providers and parents. - Interagency Plan
	Support innovative telehealth in rural and underserved areas to increase capacity of communities to support OUD prevention and treatment.
Treatment	Educate providers across all health professions on how to recognize signs of opioid misuse and OUD among patients and how to use appropriate tools to identify OUD.
	Offer patients brief interventions and referrals to medication assisted treatment and psychosocial support services, if needed.
	Improve compentence amongst primary care providers indentifying and managing complex opioid use disorder in the setting of chronic pain - Dr. Butler
	Increase the number of providers certified to prescribe OUD medications in the region (ie. hospitals, primary care clinics, correctional facilities, mental health and SUD treatment agencies, methadone clinics and other community based sites).
	Build skills of health care providers to have supportive patient conversations about problematic opioid use and treatment options.
	Build structural supports (e.g. case management capacity, nurse care managers, integration with substance use disorder providers) to support medical providers and staff to implement and sustain medication assisted treatment, such as methadone and buprenorphine; examples of evidence-based models include the hub and spoke and nurse care manager models.
	Encourage family medicine, internal medicine, OB/GYN residency programs to train residents on care standards of care and medications to treat opioid use disorder.
	Build linkages/communication pathways between those providers providing medication and those providing psychosocial therapies.
	Disseminate the guideline Substance Abuse during Pregnancy: Guidelines for Screening and Management.
	Disseminate the Washington State Hospital Association Safe Deliveries Roadmap standards to health care providers.
	Educate pediatric and family medicine providers to recognize and appropriately manage newborns with NAS.
	Increase the number of obstetric and maternal health care providers permitted to dispense and prescribe MAT through the application and receipt of DEA approved waivers.
OD Prevention	Promote co-prescribing of naloxone for pain patients as best practice per AMDG guidelines. Add prompts to PMP to encourage providers to prescribe naloxone to patients on high doses of opioids.

Proposed approaches that the NCACH staff and/or Opioid Workgroup will be responsible for the NCACH Opioid Project.

	Approaches
Prevention	Build awareness and identify gaps as they relate to ongoing prevention efforts (e.g. school-based programs); connect with local health jurisdictions and Washington State Department of Health and Department of Behavioral Health and Recovery to understand the efforts currently underway in the region.
	Work closely with dentists' awareness of opioid prescribing "best practices".
	Conduct an inventory of existing patient materials on medication safety for families and children. Develop new materials as needed as tools for health care providers and parents. - Interagency Plan
	Educate law enforcement about PMP and how it works.
Treatment	Effective treatment of OUD includes medication and psychosocial supports. Conduct inventory of existing treatment resources in the community (e.g. formal treatment programs and practices/providers providing Medication Assisted Treatment, [methadone, buprenorphine, naltrexone]).
	Together with the Health Care Authority, identify policy gaps and barriers that limit availability and utilization of buprenorphine, methadone, and naltrexone and contribute to the development of policy solutions to expand capacity.
	Provide technical assistance to county health officers to advocate for expanded local access to opioid use disorder medications.
	Encourage family medicine, internal medicine, OB/GYN residency programs to train residents on care standards of care and medications to treat opioid use disorder.
	Identify critical workforce gaps in the substance use treatment system and develop new initiatives to attract and retain skilled professionals in the field.
	Regularly collect primary data to document current health needs of individuals who inject heroin.
Overdose Prevention	Increase access to naloxone through pharmacies. Encourage pharmacies distributing naloxone to post signs regarding its availability.
	Evaluate the utilization and health impacts of naloxone administered by police, fire department, and emergency medical technicians.
	Collaborate with the BHOs to provide residential, outpatient and withdrawal management programs with guidelines, training and tools to provide overdose prevention education to all clients.

Discussion Points for
NCACH Regional Opioid Stakeholders Workgroup Meeting

January 19, 2018

<table>
<tr><td>Finalize Selected Strategies</td><td>• Are dentists sufficiently included in these strategies?
• Are there other strategies we should support?
• Should Drug Court be included?</td></tr>
<tr><td>Prioritize strategies</td><td>How many strategies do we want to have available on the application?
1. This approach improve the Pay for Reporting metrics (see page 2).
2. This approach impact the Pay for Performance metrics (see page 2).
3. This approach was listed as a need in the Opioid Initiative Matrix (see page 3).</td></tr>
<tr><td>Application Attributes</td><td>• Sustainability
• Multi-sector collaboration
• Length of application
• Health Equity – address health disparities, culturally relevant
• Data-informed - problem statement
• Timeline
• Whole person health
• Aligns with related initiatives, avoids duplication of work
• Domain I linkages – Workforce, HIT/HIE, Value-Based Payment
• Reporting Requirements: Semi-Annual written reports, quarterly report out to Workgroup, participation in NCACH Annual Summit
• Reach
• Appendix:
    o Regional Data
    o Medicaid Demonstration
    o WA State Opioid Interagency Working Plan</td></tr>
</table>

OPIOID Project Metrics		
Year	**Type**	**Metric**
2019-2021	ACH Reported (Pay for Reporting)	• Quality Improvement Plan metrics • # and location of buprenorphine prescribers (MDs, ARNPs, and PAs) • # and location of MH/SUD providers delivering acute care and recovery services to people with OUD • # and list of community partnerships (list of members and roles, and ID which partners offer MAT) • # of health care providers, by type, trained on AMDG's Interagency Guideline on Prescribing Opioids for Pain • # of health care organizations with EHRs that newly provide clinical decision support for opioid guidelines • # of local health jurisdictions / CBOs that received TA to organize or expand syringe exchange programs • # of EDs with protocols for overdose education and take home naloxone for opioid overdose • # and type of access points for MAT (e.g., EDs, SUD / MH settings, corrections, etc)
2019-2021	State Reported (Pay for Performance)	• Outpatient Emergency Department visits per 1,000 Member Months • Patients on high-dose chronic opioid therapy by varying thresholds • Patients with concurrent sedatives prescriptions
2020-2021	State Reported (Pay for Performance	• Inpatient hospital utilization • Substance Use Disorder treatment penetration (Opioid)

North Central Accountable Community of Health

Regional Opioid Stakeholder Workgroup Charter

Background

On January 9th, 2017 the Washington State Health Care Authority (HCA) signed an 1115 Waiver, now known as the Medicaid Transformation Demonstration Project. The goal of the Demonstration is to improve care, increase efficiency, reduce costs and integrate Medicaid contracting. To align clinical integration with payment integration within the Demonstration Project, HCA developed the Medicaid Demonstration Project Toolkit. One of the projects that all ACHs are required to select is to address the opioid use public health crisis. The project objective, as described in the toolkit, is to support the achievement of the state's goals to reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports.

Charge

The Regional Opioid Stakeholder Workgroup will ensure that the North Central region implements effective evidence based practices that align with the milestones and approaches described in the Toolkit that will result in reducing opioid-related morbidity and mortality in North Central Washington. Specifically the Workgroup will complete the following:

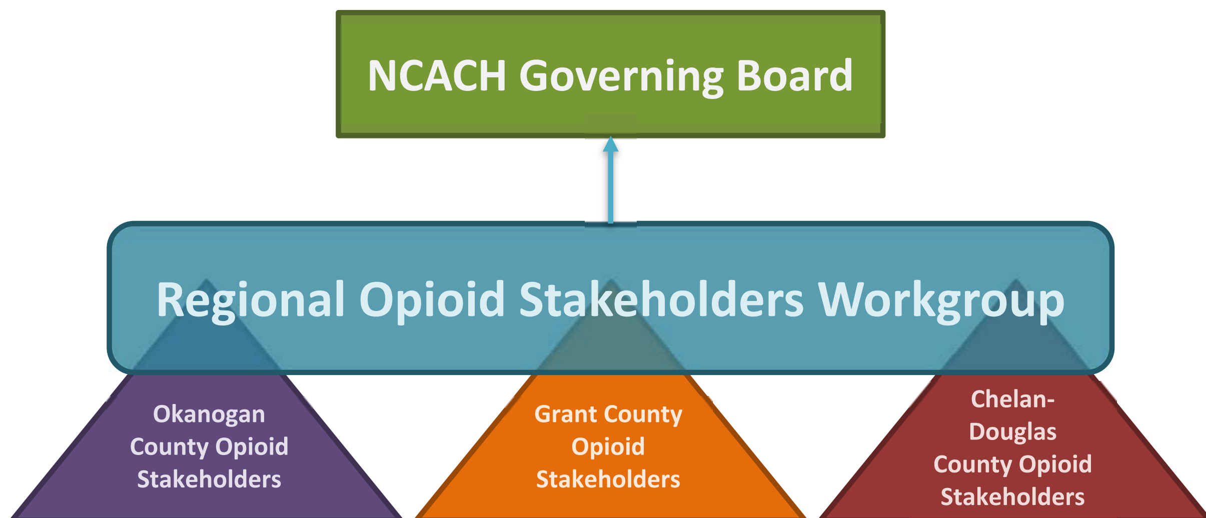
- A primary aspect of this Workgroup's approach will be to support and work through the Local Opioid Stakeholder Groups already working in Chelan-Douglas, Grant, and Okanogan Counties to promote connections to existing opioid efforts in the region, leverage current capacity, and address identified gaps.
- Provide specific recommendations to the NCACH Governing Board and staff on approaches to take for opioid prevention, treatment, overdose prevention, and recovery projects.
- As much as possible, ensure opioid projects and approaches align with all six projects NCACH selected to implement.
- Collect, synthesize, and use stakeholder and community input on opioid project planning and implementation.
- Determine how opioid prevention and treatment work is able to be financially sustainable after the Demonstration period.
- As much as possible, ensure projects effectively connect patients with resources to mitigate the negative consequences of the social determinants of health.
- Identify how IT, workforce, and value-based payment strategies can support this project.

Composition

The Regional Opioid Stakeholder Workgroup will include representatives from Grant, Chelan, Douglas, and Okanogan Counties. Workgroup membership is not a prerequisite to receiving funding through the Demonstration. Each of the Local Opioid Stakeholders Group will be asked to identify three members to participate in the Regional Opioid Stakeholder Workgroup. The Executive Committee will recommend to the Governing Board additional members as needed to assure representation from:

- Emergency Medical Services (EMS) and First Responders
- Law Enforcement
- Regional Justice Centers (Jails) and Juvenile Court
- Education
- Public Health

- Emergency Departments (Hospitals)
- Primary Care
- Behavioral Health
- Managed Care Organizations (*Operating in all 4 NCACH counties after Jan. 1, 2018*)
- Behavioral Health Administrative Service Organization
- Dental
- Pharmacy
- Tribal



Additional representation will be added to the Workgroup by the Executive Director if it is deemed necessary. A Workgroup Chair will be appointed by the Executive Director. The Regional Opioid Stakeholder Workgroup is a sub-committee of the ACH board, and as such will be led by the Workgroup Chair and NCACH staff and must have a minimum of two board members serving on the Workgroup.

Meetings
Regional Opioid Stakeholders Workgroup meetings will be held once per month, with additional meetings scheduled as necessary. Meetings will be held in Chelan, Douglas, Grant, and Okanogan Counties; locations will vary and an effort will be made to hold meetings in each of the Local Helath Jurisdictions throughout the year. Whenever possible, meetings will have an option to participate via teleconference or audioconference for those unable to attend in person, although in-person participation is encouraged. NCACH program staff and the Workgroup Chair shall be responsible for establishing the agendas. Notes for all meetings will be provided to the Workgroup by NCACH staff within two weeks of each meeting. Monthly meetings will be open and meeting minutes and materials will be posted on the NCACH website (www.ncach.org).

Member Responsibilities

1. Attend at least 75% of regular meetings of the Workgroup and actively participate in the work of the Workgroup.
2. Sign a Membership Agreement (attachment A).

3. Local Opioid Stakeholder Groups representatives members are expected to report Workgroup progress at County Stakeholder meeting to ensure bi-directional communication and provide direction to Regional Opioid Workgroup.
4. Work with Local Opioid Stakeholders Groups on the Opioid Project planning and implementation for the Medicaid Demonstration Project.
5. Assess current state capacity to deliver effective opioid use prevention and treatment interventions.
6. Select initial promising practices and/or evidence-supported approaches informed by the regional health needs assessment.
7. Review prepared data to recommend target population(s), guide project planning and implementation, and promote continuous quality improvement.
8. Assist in identifying, recruiting, and securing formal commitments for participation from implementation partners via a written agreement specific to the role each organization and/or provider will perform in the selected approach.
9. Recommend to the Board a project implementation plan, including a financial sustainability model and how projects will be scaled to full region in advance of HCAs project implementation deadline.
10. Monitor project implementation plan, including scaling of implementation plan across region, and provide routine updates and recommended adjustments of the implementation plan to the NCACH Governing Board.
11. Develop and recommend a process for primary care and outpatient behavioral health partners involved in the implementation of the Opioid Project to receive Demonstration funds.
12. Collaborate with NCACH staff on data and reporting needs related to Demonstration metrics, and on the application of continuous quality improvement methods in this project.
13. Use strategies, that are supported by regional data, to advance equity and reduce disparities in the development and implementation of the Opioid Projects.

Authority
The Regional Opioid Stakeholders Workgroup is an advisory body that will inform decision-making by the NCACH Governing Board and ensure regional priorities and local considerations are incorporated in program design decisions. Recommendations and input developed by the Workgroup will be shared in regular monthly progress reports to the NCACH Governing Board.

North Central Accountable Community of Health
Regional Opioid Stakeholder Workgroup
(Attachment A)

Membership Agreement

I acknowledge by my signature of this membership agreement that I have read, understood, and agreed to follow the guidelines and policies outlined in the North Central Accountable Community of Health Regional Opioid Stakeholder Workgroup Charter.

I understand that continued membership in the Workgroup is contingent on following the requirements of membership that are outlined in the Charter. Not meeting the requirements for membership could result in the loss of my membership status in the Workgroup.

Dated: ________________________________ Signed: ____________________________________

Print Name: ________________________________

Title: _______________________________________