

Location	Attendees
<p>Family Health Centers 1003 Koala Ave Omak WA 98841</p>	<p>Albert Wertz, Jackie Weber, Colleen Fraser, Jim Mitchell, Michael Schiesser, Rachel McCall, Briana Avila, Roxanne Cates, Nadia Pickens, Kate Haugen, Jerry Perez, Dawn Anderson, Kathleen Manseau, Jim Wallace, Jim McReynolds, Dr. Pack, Glenn Adams, Lori Jones, Ryan Poortinga, Marlene Barker NCACH Staff: Caroline Tillier, Wendy Brzezny, Christal Eshelman, Tanya Gleason, Mariah Brown, Heather Smith, Teresa Davis – Minutes</p>
Agenda Item	Minutes
<p>Approval of Minutes</p>	<p>Reminders:</p> <ul style="list-style-type: none"> • Next meeting April 19th in Moses Lake • To join workgroup, sign charter and return to Christal Eshelman <p>Budget: Christal presented the year to date budget. Currently we are under budget.</p>
<p>NCW Opioid Response Conference: Pathways to Prevention</p>	<ul style="list-style-type: none"> • Summary of Opioid response Conference on March 15th: 10 different sites, 325 participants, 13 action plans written up, 24 project ideas, 111 Narcan kits distributed. • Round table discussion of event and feedback: Technology was ranked lowest, almost everyone said that they would return again, there is a strong support for this type of conference. Benefits: More people, lower cost, travel time, more access to subject matter experts locally, ability to interact with people that you work with. Challenges: technology issues, not able to interact with presenter, not able to communicate with other sites. <p>Project ideas:</p> <ul style="list-style-type: none"> • School Based Education / Prevention • Assessment of prevention curriculum in schools • Support group for teens whose parents have SUD • Mentoring • Student led prevention efforts – assembly, posters, etc. • Develop student led leadership • Information & Resource Sharing • Healthcare collaboration • Need <p>Discussion:</p> <ul style="list-style-type: none"> • Impressed by the organization and set up, felt like multiple sites helped get into the nooks and crannies and look at local issues. • Was a really powerful experience to hear the community members get together • Coulee site was well attended by the youth, <p>Champions: Can the ACH do more to help support this work? Dr. Wallace said that a mechanism for convening a monthly call would be very helpful, the school based project in Bridgeport plans to wait until fall.</p>

School-based Opioid Prevention

Christal presented the below proposal for a funding process for School-based Opioid Prevention:

School-based Opioid Prevention

North Central Accountable Community of Health

PROPOSAL: Funding Process for School-based Opioid Prevention

- Issue an RFP for up to \$20,000
 - Only one application per area (Chelan/Douglas, Grant, Okanogan) will be funded (a total of 3 awards - \$60,000)
 - Strongly encouraged to have one applicant per area
- Required Components
 1. Assessment of School-based prevention efforts at ALL schools in area
 2. Financial (and administrative) support for student led prevention projects
 3. Development of 2020-2021 Project/Work Plan and budget that includes engagement with new school partners
- Additional Components
 - As funding allows, applicant may apply funding toward school-based opioid prevention efforts. Justification will be necessary in the application.
- Caveats
 - Cannot be used toward benefit of CPWI communities
 - Must use other available resources before using NCACH funds (e.g. OSPI funding for Lifeskills materials)
- Will need to allocate funding (~\$30,000) in 2020 and 2021 for implementing project plan. Would be considered non-competitive continued funding.

Tentative Timeline

- May 13th – Release application
- May 21st – Applications due
- June 3-14th – Applications reviewed and recommendations made
- June 19th – Awards made & MOU negotiated
- July 15th – Award period begins
- December 31st – Award period ends
- Jan 2-31st – 2020-21 Project Plan reviewed, adjusted, if necessary, and approved
- Feb 1, 2020 – December 31, 2021 – Project Implementation Period

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”

Discussion:

- Glenn asked how this is different from the project plans from the conference. This could set the groups up for greater success if it is done before projects are implemented.
- Lori asked how many schools have DBHR grants and noted that it is a logical fit for the coalitions.
- Ryan Poortinga wanted to note that he thinks that College level should be included. He is happy to help facilitate that connection at both the Wenatchee and Omak Campus.
- ❖ **Group unanimously endorsed this plan**

2019 Opioid Project Plan Update

- Evidence-based Dental Pain Care: New Opioid Prescribing Guideline and Rules for Washington State – 87 registered, CE Credits will be issued, PMP will be onsite to register people.
- Narcan Training and Distribution – application currently open
- Opioid Awareness and Marketing Campaign RFP – Contact Heather Massart (heathermassart@granthealth.org) if you would like to be a part of the network
- Recovery Initiatives –
 - Recovery Coach and Elevate Advocacy Training opportunities for people in recovery including train-the-trainer opportunities to increase number of trainings offered locally
 - Increase awareness and visibility through Recovery Series - Create short professional quality videos of people telling their story of recovery. Will be used to raise awareness, promotion for Recovery Coalitions, and at our Opioid Summit in the fall (if they are done in time)
 - Increase awareness by supporting Recovery Month Events (\$1500 per LHJ) and local Recovery Coalitions (\$500 to North Central Recovery Coalition for recovery bracelets and rack cards)

	<ul style="list-style-type: none"> • Rapid Cycle Opioid Awards – 5 applications received for a total of \$45,099.23, they are currently being reviewed by application review committee. • 2019 NCW Opioid Response Summit – Christal brought this subject back to the group to see if they thought the money \$40,000 that is currently budgeted for this conference would have a better use. <p>Discussion:</p> <ul style="list-style-type: none"> • Marlene said she would rather see the funds go out into the community • Dr. Wallace is very interested in the distributed model conference. Would like to see another one of those conferences happen in the fall to build on the projects and momentum from the last conference. Christal noted that these conferences are a lot of work and in order to have one that soon, we would need to get commitments from the same sites and site managers/facilitators. • The group overwhelming agreed that the money would be better spent on a distributed model conference and allocating funds back into the communities. Christal will look into scheduling a conference in the future and see if a fall conference is in the realm of possibilities. She was originally thinking spring of 2020. Christal will bring more information back to the next meeting.
Opioid Data	<p>Caroline Tillier gave an update on the NCACH Opioid Data – See meeting packet for slides.</p> <ul style="list-style-type: none"> • Available Data (www.ncach.org/opioid-project/)
Washington Recovery Help Line	<ul style="list-style-type: none"> • Colleen Fraser gave a ‘Tour’ of updated Washington Recovery Help Line website • www.warecoveryhelpline.org 1-866-789-1511
Rapid Cycle Opioid Awardee Presentation	<ul style="list-style-type: none"> • Rachel McCall gave a presentation on the BLS Intranasal Naloxone Administration and Training Program, Lake Chelan Community Hospital
Okanogan County Opioid Treatment Network	<p>Kathleen Manseau and Dr. Wallace presented on the Formation of Okanogan County Opioid Treatment Network (see attached info on the Network).</p>

Okanogan County Opioid Treatment Network (OTN) Summary

- ❖ OTN will address the opioid epidemic by increasing access to medication assisted treatment (MAT) for people with opioid use disorder
 - MAT includes buprenorphine, Vivitrol, and Suboxone. Opioid agonist, opioid antagonist, and agonist/antagonist combination drugs, respectively
 - MAT includes the psychosocial support necessary to maintain recovery from OUD
 - OTN will utilize a low-barrier treatment model for MAT prescribing. Decreasing barriers to MAT decreases opioid-related deaths
 - OTN Care Coordinator will offer 'wrap-around' services to all OTN patients including:
 - psychosocial support to clients using a trauma-informed, harm-reduction framework,
 - motivational interviewing,
 - needs assessment and referral to social services and behavioral health/SUD,
 - coordinating transitions of care between providers/agencies
- ❖ OTN consists of the primary partner FHC Omak, plus Entry and Continuation Sites
 - Entry Sites include places where people who were not necessarily seeking drug treatment can learn about and enter into MAT
 - Okanogan County DOH Syringe Exchange Program
 - Mid-Valley Hospital
 - North Valley Hospital
 - Three Rivers Hospital
 - Okanogan Behavioral Health Center
 - Potential future entry sites are DOC, County Jail, Veterans Services Administration, and Dept of Child and Family Services
 - Continuation Sites are clinics offering ongoing MAT prescribing
 - FHC Brewster Jay St.
 - FHC Tonasket
 - FHC Twisp
 - FHC Omak
 - New Start Clinics
 - Any clinic preferred by patient for ongoing MAT prescribing
- ❖ OTN Care Navigator will facilitate initiation of MAT within 1 to 3 days if possible, by
 - DEA-X waived prescriber initiating MAT on-site, or
 - Coordinate scheduling and transport to FHC clinic for MAT initiation
 - Possible alternatives include
 - prescription or dispensing by ER medical staff according to protocol offered by OTN, with at-home induction if indicated
 - FHC Mobile Health Unit
- ❖ FHC OTN Care Navigator will facilitate transition to ongoing MAT at Continuation Site of patient's choice
 - Maintain working relationships with the Continuation Sites to assist with
 - Low barriers to treatment model
 - Supporting patients' recovery and problem solving as needed
 - Data collection required by funder

Questions?

Contact Project Manager Kathleen Manseau, ARNP kmanseau@fhc.us
Family Health Centers of Okanogan County

What can the Opioid Treatment Network do for me?

Opioid use disorder, also called addiction to heroin or pain pills, is a chronic disease. Like in other chronic diseases, taking medication can be an important part of treating the disease, but the medication alone **is not enough**.

You will have a much better chance of getting off heroin or pain pills for good if you participate in other forms of treatment or health care **in addition** to taking the medication.

Opioid Treatment Network staff can connect you to the services and resources available to help you manage this disease.

Our Nurse Care Manager will help you with any medical or health care issues, and will provide support and encouragement.

Our Care Navigator can work on getting you connected to health insurance, housing, employment, and transportation assistance.

Our staff are available to offer you emotional and therapeutic support to help you get through hard times or cravings, and we can coordinate care between different clinics and agencies.

Treatment for opioid dependence is a long-term process...

...and "success" does not happen right away. It isn't unusual to feel impatient, angry, or frustrated while trying to get off opioids, because you're going through such a big change in your life. Change can be scary and challenging, but this change can save your life and it **WILL** be worth the effort.

Sometimes people taking Suboxone still end up taking heroin or pills, even though they are on medication that keeps them out of withdrawal. Some things that might cause this:

- an urge to use to escape from or cope with problems,
- having a craving for a "high",
- mistaking normal feelings like anxiety, sadness, irritability, or common aches and pains for "withdrawal"
- or, your dose might not be sufficient

Talking to our nurse care manager or a counselor/therapist can help you work through these urges or cravings. Over time, you'll be better able to tell the difference between actual withdrawal symptoms versus all of the uncomfortable feelings that just come from having a body.

Try not to respond to these withdrawal or other uncomfortable or painful symptoms by losing patience with the process. The addiction part of your brain will make you think that the symptoms can only be fixed by using drugs. **This isn't true!** Call or text your nurse care manager or care navigator when you need help dealing with withdrawal symptoms or cravings to use.

Getting into remission from the disease of addiction

“Remission” is one word we use to describe staying off pain pills or heroin. Taking small steps in each of the areas below will help get your disease into remission, and OTN staff are here to help you. **The following are some of the common areas of health to think about when making your personal treatment plan:**

Physical Health – getting good nutrition, exercise, sleep and relaxation

Emotional Health – learning to cope with feelings, problems, stresses and negative thinking without relying on opioids

Social Health – developing relationships with sober people, learning to resist pressures from others to use or misuse substances, and developing other, positive interests to occupy your time and give you a sense of satisfaction and pleasure in life

Family Health – examining the impact opioid dependence has had on your family, encouraging them to get involved in your treatment, mending relationships with family members, and working hard to have mutually satisfying relationships with family members

Spiritual Health – learning to listen to your inner voice for support and strength, and using that voice to guide you in developing a renewed sense of purpose and meaning

Opioid Treatment Network staff and partners can help you work toward your goals in any or all of these areas.

If you are not yet connected to the OTN, call any of the numbers below or ask your prescriber to refer you.

Questions?

Contact The OTN Care Navigator Briana Avila at 509 322-5971

RN Care Manager Bryce Kipp, 509 422-7500 x 2944

Project Manager Kathleen Manseau, ARNP 509 422-5700 x 5227

Family Health Centers of Okanogan County