Regional Opioid Stakeholders Workgroup

February 15, 2019
2019 Opioid Workgroup

- Updated charter
  - Meetings open to everyone
  - Meet at least quarterly
  - North Central Washington Opioid Stakeholders Group has merged with the NCACH Regional Opioid Stakeholders Workgroup
  - 50% attendance in a rolling calendar year required for voting
- To join: Sign charter membership agreement and return to Christal

### 2019 Opioid Stakeholders Workgroup Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 18th</td>
<td>No Meeting</td>
<td></td>
</tr>
<tr>
<td>February 15th</td>
<td>Wenatchee</td>
<td></td>
</tr>
<tr>
<td>March 15th</td>
<td>No Meeting</td>
<td>Opioid Response Conference</td>
</tr>
<tr>
<td>April 19th</td>
<td>Omak</td>
<td></td>
</tr>
<tr>
<td>May 17th</td>
<td>Moses Lake</td>
<td></td>
</tr>
<tr>
<td>June 21st</td>
<td>No Meeting</td>
<td></td>
</tr>
<tr>
<td>July 19th</td>
<td>No Meeting</td>
<td></td>
</tr>
<tr>
<td>August 16th</td>
<td>Omak</td>
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<tr>
<td>September</td>
<td>No Meeting</td>
<td>Opioid Response Conference</td>
</tr>
<tr>
<td>October 18th</td>
<td>Moses Lake</td>
<td></td>
</tr>
<tr>
<td>November 15th</td>
<td>Wenatchee</td>
<td></td>
</tr>
<tr>
<td>December 20th</td>
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### Opioid Project Budget Summary

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<th>Expense</th>
<th>Budgeted</th>
<th>Expenses</th>
<th>Committed</th>
<th>Remaining</th>
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<tr>
<td>Rapid Cycle Opioid Application</td>
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<td>$96,258</td>
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<td>$3,742</td>
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<td>NCW Opioid Response Conference</td>
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<td>$3,200</td>
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<td>NCW Opioid Response Summit</td>
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<td>Dissemination of Dental Prescribing Guidelines</td>
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<td>$6,638</td>
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<td>Increase Awareness of Opioid Use and Addiction</td>
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<td>$0</td>
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<td>School-based Opioid Prevention</td>
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<td>$50,000</td>
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<tr>
<td>Naloxone Training and Distribution</td>
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<td>$3,750</td>
<td>$16,250</td>
<td>$0</td>
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<tr>
<td>Recovery Initiatives and Events</td>
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<td>$531</td>
<td>$19,469</td>
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<tr>
<td>Unbudgeted</td>
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<td>$15,000</td>
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<td><strong>TOTAL</strong></td>
<td><strong>$300,000</strong></td>
<td><strong>$115,701</strong></td>
<td></td>
<td><strong>$118,580</strong></td>
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</table>
Opioid Response Conference Summary

BY THE NUMBERS:

• **10** Sites Across NCW
• **325** Participants
• **13** Action Plans
• **24** Project ideas
• **111** Narcan Kits Distributed
Rank the following:
(Very Poor = 1, Very Good = 5)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Location</th>
<th>Technology</th>
<th>Format</th>
<th>Length</th>
<th>Dr. Fotinos</th>
<th>Dr. Banta-Green</th>
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</thead>
<tbody>
<tr>
<td>4.5</td>
<td>4.6</td>
<td>4.1</td>
<td>4.2</td>
<td>4.4</td>
<td>4.3</td>
<td>4.6</td>
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</tbody>
</table>
97.7% of participants said they would return an NCW Opioid Response Conference.

**Conference Delivery Model Preference**
(excluding responses that marked all three options)

- **DCM: Multiple locations**: 74%
- **DCM: One per county**: 16%
- **Traditional**: 13%

*20 Responses excluded that marked all three options.*
Benefits and Challenges of the DCM

Benefits of DCM
• More people able to participate
• Travel time and cost minimized
• Access to subject matter experts locally
• Interact with people you actually work with

Challenges of DCM
• Technology issues
• No interaction with presenter (e.g. ability to ask questions)
• Are not able to hear ideas from other sites
• Not able to coordinate with other sites
Opioid Response Conference Evaluation

Prioritize Future Topics

- Prevention: 79%
- Treatment: 39%
- Overdose Prevention: 21%
- Recovery: 37%
- Other: 19%
SCHOOLS

• School-based education/prevention
• Assessment of prevention curriculum in schools
• Support group for teens whose parents have SUD
• Mentoring
• Medical residents to speak to high school/Jr. High students
• Student led prevention efforts – assembly, posters, etc.
• Develop Student leadership
Project Ideas

INFORMATION & RESOURCE SHARING
- Awareness campaign
- Increased access to resources and communications
- Sharing resources consistently (MOU)
- Continue to meet
- Equip first responders with information
- Substance abuse added to Love & Logic classes

OTHER
- Healthcare collaboration
- Need
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
Dental Opioid Prescribing Workshop

• Date: May 3rd
• Time: 9am-1:30pm
• Currently under budget about $6000
• Agenda confirmed
• Working with L&I to issue Continuing Ed credits (~4 credits)
• PMP will be onsite to register people – hopefully!
• Last minute push to get dentists registered

Agenda:

• The Opioid Epidemic: Overview and a Look to the Future – Gary Franklin, MD, MPH
• Highlights of the 2017 Bree/AMDG Dental Guideline – Rolf Christensen, DDS
• Summary and Implications of the New Dental Rules – Jennifer Santiago
• Addiction and Recovery: A Personal Story – Chris Rimbey
• Panel: Lessons from the Front Line
  • Rolf Christensen, DDS
  • Amy Cook, DDS
  • Theresa Madden, DDS, MS, PhD
  • Jennifer Santiago
Narcan Training and Distribution

- $5000 allocated to each of Grant County, Okanogan County, Chelan/Douglas Counties, and Colville Confederated Tribes ($20,000 total)
- Non-profit and Government agencies eligible to apply
- Up to $75 per 2 dose box and up to 10 boxes of Narcan per application
- Cost reimbursable for Narcan only, after training and distribution occurs
- Reporting requirements to NCACH for reimbursement
  - Proof of payment for Narcan
  - Information on trainings and distribution

APPLICATION OPEN!!!!

Available at: www.ncach.org/opioid-project/
Click on “NCACH Opioid Project Funding” on right hand side
2019 Opioid Project Plan Update

• Opioid Awareness and Public Education Marketing Campaign
  • Grant County Health District was awarded the RFP
  • Utilizing a Regional Communicators Network to share messages
  • Contact Heather Massart (hmassart@granthealth.org) if you would like to be part of the network

• Recovery Initiatives
  1. Recovery Coach and Elevate Advocacy Training opportunities for people in recovery including train-the-trainer opportunities to increase number of trainings offered locally
  2. 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)
  3. 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)
Rapid Cycle Opioid Application

2019 Round 2
• 5 Applications Received requesting a total of $45,099.23
• Currently being reviewed by Application Evaluation Committee

Timeline
• March 3rd: Application Open
• March 15th: Opioid Response Conference
• April 12th: Applications Due
• April 15 - May 10th: Application Review and Selection
• May 17th: Applications presented to Opioid Workgroup
• June 3rd: Recommendations presentation to NCAHC governing board
NCW Opioid Summit
Opioid Data

Caroline Tillier
DOH Opioid Response Plan Data

• Department of Health Opioid Response Plan Goal 4 Workgroup
  • Goal 4 = Use data and information to detect opioid misuse, monitor morbidity and mortality and evaluate interventions

• Data on *State of Opioid Crisis* shared on following slides
  • Entire attachment included in meeting resources
Overdose deaths as a result of heroin have leveled off from 2013-2017. Overdose deaths from fentanyl increased from 2015-2017 and are driving the increase in all overdose deaths.
There were a total of 86 overdose deaths in the NCACH region over five years (2013-2017)

Opioid overdose death rates are below the statewide rate across all NCACH counties
American Indian/Alaska Native communities are disproportionately impacted by opioid overdose deaths.

The opioid overdose death rate for AI/AN is more than 3 times greater compared to rates for Black and White populations.
Overdose deaths are the tip of the iceberg.

- Deaths: 739
- Opioid Overdose Hospitalizations: 1,615
- Adults on Medicaid needed treatment medication for Opioid Use: 51,615
- Persons 12+ years who misused pain-relievers in the past year: 324,000
The number of adult Medicaid patients needing treatment for OUD has increased year to year.

The proportion of patients going without treatment has decreased over the years.
The proportion of youth using painkillers to get high has generally decreased over time, across Washington State.
Healthy Youth Survey - 2018

Teen Prescription Misuse and Abuse – North Central ESD

**Student Abuse of Painkillers (in last 30 days)**
Students who report using painkillers* to get high at least once in the past month

- 8th: 2%
- 10th: 5%
- 12th: 4%

*painkillers like Vicodin, OxyContin (sometimes called Oxy or OC) or Percocet (sometimes called Percs)

**Students Misuse of Someone Else's Prescription (in last 30 days)**
Students who report using prescription drugs not prescribed to them in the past month

- 8th: 5%
- 10th: 8%
- 12th: 8%

Source: [www.askhys.net](http://www.askhys.net)
Healthy Youth Survey - 2018

Student abuse of painkillers by NCACH county

Students who report using painkillers* to get high at least once in the past month
Healthy Youth Survey - 2018

Student Misuse of Someone Else's Prescription by NCACH county

Students who report using prescription drugs not prescribed to them in the past month
Healthy Youth Survey - 2018

Teen Prescription Misuse and Abuse – North Central ESD

*When students are asked about the use of prescription drugs that are not prescribed for them... their perceptions are:*

- My parents would think it was wrong if I used prescription drugs not prescribed for me
  - 95% (8th), 96% (10th), 94% (12th)

- My friends would think it was wrong if I used prescription drugs not prescribed for me
  - 91% (8th), 88% (10th), 82% (12th)

- I risk harming myself if I use prescription drugs that are not prescribed for me
  - 79% (8th), 79% (10th), 80% (12th)

Source: [www.askhys.net](http://www.askhys.net)
The Healthier Washington Analytics, Research and Measurement (ARM) team released this dashboard in March 2018 to help ACHs measure progress as they work with partners to address opioid use in their regions.

The Opioid Use Disorder Treatment for Medicaid Population Dashboard tracks the following indicators and trends over time related to Medication Assisted Treatment (MAT) for people struggling with Opioid Use Disorder (OUD):

- Providers: Buprenorphine waivered providers per 1,000 Medicaid enrollees diagnosed with OUD
- Providers: Proportion of active Buprenorphine waivered providers
- Treatment: Continuation of Buprenorphine therapy for OUD (90 days)
- Treatment: Continuation of Buprenorphine therapy for OUD (180 Days)
- Treatment: Discontinuous Buprenorphine therapy for OUD
- Treatment: Initiation of OUD treatment with MAT
- Treatment: Treatment of Medicaid enrollees with OUD with various MAT modalities

Source: Health Care Authority

Access the dashboard at: https://fortress.wa.gov/hca/tableau/t/51/views/OUD Treatment/Dashboard
### OUD Treatment Dashboard

- NCACH waivered provider rates are higher than the state average across all provider types
- We have the highest rate of waivered nurse practitioners across the state

#### Providers: Buprenorphine waivered providers per 1,000 Medicaid enrollees diagnosed with OUD for All ACH:

<table>
<thead>
<tr>
<th>Most Recent Quarter (2018-Q2)</th>
<th>Result:</th>
<th>state average</th>
<th>below average</th>
<th>above average</th>
<th>Physicians</th>
<th>Nurse Practitioner</th>
<th>Physician's Assistant</th>
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<tbody>
<tr>
<td>Statewide</td>
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<td>39.1</td>
<td>18.5</td>
<td>29.2</td>
<td>2.0</td>
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<td>Better Health Together</td>
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<td>18.5</td>
<td>12.7</td>
<td>28.2</td>
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"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"
• NCACH region primarily prescribes Suboxone (i.e. Bupren-Naloxone) for MAT treatment.
• We have the highest rate of Medicaid enrollees with OUD treated with Suboxone across all ACHs.
• 2nd lowest rate of Medicaid enrollees with OUD treated with any MAT across ACHs
• NCACH has the lowest rate of all ACHs for treatment continuation of Buprenorphine or Buprenorphine combination drugs (at least 180 days of continuous pharmacotherapy without a gap of more than seven days)
Okanogan County
Opioid Treatment Network

Kathleen Manseau and Dr. James Wallace
Family Health Centers