### Regional Opioid Workgroup
1:00 PM – 2:30 PM Friday May 25th, 2018

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

### Agenda

<table>
<thead>
<tr>
<th>Proposed Agenda</th>
<th>Time</th>
<th>Goals</th>
</tr>
</thead>
</table>
| **1. Introductions and Meeting Minutes** | 1:00 | • Introductions  
• Review of March meeting minutes |
| **2. Rapid Cycle Application**  
*Christal Eshelman* | 1:05 | • Review submitted applications and scoring  
• Endorsement of proposed applications to be funded  
• Next Steps |
| **3. Opioid Data**  
*Catherine Tillier* | 1:40 | • Presentation of new/updated regional opioid data |
| **4. Whole Person Care Collaborative Update**  
*Christal Eshelman and Caroline Tiller* | 2:00 | • Primary drivers, Secondary drivers, and tactics  
• Change Plan LAN |
| **5. General Updates** | 2:10 | • Washington State Hospital Association Initiatives  
• Update on Local Initiatives - Drug Court, Syringe Exchange Program, Follow-up after Narcan Administration, Dental Prescribing |
| **6. Assignments**  
*All* | 2:25 | • |

**Upcoming Meetings:**
- June 15th, 1:00 – 2:30 PM, Grant Integrated Services, Moses Lake  
- July 20th, 1:2-3 PM, Confluence Technology Center, Wenatchee  
- August 17th, 1-2:30 PM, Confluence Technology Center, Wenatchee

Meeting materials available at:  
### Regional Opioid Workgroup
1:00 PM – 2:30 PM Friday March 23rd, 2018

<table>
<thead>
<tr>
<th>Location</th>
<th>Conference Information:</th>
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| Family Health Centers  
1003 Koala Dr.  
Omak, WA 98841 | Join from PC, Mac, Linux, iOS or Android:  
[https://global.gotomeeting.com/join/505638181](https://global.gotomeeting.com/join/505638181)  
Dial: (312) 757-3121  
Access Code: 505-638-181 |

#### Agenda

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| **1. Introductions and Meeting Minutes**  
*Dr. Malcolm Butler* |  
- Introductions  
- Approval of February meeting minutes |  
Attendance: Jim Wallace, John Schapman, Christal Eshelman, Rick Stillwell, Preston Voight, Kari Hickstraw, Christy Mills, Andi Ervin, Teresa Davis - Minutes accepted as presented |

Phone: Caroline Tillier, Pamela Coffell, Maurice Ward, Glenn Adams, Nadia Pickens, Shawta Sackett, Gail Goodwin, Brett Pack, Michelle Hedges, Jim Mitchell |

| **2. Rapid Cycle Application**  
*DR. Malcolm Butler* |  
- Review revised Rapid Cycle Application  
- Comments/suggested changes to the Rapid Cycle Application  
- **Endorsement of Rapid Cycle Application** |  
- Each rapid cycle application must select an approach from the list. Initial awards will be between $2500 - $10,000.  
- Funding for same applicants in future years is dependent upon completion and performance.  
- This funding is open to orgs that are interested in providing services.  
- In terms of the WPCC - most of the clinical agencies are participating the WPCC and are being funded through that funding stream. Clarification that the agency that is currently working in the WPPC needs to partner with another agency that is not getting funding. We are trying to bring other partners into the work. We are asking that they partner with another agency so that the money goes as far as it can by engaging other providers. |

| **Notes** |
### Changes to Application
- Add an example of what the attestation would look like.
- Spell out EMS and SUD
- Remove the Evaluation and Reporting (5 checklist) Page 8
- Under timeline, demonstrate that your project is shovel ready.

### Question
There are individuals in the community that are doing things on their own, could the tribal agencies partner with the individuals? Yes, that is what we are encouraging.

<table>
<thead>
<tr>
<th>3. Application Scoring Criteria</th>
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<tbody>
<tr>
<td><strong>Dr. Malcolm Butler</strong></td>
</tr>
<tr>
<td>• Review proposed Scoring Criteria</td>
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<tr>
<td>• Comments/suggested changes to proposed Scoring Criteria</td>
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<tr>
<td>• Endorsement of Scoring Criteria</td>
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<tr>
<td>• Remove the Projects not scored section</td>
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<tr>
<td>• Remove the first question on collaboration</td>
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<tr>
<td>• Add scoring criteria around timeline (project is shovel ready)</td>
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<tr>
<th>4. Funding Process</th>
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<tbody>
<tr>
<td><strong>Christal Eshelman</strong></td>
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<tr>
<td>• Review proposed Funding Process</td>
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<tr>
<td>• Comments/suggested changes to proposed Funding Process</td>
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<tr>
<td>• Endorsement of Funding Process</td>
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<tr>
<td>• Scratch the Health Equity section as it is not mentioned in the application or the scoring criteria.</td>
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<th>5. Funding Principles</th>
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<tbody>
<tr>
<td><strong>Christal Eshelman</strong></td>
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<td>• Review proposed Funding Principles</td>
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<tr>
<td>• Comments/suggested changes to proposed Funding Principles</td>
</tr>
<tr>
<td>• Endorsement of Funding Principles</td>
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<tr>
<td>Glenn, Brett, Malcolm, and Jim volunteered to be on the reviewing committee.</td>
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<th>6. Assignments</th>
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<tr>
<td><strong>All</strong></td>
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<tr>
<td>• Distribute the application to partners</td>
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<tr>
<td>• Sign up for the Application Evaluation Committee</td>
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<tr>
<td>• Group agreed that the local newspaper would be best advertisement - send a press release that will produce an article to get the word out.</td>
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<tr>
<td>• Link on the local health jurisdiction websites.</td>
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</table>
Malcolm Butler reported that he had a meeting with CDHD and the CD Health officer. They are discussing making an overdose a mandatory reportable condition. Chelan Douglas HD is onboard. Barry Kling is going to reach out to the other Health Departments and do some research with other counties that have implemented. Grant County has looked at it and decided against it but if other districts implemented it they would probably reconsider.

<table>
<thead>
<tr>
<th>Upcoming Meetings:</th>
<th>April 20th no meeting - Please attend our NCACH Annual Summit on April 20th!</th>
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<tbody>
<tr>
<td></td>
<td>May 25th, 1:00 – 2:30 PM at the Confluence Technology Center</td>
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<tr>
<td></td>
<td>June 15th, 1:00 – 2:30 PM, location is to be determined</td>
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</table>
Goal: By creating a safe and convenient method of drug disposal, we can benefit our community by reducing the likelihood of drug diversion and abuse.

Project Description

- Install and maintain drug disposal kiosk at North Valley Hospital District
- Market existence and locations of new kiosk

Contributing Organizations

- Tonasket Police Department
- City of Tonasket
- Roy’s Pharmacy
- Family Health Centers of Tonasket
- Confluence of Tonasket
- Tonasket School District
- North Valley Community Association

Funding Requested: $9700

Counties Served: OKANGOAN
Goal: To distribute accurate and consistent messaging about opioid safety and address the stigma of addiction.

Project Description
• Design and localize 10 consistent message for distribution throughout the region
• Media Utilized: social media, websites, newspapers, radio, rack cards, emails, posters

Grant County Health District
Contributing Organizations
- Okanogan Public Health
- Chelan-Douglas Health District
- Confluence Health
- Grant Integrated Services
- Okanogan County Community Coalition
- Moses Lake Healthy Youth Partnership 365
- North Central Educational Service District
- North Central Emergency Care Council
- [Grant County Prevention Network]
- [Wahluke Community Coalition]
- [Quincy Partnership for Youth]
- [Together for Youth]

Funding Requested: $10,000

Counties Served: CHELAN, DOUGLAS, GRANT, OKANOGAN
Goal: Patients at risk for opioid overdose will have quick access to a reversal agent such as Narcan.

Project Description

- Offer take home Narcan kit with instructions to patients at risk for opioid overdose upon treatment in the Emergency Room
- Offer SUD resources to patients
- Schedule follow-up appt. with PCP

Contributing Organizations

- Grant Integrated Services
- Wenatchee Emergency Physicians
- Laketown Pharmacy
- Grant County Health District
- Southgate Pharmacy

Funding Requested: $5,000

Counties Served: GRANT
Goal: The Methow Valley School District will adopt an integrated K-12, evidence-based approach to substance use prevention education and policy.

Project Description

• Develop an integrated approach to substance use and abuse evidence-based curriculum for a pilot audience that can be expanded to a district-wide approach.

• Hold focus groups to collect data and engage students

Contributing Organizations

- Methow Valley School Health Advisory Council
- North Central Educational Service District
- Okanogan County Public Health

Funding Requested: $10,000

Counties Served: OKANOGAN
Goal: To respond to the opioid crisis through implementation of a community supported and resourced syringe service program.

Project Description

• A one-to-one mobile syringe exchange program in the Greater Moses Lake area two hours per week

• Provide access to sterile supplies for safe injecting, naloxone, condoms, education on the Good Samaritan Law, and care staff/volunteers

• Referral/linkage to Primary care, Behavioral Health and SUD treatment

Grant County Health District

Contributing Organizations

- Grant Integrated Services
- [Moses Lake Community Health Center]
- [Washington State Department of Health]
- [Center for Opioid Safety Education]
- [Alcohol and Drug Abuse Institute]
- [University of Washington]

Funding Requested: $5,000

Counties Served: GRANT
Facilitated Notification of Opioid Overdoses

Columbia Valley Community Health

Contributing Organizations
- Chelan-Douglas Health District
- [Confluence Health]
- [Cascade Medical Center]
- [Lake Chelan Community Hospital]
- [Columbia Valley Community Health]
- [Chelan County Fire and Sheriff]
- [Douglas County Fire and Sheriff]
- [Wenatchee Police Department]
- [East Wenatchee Police Department]
- [Lifeline Ambulance]
- [Ballard Ambulance]

Government: To intervene shortly after an opioid overdose and direct victim toward treatment and recovery.

Project Description
- Work with IT departments of potential reporters to identify more efficient methods to notify Health Department of opioid overdoses
- Work with Health Department to identify what information is necessary when reporting an opioid overdose

Funding Requested: $7,584

Counties Served: CHELAN, DOUGLAS
Goal: Those with mobile phones will have instant access to local, state, and national resource information regarding opioid abuse, proper storage and disposal of opioids, and locations for treatment and support services.

Project Description
- Provide outreach to promote the texting service
- Develop and identify additional opioid resources to add to the 2-1-1 resource database
- Identify frequency and types of clients utilizing system

Contributing Organizations
- Okanogan Public Health District
- Community Choice

Funding Requested: $10,000

Counties Served: OKANOGAN
Medication Lock Boxes and Education

Chelan Douglas Community Action Council

*Contributing Organizations*
- Cashmere Food Bank
- Wenatchee Valley Senior Activity Center
- Lake Chelan Food Bank
- Community Cupboard
- Entiat Valley Community Service Food Bank
- Mansfield Food Bank
- Waterville Food Bank
- Wenatchee Food Bank
- Rock Island Food Bank
- St. Vincent de Paul Food Pantry

**Goal:** Keep medications secure and away from access by children or potential abusers/addicts is the primary benefit.

**Project Description**
- Install 51 medication lock boxes and provide education on the use of lock boxes, the effects of opiates, and preventing overdoses
- Food banks will provide informational pamphlets and educational opportunities about the danger or illegal and prescribed drugs to people accessing free food at the pantry

Funding Requested: $9,690

Counties Served: CHELAN, DOUGLAS
Establish a Drug Court in Chelan County

The Center for Alcohol and Drug Treatment

**Contributing Organizations**
- Superior Court of the State of Washington for Chelan County
- [Chelan County Board of Commissioners]
- [Chelan County Prosecuting Attorney]
- [Counsel for Defense]

**Goal:** Individuals with Opioid Use Disorder and/or other substance use problems, who find themselves facing legal issues will now have an avenue to avoid felony convictions and prison.

**Drug Court to start in Chelan County on June 7th**

**Project Description**
- To acquire critical training, education, manuals/programs on implementation, maintenance, and structure of a successful drug court, the drug Court team (SUD provider, Judge, Court Administrator, and Prosecutor) will attend the National Association of Drug Court Professionals Conference in Washington, DC

**Funding Requested:** $10,000

**Counties Served:** CHELAN
Creating Resilience Against Opioids

Family Health Centers

Contributing Organizations
- Okanogan County Community Coalition
- [School Districts in Okanogan County]

Goal: Become a Trauma Informed and Resilient Community that will lead to healthier lifestyles

Project Description
- Recruit and train four Okanogan County school district staff on Parenting Programming curriculum
- Provide forums and Parenting Programming classes quarterly in each four main regions of Okanogan County including North Douglas County

Funding Requested: $8,000

Counties Served: OKANOGAN, DOUGLAS
Opioid Intervention Service

Catholic Charities

Contributing Organizations
- Douglas County Prosecuting Attorney
- City of Wenatchee Police Department
- Chelan County Court
- Douglas County Court

Goal: Move access to treatment forward to an earlier diversion point in services.

Project Description
- Fund part of a data analyst position to capture information, analyze treatment records, and outcome measures that providers will be able to use for ‘risk analysis’ and resource allocation.
- Other funding is provided through Medicaid or State funding for crisis intervention services.

Funding Requested: $10,000

Counties Served: CHELAN, DOUGLAS
Mid-Valley Clinic

Goal: Increase support before, during, and after MAT; Increase MAT providers; Whole person care for obstetrical and postpartum patients needing interventions; Increase distribution of Naloxone to lay people and at-risk populations.

Project Description

- Build infrastructure to support providers and patients in MAT programs
- SBIRT and appropriate screening tools to all obstetrical and postpartum patients
- Increase access to Naloxone through distribution channels in local EDs

Contributing Organizations

- Dr. Terri Greer

Funding Requested: $10,000

Counties Served: OKANOGAN
Opioid Data
Washington Tracking Network
Opioid Dashboards

• Interactive maps, charts and graphs
• By county or by ACH
• Explore opioid overdose deaths
• Explore six opioid prescribing measures
  1. Patients with any opioid prescriptions
  2. Patients with chronic opioid prescriptions
  3. Patients with high dose opioid prescriptions
  4. Patients with concurrent opioid and sedative prescriptions
  5. Patients with new opioid prescriptions (days of supply)
  6. Patients with new chronic opioid prescriptions

See: https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization
Infants included are those born to mother’s receiving appropriate treatment for drug use, mother’s receiving prescriptions for other health conditions, or misusing drugs. Use of opioids, benzodiazepines, antidepressants, barbiturates and alcohol can result in infant drug withdrawal.

Limitations: Excluded are Infants born outside of WA or at a federal facility, or infants identified with NAS after release from birth hospitalization. The effect of hospital transports and home births is unknown.

Definition: 2000-Q32015 ICD9CM diagnosis code 779.5; Q42015-2016 ICD10CM diagnosis code P96.1
Neonatal Abstinence Syndrome (NAS) 2013-2017 Rates

Source: Washington State Department of Health (DOH)

These rates are based on diagnoses from hospital discharge records and reflect only infants who received a discharge diagnosis of NAS during their birth hospitalization.

Neonatal abstinence syndrome is the clinical manifestation of neonatal withdrawal from opioids, and is estimated to occur in 55-94% of infants exposed in utero.
WPCC Update
NCACH staff and Workgroups are coordinating the planning and implementation of six Medicaid Transformation projects in our region.

1. Bi-Directional Integration
2. Community-Based Care Coordination
3. Transitional Care
4. Diversion Interventions
5. Addressing Opioid Use
6. Chronic Disease Prevention & Control

What is the WPCC Learning Community’s role in NCACH Projects?

Behavioral health and primary care providers in our region are actively implementing clinical health improvement efforts in outpatient settings.

Our WPCC Learning Community draws on a collaborative framework to support systematic approaches to process improvement while strengthening connections between providers as they share successes and learn from each other. Together, we can get there faster!
Addressing the Opioid Epidemic

Suggested Opportunities in WPCC Change Plan

• Prevention of OUD
  • Redesign the practice to support safe opioid prescription practices
  • Provide evidence-based care for non-cancer pain
  • Engage staff to prevent OUD
  • Build capacity to prevent OUD
  • Engage patients to prevent OUD
  • Raise awareness among health care professionals to prevent and identify OUD

• Treatment of OUD
  • Provide evidence-based care for OUD
  • Increase access to OUD care

• OD Prevention
  • Raise awareness
  • Prompt for Naloxone
WSHA/WSMA's Ongoing Work on Opioids (cont’d)

Overdose Event Notification

Patient arrives at a facility which has PDMP criteria → Collective queries PDMP → PDMP report returned to Collective and added to notifications

Patient arrives at hospital with Opioid Overdose Dx & Disposition → Collective checks for PDMP prescribers → Collective saves prescribers info → Care Provider Directory with Email/Fax

Yes → Yes → Generate notification and send email/fax

If no fax, provider logs in to see notification in browser
Aim: Reduce the number of ED visits related to opioid prescription events

• Overdose Prevention

• Naloxone dispensing in ED

• Goal – Reduce opioid overdose deaths by providing at-risk individuals with take home naloxone and supporting education

• Process: WSHA plans to work with our hospitals to adopt standardized policies and procedures
Aim: Reduce the number of ED visits related to opioid prescription events

Expanding Access to Treatment

- MAT initiation in ED

- Goal – Increase the number of patients who are receiving medication assisted therapy (MAT) by initiating treatment in hospital EDs and connecting patients with community providers at the time of discharge.

- Process – WSHA plans to work with our hospitals on standardized policies and procedures
**Aim:** Reduce the number of ED visits related to opioid prescription events

**Improving Opioid Prescribing**

- Opioid feedback reports

- Goal – Improve opioid prescribing practices by ensuring consistent adherence to guidelines and initiating regional quality improvement programs to reduce variation.

- Process – WSHA will provide reports by facility, provider, and geographic area and education to drive quality improvement