



North Central Accountable  
Community of Health

# Regional Opioid Workgroup

*July 20<sup>th</sup>, 2018*

# Funded Applications

- Drug Disposal Kiosk, [North Valley Hospital](#)
- NCW Opioid Communication Plan, [Grant County Health District](#)
- Narcan Take Home & Overdose Education, [Samaritan Healthcare](#)
- Substance Abuse Prevention Program Pilot, [Methow Valley School District](#)
- Syringe Service Program, [Grant County Health District](#)
- Creating Resilience Against Opioids, [Family Health Centers](#)

# Funded Applications

- Medication Lock Boxes and Education, [Chelan Douglas Community Action Council](#)
- Establish a Drug Court in Chelan County, [The Center for Alcohol and Drug Treatment](#)
- Opioid Intervention Service, [Catholic Charities](#)
- Mid-Valley Community Opioid Treatment Plan, [Mid-Valley Clinic](#)
- Rapid Response to Resources (Text "OPIOID" to 898211), [Washington 2-1-1](#)

# Next Steps

- Signed Memorandums of Understandings
- Distribute funding to partners
- Reporting Requirements
  - Final Report (template to be provided by NCACH) including:
    - Description of how funds were utilized
    - Milestones achieved
    - Barriers and challenges encountered
    - Lessons learned
    - Successes
    - Report on project specific metric outcomes (specified in MOUs)
  - Verbal report at a Opioid Workgroup
  - Verbal report at a partner meeting



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# NCACH Projects Update

Caroline Tiller, John Schapman, and Christal Eshelman

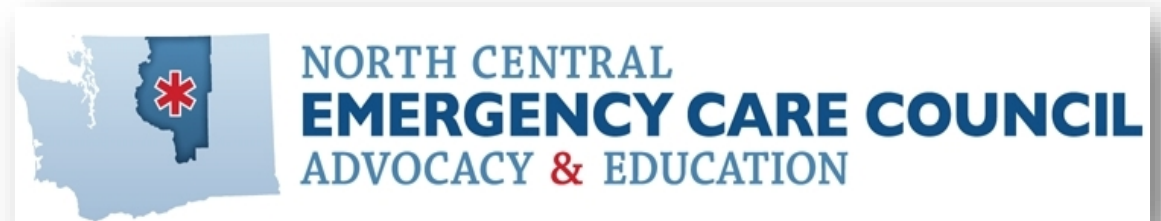
# TCDI Workgroup Update

- NCACH developed an application for Hospital partners to engage in ED diversion and inpatient transitional care programs
  - The TCDI workgroup is reviewing the final application – July 23<sup>rd</sup>
  - Will go to Governing Board at August 6<sup>th</sup> Board meeting
  - Link to application:  
[ww.mydocvault.us/uploads/7/5/8/6/7586208/tcm\\_and\\_ed\\_diversion\\_combined\\_application\\_updated\\_7.13.18\\_draft.pdf](http://ww.mydocvault.us/uploads/7/5/8/6/7586208/tcm_and_ed_diversion_combined_application_updated_7.13.18_draft.pdf)

Approach	Evidence Based Approach	Target Population
<b>ED Diversion</b>	Projects that support the ER is for Emergencies Seven Best Practices	Medicaid beneficiaries presenting at the ED for non-acute condition with 5+ visits in past 12 months
<b>Transitional Care Services</b>	Transitional Care Management Program (developed locally)	Medicaid beneficiaries discharged from acute care to home or to supportive housing

# TCDI Workgroup Update

- NCACH & the North Central Emergency Care Council plan to implement components of Community Paramedicine
  - Initial Target Population
    - Medicaid beneficiaries who access the EMS system for a non-emergent conditions
  - Working with 10 regional EMS transport agencies
    - Completing an assessment of providers by July 20<sup>th</sup> (TODAY)
  - NCECC work plan is due August 31<sup>st</sup>, 2018
  - Project work plan is estimated to run through 2020



# Pathways Community HUB

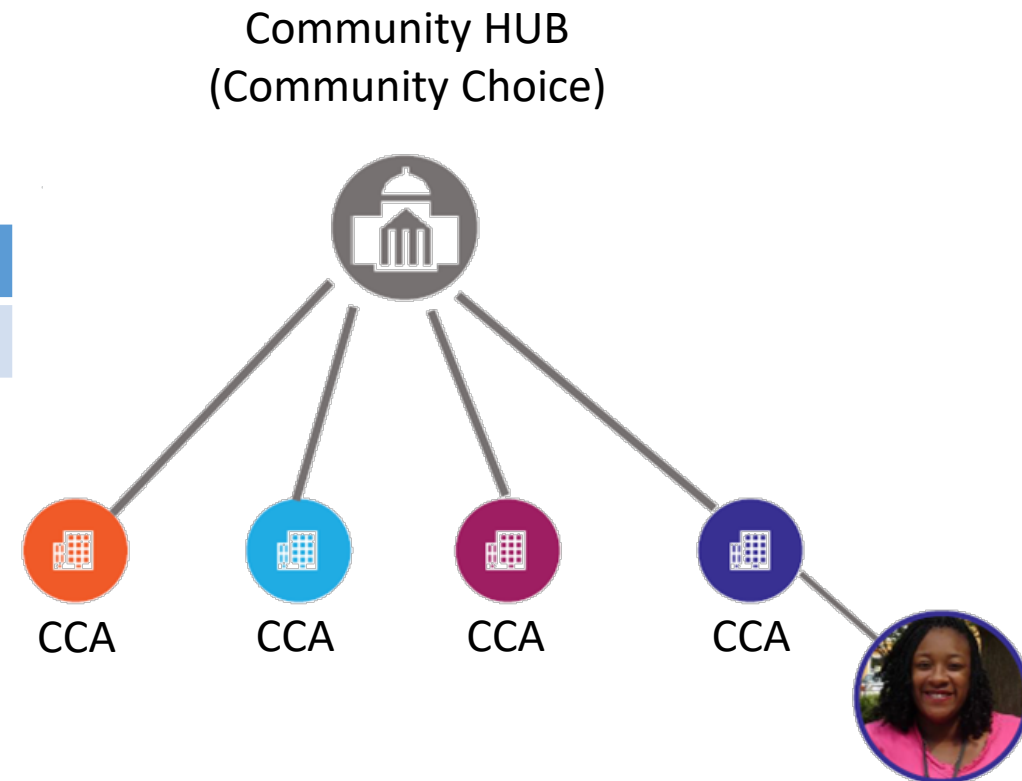
- NCACH has selected Community Choice to be our HUB lead agency
- Initial Target Population and Location
  - ≥3 ED visits in past 12 months
  - Is on Medicaid or Medicaid Eligible
  - Moses Lake (specifically 98837)

## • Preliminary Expansion Plan

Grant County	Chelan/Douglas	Okanogan
Late 2018	Mid 2019	Late 2019

## • Next Steps

- Identify Care Coordination Agencies
- Develop a Referral System
- Launch the HUB
  - Target date: October 1, 2018







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# NCACH Budget Allocations

John Schapman

# Project Funding Budget Detailed

- Estimates on expenses for each project over the Transformation Project

Project Funding	Total	%
WPCC (Project 2A & 3D)	\$10,900,000	57%
Project 2B Pathways Hub	\$5,000,000	26%
TCDI (Project 2C & 2D)	\$2,400,000	12%
Project 3A Addressing the Opioid Crisis	\$1,000,000	5%
<b>Total Project Budget</b>	<b>\$19,300,000</b>	<b>100%</b>



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# Funding Process

Christal Eshelman

# Opioid Project Potential Funding Projections

## Rapid Cycle Application

- 6 Month Funding Cycles
- Awards of \$2,500 to \$10,000
- 7 Award periods
- \$100,000 Annual Total Funding (Total = \$400,000)

## Additional Annual Funding

- \$200,000 Annual Funding (Total = \$600,000)

## Total Funding

\$1,000,000

	2018		2019				2020				2021				TOTAL	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
<b>Rapid Cycle Funding</b>																
6 Month Funding Cycles Awards up to \$10,000 each Annual Total Funding of \$100,000	Rapid Cycle 1: \$100,000	Rapid Cycle 2: \$50,000	Rapid Cycle 3: \$50,000	Rapid Cycle 4: \$50,000	Rapid Cycle 5: \$50,000	Rapid Cycle 6: \$50,000	Rapid Cycle 7: \$50,000									\$400,000
<b>Additional Annual Funding</b>																
12 Month Funding Cycles			Annual Cycle 1: \$200,000				Annual Cycle 2: \$200,000				Annual Cycle 3: \$200,000				\$600,000	
<b>Total Funding</b>	\$100,000	\$300,000		\$300,000				\$300,000				\$1,000,000				

# Opioid Project Additional Annual Funding

Additional Annual Funding: \$200,000 Annual Funding (Total = \$600,000)

## Option 1:

- 12 Month Funding Cycles
- Award up to \$200,000 each
- 1 or more awards per funding cycle
- Required to have regional reach

## Concerns:

- Ensuring equity across geography
- Ensuring equity across areas (prevention, treatment, overdose prevention, recovery). Could focus on one each funding cycle

## Option 2:

- 12 Month Funding Cycles
- Awards up to \$50,000 each
- 4 or more awards per funding cycle

## Concerns:

- Fair and equitable scoring of applications
- Ensuring equity across geography
- Ensuring equity across areas (prevention, treatment, overdose prevention, recovery). Could focus on one each funding cycle

## Option 3:

- Select region wide approaches to implement and invite partners to participate (examples on next slide)
- Phase in approaches based on regional priorities

## Concerns:

- Partner participation
- Selection of approaches

# Potential Regional Approaches

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Education and awareness of Dental Opioid Prescribing Guidelines

Increase access to naloxone through pharmacies. Encourage pharmacies distributing naloxone to post signs regarding its availability

Promote accurate and consistent messaging about opioid safety and to address the stigma of addiction to healthcare providers, law enforcement, community coalitions, schools/students, dentists, public health, the public, and other relevant parties

Provide MAT training to providers

Educate law enforcement about PMP and how it works

Expand Medication Take Back programs

Engage School Districts to adopt an Opioid Use Prevention Curriculum

Organize a conference for providers on pain management

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