



# North Central Accountable Community of Health

**Regional Opioid Stakeholders Workgroup**

October 19, 2018

| Location   | Attendees   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
|--|---|--------|---------------------|--|----|--|----|---|----|--|---|--|---|--|---|---|---|--|---|--------|---------------------|---|---|--|---|--|---|--|---|--|---|--|---|---|---|--|---|
| <b>Confluence Technology Center</b><br>285 Technology Center Way #102<br>Wenatchee, WA 98801   | Christal Eshelman, Malcolm Butler, Caroline Tillier, Glenn Adams, Navind Oodit, Gail Goodwin, Naudia Pickens, Dina Goodman, John Schapman, Teresa Davis   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Agenda Item  | Minutes   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Introductions  | July Minutes Accepted   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| NCACH Update   | <ul style="list-style-type: none"> <li>July 31 semi-annual report submitted</li> <li>Implementation plan is Due October 1st</li> <li>Awardees should report out on rapid cycle funding before December. Christal will send reminder out to awardees.</li> </ul>   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Opioid Section of WPCO Change plans  | <ul style="list-style-type: none"> <li>Whole Person Care Collaborative change plans were submitted in July, most opioid tactics received were in the prevention category. Change plans will be updated every year. Workgroup can advocate for more tactics in the future. List of tactics and number of times selected below (also located in meeting packet).</li> </ul> <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <h4 style="text-align: center;">Opioid Tactics – Most Selected</h4> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Tactic</th> <th style="text-align: center;"># of times selected</th> </tr> </thead> <tbody> <tr> <td>Routinely reconcile medications to avoid unsafe combinations</td> <td style="text-align: center;">16</td> </tr> <tr> <td>Use standardized screening tool to assess for mental health issues and risk of addiction prior to initiating COT</td> <td style="text-align: center;">16</td> </tr> <tr> <td>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.</td> <td style="text-align: center;">10</td> </tr> <tr> <td>Identify a clinical champion to guide practice redesign efforts regarding chronic opioid therapy (COT)</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Create patient agreements for COT that aligns with clinic policies</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Define and enforce limits on prescription opioids.</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Offer or arrange for alternatives to opioids to relieve pain (to allow taper)</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Partner with other agencies that provide evidence-based OUD care</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> </div> <div style="width: 45%;"> <h4 style="text-align: center;">Opioid Tactics – Least Selected</h4> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Tactic</th> <th style="text-align: center;"># of times selected</th> </tr> </thead> <tbody> <tr> <td>Add prompts to PMP to encourage providers to prescribe naloxone to patients on high doses of opioids.</td> <td style="text-align: center;">2</td> </tr> <tr> <td>All opiate prescribers will pass a certification on AMDG guidelines.</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Build enhancements in the electronic medical record systems to default to recommended dosages, pill counts, etc.</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Disseminate the guideline Substance Abuse during Pregnancy: Guidelines for Screening and Management.</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Engage: the integration of telehealth and telephonic approaches - Hub and Spoke model. UW TelePain Program</td> <td style="text-align: center;">2</td> </tr> <tr> <td>If you employ dentists, make sure they are complying with your opioid standards.</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Improve competence among MH providers to treat patients with chronic pain without opioids</td> <td style="text-align: center;">1</td> </tr> <tr> <td>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.</td> <td style="text-align: center;">1</td> </tr> </tbody> </table> </div> </div> <ul style="list-style-type: none"> <li>Malcolm: Regarding educating provider's tactic, he believes that there is not a shortage of training, it is just lack of wanting to do it.</li> <li>The WPCO is looking onto a LAN geared toward pain management in 2019</li> </ul> | Tactic | # of times selected | Routinely reconcile medications to avoid unsafe combinations | 16 | Use standardized screening tool to assess for mental health issues and risk of addiction prior to initiating COT | 16 | 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. | 10 | Identify a clinical champion to guide practice redesign efforts regarding chronic opioid therapy (COT) | 9 | Create patient agreements for COT that aligns with clinic policies | 8 | Define and enforce limits on prescription opioids. | 8 | Offer or arrange for alternatives to opioids to relieve pain (to allow taper) | 8 | Partner with other agencies that provide evidence-based OUD care | 8 | Tactic | # of times selected | Add prompts to PMP to encourage providers to prescribe naloxone to patients on high doses of opioids. | 2 | All opiate prescribers will pass a certification on AMDG guidelines. | 2 | Build enhancements in the electronic medical record systems to default to recommended dosages, pill counts, etc. | 2 | Disseminate the guideline Substance Abuse during Pregnancy: Guidelines for Screening and Management. | 2 | Engage: the integration of telehealth and telephonic approaches - Hub and Spoke model. UW TelePain Program | 2 | If you employ dentists, make sure they are complying with your opioid standards. | 2 | Improve competence among MH providers to treat patients with chronic pain without opioids | 1 | 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. | 1 |
| Tactic   | # of times selected   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Routinely reconcile medications to avoid unsafe combinations   | 16  |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Use standardized screening tool to assess for mental health issues and risk of addiction prior to initiating COT   | 16  |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| 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.      | 10  |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Identify a clinical champion to guide practice redesign efforts regarding chronic opioid therapy (COT)   | 9   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Create patient agreements for COT that aligns with clinic policies   | 8   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Define and enforce limits on prescription opioids.   | 8   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Offer or arrange for alternatives to opioids to relieve pain (to allow taper)  | 8   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Partner with other agencies that provide evidence-based OUD care   | 8   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Tactic   | # of times selected   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Add prompts to PMP to encourage providers to prescribe naloxone to patients on high doses of opioids.  | 2   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| All opiate prescribers will pass a certification on AMDG guidelines.   | 2   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Build enhancements in the electronic medical record systems to default to recommended dosages, pill counts, etc.   | 2   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Disseminate the guideline Substance Abuse during Pregnancy: Guidelines for Screening and Management.   | 2   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Engage: the integration of telehealth and telephonic approaches - Hub and Spoke model. UW TelePain Program   | 2   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| If you employ dentists, make sure they are complying with your opioid standards.   | 2   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| Improve competence among MH providers to treat patients with chronic pain without opioids  | 1   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| 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. | 1   |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |
| NCACH Opioid Project Intern  | <p><b>Chemical Dependency Professional (CDP) Presentation</b> – Navind Oodit gave a presentation explaining the CDP Position and possible reasoning for the shortage of CDPs. There is a CDP program at Wenatchee Valley College.</p> <p>Possible reasons for CDP shortage are:</p> <ul style="list-style-type: none"> <li>There are no standards regarding internship hours across the US.</li> <li>Wage is low for amount of time that needs to be put in to keep certification.</li> <li>Cost of certification is high.</li> </ul> <p><b>Lay distribution of Naloxone Presentation:</b></p> <ul style="list-style-type: none"> <li>Cost of a NARCAN kit is \$140/\$160 – Medicaid covers</li> </ul>  |        |                     |  |    |  |    |   |    |  |   |  |   |  |   |   |   |  |   |        |                     |   |   |  |   |  |   |  |   |  |   |  |   |   |   |  |   |

- Community awareness is needed, many pharmacies have kits but have not dispensed kits because consumers do not know how to get them.
- Consumers eligible for one free kit. Income needs to be less than \$100K

**NARCAN Training and distribution project:**

Navind Oodit and Christal Eshelman will be attending the Okanogan Recovery Event on September 22<sup>nd</sup>. Will be training for usage of Narcan and distributing kits.

2019 proposed project plan

### 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               | \$300,000                 | \$300,000               | \$300,000               |    |      |    |    |    | \$1,000,000 |

\$1M allocated to the Opioid project. The Opioid Workgroup decided to focus on:

- Prevention Efforts
- Fostering collaboration among diverse stakeholders who are impacted by the opioid epidemic
- School Based Prevention: 5 schools is the number that fit into the dollars. Wanting to see how Methow school district does with their rapid cycle award, then expand.
- Future recovery events - need other people at the table to help plan that.

#### 2019 Proposed Opioid Project Plan

| Prevention | Treatment | OD Prevention | Recovery | Strategy                                       | Budget    |
|------------|-----------|---------------|----------|--|-----------|
|            |           |               |          | Rapid Cycle Opioid Application                 | \$100,000 |
|            |           |               |          | North Central Opioid Response Conference – DCM | \$10,000  |
|            |           |               |          | North Central Opioid Response Conference       | \$40,000  |

|            |   |  |  |  |                  |
|------------|---|--|--|--|------------------|
|            |   |  |  | Dissemination of Dental Prescribing Guidelines                 | \$15,000         |
|            |   |  |  | Increase Awareness of Opioid Use and Addiction & Reduce Stigma | \$30,000         |
|            |   |  |  | School-based Prevention  | \$50,000         |
|            |   |  |  | Naloxone Training and Distribution                             | \$20,000         |
|            |   |  |  | Recovery Initiatives and Events                                | \$20,000         |
|            |   |  |  | <b>TOTAL</b>   | <b>\$285,000</b> |
|            | <p>❖ <b>Workgroup unanimously endorsed the above plan</b></p> <ul style="list-style-type: none"> <li>• At the recovery event, they will have info on medication take back boxes to hand out.</li> </ul>   |  |  |  |                  |
| Next steps | <ul style="list-style-type: none"> <li>• Grant County is starting to look at drug court.</li> <li>• Next steps, take recommendation to Governing Board in Sept.</li> <li>• We can adjust the budget as we go if we find that something is not working or if a new great idea is presented.</li> <li>• Once we have dates and more information on conferences and trainings, we can give to WPCC to distribute to their agencies.</li> <li>• Ask WPCC if access to training is a barrier.</li> </ul> |  |  |  |                  |

# Implementation Plan Update

# 2019 Opioid Project Plan Summary

NCACH Regional Opioid Stakeholders Workgroup

## Background

The North Central Accountable Community of Health (NCACH) is implementing six Medicaid Transformation Projects, one of which is the Opioid Project. The Opioid Project should have elements of opioid prevention, treatment, overdose prevention, and recovery incorporated into it.

The Regional Opioid Workgroup was tasked with assessing current initiatives and need in the region and developing an implementation plan using strategies outlined in the Medicaid Toolkit. In addition, there was desire by the Workgroup to prioritize the following:

- Prevention efforts;
- Fostering collaboration among diverse stakeholders who are impacted by the opioid epidemic; and,
- Engaging sectors that have not been engaged with other aspects of the Medicaid Transformation Project to date.

## Strategies

The Workgroup proposes seven strategies to implement in 2019 addressing prevention, treatment, overdose prevention (OD prevention), and recovery.

| Prevention   | Treatment | OD Prevention | Recovery | Strategy  | Budget           |
|--------------|-----------|---------------|----------|---|------------------|
|              |           |               |          | <i>Rapid Cycle Opioid Application</i>                                     | \$100,000        |
|              |           |               |          | <i>North Central Opioid Response Conference – DCM</i>                     | \$10,000         |
|              |           |               |          | <i>North Central Opioid Response Conference</i>                           | \$40,000         |
|              |           |               |          | <i>Dissemination of Dental Prescribing Guidelines</i>                     | \$15,000         |
|              |           |               |          | <i>Increase Awareness of Opioid Use and Addiction &amp; Reduce Stigma</i> | \$30,000         |
|              |           |               |          | <i>School-based Prevention</i>  | \$50,000         |
|              |           |               |          | <i>Naloxone Training and Distribution</i>                                 | \$20,000         |
|              |           |               |          | <i>Recovery Initiatives and Events</i>                                    | \$20,000         |
| <b>TOTAL</b> |           |               |          |   | <b>\$285,000</b> |

There is \$15,000 of funding that is currently allocated to the Opioid Project but unbudgeted in the project plan. This funding will be available for emerging initiatives next year that the Workgroup would like to recommend for funding or could be used if proposed strategies exceed the budgeted amount.

## Preliminary 2019 Timeline

|  | Jan | Feb | Mar | Apr      | May        | Jun   | Jul | Aug | Sep | Oct           | Nov             | Dec        |
|--|-----|-----|-----|----------|------------|-------|-----|-----|-----|---------------|-----------------|------------|
| Rapid Cycle Opioid Project (Application Process) |     |     |     | App open | App closed | Award |     |     |     | 2020 App open | 2020 App closed | 2020 Award |
| North Central Opioid Response Conference         |     |     | DCM |          |            |       |     |     | IP  |               |                 |            |
| Dissemination of Dental Prescribing Guidelines   |     |     |     |          |            |       |     |     |     |               |                 |            |
| Increase awareness of opioid use and addiction   |     |     |     |          |            |       |     |     |     |               |                 |            |
| School-based prevention                          |     |     |     |          |            |       |     |     |     |               |                 |            |
| Naloxone training and distribution               |     |     |     |          |            |       |     |     |     |               |                 |            |
| Recovery Initiatives/Events                      |     |     |     |          |            |       |     |     |     |               |                 |            |

DCM – Pathways to Prosperity using the Distributed Conference Model; IP – In person Conference

Strategies will start in the month highlighted in dark blue and continue through the months highlighted in the light blue.

## Other Initiatives

### NCACH Whole Person Care Collaborative

In addition to the proposed strategies above, the Workgroup wants to ensure that adequate provider Medication Assisted Treatment (MAT) trainings are offered to providers in our region. The Opioid Workgroup recommends that the Whole Person Care Collaborative (WPCC) solicit feedback from its members to determine if access to local MAT trainings is a barrier to providers becoming waived providers. And if so, the Opioid Workgroup recommends that the WPCC provide MAT trainings in each of the counties where providers responded that access to training opportunities is a barrier.

### Opioid Overdose as a Notifiable Condition

Chelan-Douglas Health District (CDHD) is in the process of making drug overdoses, both fatal and non-fatal, notifiable by healthcare professionals as well as encouraging all first responders and others witnessing an overdose to report the condition. CDHD is doing this in collaboration with The Center for Alcohol and Drug Treatment. Reporting of overdoses will allow for effective surveillance and case finding as well as offering an opportunity to engage individuals in treatment (through outreach done by The Center for Alcohol and Drug Treatment). If this pilot is successful, NCACH will partner with appropriate stakeholders to encourage expanding this model to Grant and Okanogan Counties.



North Central Accountable  
Community of Health

**Regional Opioid Stakeholders Workgroup**

# 2019 Opioid Project Plan



## Rapid Cycle Opioid Application

January – June 2019

- Applications Due Nov. 2<sup>nd</sup>
- Awards up to \$10,000
- Total of \$50,000 awarded
- **Volunteers needed for the APPLICATION EVALUATION COMMITTEE?!**

1 NCACH Rapid Cycle Application: Opioid Project  
Medicaid Transformation Project

### NCACH RAPID CYCLE APPLICATION: OPIOID PROJECT

North Central Accountable Community of Health - Medicaid Transformation Project  
OCTOBER 2018

#### Introduction

The North Central Accountable Community of Health (NCACH) is accepting applications from partners who are interested in implementing projects under the Medicaid Transformation to *Address the Opioid Use Public Health Crisis* in one or more of the following counties: Chelan, Douglas, Grant, and Okanogan Counties.

Through cross-sector, regional collaboration, NCACH is working to improve community health in North Central Washington. NCACH is one of nine Accountable Communities of Health formed in Washington through the Healthier Washington initiative. As part of this initiative, the NCACH is undertaking a regional project addressing the opioid use public health crisis in North Central Washington. The project objective, as described by the Washington State Health Care Authority, is to support the achievement of the state's goals to reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, overdose prevention, and recovery supports.

#### Menu of Approaches

Through community and partner input, NCACH has identified high priority approaches for our region, listed on the next page. These approaches were selected for their alignment with the 2016 Washington State Interagency Opioid Working Plan.

1 October 3, 2018

2 NCACH Rapid Cycle Application: Opioid Project  
Medicaid Transformation Project

#### Priority Approaches

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

Promote safe storage and appropriate disposal of medications through building awareness and education of 1) medication take back programs, 2) home lock boxes, 3) safe medication disposal options.

Promote use of best practices among dentists for prescribing opioid for pain (ie. [The Dental WA State AMPs](#)).

[Guidance on Prescribing for Acute Pain Management developed by the Brea Collaborative and WA State AMPs](#)

#### Expand Medication Take Back Programs

Increase the number of providers certified to prescribe Opioid Use Disorder (OUD) medications in the region (ie. hospitals, correctional facilities, methadone clinics, and other community based sites).

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, and syringe exchange programs.

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.

Expand syringe exchange programs. Develop/support linkages between syringe exchange and physical health/OUD treatment providers.

Enhance community pathways to support pregnant and parenting women with OUD (treatment) needs during, through, and after pregnancy.

Assistance to first responders, chemical dependency counselors, and law enforcement to develop and implement protocols on providing overdose response training and naloxone to individuals seen for opioid overdose.

Provide residential, outpatient and withdrawal management services designed to address continuum of care, behavioral health, social service needs with primary care, behavioral health and other recovery support services.

Use courts to address access, referral and follow up for services.

Use courts to address/abuse, monitor morbidity and mortality, and

2 October 3, 2018

### Opioid Response Conferences

#### Distributed Model Conference

- March 2019
- Focus on Prevention?
- Researching keynote speakers
- Co-chairs, Kristi and Christal attended training Oct 8-9
- Volunteers for the planning committee?

#### Regional Opioid Conference

- October 2019
- Volunteers for the planning committee?

### 2019 Opioid Project Plan

#### Dental Prescribing Workgroup

- Formed planning committee
- Develop agenda, select date

#### Opioid Awareness

- Process to select contractor

#### Recovery Events

- Attending NC Recovery Coalition
- Other Ideas

#### School-Based Prevention

- Process to select schools and projects
- Meet with Laura Brumfield, Methow Valley School District

#### Naloxone Training

- Develop training schedule for 2019
- Web form to request training
- Promotional materials to send to agencies

# WHO WANTS TO VOLUNTEER?

- Application Evaluation Committee -
  - Opioid Response Conference -
- Dental Opioid Prescribing Workshop -
  - Opioid Awareness and Education -
    - School-based Prevention -
      - Naloxone Training -
  - Recovery Initiatives/Events -



North Central Accountable  
Community of Health

## Regional Opioid Stakeholders Workgroup

# Opioid Data Update

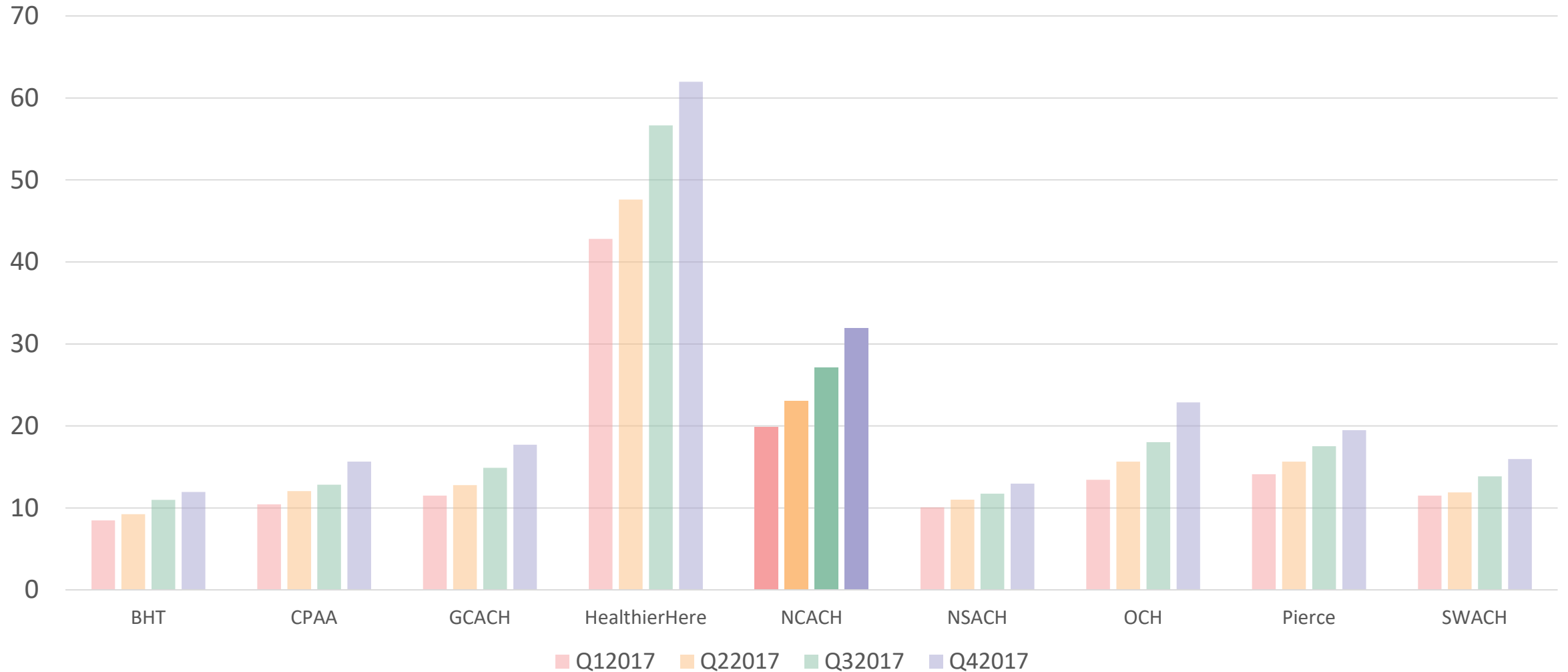
# Opioid Project Monitoring Dashboard

## Coming Soon!

- Tableau dashboard still under development
  - HCA will be further refining the metrics, adding metrics and refining definitions as we get ready to release this dashboard in the public domain.
- Rates of metrics available at State, ACH and county level
- Here's a sneak preview of data "behind the dashboard"

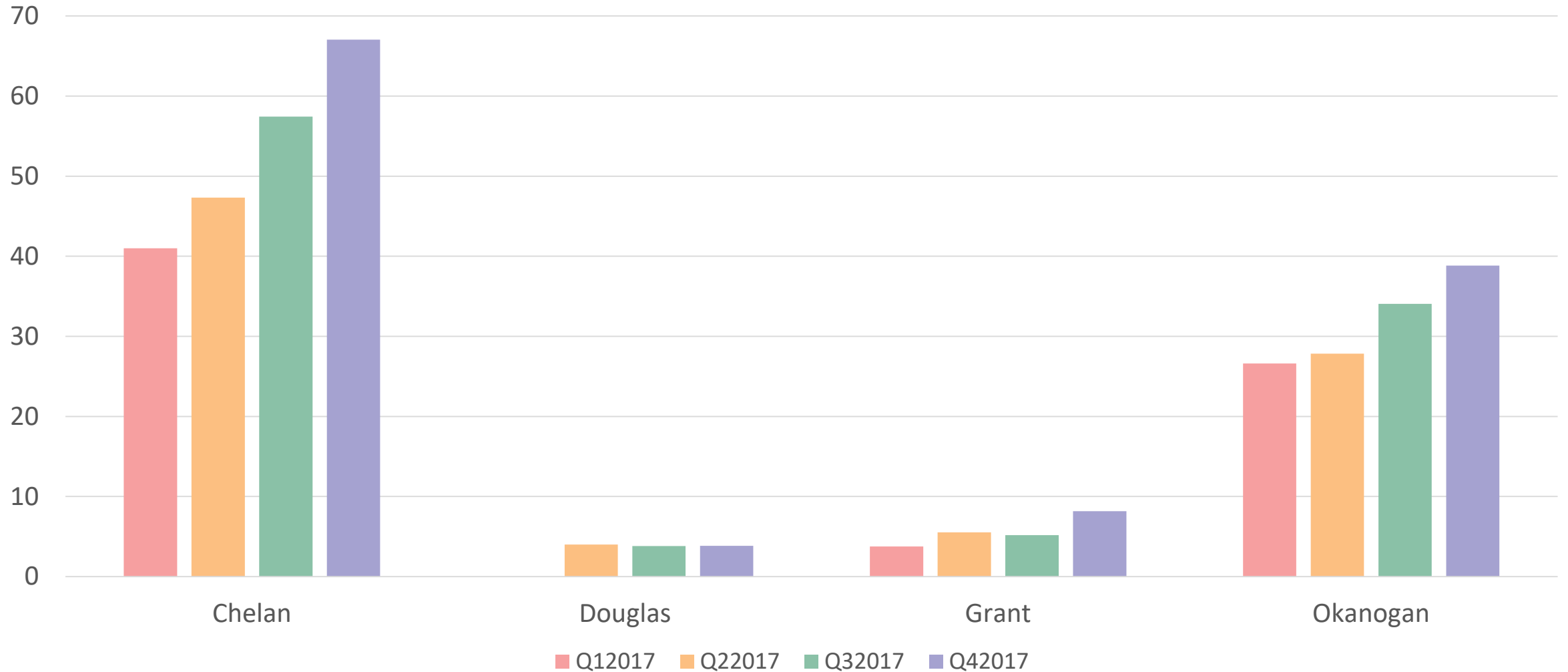
# Regional Opioid Stakeholders Workgroup

## Number of Buprenorphine waived providers per 1,000 Medicaid enrollees diagnosed with OUD



# Regional Opioid Stakeholders Workgroup

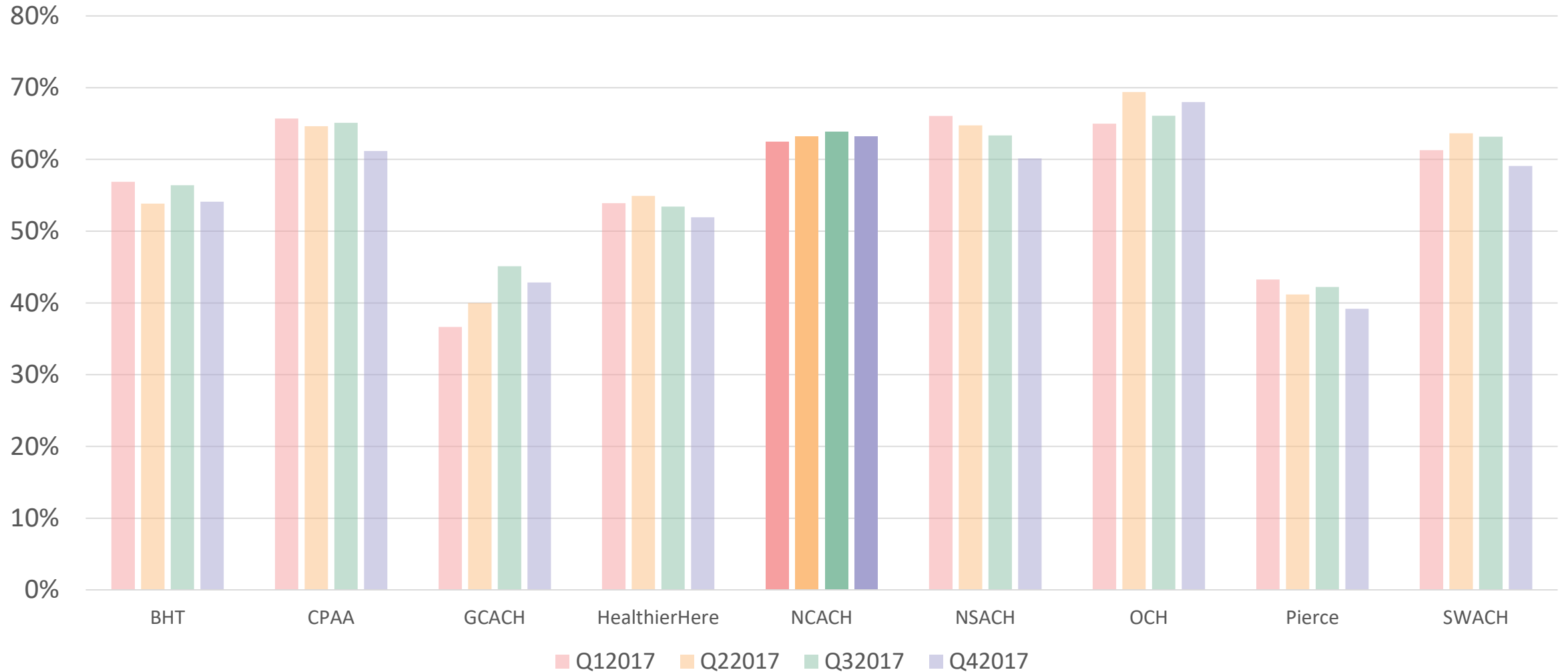
## Number of Buprenorphine waived providers per 1,000 Medicaid enrollees diagnosed with OUD





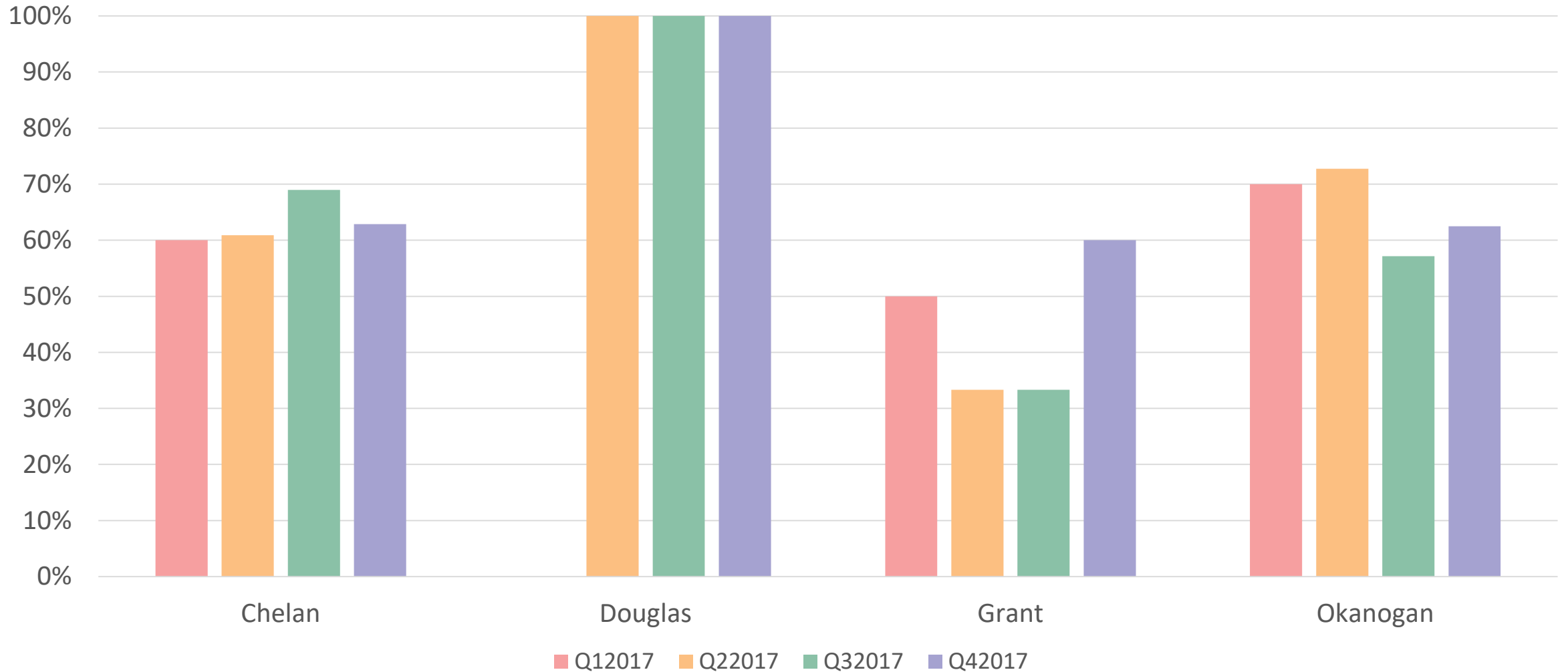
# Regional Opioid Stakeholders Workgroup

## Proportion of Buprenorphine waived providers active in prescribing MAT to Medicaid population



# Regional Opioid Stakeholders Workgroup

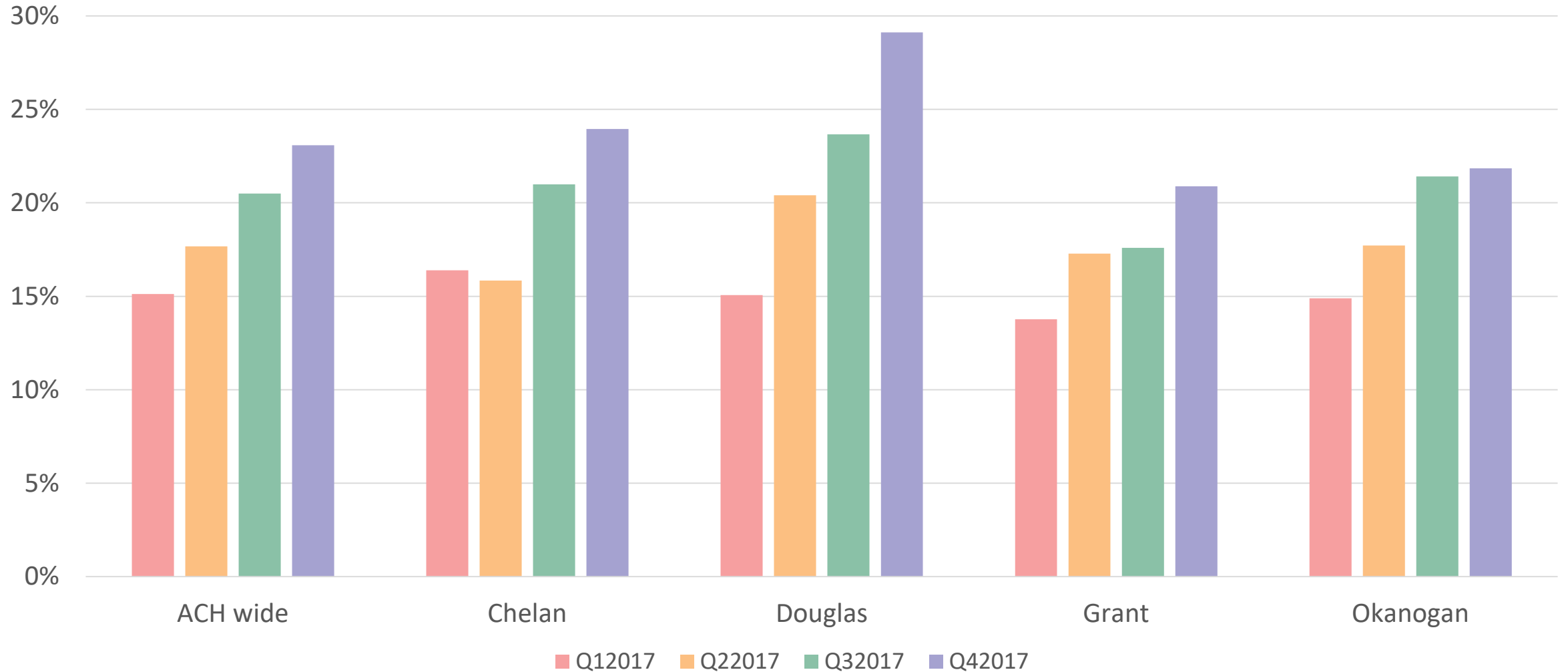
## Proportion of Buprenorphine waived providers active in prescribing MAT to Medicaid population



# Regional Opioid Stakeholders Workgroup

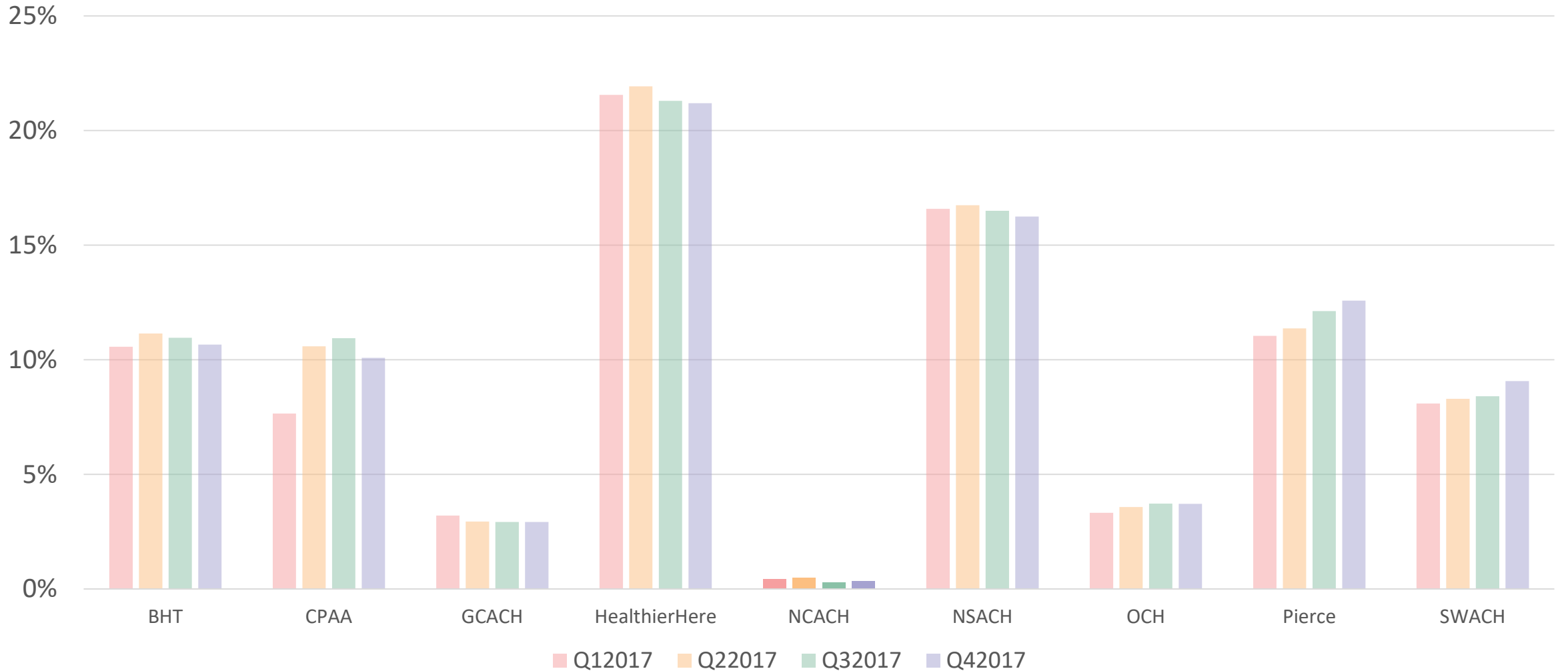
## Opioid Use Disorder (OUD) Treatment in Medicaid population

*% treated with any MAT or Methadone in OTP facility*



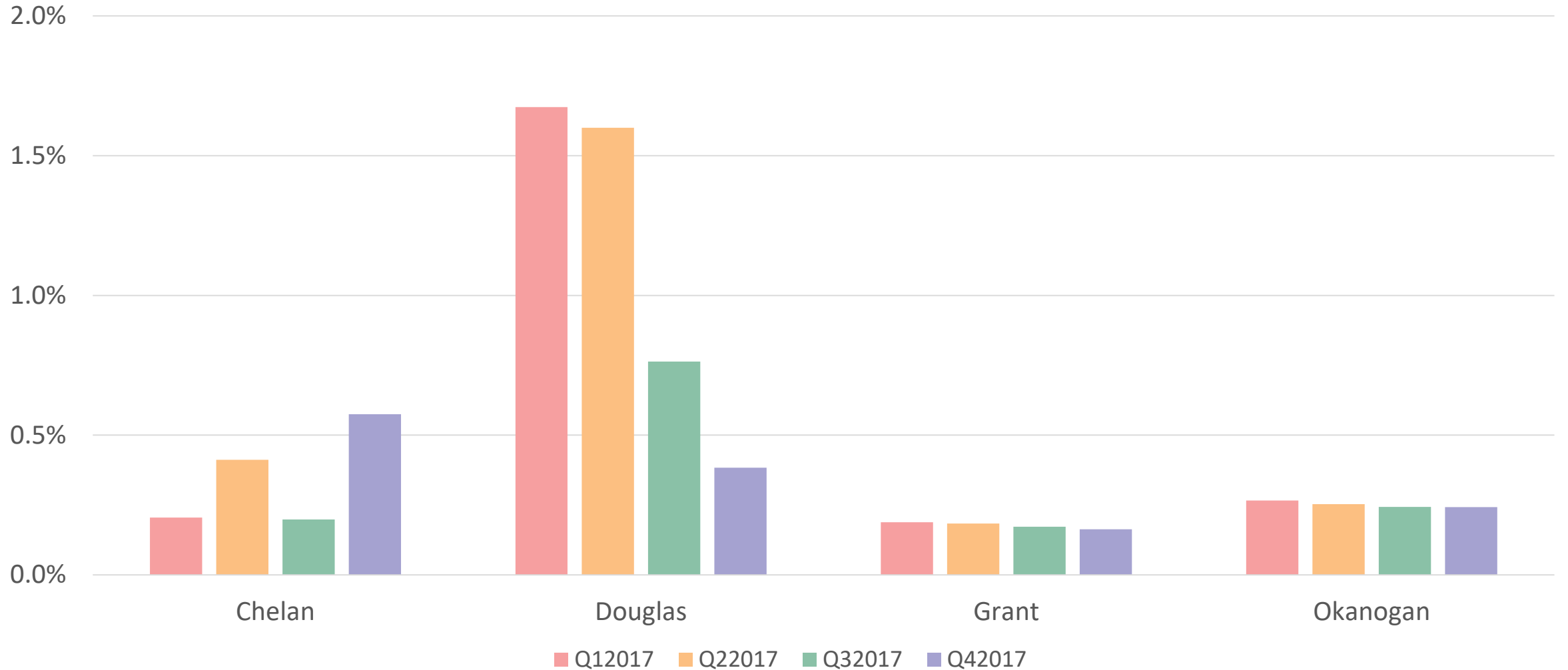
# Regional Opioid Stakeholders Workgroup

## Opioid Use Disorder (OUD) Treatment Initiation in Medicaid population



# Regional Opioid Stakeholders Workgroup

## Opioid Use Disorder (OUD) Treatment Initiation in Medicaid population





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# Syringe Exchange Program



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Community of Health

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# Regional Opioid Communications Plan



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Community of Health

**Regional Opioid Stakeholders Workgroup**

**NCW Opioid Stakeholders**  
**aka. Steve Clem's Group**