**Location**

<table>
<thead>
<tr>
<th>Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801</th>
</tr>
</thead>
</table>

**Attendees**

Christal Eshelman, Malcolm Butler, Caroline Tillier, Glenn Adams, Navind Oodit, Gail Goodwin, Naudia Pickens, Dina Goodman, John Schapman, Teresa Davis

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**Agenda Item**

**Minutes**

**Introductions**

July Minutes Accepted

**NCACH Update**

- July 31 semi-annual report submitted
- Implementation plan is Due October 1st
- Awardees should report out on rapid cycle funding before December. Christal will send reminder out to awardees.

**Opioid Section of WPCC Change plans**

- 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).

**Opioid Tactics – Most Selected**

<table>
<thead>
<tr>
<th>Tactic</th>
<th># of times selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely recognize medications to avoid unsafe combinations</td>
<td>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>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>10</td>
</tr>
<tr>
<td>Identify a clinical champion to guide practice redesign efforts regarding chronic opioid therapy (COT)</td>
<td>9</td>
</tr>
<tr>
<td>Create patient agreements for COT that align with clinic policies</td>
<td>8</td>
</tr>
<tr>
<td>Define and enforce limits on prescription opioids.</td>
<td>8</td>
</tr>
<tr>
<td>Offer or arrange for alternatives to opioids to relieve pain (to allow taper)</td>
<td>8</td>
</tr>
<tr>
<td>Partner with other agencies that provide evidence-based OUD care</td>
<td>8</td>
</tr>
</tbody>
</table>

**Opioid Tactics – Least Selected**

<table>
<thead>
<tr>
<th>Tactic</th>
<th># of times selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add prompts to PMF to encourage providers to prescribe naloxone to patients on high doses of opioids</td>
<td>2</td>
</tr>
<tr>
<td>All opiate prescribers will pass a certification on AMDG guidelines</td>
<td>2</td>
</tr>
<tr>
<td>Build enhancements in the electronic medical record systems to default to recommended dosages, pill counts, etc.</td>
<td>2</td>
</tr>
<tr>
<td>Disseminate the guideline Substance Abuse during Pregnancy: Guidelines for Screening and Management</td>
<td>2</td>
</tr>
<tr>
<td>Engage the integration of telehealth and telephonic approaches – Hub and Spoke model UW Telefilm Program</td>
<td>2</td>
</tr>
<tr>
<td>If you employ dentists, make sure they are complying with your opioid standards</td>
<td>2</td>
</tr>
<tr>
<td>Improve competence among MI providers to treat patients with chronic pain without opioids</td>
<td>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>1</td>
</tr>
</tbody>
</table>

- 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.
- The WPCC is looking onto a LAN geared toward pain management in 2019

**NCACH Opioid Project Intern**

**Chemical Dependency Professional (CDP) Presentation** – 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.

Possible reasons for CDP shortage are:

- There are no standards regarding internship hours across the US.
- Wage is low for amount of time that needs to be put in to keep certification.
- Cost of certification is high.

**Lay distribution of Naloxone Presentation:**

- Cost of a NARCAN kit is $140/$160 – Medicaid covers
- 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 22nd. Will be training for usage of Narcan and distributing kits.

### 2019 proposed project plan

#### Opioid Project Potential Funding Projections

<table>
<thead>
<tr>
<th>Rapid Cycle Application</th>
<th>Additional Annual Funding</th>
<th>Total Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid Cycle 1: $100,000</td>
<td>Annual Cycle 1: $200,000</td>
<td>$1,000,000</td>
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<tr>
<td>Rapid Cycle 2: $100,000</td>
<td>Annual Cycle 2: $200,000</td>
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<tr>
<td>Rapid Cycle 3: $100,000</td>
<td>Annual Cycle 3: $200,000</td>
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<td>Rapid Cycle 4: $100,000</td>
<td>Annual Cycle 4: $200,000</td>
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<td>Rapid Cycle 5: $100,000</td>
<td>Annual Cycle 5: $200,000</td>
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<tr>
<td>Rapid Cycle 6: $100,000</td>
<td>Annual Cycle 6: $200,000</td>
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<tr>
<td><strong>Total</strong></td>
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</tbody>
</table>

$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

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

- **Workgroup unanimously endorsed the above plan**
  - At the recovery event, they will have info on medication take back boxes to hand out.

**Next steps**
- Grant County is starting to look at drug court.
- Next steps, take recommendation to Governing Board in Sept.
- We can adjust the budget as we go if we find that something is not working or if a new great idea is presented.
- Once we have dates and more information on conferences and trainings, we can give to WPCC to distribute to their agencies.
- Ask WPCC if access to training is a barrier.
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.

<table>
<thead>
<tr>
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</table>

TOTAL $285,000

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td>Rapid Cycle Opioid Project (Application Process)</td>
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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 waivered 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.
2019 Opioid Project Plan
Rapid Cycle Opioid Application

January – June 2019

- Applications Due Nov. 2\textsuperscript{nd}
- Awards up to $10,000
- Total of $50,000 awarded
- Volunteers needed for the APPLICATION EVALUATION COMMITTEE?!
Regional Opioid Stakeholders Workgroup

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

Regional Opioid Stakeholders Workgroup

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 -
Opioid Data Update

Regional Opioid Stakeholders Workgroup

North Central Accountable Community of Health
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”
Number of Buprenorphine waivered providers per 1,000 Medicaid enrollees diagnosed with OUD

Regional Opioid Stakeholders Workgroup
Number of Buprenorphine waivered providers per 1,000 Medicaid enrollees diagnosed with OUD

Regional Opioid Stakeholders Workgroup
Proportion of Buprenorphine waivered providers active in prescribing MAT to Medicaid population

Regional Opioid Stakeholders Workgroup

Q1 2017
Q2 2017
Q3 2017
Q4 2017

BHT
CPAA
GCACH
HealthierHere
NCACH
NSACH
OCH
Pierce
SWACH

Q1 2017
Q2 2017
Q3 2017
Q4 2017
Proportion of Buprenorphine waivered providers active in prescribing MAT to Medicaid population

Regional Opioid Stakeholders Workgroup

Chelan
Douglas
Grant
Okanogan

Q1 2017  Q2 2017  Q3 2017  Q4 2017

Proportion:
0%  10%  20%  30%  40%  50%  60%  70%  80%  90%  100%
Opioid Use Disorder (OUD) Treatment in Medicaid population
% treated with any MAT or Methadone in OTP facility

Regional Opioid Stakeholders Workgroup

ACH wide Chelan Douglas Grant Okanogan

Q1 2017 Q2 2017 Q3 2017 Q4 2017
Regional Opioid Stakeholders Workgroup

Opioid Use Disorder (OUD) Treatment Initiation in Medicaid population

Q1 2017  Q2 2017  Q3 2017  Q4 2017

BHT  CPAA  GCACH  HealthierHere  NCACH  NSACH  OCH  Pierce  SWACH

0%  5%  10%  15%  20%  25%
Regional Opioid Stakeholders Workgroup

Opioid Use Disorder (OUD) Treatment Initiation in Medicaid population

![Bar chart showing opioid treatment initiation rates by quarter and county for Chelan, Douglas, Grant, and Okanogan counties in 2017.](chart_image)
Syringe Exchange Program
Regional Opioid Communications Plan