



North Central Accountable
Community of Health

Regional Opioid Stakeholders Workgroup

December 21, 2018

Location	Attendees
Family Health Center, Omak WA	Christal Eshelman, Malcolm Butler, Dawn Anderson, Lori Jones, Jesus Hernandez, Tracy Miller, John McReynolds, Amy Nauv, Rachel Levi, Teresa Davis – Minutes Phone: Caroline Tillier, Courtni Fairbanks, Paul Hadley, Mike Warren, Jim Mitchell, Laura Brumfield, Dina Goodman
Agenda Item	Minutes
Minutes	Christal Eshelman reviewed the minutes, minutes accepted.
2019 Round 1 Rapid Cycle Opioid Application	<p>Reviewed and endorsed proposed funding package for 2019 Round 1 Rapid Cycle Opioid Applications – received 9 applications for a total amount of \$78,000.</p> <p>After the scoring process, the following five organizations received the highest scores with a total funding request of \$48,160 (\$50,000 was allocated by the NCACH Governing Board for this round of applications). Will be recommended for funding to the NCACH Governing Board for approval.</p> <ul style="list-style-type: none"> • Lake Chelan Community Hospital \$8,160 - Increase availability and knowledge of Naloxone to BLS EMS responders and decrease number of opioid overdose deaths • Grant County Health District \$10,000 - Use harm reduction framework that meets the clients where they are in their desire for treatment, wound care, and access to other healthcare needs • Three Rivers Hospital \$10,000 - Reduce opioid abuse and overdose deaths by providing education, increased access to naloxone, and a place to safely dispose of medications • Washington 2-1-1 \$10,000 - 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. • Coulee Medical Center \$10,000 - Increase access to MAT and reduce opioid abuse <p>Lauri Jones noted that Naloxone can be obtained for free from UW. She also asked if there was any way to request more funding from the NCACH to fund more of the projects. Malcolm replied that the NCACH has allocated this amount and we need to stay within those parameters. Lori also noted that DOH also provides supplies for syringe exchange and there are other resources out there to get supplies.</p>
March Distributed Conference	<ul style="list-style-type: none"> • Planning committee – First meeting December 6th will be conference call. • Proposed date – March 15th – Opioid Response Conference. There will be a facilitator at each location. • Keynote speaker ideas – Lori Jones, Caleb Banta-Green, Dr. Kevin McCauley, email other ideas to Christal
Public Education	<p>\$30K budget for Opioid Awareness – asking committee to review the proposal and submit comments to Christal by Wed. RFP will be distributed through list serves. Suggestion to also send to marketing companies.</p> <ul style="list-style-type: none"> • Reviewed Draft Public Education Procedures • Projected targeted audience would be hard for an applicant to understand. Be more specific about demographic. Narrow the scope. <p>Christal will look at some data to see if there is an obvious demographic that stands out. Lori will be doing an opioid assessment for Ok County. Jesus noted that parenting is a good place to start as parents determine a lot of the behaviors that children develop.</p>

	<ul style="list-style-type: none"> • RPF reviewers – John McReynolds email Christal if you are interested.
Other 2019 Initiatives	<ul style="list-style-type: none"> • 2019 NCW Opioid Response Summit – focus on recovery? Keynote/Speakers? Send Christal ideas • Dental Opioid Prescribing Workshop – First committee meeting November 27th – Training on Opioid prescribing guidelines, will be trying to get CE credits. • School-based Prevention – project period 2019-2020 school year • Narcan Training and Distribution – procedures to be reviewed at December Opioid Workgroup Meeting. Partner with other organizations for training and distribution. Lori will send her tracking info that she uses with UW. <p>Recovery Initiatives/Events – TBD</p>
Opioid Workgroup in 2019	<ul style="list-style-type: none"> • Christal shared the proposed 2019 meeting schedule (See meeting packet for schedule) • Structure of NCW Opioid Stakeholders group going forward - North Central Washington Opioid Addiction and Treatment Stakeholders Group has merged with the NCACH Regional Opioid Stakeholders Workgroup <p>Membership and Revised Charter of NCACH Opioid Workgroup presented, key changes to the charter are...</p> <ul style="list-style-type: none"> • Workgroup membership is open to any stakeholder who signs the Membership Agreement and agrees to Member Responsibilities • Meetings open to everyone • Meet at least quarterly • North Central Washington Opioid Addiction and Treatment Stakeholders Group has merged with the NCACH Regional Opioid Stakeholders Workgroup • 75% attendance required <p>Group accepted proposed changes and meeting schedule. The Charter will be proposed to the NCACH Governing Board on Dec. 3rd.</p>
2018 Rapid Cycle Opioid Awardee Presentations	<p>The following round one rapid cycle recipients gave presentations to the workgroup on the progress of their projects.</p> <ul style="list-style-type: none"> • Substance Abuse Prevention Program Pilot - Methow Valley School District – Focusing on doing an assessment first, goal is to pilot a school based substance abuse program at Liberty Bell High School. Has had some key interviews and is putting together some focus groups. Malcolm suggested getting information on addiction to faculty. • Mid-Valley Community Opioid Treatment Plan - Mid-Valley Clinic – Trying to get all of the MAT providers in the area on the same page so that patients are not bouncing from provider to provider. Providing PHQ9, Naloxone kit distribution. Narcan vs Naloxone – Naloxone was a lot less expensive. Malcolm would like more info on the success of Naloxone. • Rapid Response to Resources – Washington 211 - Lauri Jones gave an overview of the text opioid 898211 to receive info on opioids, recovery resources, daily affirmation – distributed over 2500 flyers, before the movie ad will be shown 242 times a month. • Creating Resilience Against Opioids - Family Health Centers – Love and logic classes targeting parents of young children, Partnering with K-12, coalitions and other med providers. • Drug Disposal Kiosk - North Valley Hospital – Funding purchased a kiosk that is inside the NV lobby and 12 disposals. Partnered with many providers to disperse info on the take back box. Malcolm suggested an insert with the opioid prescription.
Assignments	<ul style="list-style-type: none"> • Review the following and send feedback to christal.eshelman@cdhd.wa.gov by Nov. 21st <ul style="list-style-type: none"> ○ Proposed date of March 15th for Opioid Response Conference ○ Public Education RFP ○ 2019 Proposed Meeting Schedule and updated Workgroup Charter

2019 Opioid Workgroup

Key Updates to the Charter:

- Workgroup membership is open to any stakeholder who signs the Membership Agreement and agrees to Member Responsibilities
- Meetings open to everyone
- Meet at least quarterly
- North Central Washington Opioid Addiction and Treatment Stakeholders Group has merged with the NCACH Regional Opioid Stakeholders Workgroup
- 50% attendance required

2019 Opioid Stakeholders Workgroup Schedule

<u>January 18th</u> No Meeting	<u>February 15th</u> Wenatchee	<u>March 15th</u> No Meeting Opioid Response Conference
<u>April 19th</u> Omak	<u>May 17th</u> Moses Lake	<u>June 21st</u> No Meeting
<u>July 19th</u> No Meeting	<u>August 16th</u> Omak	<u>September</u> No Meeting Opioid Response Conference
<u>October 18th</u> Moses Lake	<u>November 15th</u> Wenatchee	<u>December 20th</u> No Meeting

Regional Opioid Stakeholder Workgroup Charter

Background

On January 9th, 2017 the Washington State Health Care Authority (HCA) signed an 1115 Waiver, now known as the Medicaid Transformation Project (MTP). The goal of the MTP is to improve care, increase efficiency, reduce costs and integrate Medicaid contracting. To align clinical integration with payment integration within the MTP, HCA developed the [Medicaid Transformation Project Toolkit](#). One of the projects that all ACHs are required to select is to address the opioid use public health crisis. The project objective, as described in the toolkit, is to support the achievement of the state's goals to reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports.

Charge

The Regional Opioid Stakeholder Workgroup will ensure that the North Central region implements effective evidence based practices that align with the milestones and approaches described in the Toolkit that will result in reducing opioid-related morbidity and mortality in North Central Washington. Specifically the Workgroup will complete the following:

- A primary aspect of this Workgroup's approach will be to support and work through the Local Opioid Stakeholder Groups already working in Chelan-Douglas, Grant, and Okanogan Counties to promote connections to existing opioid efforts in the region, leverage current capacity, and address identified gaps.
- Provide specific recommendations to the NCACH Governing Board and staff on approaches to take for opioid prevention, treatment, overdose prevention, and recovery projects.
- As much as possible, ensure opioid projects and approaches align with all six projects NCACH selected to implement.
- Collect, synthesize, and use stakeholder and community input on opioid project planning and implementation.
- Determine how opioid prevention and treatment work is able to be financially sustainable after the Medicaid Transformation period.
- As much as possible, ensure projects effectively connect patients with resources to mitigate the negative consequences of the social determinants of health.
- Identify how IT, workforce, and value-based payment strategies can support this project.

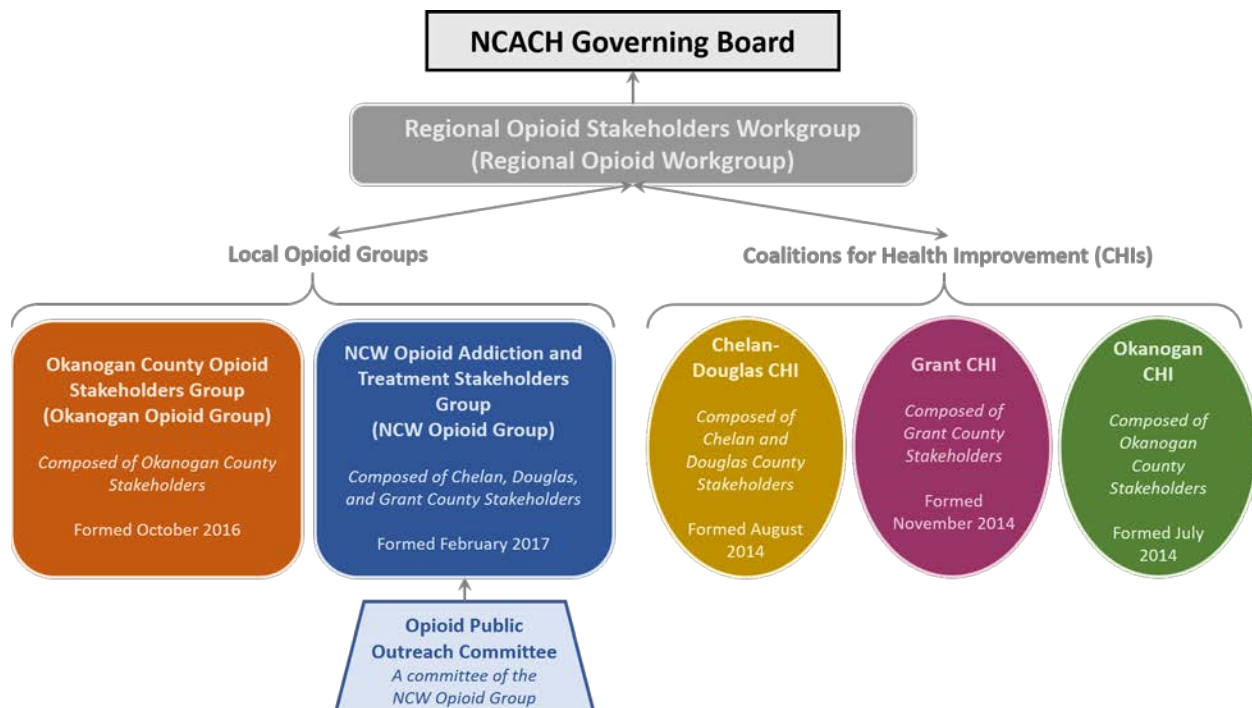
Composition

The Regional Opioid Stakeholder Workgroup will include representatives from Grant, Chelan, Douglas, and Okanogan Counties. Workgroup membership is not a prerequisite to receiving funding through the Medicaid Transformation Project. As of January 2019, the Regional Opioid Stakeholders Workgroup membership is open to any stakeholder who signs the Membership Agreement and agrees to Member Responsibilities listed below. The Executive Director and NCACH staff will work to identify and ensure member representation from:

- Emergency Medical Services (EMS) and First Responders
- Law Enforcement
- Regional Justice Centers (Jails) and Juvenile Court
- Education
- Public Health

- Emergency Departments (Hospitals)
- Primary Care
- Behavioral Health
- Managed Care Organizations (*Operating in all 4 NCACH counties after Jan. 1, 2018*)
- Behavioral Health Administrative Service Organization
- Dental
- Pharmacy
- Tribal

When the Regional Opioid Stakeholders Workgroup was formed in 2017, there were various local stakeholder groups already established in the NCACH region (see diagram below). As of December 2018, the North Central Washington Opioid Addiction and Treatment Stakeholders Group has merged with the NCACH Regional Opioid Stakeholders Workgroup. In response to this merger, Workgroup membership and meeting agendas have evolved to reflect to the new composition and allow increased opportunity for collaboration and sharing during Workgroup meetings.



A Workgroup Chair will be appointed by the Executive Director. The Regional Opioid Stakeholder Workgroup is a sub-committee of the ACH board, and as such will be led by the Workgroup Chair and NCACH staff and must have a minimum of two board members serving on the Workgroup.

Meetings

Regional Opioid Stakeholders Workgroup meetings will be held once per month, with additional meetings scheduled as necessary. Meetings will be held in Chelan, Douglas, Grant, and Okanogan Counties; locations will vary and an effort will be made to hold meetings in each of the Local Health Jurisdictions throughout the year. Whenever possible, meetings will have an option to participate

via teleconference or audioconference for those unable to attend in person, although in-person participation is encouraged. NCACH program staff and the Workgroup Chair shall be responsible for establishing the agendas. Notes for all meetings will be provided to the Workgroup by NCACH staff within two weeks of each meeting. Monthly meetings will be open and meeting minutes and materials will be posted on the NCACH website (www.ncach.org).

Member Responsibilities

1. Attend at least 50% of regular meetings of the Workgroup and actively participate in the work of the Workgroup (may be at the organizational level).
2. Sign a Membership Agreement (attachment A).
3. Members who are active in Local Opioid Stakeholder Groups are expected to report Workgroup progress at County Stakeholder meeting to ensure bi-directional communication and provide direction to Regional Opioid Workgroup.
4. Work with Local Opioid Stakeholders Groups on the Opioid Project planning and implementation for the Medicaid Transformation Project.
5. Assess current state capacity to deliver effective opioid use prevention and treatment interventions.
6. Select initial promising practices and/or evidence-supported approaches informed by the regional health needs assessment.
7. Review prepared data to recommend target population(s), guide project planning and implementation, and promote continuous quality improvement.
8. Assist in identifying, recruiting, and securing formal commitments for participation from implementation partners via a written agreement specific to the role each organization and/or provider will perform in the selected approach.
9. Recommend to the Board a project implementation plan, including a financial sustainability model and how projects will be scaled to full region in advance of HCAs project implementation deadline.
10. Monitor project implementation plan, including scaling of implementation plan across region, and provide routine updates and recommended adjustments of the implementation plan to the NCACH Governing Board.
11. Develop and recommend a process for primary care and outpatient behavioral health partners involved in the implementation of the Opioid Project to receive Medicaid Transformation funds.
12. Collaborate with NCACH staff on data and reporting needs related to Medicaid Transformation Project metrics, and on the application of continuous quality improvement methods in this project.
13. Use strategies, that are supported by regional data, to advance equity and reduce disparities in the development and implementation of the Opioid Project.

Authority

The Regional Opioid Stakeholders Workgroup is an advisory body that will inform decision-making by the NCACH Governing Board and ensure regional priorities and local considerations are incorporated in program design decisions. Recommendations and input developed by the Workgroup will be shared in regular monthly progress reports to the NCACH Governing Board.

**North Central Accountable Community of Health
Regional Opioid Stakeholder Workgroup
(Attachment A)**

Membership Agreement

I acknowledge by my signature of this membership agreement that I have read, understood, and agreed to follow the guidelines and policies outlined in the North Central Accountable Community of Health Regional Opioid Stakeholder Workgroup Charter.

I understand that continued membership in the Workgroup is contingent on following the requirements of membership that are outlined in the Charter. Not meeting the requirements for membership could result in the loss of my membership status in the Workgroup.

Date: _____ Signed: _____

Organization: _____ Print Name: _____

Title: _____

Opioid Awareness RFP Update

- December 5th – Questions due; Five people/organizations submitted questions
- December 10th – Responses posted online
- December 31st – Proposals due
- January 3rd-18th – RFP Evaluation committee reviews proposals
- January 22nd – Reviewer conference
- January 25th – Selected applicant notified of award
- January 31st – MOU/Contract signed
- February 1st – Contracted work begins

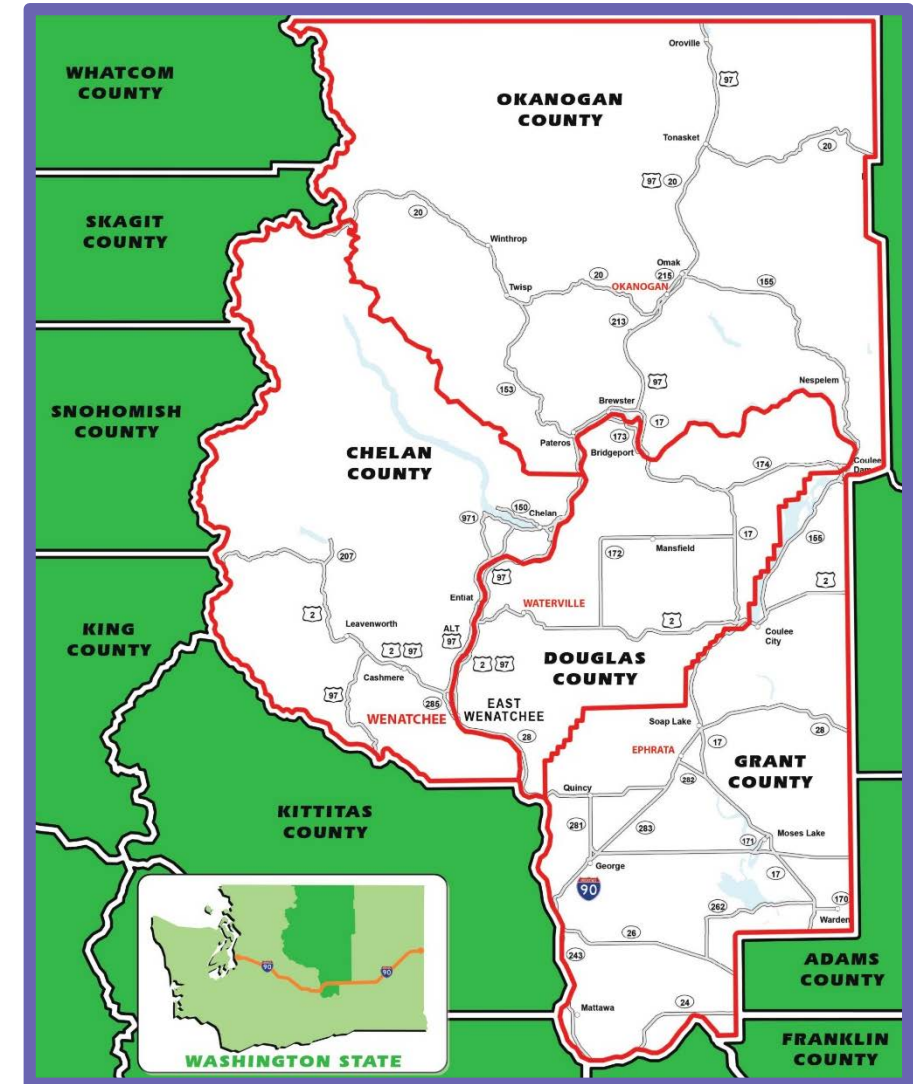
Opioid Response Conference Update

Logistics

- Distributed Conference Model
- Date: March 15th, 2019
- Time: 9:00am – 12:00pm
 - 9-10 → Welcome and 2 keynote speakers
 - 10-12 → Local Discussion and Action Planning
- Technology Vendor: Confluence Technology Center
- Theme: Prevention
- Budget: \$10,000

Currently working on:

- Selection of confirming keynote speakers



Dental Opioid Prescribing Workshop

- Date: Friday in April or early May (April 12th is NCACH Summit)
- Length: 4 hours (9am-1pm)
- Budget: \$15,000
- Following format of [April 2018 Dental Pain Conferences](#) + New Rules Session
- Working with L&I to issue Continuing Ed credits (~4 credits)
- Ask PMP to be onsite to register people
- Planning Committee: Dr. Pack, Dr. Hinckley, Dr. Butler, Deana Abel L&I, Bree Collaborative, WA State Dental Association, NCACH

April 2018 Dental Pain Conference (organized by the BREE collaborative and L&I):

- [The Opioid Epidemic: Overview and a Look to the Future](#) – Gary Franklin, MD, MPH
- [Addressing the Opioid Crisis: A National Perspective on Dental Care](#) – Omar Abubaker, DMD, PhD
- [Highlights of the 2017 Bree/AMDG Dental Guideline](#) – Rolf Christensen, DDS
- Panel: Lessons from the Front Line – Moderator, Omar Abubaker, DMD, PhD
 - Rolf Christensen, DDS
 - [Amy Cook](#), DDS
 - [Theresa Madden](#), DDS, MS, PhD

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

Key Dates

- Feb 11th – Application Opens
- March 4th – 1st Review of Applications
- March 31st – Applicants Notified and MOUs sent
- December 31st – Applicants must submit for reimbursement or funding is forfeited.

Targeted Narcan Training and Distribution

The North Central Accountable Community of Health (NCACH) is implementing six Medicaid Transformation Projects, one of which is the Opioid Project. The project objective is to support the achievement of the state's goals to reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports.

Targeted Naloxone Distribution is an evidence-based intervention strategy to reduce opioid overdose deaths. Naloxone is an opioid antagonist that can quickly and safely reverse the potentially fatal effects of an opioid overdose. Targeted distribution programs seek to train and equip individuals who are most likely to encounter or witness an overdose – especially people who use drugs and first responders – with naloxone kits, which they can use in an emergency to save a life. By equipping these individuals with naloxone and training them to identify and respond to an overdose, the potential delay between the onset of an opioid overdose and the delivery of life-saving care can be reduced from hours to seconds. This is especially true in rural areas, where residents may experience longer EMS response times. Ready access of naloxone among members of the lay community is key for saving lives.

The North Central Accountable Community of Health Governing Board has allocated \$20,000 for Targeted Narcan Training and Distribution in 2019. At the guidance of the Regional Opioid Stakeholders workgroup, NCACH will distribute funding to allow local partners to buy and distribute Narcan to foster trust, collaboration, and partnerships. NCACH has developed the following procedures for selection and distribution of funding to partners.

Allocation and Uses of Funding:

- In order to ensure equitable distribution of Narcan within the NCACH region, each of the following geographical areas will be allocated \$5000; Grant County, Chelan and Douglas Counties, and Okanogan County. Narcan purchased with funding allocated for a given geographical area needs to be distributed in that area.
- Additionally, the Colville Confederated Tribes will be allocated \$5000 of the available funding. This funding will be distributed at the discretion of the Colville Confederated Tribes Health and Human Services to tribal entities or to non-tribal entities serving Tribal communities/populations at.
- Any non-profit or government agency located in and serving North Central Washington (Chelan, Douglas, Grant, and Okanogan Counties) is eligible to apply for this funding.
- Funding will be available only for the purchase of Narcan, at the non-profit rate offered by Adapt Pharma (\$75 per 2 dose box). Funding is not available to pay for staff time for providing the necessary training or registration/table fees at events.
- Funding will be awarded when the application is reviewed and approved, however, funding will only be distributed on a cost-reimbursable basis after training and



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distribution has occurred and NCACH program staff has received a Reimbursement Request accompanied by proper documentation.

Procedure:

1. NCACH issues an application for funding for Narcan Training and Distribution by February 11th.
2. First review of applications on March 4th with applications being reviewed as received after the first review.
3. Applicants are able to apply for funding for up to 10 boxes of Narcan (each with 2 doses) with a maximum per box cost of \$75 per application. Note: additional applications may only be submitted after prior application obligations have been fulfilled.
4. NCACH staff will review applications. If there are more applicants than funding for a given allocation, NCACH will encourage applicants to collaborate and consolidate applications.
5. Applicants will be notified if their request is awarded (applicants will also be notified if their request is not awarded).
6. If it is awarded, the applicant will need to do the following to receive payment
 - a. Register in the Financial Executor Portal
 - b. Sign an MOU with NCACH
 - c. Purchase Narcan
 - d. Provide training and distribute Narcan to qualified participants. Qualified participants include:
 - i. An organization that serves at risk populations (limited to one box of Narcan per location or building and a minimum of 50% of staff must be trained).
 - ii. An individual who answers yes to the following question: *Do you, or does someone close to you, use opioid regularly?*
 - iii. An individual who demonstrates why they are at an increased risk of witnessing an overdose (this must be documented and submitted to the NCACH with the reimbursement request; note identifying information does not necessarily need to be included).

Additional Information:

- NCACH can provide handouts, gloves, CPR masks, and a zippered “Narcan Kit” bag to make up to 220 “Narcan Kits”.
- Applicants are encouraged to request matching donations from insurance agencies, healthcare partners, local businesses, and other non-profits. Applicants who have received matching donations will receive priority in funding if there are more applicants than allocated funding.

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Targeted Narcan Training and Distribution APPLICATION

Organization: Click or tap here to enter text.

Primary Contact: Click or tap here to enter text.

Trainer(s): Click or tap here to enter text.

Total Amount Requested: Click or tap here to enter text.

Important: A maximum of \$75 per box of Narcan disbursed is allowable. In order to receive funding, you must submit a reimbursement request after Narcan has been distributed and NCACH program staff must receive documentation of purchased Narcan (e.g. paid invoice) and adequate documentation of trainings (see Reimbursement Request Form).

Please describe how this funding will be used including expected trainings and Narcan distributions (e.g. businesses to be trained, events to attend, location of trainings, who will be the trainers, etc.):

Signature of Applicant: _____ Date: _____

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

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Targeted Narcan Training and Distribution REIMBURSEMENT REQUEST

Organization: Click or tap here to enter text.

Primary Contact: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Important: In order for your reimbursement request to be processed, NCACH program staff must receive:

1. Documentation of purchased Narcan (e.g. paid invoice).
2. Documentation of organizational trainings, organizations that received Narcan, and individuals trained, using tables on page 5.

Total Requested Reimbursement: Click or tap here to enter text.

Note: A maximum of \$75 per box of Narcan disbursed is allowable.

Signature: _____ Date: _____

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

For organizational trainings, submit the following information (please fill out one row per participant):

Date of Training	Name of Participant Trained	Organization	Trainer

Submit the following information for organizations that received Narcan for each box given out:

Organization	Percent of Staff trained	Date(s) of Trainings	Address where Narcan is held	Lot #

For individuals trained:

Date of Training	Gender	Age	Ethnicity	Education	Employment Status	Annual Household Income	City of Residence	Reason for getting trained	Response to Trigger Question	Received Narcan	Trainer

Trigger Question: *Do you, or does someone close to you, use opioid regularly?* If they answer yes to the trigger question, they are eligible for free Narcan.

Note: Please explain any individuals that did not answer yes to the Trigger Question and did receive Narcan.

See Page 6 for Survey Template



Narcan Training and Distribution Survey

Age:

- <18
- 18-24
- 25-34
- 35-44
- 45-55
- 55-64
- 65+

Ethnicity:

- White
- Hispanic or Latino/a
- Black
- Asian/Pacific Islander
- Native American/Alaska Native
- _____

Gender:

- Male
- Female
- _____

Highest Level of Education:

- High School
- Associates
- Bachelors
- Masters+

Employment Status:

- Employed for wages
- Self-employed
- Homemaker
- Student
- Military
- Retired
- Unemployed, looking
- Unemployed, not looking
- Unable to work

Insurance Status:

- Private Insurance (employer sponsored, Health Benefit Exchange)
- Apple Health Medicaid
- Medicare
- Uninsured
- _____

City of Residence: _____

Do you, or does someone close to you, use opioid regularly? YES NO

Opioids include pain medications like OxyContin, Percocet, and Vicodin, and illicit drugs like heroin.

For Office Use Only

Trainer: _____ Date of Training: _____

Narcan Distributed: YES NO Lot #: _____

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Other 2019 Initiatives

- **Opioid Response Summit – September 2019**
- **School Based Prevention**
- **Recovery Initiatives/Events**



North Central Accountable
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2018 Rapid Cycle Opioid Awardee

Establish Drug Court in Chelan County

The Center for Alcohol and Drug Treatment

Medication Lock Boxes and Education

Chelan-Douglas Community Action



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2018 Rapid Cycle Opioid Awardee

Narcan Take Home and Opioid Overdose Education

Samaritan Healthcare



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2018 Rapid Cycle Opioid Awardee

Opioid Intervention Service

Catholic Charities



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Round Table – Opioid Updates