



Opioid Response Work Group Meeting

Meeting Summary, 8/23/2017

Support and Backbone Staff: Jennifer Brackeen – CHOICE, Malika Lamont – Evergreen Treatment Services, Liz Arjen – HMA, David Hanig – HMA, Laura Spoor – CHOICE, Shannon Linkous – CHOICE, Megan Moore – CHOICE

In Attendance: Chris Hawkins – *Thurston County*, Tim Candela – *Washington State Department of Health*, Robyn Smith – *The Crisis Clinic*, Vicky Brown – *Mason General*, Nicole Dronen – *DOH*, Katie Strozyk – *Lewis County Public Health Department*, Mike McIntosh – *Grays Harbor County*, Ben Hughes – *WHC*, Jim Coffee – *Cowlitz Family Health Center*, Danielle Murphy – *BHR*, Gena James – *Cowlitz County*, Jeanee Snow – *Cowlitz County HHS*, John Lanning – *Providence*, Cindy Grande – *Pioneer Family Practice*, Schelli Slaughter – *Thurston County*, Dave Windom – *Mason County Community Services*, Vicky Brown – *Mason General*, Doug Spingelt – *Sea Mar*, Diana Bianca, Ramona Leber – *Cowlitz County YMPEP*, Jennifer Leach, Kari Lima – *Providence*, Siobhan Brown – *CHPW*, Christi Sahlin, Laura Johnson – *UHC*

I. Welcome and Introductions

Malika Lamont, workgroup chair, welcomed attendees and facilitated introductions. Malika then reviewed agenda items and expected outcomes for the meeting, with the large focus being on target populations. Jennifer Brackeen then introduced Tim Candela.

II. Drug User Health - Presentation

Tim Candela, Drug User Health Consultant in Infectious Disease & Prevention from the Department of Health, presented about drug user health in the state to the group. The presentation addressed the following subjects in detail: Harm Reduction, Stigma, Trans-theoretical Theory & Stages of Change, Drug User Health at Washington State DOH, specifically the impact of infectious disease and overdose, and Strategies/Next Steps for addressing drug user health. Following the presentation, there was an open discussion amongst the group about opioid use and access issues. A general consensus was reached that a lot of problems relate to age of drug users and who is prescribing them (PCPs, dentists, veterinarians).

III. Role of Opioid Workgroup

Liz Argen, HMA consultant, reviewed how the agenda and meeting objectives tie into CPAA's vision. Jennifer briefly reviewed the CPAA goals. Liz emphasized to the group that CPAA will get paid for this collaboration by hitting metrics (performance & statewide) on these projects. She reminded the group that as a whole, CPAA and the work groups are attempting to change the delivery system for not only Medicaid, but for the remainder of the population as well. It is important that the group settles on projects that align with CPAA.

Dave Windam of Mason County Public Health brought up the question of public health and where it fits in the process of moving the needle with the metrics that have been set. As a general consensus, it was agreed that public health is an important player in determining what



health outcomes look like. Jennifer suggested that Dave respond to the RFQ issued to the group earlier this month so his concern could be addressed on a higher scale.

IV. Review Current Data and RFQ

Jennifer reviewed CPAA's Regional Compass document. This included an overview of the five priority areas, which are: improving healthcare access, improving care coordination and integration, preventing & managing chronic disease, preventing and mitigating Adverse Childhood Experiences (ACEs), and enhancing educational and economic opportunities. Additionally, criteria for project selection, top identified strategies, current implemented strategies that align with RHIP, Medicaid demo project areas and activities identified, investment areas and potential alignment across areas were also reviewed. The ultimate goal of CPAA and the work groups is to reach all metrics across all projects.

Liz recapped the metrics and toolkit highlights. She proposed that new ideas can be brought up and are welcomed by the group if all agree that the current proposals will not help meet the metrics on their own. She reviewed what is expected for the November application. David told the group that CPAA and HMA are drafting project application ideas, but this group will be imperative to input on the application. Domain 1 implementation will be a big player in the success of this project. The RFQs CPAA receives for this project will be brought to this group. The RFQ is meant to provide a transparent project transition and to help CPAA understand who is interested in doing this work. It's important to include interested parties in helping with the application so the utmost improvement for this need can be met in the region and within the target populations.

V. Addressing Target Population

The overall goal of the meeting was stated by Liz and David. The group was to identify target populations, which would lead to developing a strawman proposal by mid-October. The final project application should be finalized by October 23.

Selection of target populations was the most essential objective during this meeting. David reviewed the matrix handout with the main focus being on target populations, and he reviewed the metrics. One attendee mentioned that the group may want to address target populations that weren't included in the matrix (i.e. going deeper than the metrics provided by the state by adding more personal measures and populations). Jennifer reviewed the excel document (created by CORE), which contained data pertaining to the performance metrics. Red dots indicated the areas of improvement in the metrics for CPAA. She told the group this document was meant to be a tool for them to help identify target populations.

David suggested that high-risk users may need to be added as a target population. Mike McIntosh of Grays Harbor County indicated that the common denominator in all of these metrics is Medicaid clients. He would like to see jails and high school students introduced as targets. A large talking point involving target populations revolved around incarcerated individuals and how we can help them with intervention, specifically Medicaid. An attendee mentioned that Naloxone distribution in jails was proven across the country to be an effective



intervention in reducing opioid use. Malika suggested pushing the target population down to elementary school age rather than high school because educating the youth could be much more effective considering high school age kids have already been using drugs. Injection drugs users were agreed among the group to be a big target population, specifically older users who often teach younger users how to use. These transactions are generally where transmission occurs, including HCV, HIV, etc. HMA believes multiple target populations will enrich the application.

Target population ideas: Hepatitis C users, HIV positive users, pregnant moms, ED visit reason population.

Barriers: Access to primary care and oral health – specifically wound care due to drug use, warm handoff of chronic disease patients from drug use to primary care, Dentists (who prescribe many opioids) and also, dental health issues addressed by PCP's with prescription of opioids.

VI. Next Steps & Closing

- Include the following populations in targets for next draft:
 - Jail population
 - Adolescents (elementary to high school age)
 - Injection drug users
 - Hepatitis C positive individuals
 - HIV positive individuals
 - Those involved with needle exchange programs
 - Pregnant mothers
 - Those during ED visits who are associated with chronic disease (i.e. wound care)
 - Homeless population
- Review of dental health in relation to opioid prescription and opioid overuse
- Review legislation of prescription from veterinarians in relation to opioid use
- Next meeting
 - September 27, 2017 at Providence Centralia Hospital, Mother Joseph Conference Room, 914 S. Scheuber Rd., Centralia, WA 98531
- Address public health and how they fit in to CPAA vision and the metrics assigned by the state
- Submittal of RFQ applications from Opioid Response work group & any additional feedback