Opioid Response Work Group Meeting

Meeting Summary, 6/22/2017

Support and Backbone Staff: Winfried Danke – *CHOICE*, Laura Spoor – *CHOICE*, Malika Lamont – *Evergreen Treatment Services*, Victor Colman – *Uncommon Solutions*
In Attendance: Brandy Childress – *Providence*, Christina Garcia – *Molina*, Danette York – *Lewis County PH*, Darrin Moody – *Shelton PD*, Douglas Spingelt – *Sea Mar*, Gena James – *Cowlitz County*, Jeanne Snow – *Cowlitz County*, Justin Wagaman – *CHOICE*, Kari Lima – *Providence*, Laura Akhavan – *BHR*, Dr. Lucinda Grande – *Providence*, Mattie Osborn – *Tacoma-Pierce County HD*, Meg Martin – *Interfaith Works*, Mike McIntosh – *Grays Harbor PH*, Nathanial Render – *Molina*, Ramona Leber – *Cowlitz County YMPEP*, Rosanne McPhail – *Pacific County HHS*, Vicky Brown – *Mason General*, Dr. Shin – *Grays Harbor Jail*

I. Welcome and Introductions

Malika Lamont, the workgroup chair, welcomed the attendees and facilitated introductions. Vic Colman reviewed the agenda and meeting objectives, which are to discuss workgroup governance, learn more about the Harm Reduction approach, and move forward with strategy development.

II. Opioid Workgroup – Governance

Vic discussed the changes that were made to the Draft Charter since the last meeting based on member feedback. “Health plans” and “hospitals” were both added to the second paragraph listing the backgrounds of individuals that should participate in the workgroup. The following paragraph was also added:

“The Opioid Workgroup will apply a health equity framework to the design and implementation of projects and strategies. The workgroup will actively prioritize the voice of the consumer and the voices of those struggling with Opioid Use Disorder.”

The group was asked to provide their input on these changes, and if any further changes are needed. Winfried Danke suggested adding “Project Design” to member roles, which would provide more opportunity for the workgroup to assist the Cascade Pacific Action Alliance (CPAA) as they move forward with the Medicaid Demonstration Project. The workgroup accepted this proposal.

Workgroup members are welcome to continue to provide feedback on the charter. The current version will be put to use as a working charter for the time being.

Vic then provided a brief contextual overview of the Draft Criteria for Strategy Development. This tool was developed to assist workgroups develop and prioritize strategies. While reviewing the five “Threshold Criteria,” Winfried suggested adding in a few more that relate specifically to Medicaid Demonstration Project strategies:

1. Is there a true need for this in your community (without duplicating already existing work)?
2. What is the impact of the project? Does it affect a large number of Medicaid lives in the area?
3. What is the project's time frame? Is it something that would have results within 2-3 years?
4. Is it actionable now? Are there organizations ready to take this on or scale up their existing efforts in your community right now?

The group agreed to add these to the Threshold Criteria, but as a subset of the original five. These new criteria would apply specifically to Medicaid Demonstration projects, since there are potential strategies that this workgroup could pursue outside of the Medicaid Demonstration that may not necessarily align with these criteria.

III. Harm Reduction Shared Learning

At the last meeting, workgroup members agreed that the Harm Reduction approach is foundational to pursuing any work in this domain. Malika then volunteered to provide a presentation to further educate workgroup members about harm reduction, as well as provide information about how to speak to providers who may be skeptical about this approach.

Malika began her presentation by reviewing the concept of harm reduction, which involves shifting the focus from complete abstinence to reducing the risk of harm from drug use. This approach also involves engaging with the client and taking their specific needs into account, as well as withholding judgment and providing services on-demand. She explained that the path to recovery is not always linear, but spiral in nature. This means that a drug user may cycle through recurrences several times before achieving stable change. Providers should keep this cycle of change in mind to better serve the client, instead of pushing them through different stages of treatment and expecting that to be sufficient.

Malika then discussed how to integrate harm reduction practices into provider agencies. This requires the following steps:

1. Clearly define harm reduction as it relates to the activities, goals, and mandates of your agency.
2. Develop your policy or position statement.
    a) Include your definition of harm reduction.
    b) Include a statement that commits your agency or department to the respectful treatment of people seeking support by applying harm reduction principles in service delivery.
    c) Define what specific measures will be taken to implement a harm reduction approach.
    d) Reflect an understanding of the continuum of harm from low to high risk, and the flexibility of your programming to meet the needs of people wherever they are along this defined continuum.
    e) Ensure your policy reflects the principles of harm reduction.

When addressing providers, one can also explain that there is a spectrum of harm reduction principles and services to incorporate into treatment agencies. For instance, not all providers will be able to garner the support to establish a safe-injection site. However, there are smaller things that can be done. These include not withholding services due to recurrence, or raising awareness of the Good Samaritan law. For those providers who still remain skeptical of harm reduction, there are multiple studies showing the cost benefits of this approach.

It was mentioned that a harm reduction approach is already in use for the treatment of chronic diseases, such as diabetes and heart disease. Providers don't withhold treatment due to a patient's failure to make an appointment, or if they miss a dose of medication. They instead help these patients manage the disease and reduce harm caused by the condition.

IV. Addressing Opioid Use – Strategy Development

Vic presented the document that was developed to create an asset inventory of the region. The categories on this document are taken from the Medicaid Demonstration Project Toolkit. This document was transferred onto an online survey that can be shared via web link. Support staff will send this link to workgroup members, who agreed to fill it out to the best of their ability, as well as share to other agencies, by the next workgroup meeting.

Winfried then provided some context to the Medicaid Demonstration Project, and how it relates to this workgroup.

He first provided an overview of the Cascade Pacific Action Alliance (CPAA). The CPAA is our region's Accountable Community of Health (ACH), which is composed of representatives from multiple community sectors and independent stakeholders from all seven counties in the region. Together they focus on improving health for the entire region's population. The CPAA has three overarching goals: To improve health, focus on whole person care, and work towards smarter spending. By communicating with local forums, the CPAA developed five shared regional health priorities: Improve Healthcare Access, Improve Care Coordination & Integration, Prevent & Manage Chronic Diseases, Mitigate Adverse Childhood Experiences, and Enhance Economic & Education Opportunities.

The Medicaid Demonstration Project is the result of an agreement that the Washington State Health Care Authority (HCA) reached with the federal government. The state will have more flexibility with Medicaid funding and will work towards improving and innovating the health care system in our state for the Medicaid population. One of the required projects that the CPAA must pursue through the Medicaid Demonstration Project is to address the Opioid Crisis.

While this work is crucial, this workgroup is encouraged to pursue projects outside of the Demonstration. Just pursuing Demonstration work will not meet all three of the above CPAA goals. However, the CPAA only has until October of this year to determine the specificity of these projects, so assistance from this workgroup is crucial.

V. Next Steps & Closing

- ❑ Support staff will send out survey link
- ❑ Monthly, recurring meetings will be scheduled
- ❑ Winfried will share the Project Plan Template