



Opioid Response Work Group Meeting

Meeting Summary, 11/29/2017

Support and Backbone Staff: Kyle Roesler – *CHOICE*, Malika Lamont – *CHOICE*, Jennifer Brackeen – *CHOICE*, Christina Mitchell – *CHOICE*, Shannon Linkous – *CHOICE*, Megan Moore – *CHOICE*, Justin Wagaman – *CHOICE*, Michael O’Neill – *CHOICE*

In Attendance: Tim Candela – *DSHS*, Chris Watras – *SeaMar*, John Lanning – *Providence*, Dr. Lucinda Grande – *Pioneer Family Practice*, Ramona Leber – *Consultant in Thurston County*, Katie Strozyk – *Lewis County*, Jim Coffee – *Cowlitz Family Health Center*, Chris DesRosier – *Director of Cowlitz County HHS*, Gena James – *Cowlitz County*, Alex Christiansen – *Lacey Fire Department*, Jeanne Snow – *Cowlitz County*, Christina Garcia – *Molina Healthcare*

I. Welcome and Introductions

Malika Lamont welcomed the work group members and reviewed the agenda items, which included review and discussion of the application submittal and next steps, discussion of the RFQ process, discussion of the work plan and milestones for 2018, and discussion of the required assessments for project implementation. She facilitated introductions.

II. CPAA Review: Project Plan Application Submittal, Next Steps & Addressing the Teenage Opioid Epidemic

Malika thanked all CPAA partners for their contribution to the project proposal, which was submitted on November 16th. The write back process is the next step in the project plan, which will take place in December.

The following video was shared with the group, labeled [“How One Country Persuaded Teens to Give Up Drink and Drugs.”](#) The video was about how Iceland created a teen revolution to reform teenage smoking, drinking, and drug use. They did this in the following five ways:

1. Brought in a curfew of 10pm.
2. Parents signed a pledge that agreed to a set of rules for their children (i.e. Don’t let your kids drink and make more “family time”).
3. Kept kids occupied, like with after school activities such as sports and horseback riding.
4. Kids filled out a survey with questions about family, substance use, and how they feel.
5. Got politicians in on it (i.e. collected funds for after school centers and other youth activities).

Malika incorporated the video to inspire the group to reflect on their own communities for possibilities about what they would like to see happen in response to youth SUD. Everyone broke into small groups to discuss what ideas or actions they would recommend or like to see implemented into the community. The ideas generated are listed below.

- Recovery Education Centers.



- Having a rec center or gym available in every community for kids to go to as a safe haven, with adult supervision. This would be relatively inexpensive because the buildings are already there.
- The survey idea could be helpful (i.e. ACEs survey) to become familiar with who needs support and how much support they need.
- Go into high schools and middle schools and find ways to connect youth to businesses in the communities (i.e. cafés and restaurants) to give them a chance to put on shows or become involved in other ways with valuable activities.
- Look into current youth support organizations and figure out what type of funding or help they need.
- Use older students as mentors to younger students to engage the youth in leadership roles within the community.
- Include a Behavioral Health clinician or RN in schools for kids to have access to on site. This would help identify and provide treatment from a trusted source for conditions a school counselor may not be able to (i.e. unaddressed mental health issues).
- Availability of activities to engage children before and after school – with more than just sports.
- Community drop-in center for kids to go to before and after school with various activities available.

Malika engaged the group in this discussion to stimulate more ideas for RFQ submissions, which was a process that really helped contribute to our project plan. The RFQ application will be sent to all work group members following the meeting to encourage further submissions. This is not a guarantee for funding, but all ideas are encouraged and welcomed for project plan implementation and support. Work group members are encouraged to share the RFQ submission process with staff and co-workers to increase interest in the opioid response work. To gain interest, frame this from a hope-based lens; any ideas that are submitted will help transform the Medicaid Demonstration. Malika will send along discussion points to facilitate ideas to approach peers with when proposing the RFQ process.

As mentioned earlier, the ACHs in the region submitted the [project plan](#) for approval on November 16th, which will be scored by February 1st. Funds flow is currently based on pay for reporting, but will later be based on a balance between pay for reporting and pay for performance. For details on funds allocation, click [here](#). Write backs on the current project plan submission will take place first through December, then take place a second time in January if the first write back is insufficient. To view the expected timeline, click [here](#). Implementation planning will take place from January – June **2018**. Implementation application will begin in July 2018.

III. 2018 Project Work Plan and Assessment Completion DY2, Q1

For the implementation portion of the project plan, we are focusing on the first six months of the work plan. The supplemental workbook for Opioid Response can be found [here](#). A requirement of implementation planning contains an assessment. Questions for the group to consider and their generated feedback are listed below.



1. Should there be one large survey to cover all project areas (with a skipping mechanism to avoid questions that aren't applicable)?
2. Focus groups instead of surveys? Both?
3. Who should the survey go to?
4. How do we identify target providers and organizations to receive assessments?
5. Send to only RFQ participants?
6. All with a large Medicaid population?
7. Are there specific questions or approaches you would like to see on the assessments?
 - Challenge: Universal survey may make it hard to address each individual project area in detail.
 - Engage with individual counties in the region to get feedback rather than focusing on the region as a whole, then have the counties report back to the CPAA.
 - The survey should be distributed to several different parties.
 - Dentists, pharmacists, school organizations (contact CEO's and school superintendents to target these audiences)
 - Medical Providers
 - Get ideas of clinical providers available and the overall regional capacity of services readily available for addressing the opioid crisis.
 - How are the current programs funded?
 - Do we involve public health providers and healthcare systems to achieve a scan of the region?
 - Use guidelines from HCA and implement action plans into the community.
 - In regards to HIT, is there information that isn't being captured (i.e. questions that aren't being asked during appointments) that can be addressed?
 - Should participation in the PMP be increased among providers?
 - What resources and strategies are going into the region among agencies already? What resources and strategies are missing that need to go into the region?
 - Consider asking questions outside of current local community assessments that need to be covered.

IV. Next Steps & Closing

- ❖ Next meeting will be via teleconference. This meeting will be centered on the write-back process. Need for the meeting will be based on write back requirements.
 - 12/13/17 from 2-3pm
 - Teleconference: 1-872-240-3412
 - Access Code: 802-075-061
- ❖ Finalize assessment approach
- ❖ Determine Domain 1 investments
- ❖ Finalize target populations