



Opium Response Work Group Meeting

Meeting Summary, 7/26/2017

Support and Backbone Staff: Jennifer Brackeen – *CHOICE*, Laura Spoor – *CHOICE*, Malika Lamont – *Evergreen Treatment Services*, Victor Colman – *Uncommon Solutions*

In Attendance: Chris DesRosier – *Cowlitz County HHS*, Dave Windom – *Mason County Community Services*, Jeanne Snow – *Cowlitz County HHS*, Jim Coffee – *Cowlitz Family Health Center*, Katie Strozyk – *Lewis County Public Health Department*, Lucinda Grande, MD – *Pioneer Family Practice*, Mattie Osborn – *Amerigroup*, Mike McIntosh – *Grays Harbor County*, Nick Ramirez – *Sea Mar CHC*, Rachel Wood – *Thurston County*, Robyn Smith – *The Crisis Clinic*, Schelli Slaughter – *Thurston County*, Vicky Brown – *Mason General*

I. Welcome and Introductions

Malika Lamont, the workgroup chair, welcomed the attendees and facilitated introductions. Malika then reviewed the agenda and meeting objectives, which are to discuss workgroup governance, review the work group's asset inventory efforts, and continue with strategy development.

II. Opioid Workgroup – Governance

Vic Colman, from Uncommon Solutions, reviewed the workgroup charter with the group. This charter was approved by the CPAA Council during the July meeting, and work group participants agreed to accept this final version. Participants also agreed to accept the project selection criteria as written, and agreed that changes may be added in the future as needed.

Jennifer Brackeen, Program Director at CHOICE, explained that each of the work groups will need to seek out a Provider Champion, Consumer Champion, and a Tribal Liaison. This is part of the CPAA's effort to include the voices of clinical providers and tribes in the region as projects are developed under the Medicaid Demonstration. The CPAA is currently working to establish a Clinical Provider Advisory Committee and a Consumer Advisory Committee, which would be composed of each of the workgroup's champions.

The workgroup attendees came up with a list of people who could potentially serve as champions for this workgroup. Participants agreed to reach out to these people before the next meeting.

Malika is also looking for another participant to serve as her Co-Chair. Ideally, this person would have experience working with drug users and a respect for this population. This person would also see the harm reduction approach as an integral part of addressing this issue. Participants who are interested in serving as Co-Chair are encouraged to reach out to Malika after this meeting.



III. Review Asset Inventory

Vic updated the attendees on the workgroup's asset inventory efforts since last month's meeting. CHOICE staff developed an online survey with several questions to capture what efforts are underway in the region to address the Opioid crisis. This survey was sent out to the work group distribution list, but only a handful of responses were received. Vic asked for feedback from the meeting attendees, who agreed that the survey was too long and time-consuming. The scope of this workgroup is quite broad compared to other project areas, so it is more of a challenge to capture efforts related to each criteria listed in the Medicaid Demonstration Project Toolkit. Participants agreed that the survey should be simplified and condensed to encourage more participation. CHOICE staff will edit the survey and send the link out to the workgroup. Participants are then encouraged to send it out to other partners who may have input as well.

IV. Project Planning

Jennifer went through the recently revised version of the HCA Toolkit with the workgroup, and reviewed some of the changes that were made. She then reviewed the Project Planning Template with the group. This will have to be completed for each project under the Medicaid Demonstration by the middle of this November, so it is crucial that this group begin creating a work plan to meet this deadline. Jennifer then discussed how payment will be earned through these projects under the Medicaid Demonstration. During years one and two of the Demonstration, most payment will be earned through reporting and achieving milestones. During years three through five, more and more funds will have to be earned through a pay for performance model. Workgroups will need to take this funding structure into account when developing a work plan. There are metrics that were recently released that each project will have to meet in order to receive these payments. Jennifer read through each of these metrics so that workgroup members can begin to develop strategies to improve each of them. Some of these metrics are shared with other projects under the Medicaid Demonstration, so it is crucial to stay connected with other workgroups to align efforts to meet these targets.

V. Continued Strategy Development

The workgroup then discussed potential strategies to pursue. Participants mentioned that young people are often exposed to opioid prescriptions by dentists and due to sports injuries around the age of 15, so reaching out to these providers may be an approach to consider. Other participants spoke about facilitating transitions from incarceration or the ER to treatment programs, providing Medically Assisted Treatment (MAT) in jails, increasing the availability of Naloxone, and countering the stigma associated with Injection Drug Users (IDUs).

The workgroup agreed that it would be useful to invite a speaker from the state Department of Health to provide some more insight on what efforts are being made at the state level.

VI. Next Steps

- Support staff will send out the updated Asset Inventory Survey
- Malika will invite a speaker from the Department of Health to speak at the next meeting
- Work group participants will reach out to potential consumer, tribal, and provider champions
- Those interested in serving as Co-Chair will contact Malika before the next meeting