



## Opioid Response

### Meeting Summary, January 31, 2018

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**Support and Backbone Staff:** Malika Lamont - *CHOICE*, Laura Spoor- *CHOICE*, Megan Moore- *CHOICE*

**In Attendance:** Mike McIntosh – *Grays Harbor Co. Social Services*, Christina Garcia - *Molina*, Roseann McPhail – *Pacific County PHD*, John Lanning - *Providence*, Jim Coffe – *Cowlitz Family Health Center*, Rachel Woods – *Thurston County PHD*, Chris DesRosier – *Cowlitz PHD*, Dave Windom – *Mason PHD*, Alyssa Tumangday -*SMU Nursing Student*, Gena James – *Cowlitz County PHD*, Jean Snow- *Cowlitz County PHD*, Shelly Willis- *Family Education and Support Services*, Katie Strozyk – *Lewis County PHD*, Gena James - *Cowlitz County Health and Human Services*, Jeanne Snow – *Cowlitz County Health and Human Services*

#### I. Welcome and Introductions

Malika welcomed the work group participants and facilitated introductions. She reviewed the agenda for the meeting:

- Review and discuss the assessment
- Discuss RFQ submission
- Discuss overlap between project areas

#### II. Assessment Completion DY2, Q2

After receiving an update from HCA, CHOICE has learned that there is no strict format for the assessment and that it can be used to inform and guide planning and implementation of the different project areas. CHOICE wants to use the assessment piece to learn what we need to know, where should we focus our services, and what do we do next. The survey will be released in March. The semi-annual report based on that assessment will be due to HCA by July 31<sup>st</sup>.

Malika reviewed the assessment made up of three components so far.

The first component is Clinical:

- Access to MAT (Medically Assisted Treatment)
- Naloxone distribution
- Prescription monitoring and guidelines
- Provider education

Malika shared that State Prescription Monitoring Program had 11 million prescriptions reported, but only 4 million were checked within the system.

Group feedback:

- Providers have hard time accessing the program, very time consuming
  - CPAA potential for mitigation of this software
- Provide education about prescribing
- Focus on eliminating barriers through stigma and cultural competency trainings



- Dr. Grant provides training for home visitors, materials shared by Shelly Willis

One group member also pointed out that doctors have to have a good customer satisfaction score and this can be impacted if doctors refuse to prescribe. The group wants to make sure CPAA will provide education for managers in charge of that satisfaction score to make sure doctors are not negatively impacted for not prescribing opioids to their patients.

- Malika is going to use the 6 building blocks model and other tools for reformation and mitigation

Malika also informed the group that there is a current bill in legislature that could potentially make providers use the State Prescription Monitoring Program. There are 35% of providers enrolled currently, but the system will not require enrollment by individual provider anymore; it can be an entire practice.

The second component is Behavioral Health:

- Access to and interaction with MAT providers and patients
- Relapse planning Naloxone distribution
- Incorporation of harm reduction in practice

Group feedback:

- Access to MAT services are weak in our region, especially in rural areas

The third component is Syringe Exchange:

- Look for # of people served, demographics
- Budget
- Catchment Area
- Extent of harm reduction approach
- Service collaboration with other providers

Group feedback:

- Only 3 exchanges in our region currently
- Are there any services in our region that are distributing fentanyl test strips so people can take precautions before injecting?
- One group member shared the difficulty in the fentanyl test strips
  - People keep changing the molecular formula of fentanyl
- Suggestion to reach out to Kitsap because they provide syringe exchange to North Mason County
- Suggestion to reach out to local health places that do not currently have a needle exchange
  - Add question in the assessment to assess readiness/different communities have different take on the presence of a needle exchange

The group discussed other areas they would like see included in the assessment piece, such as asking providers what three biggest barriers are for Opioid Response, or what are the three most helpful practices.

The group also discussed the best resources to access data for the Opioid Response Work Group. Throughout the CPAA region, Malika could look further into death certificates on causes of death.



Malika informed the group that many overdose deaths are labeled respiratory distress on death certificates.

Other feedback:

- Public Health Department has information at the state level on fatal overdoses
  - Further break it down into CPAA region specific
- Cowlitz County community decided not to pursue making overdose a notifiable condition at this time
- Drug users are saving other drug users by using Nalcans instead of going to the hospital
  - How do we collect this data because it is currently not reported?
- Some training going on with EMTs and law enforcement with using Naloxone
  - Currently, there is no agreeance on the correct amount of Naloxone

After further discussion, the group emphasized targeting small and private practices, especially in rural counties, for provider education and best practices for opioid prescriptions. They also suggested trying to incentivize smaller practices into using the State Monitoring Program. Although the group wants to focus on the smaller practices, they still want to include larger practices as well. Malika also shared that every county in the CPAA region, besides Thurston, has a higher prescribing rate than Seattle.

### III. RFQ Process and Project Area Overlap

Malika reviewed the current RFQs that have been submitted with themes including youth prevention and recovery support, adult recovery programs, alternative chronic pain treatment in FQHCs, syringe exchange service enhancement, and referral and access to MAT services.

Malika shared that there will be a formal RFP process, similar to the RFQ process, in April that will ask for more specific details to the plans submitted. CPAA will assess what will have the biggest impact on the region to make final decisions. Malika emphasized that you do not have to submit an RFQ in order to submit an RFP in April.

Malika also shared that there is a CPAA Council meeting Thursday February 8<sup>th</sup>, 2018 from 12pm – 3pm at the Mason County Public Works Building. The council would like to learn more about how the Opioid Response Group integrates with other project areas. Malika asked the group to focus on the overlap with social determinants such as housing, employment, transportation, alternative treatment for pain, as well as the other work groups.

Group feedback:

- Need to take education to not only providers, but also social determinants as well because stigma is a huge barrier
  - Some communities are trying to remove clinical programs that target solutions because of the stigma around them
  - Cowlitz Community took away their syringe exchange program even though the clinical community supported it
- Consider labeling homelessness as a chronic disease



- For the Care Transitions Work Group, MAT treatment is being recognized as a chronic disease
- Creating a secure detox facility into different levels of care
- Those transitioning from incarceration, homelessness, hospitals to streets, etc.
- For the Chronic Disease Work Group, there is a legislative bill, HB2835, that makes the use of heroin in front of a child under the age of 18 a sentence enhancement. This could potentially complicate prevention work and treating this illness as a chronic disease, especially for mothers and children.

#### **IV. Next Steps & Closing**

- Have a joint quarterly meeting, with breakout sessions for each project area
  - Could host webinars for updates as needed
- RFP process will begin in April
- Assessment in March, as the first approaching milestone