



## Opioid Response Workgroup

### Meeting Summary: September, 26, 2018

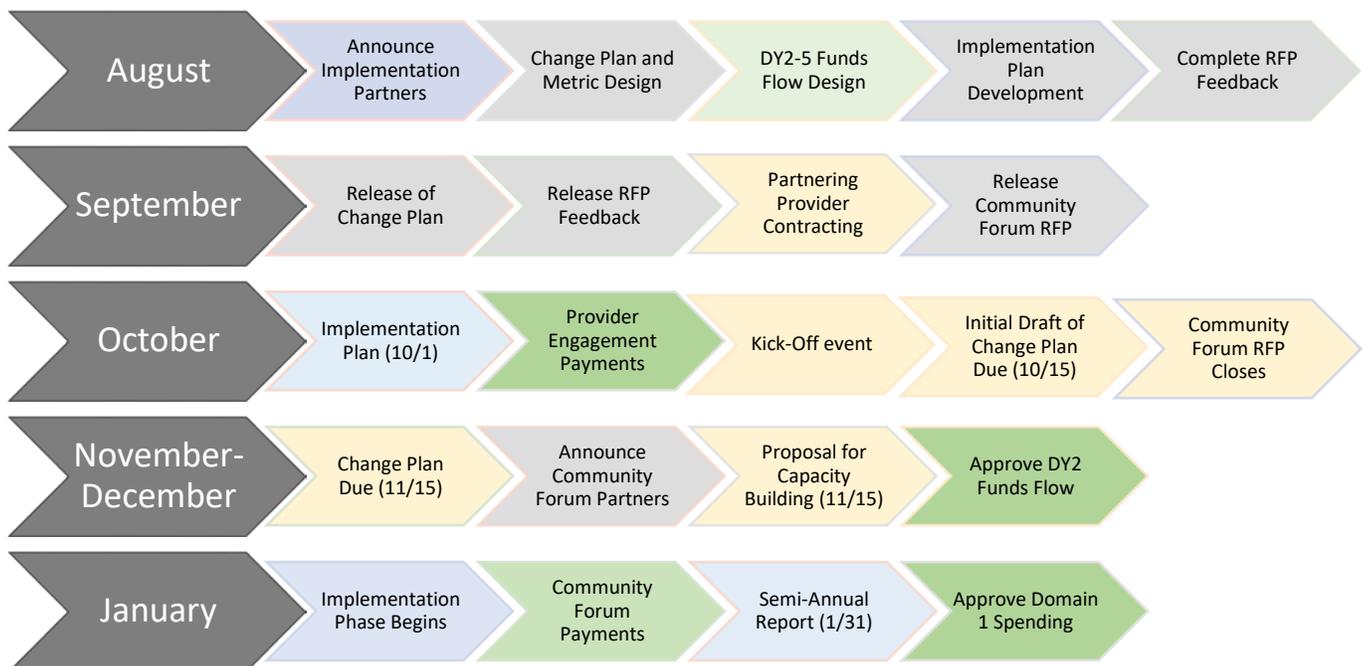
**Support and Backbone Staff:** Sara Rainer- *CHOICE*, Christina Mitchell - *CHOICE*, Abby Schroff- *CHOICE*, Madi Tambara- *CHOICE*

**In Attendance:** Jim Coffee – Cowlitz Family Health Center, Dr. Lucinda Grande, Shantel Davis – Point Defiance Aids Projects, Dave Windom – Mason County PH, Ramona Leber – WA ASSN for Substance Abuse & Violence Protection, Albert Carbo – Peninsula Community Health Services, Caitlin Morre – TOGETHER, Mary Goelz- Pacific County Public Health, Maria Williams – *Behavioral Health Resources*, Kyle Roesler – *CHOICE*, Laura Johnson – United Healthcare, Robyn Smith – *WA state Recovery Clinic*, Tiffani Buck - *DOH*, Emalie Huriaux - *DOH*, Julie Baxter- *PacMnt*, Dr Theresa Madden

#### I. Welcome, Introduction, & Pre Meeting updates

CPAA announced Implementation Partners on the website on August 13<sup>th</sup>. CPAA partnered with OHSU for RFP development, scoring, and selection.

- 55 RFPs submitted
- 44 selected partners, and 7 federally recognized tribes chosen
- 11 non clinical, 24 clinical, 9 combined, 7 tribes
- 23 partners selected 3A opioid response
- CPAA Draft Timeline:





- Change Plan Development Form:
  - Program Managers created the change plan development form after reviewing all of the RFPs. This document includes detailed feedback intended to guide submission of the first draft of the change plan.
  - Metrics due semi annually
  - Change plan milestones will be reported on quarterly – yes/no and why.

## **II. The Opioid Use Reduction & Recovery (OURL) Alliance Project – Julie Baxter**

The Pacific Mountain Workforce Development Council (PacMtn) administers workforce development activities in Grays Harbor, Lewis, Mason, Pacific, and Thurston Counties. They oversee work source locations in the region and have a workforce development council behind them. The Department of Labor (DOL) awarded both PacMtn and Snohomish Workforce Development Council the National Health Emergency Demonstration Grant to address the Opioid crisis. This grant focuses on aligning workforce services with social services, growing the number of service providers, and system cross training between workforce, social and health services. PacMtn has chosen CHOICE to partner with for this project, which is called the Opioid Use Reduction & Recovery (OURL) Alliance. Funding will run through June 30, 2020.

On October 15 CHOICE will release a series of [request for proposals](#) (RFPs). Two bidders' conferences will be announced, one in late October and one in early November. There are three different focal areas of the RFPs: youth services providers, host sites for peer recovery counselors, and parent services. By January 2019, programmatic activities will be in place. If you have any other questions about the OURL grant, please contact Sara Rainer [rainers@crhn.org](mailto:rainers@crhn.org) or Julie Baxter [julieb@pacmtn.org](mailto:julieb@pacmtn.org).

## **III. Opioid Response & Infectious Diseases in Washington State – Emalie Huriaux**

The Department of Health's (DOH) Office of Infectious Disease works on HIV, STD, Hepatitis C surveillance, prevention, testing, and linkage to care efforts. As opioid use and injection drug use increases, there has been a focus in how these diseases relate and overlap with substance use. The infectious disease office holds a strong commitment to harm reduction, which means meeting people where they are and facilitating their effort to make positive change as defined by the person making the change. They use a 'syndemic' approach which is mindful of addressing the multiple overlapping epidemics of HIV, STDs, hepatitis C, and overdose, and addressing the social and structural drivers of these epidemics. They support syringe service programs with direct funding and indirect resources and the Drug User Health team provides capacity building support. The office is working on a plan to incorporate an overdose education and naloxone distribution coordinator into the Drug User Health Team.

Next steps include expanding Harm reduction services in WA. With this goal in mind, there is a push to get certain harm reduction services to be Medicaid reimbursable. This change would



help provide long term sustainability. The DOH received a Centers for Disease Control and Prevention (CDC) opioid response grant which will help build support Health Care Authority to develop a state plan amendment in order for harm reduction services to be Medicaid reimbursable and to support the sustainability of syringe service programs. Increased PrEP utilization, infectious disease screening and testing, naloxone access, and linkages to care will together create healthier communities in Washington. To access this presentation, please [click here](#). If you have further questions, Emalie can be reached at [Emalie.Huriaux@doh.wa.gov](mailto:Emalie.Huriaux@doh.wa.gov)

#### **IV. Women, Infants and the Opioid Epidemic – Tiffani Buck**

The Parent-Child Assistance Program (PCAP) is an evidence-based home visitation case-management model for mothers who abuse alcohol or drugs during pregnancy. Its goals are to help mothers build healthy families and prevent future births of children exposed prenatally to alcohol and drugs. Through research, they have found many of these exposures to be intergenerational. In a 2010 study, the DOH found that 86% of women who gave birth while misusing opioids said the pregnancies were unintended.

The Washington State Department of Health is working to prevent unintended pregnancies by combining needle exchange programs with family planning. The incorporation of pregnancy intention screenings at clinics that offer these services will help reach a wider audience of women who might not normally see a Primary Care Provider for family planning purposes. Strong comorbidities exist that could impair a women's ability to function and remember to take birth control every day. One goal is to expand immediate postpartum Long Acting Reversible Contraception (LARC), and studies show that rates of use occur longer than if they were to get LARC at a different time.

Maternal death is defined as death of a women that occurred during pregnancy or 365 after pregnancy. This includes death from a disease that could be exacerbated by the pregnancy. Total suicide and overdose deaths almost equal the amount of total pregnancy related deaths in Washington State. In addition, there is a disproportionate burden of opioid exposure among women with high school diploma or less than high school than women with a college degree. There is a statistically significant difference between opioid-exposed and non-opioid exposed women by education attainment. To learn more or access this presentation, please click [here](#).

#### **V. Next Steps and Closing**

- If you have heard other presentation you have found interesting or would like to speak at the next work group, please email [rainers@crhn.org](mailto:rainers@crhn.org) or [schroffa@crhn.org](mailto:schroffa@crhn.org).
- The Opioid Workgroup will continue to meet quarterly, and an invitation will be sent out shortly.