

Three County Coordinated Opioid Response Project
Treatment Workgroup Agenda
Wednesday October 21, 2020 1:00-3:00 pm
Virtual Meeting

Topic	Facilitator	Attachment(s)
Welcome	G’Nell Ashley, Co-Chair, Reflections Counseling Services Group	
Approve September 16, 2020 3CCORP Treatment Workgroup meeting notes	G’Nell Ashley	01. TWG Minutes 9.16.20
Treatment Workgroup member introductions “What makes you feel like we are moving forward in this work and what areas do you see yourself contributing to?”	All	
State Opioid Response Plan & Roadmap to Recovery	Kris Shera , State Opioid Coordinator for the Washington Health Care Authority	02. Roadmap to Recovery Planning Grant
Rural Communities Opioid Response Program Implementation (RCORP-I) grant	Lori Fleming , Executive Director Jefferson CHIP, Project Director JeffCo Behavioral Health Consortium	
Recovery Housing	Milena Stott , Fletcher Group & Mel Melmed , Olympic Community of Health	
Save A Life! Social Media Campaign	Mel Melmed	03. Save A Life! overview
Looking ahead to 2021: -Meeting schedule -member engagement	G’Nell Ashley	
Next Steps & items for November Agenda -Remote urine drug testing - 6BBs/UW	G’Nell Ashley	
Announcements, requests for peer-to-peer support (have a challenge? Someone here probably has a suggestion or solution!)	All	
Closing and adjourn	G’Nell Ashley	

Next 3CCORP Treatment Workgroup meeting: 1-3pm Wednesday November 18, 2020. 3CCORP Meetings will be conducted virtually until Clallam, Jefferson, and Kitsap Counties are all in Phase 3 of Washington’s Safe Start Plan.

Resources:

On demand Webinar – The Vital Role of Recovery Housing in the Continuum of Care

This webinar discussed the unique attributes of recovery residences and how they change the odds in recovery success. Residences vary significantly in terms of level of care, recovery philosophy, and physical environment, but all offer much-needed support, accountability, and connection to people in all stages of recovery. While the COVID-19 crisis has presented complex challenges to recovery residences, people who live within are thriving in caring communities now more than ever. We discussed how providers have responded to the crisis and how residents have been making recovery work.

<https://attcnetwork.org/centers/northwest-attc/northwest-attc-webinar-series> Scroll down to July 29th.

Take Care & Be Well Tiny Video Series – by Clallam Resilience Project/United Way and members of our community.

A series of short videos exploring resilience skills that community members already use, and new ones to be gained. Developing resilience is an important way to mitigate the impacts of trauma and adversity. Tiny Videos are 1-4 minutes long and can be found on [Clallam Resilience Project's Youtube](#) page or at

<https://www.unitedwayclallam.org/clallam-resilience-project/our-reach/take-care-be-well-tiny-videos> .

Stay Strong Olympic Region Olympic Community of Health has created community resources to encourage flu and child immunizations. Includes social media and printable graphics in English and Spanish plus a printable catalog of creative immunization strategies, including local examples and key messaging. Available at

www.Olympicch.org/staystrong. Is your organization or Tribe implementing creative immunization strategies? Send us pictures of your team in action to OCH@olympicch.org!

3CCORP Treatment Workgroup – Meeting Minutes

September 16, 2020

Agenda

Agenda Item	Facilitators
Welcome	Bergen Starke, Co-Chair, Peninsula Community Health Services
Approve August 19, 2020 3CCORP Treatment Workgroup meeting notes	Bergen Starke
Treatment Workgroup member introductions - Share a success or ongoing challenge you faced at your workplace	All
Recovery Housing survey & opportunities update Skagit Housing & Employment - Pillars of a Recovery Oriented System of Care (2017)	Milena Stott, The Fletcher Group
Strategies to support Whole Patient Care – creating seamless systems for client referrals from MAT and Primary Care prescribers to counseling and recovery support services	Ford Kessler, Beacon of Hope Jim Novelli, Discovery Behavioral Health Lori Fleming, Jefferson County Public Health
Data needs and requests	Mel Melmed, OCH
Next Steps	Bergen Starke

Notes

Agenda Item	Notes	Action/Follow-up
Welcome	Attendees: G’Nell Ashley (Co-Chair), <i>Reflections Counseling Services Group</i> ; Bergen Starke (Co-Chair), <i>Peninsula Community Health Services</i> ; Brian Burwell; <i>Suquamish Tribe Wellness Center</i> ; Jim Novelli, <i>Discovery Behavioral Health</i> ; Catlin Sundin, <i>North Olympic Healthcare Network</i> ; Lori Fleming, <i>Jefferson County Community Health Improvement Plan (CHIP)</i> ; Kaela Moontree, <i>Kitsap Public Health District</i> , Nikki Jones, <i>United Healthcare</i> Ford Kessler, <i>Beacon of</i>	

	<i>Hope; Milena Stott, The Fletcher Group; Lisa Rey Thomas, UW Alcohol and Drug Institute, American Indian Health Commission of Washington, and Jamestown Family Health Center; OCH Staff: Mel Melmed, Celeste Schoenthaler</i>	
Approve August 19, 2020 Treatment Workgroup minutes	No changes to Minutes requested. Motion to approve Minutes made by Ford Kessler and seconded by Jim Novelli.	Approved Unanimously
Share a success or ongoing challenge you faced at your workplace	Challenges faced at workplace include buildings still physically closed due to COVID-19 and limiting access to services. A challenge includes getting clients safely through detox so that they can go begin treatment; the lack of places to send clients for safe, supported withdrawal is a barrier to recovery. Challenge with Zoom through state license and getting closed-captioning for a hearing impaired clinician. Workgroup members offer to help with this challenge if a resolution is not forthcoming. Successes include that practices are busy providing services using a variety of strategies. Several practices are bringing staff back to the workplace while still seeing clients remotely; this fosters staff wellbeing and cohesion. The frequent virtual meetings being held during COVID-19 are creating increased opportunities to make connections and work collaboratively.	
Recovery Housing survey & opportunities update	Milena provided an update on the recovery housing environmental survey for the Olympic Region. The majority of recovery housing in our region fall under Level I – Peer-run recovery residences of which Oxford House is the dominant model operating in our region. There is a deficit of Level III Supervised Residences & Level IV Service Provider residences (typically treatment centers) resources available within our region. For next steps 3CCORP Treatment Workgroup could create a report with background, environmental survey, additional housing data, and recommendations. Skagit County created a similar report in 2017 that can be used as an example. Data needs for a regional report include understanding the status of client’s residence upon discharge from inpatient SUD and/or mental health treatment and upon discharge from corrections facilities. Outcomes from collaborating on findings include: 1) regional strategies identified and 2) improve likelihood of secure recovery housing grant funding. Group discussion led to agreement that collaborating on a recovery housing and creating a report to summarize findings is desirable. Milena will continue to write and research for the report and will ask for input as needed. She will provide an update at next month’s meeting. OCH will assist with the report and data needs.	
Strategies to support Whole Patient Care –	Ford Kessler, Beacon of Hope and Jim Novelli, Discovery of Behavioral Health, both in Jefferson County, described their	

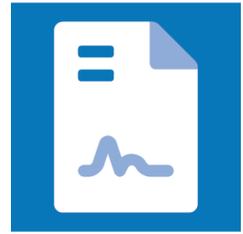
<p>creating seamless systems for client referrals from MAT and Primary Care prescribers to counseling and recovery support services</p>	<p>innovative, collaborative approach to ensuring whole patient care for their clients. Their goal is to ensure that clients receive appropriate SUD therapy as part of their recovery process, including addressing underlying issues that led people down the path of SUD. A first step in their collaboration was to agree upon a similar vision of ensuring that clients get SUD-specific counseling. Understanding each agencies' philosophies and building a trusting relationship were critical next steps. Each director meet with their staff to discuss implementing a seamless referral system between the agencies. The agencies plan to hold weekly collaborative team meetings with participation by members of both practices. Benefits described included an economy of scale – using available resources fully and that each agency benefits from the expertise of the other agency.</p>	
<p>Data needs and requests</p>	<p>Mel Melmed, Olympic Community of Health reviewed data that will be requested to update data the group has been tracking over past 3 years. Additional requests from 3CCORP Treatment Workgroup included the possibility of using Overdose (OD) Maps, which is something that Kitsap EMS is using to identify overdose trends and geographic movement. The Workgroup plans to discuss OD Maps further at a future meeting. Recovery housing data to quantify unmet need is another area where additional information would be useful.</p>	
<p>Closing and adjourn</p>	<p>Next Meeting will be held virtually on Wednesday October 21st, 2020.</p>	

List of Acronyms

- 3CCORP: 3 County Coordinated Opioid Response Project
- OCH: Olympic Community of Health
- OD: Overdose
- SUD: Substance use disorder

Background

In September of 2019 The Centers for Medicare and Medicaid Services (CMS) awarded Washington state \$3.8 million to develop a policy framework over the next 18 months. This framework will guide future activities to advance statewide whole-person, integrated care (i.e., needed SUD treatment and recovery services integrated with physical health, mental health, and social services). CMS may make available additional funding to support an implementation phase.



Deliverables

HCA will develop an implementation strategy and timeline identifying activities for:

- Improving treatment and recovery service coverage, licensing, and other regulatory policies.
- Supporting workforce recruitment and retention.
- Strengthening the health information technology (HIT) infrastructure for care coordination and analytics.
- Designing an alternative payment model for SUD disorder treatment and recovery services, incorporating social determinants of health (SDoH) factors and HIT incentives.

Summary

Who does this help?

All Medicaid beneficiaries with SUDs and opioid use disorders (OUDs) with a focus on:

- Pregnant and post-partum women.
- Adolescents 13 to 18 years of age.
- Transition Age Youth Adults (TAYA) 16 to 25 years of age.
- Persons who receive services at Syringe Services Programs (SSPs).
- American Indian and Alaska Natives (AI/AN) enrolled in Medicaid.
- Justice-involved persons.
- Individuals experiencing homelessness.



The CMS award allows HCA to:

Assess data sources

Conduct an assessment of existing Medicaid data sources for:

- Defining the beneficiary population.
- Assessing treatment gaps.
- Evaluating care coordination capabilities.
- Develop utilization and effectiveness metrics.



Assess capacity

Quantify and assess the capacity for Medicaid providers to provide treatment and recovery support services, and identify barriers and options for addressing barriers to SUD treatment and recovery services using information from:

- Federal and state agencies.
- Tribal governments.
- Accountable Communities of Health.
- Managed Care Organizations.
- Physical and behavioral health providers.
- Social service providers.
- Caregivers of those with SUD treatment and recovery needs.



Review effectiveness

Review the medical effectiveness of nonmedicinal treatment of those with SUDs and OUDs.

Review incentives

Designing an alternative payment model incentivizing effective SUD treatment and recovery services delivery.



SAVE A LIFE! 5 Week social media campaign

Olympic Community of Health developed the *Save A Life!* campaign to educate the general population about preventing, recognizing, and responding to an opioid overdose. This campaign was created in response to a recent uptick in opioid overdoses in the Olympic region during COVID-19. The resources have been crafted with input from local SUD providers and members of the recovery community.

The multi-week campaign contains social media posts, suggested captions, and printable fliers in English and Spanish. OCH shared this campaign through several digital communication platforms.

The materials are available for use at <https://www.olympicch.org/savealifecampaign>. We encourage you to download the resources and share them within your networks as you see fit. OCH will print copies of fliers and mail or deliver them to you if you would like support in that way. If you need assistance with the materials please contact Amy Brandt, Communications & Special Project Coordinator at 360 (633)-6298 or amy@olympicch.org.

Save A Life! Reach & Engagement

(as of 9/18/20)

Google Analytics

Pageview	193
All downloads	304
PNG downloads	98
Spanish downloads	89
Toolkit downloads	39
PDF downloads	167



Facebook	Topic	Budget	Reach	Engagement
Week 1	Secure Your Meds	\$20	689	9
Week 2	Learn how to save someone from OD	\$20	982	55
Week 3	Call 911 & use Naloxone	\$20	789	13
Week 4	How to get Naloxone	\$20	1100	48
Week 5	Recognizing & responding to OD	\$20	972	11
Total		\$100	4,532	136

Weekly Email

Reach 662

Grand total 5498

(Grand total= total downloads + FB reach + weekly email reach)

Reach: total number of people who see the content.

Engagement rate: People actively interacting with the content by liking, clicking on it, and/or sharing.