

Cowlitz County Health & Human Services
Cowlitz County 2018 Opioid Summit
Break Out Session Report

The Break-Out Session goals were to 1) familiarize the group with current/future opioid reduction strategies, 2) identify opportunities to improve current practices, improve communication, leverage resources and align efforts for a broader, more collective impact in the community, 3) commit to possible actions/strategies and 4) identify “next steps”. Break-Out Groups were determined by areas of expertise. The groups were charged with 1) developing at least one attainable goal, 2) an action plan and 3) metrics to determine progress and end points.

Group 1: Law Enforcement, criminal justice

Discussion topics:

A. Opportunities

1. Provide officers with Narcan
2. Information lacking from treatment providers
 - Blocked by HIPAA, even though RCW regarding court ordered treatment
 - Increase communication with healthcare providers
3. “Town Meeting” to promote communication between depts. And community providers
 - Role, laws, limitations, duties, etc
4. Reduce Stigma for treatment (drug court)
 - Shame to admit they have a problem

B. Reduction Strategies:

1. Implement STR within correction facility (can be moved to facilities to receive MAT or to maintain treatment)
2. STR goal is to put more facilities online
3. CC jail currently does not offer MAT
4. Expand education in other counties regarding opioid use disorder and STR
5. Coordinate treatment/ensure compliance with treatment
6. Engage family members

Goal: Law enforcement will commit to developing a process to bridge the gaps between law enforcement and treatment/community providers by increasing communication and creating opportunities to work together in reducing opioid use.

Action Plan:

1. Have ROIs signed by offenders to coordinate treatment
2. Participate (have representatives from each dept). Taskforce/summit, learn about resources.

Timeline: “Summit” to occur by the end of 2018.

Metrics:

1. Number of participants at summit
2. Number of agencies at summit

Group 2: Social Services

Discussion Topics:

A. Opioid Reduction Strategies

1. Naloxone
2. Coordinated entry-detox/treatment
3. Homeless outreach
4. Holistic approach
5. Harm reduction programs

B. Plan for future actions

1. Build community support groups
2. Drug court program
3. Peer mentoring

C. Opportunities

1. Integrated system of care
2. Making an impact on individuals
3. Lower barrier to Suboxone starts
4. Help from volunteers
5. Feeding meals, socialization, nutritional education
6. Preventative actions
7. Connecting to appropriate services
8. Respect and care/kindness
9. Long term treatment
10. Communication with other agencies
11. Changing attitudes
12. Medicaid insurance coverages
13. "No Wrong Door" approach
14. Break down barriers
15. Finding what's important
16. Education and awareness
17. Positive social activities
18. Sustaining engagement
19. Bridge gap between consumers and providers
20. Improve communication
21. Reduce stigma

Goal:

1. Engage more agencies in trauma informed care.
2. Better trained and more staff in the field

Timeline: 1 year**Metrics:**

1. The number (percentage) of agencies increased education in trauma informed care.
2. To have community opioid summit open to public to reduce stigma with people in recovery on panel. To ensure a civil conversation that encourages being present and supportive.

Group 3: Medical/Dental/Pharmacy

Discussion topics:

- A. Tools for decreasing doctor shopping
 - a. PMP
- B. Prescribing behavior
 - a. Tools for decreasing opioid prescribing
 1. PMP
 2. Multi-disciplinary Pain Teams
 3. Internal/Institutional reporting on prescribing numbers
 4. Regulatory-Partial fills
 - a. Educating patients
 - b. Educating providers
 - b. Include naloxone prescription with opiate prescription
- C. Naloxone distribution Challenges
 1. money
 2. authorization
 3. training
- D. Increase reimbursement for CD Management
- E. Prescribing behavior

Goals: Increasing Medication Assisted Treatment (MAT) Access

- a. Multi-disciplinary MAT Teams
 1. Pharmacy
 2. Nursing
 3. Chemical Dependency Counselors
 4. Social Workers
 5. MD/DO/NP

Timeline: End of 2018

Metrics:

- a. Get an accurate number of current providers
- b. Encourage more providers to get training and certification

Group 4: Behavioral Health and Substance Use Disorder Providers

Goal: Develop a care coordination referral network to ensure all services are available to clients

Action Plan:

1. Develop a distribution list to send via email to assess needs

2. Develop group purpose and goals

Metrics: Number of people in attendance of meetings

Timeline: First meeting to take place September 2018

Group 5: Prevention and Education

Goal: Annual Summer well-child/youth exam with behavioral health screening as part of “Health Children Ready to Learn: A Social Norming Campaign”

Timeline:

Sept- Reserarch/Link steering committee

Oct/Nov- Service club members and pastoral staff involved. Dinner meeting

Dec- Put together the norming campaign

Jan- Health provider’s data on well-checks from CEOs

Feb/Mar- Schools/businesses/YMCA/ Parks and Rec/Daycares/Headstart

Apr- Start the blast (FB/PSA) “Make your next appointment now!”

May-Back to summer @ Link

May-Sept- “Barrier Busters”

School Starts- care plan, insurance/doctors, signed ROI, recognition to families

Metrics:

1. # of well-child

2. # of screenings

3. # of referrals that impact grades, attendance, graduation rates and decrease behavioral health

Facilitator will monitor progress throughout the timelines and report group metrics in November. A final written report will be issued by November 14, 2018.