

Improve Access to Prevention and Treatment of Opioid Use Disorders

As required by Engrossed Substitute Senate Bill 6032, Chapter 299,
Laws of 2018; Section 213(5)(uu)
November 30, 2018



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Acknowledgments

This report was developed in cooperation with the Washington State Health Care Authority, the Washington State Department of Social and Health Services, and the Washington State Department of Health.



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Table of Contents

- Executive Summary..... 2
- Background..... 4
- Hub and Spoke Treatment Networks..... 5
- Pregnant and Parenting Women..... 7
- Tribal Opioid Crisis Grants 9
- Medication Assisted Treatment Tracking Tool..... 10
- Drug Take-Back Programs..... 11
- Naloxone Distribution Programs 12
- Youth Prevention Services..... 13
- Additional Federal Resources 16
- Conclusion 17
- Appendix A: SOR Grant Summary..... 18
 - Prevention..... 18
 - Treatment 19
 - Recovery Support Services 21
- Appendix B: Public Health Opioid Overdose Crisis Response 22
 - National Center for Injury Prevention and Control..... 22
 - National Center for Injury Prevention and Control (NCIPC) – Special Projects 26
 - National Center for HIV/AIDS, Viral STD, and TB Prevention..... 27



Executive Summary

The Washington State Health Care Authority (HCA) is submitting this report to the Legislature as required by Engrossed Substitute Senate Bill (ESSB) 6032, Chapter 299, Laws of 2018; Section 213(5)(uu):

“\$2,732,000 of the general fund—state appropriation for fiscal year 2019 and \$9,026,000 of the general fund—federal appropriation are provided solely for the authority to implement strategies to improve access to prevention and treatment of opioid use disorders. The authority may use these funds for the following activities: (i) Expansion of hub and spoke treatment networks; (ii) expansion of pregnant and parenting case management programs; (iii) grants to tribes to prevent opioid use and expand treatment for opioid use disorders; (iv) development and implementation of a tool to track medication assisted treatment provider capacity; (v) support of drug take-back programs which allow individuals to return unused opioids and other drugs for safe disposal; (vi) purchase and distribution of opioid reversal medication; and (vii) maintaining support for youth prevention services. The authority must coordinate these activities with the department of health to avoid duplication of effort and must work to identify additional federal resources that can be used to maintain and expand these efforts. The authority must submit a report to the office of financial management and the appropriate committees of the legislature on the status of these efforts by December 1, 2018. The report must include identification of any increase in behavioral health federal block grants or other federal funding awards received by the authority and the plan for the use of these funds.”

Since the information and data in this report relate to programs and services provided from July 1, 2018, through November 30, 2018 much of the information in this report is preliminary. Updated information for these programs will be submitted for future legislative reports as required.

Washington State is working diligently to address the impact of opioids and support our communities. This report details the status of interagency programs and strategies to improve access to treatment, to prevent opioid use disorder, and ultimately to save lives. These programs and strategies include expanding Hub and Spoke treatment networks to provide efficient and coordinated care. Implementing pregnant and parenting women case management programs to



ensure the safety of mothers and their infants. Tribal grants for opioid prevention and treatment designed by tribes for tribes. The development of tracking tools for medication assisted treatment providers to identify treatment availability faster. Naloxone distribution programs to prevent overdose deaths. Youth substance use prevention initiatives to get in front of the opioid crisis and support youth and families at the community level.

The programs outlined in this report are part of a statewide effort to address the opioid crisis and its impact on communities across Washington State. While each program has its own strategic focus, the programs work together to improve lives for Washington residents. Organized by program, this report gives an overview of progress to improve access to prevention and treatment of opioid use disorder, and strategies to continue to expand access moving forward.



Background

Communities across the state of Washington have felt the impact of the opioid epidemic in the shadow of a national crisis. In 2017 alone, 739 Washingtonians died from an opioid-related overdose. We understand the connection between misuse and abuse of prescription opioids and the use of opioids like heroin. In a recent statewide survey of individuals visiting syringe exchange clients, 53 percent of those who inject heroin reported they began misusing and abusing prescription opioids first.¹ According to data from the Washington State Department of Health, even as we see prescription opioid overdose deaths decrease, the dangerous introduction of fentanyl is causing overdose mortality rates to climb. Among residents who died from a heroin overdose between 2004 and 2017, the largest increase in overdose deaths occurred in younger people ages 15 to 34 years old.

As a state, we need to take an aggressive, multi-dimensional approach to protect our residents and support our communities, an approach that addresses both prevention and treatment. On October 7, 2016, in response to the crisis, Governor Jay Inslee issued Executive Order 16-09, *Addressing the Opioid Use Public Health Crisis*². The strategies for implementation of the executive order are outlined in the Washington State Opioid Response Plan³. The plan includes evidence-based approaches to prevent opioid misuse, treat opioid dependence, prevent overdose deaths, and improve data systems to inform and evaluate interventions. This working plan is based on the federal Substance Abuse Mental Health Services Administration's (SAMHSA) Opioid Overdose Prevention Toolkit⁴. This toolkit serves as the state's primary guidance on policy, system, and community-level priorities.

State agencies and local partners have been proactively working on policies, programs, and data collection initiatives to address record levels of prescription and illicit opioid misuse leading to opioid overdose deaths. These efforts include developing and releasing opioid prescribing guidelines for prescribers, making the Washington Prescription Drug Monitoring Program available to health care providers, establishing the State Interagency Opioid Workgroup, and updating the State Opioid Response Plan.

In response to the crisis, the Legislature also provided funds to the Health Care Authority to implement the strategies in the State Opioid Response Plan. These funds are outlined in Engrossed Substitute Senate Bill 6032, Chapter 299, Laws of 2018; Section 213(5)(uu) as \$2,732,000 of the general fund — state appropriation for fiscal year 2019 and \$9,026,000 of the general fund. Federal appropriations are provided solely to implement strategies to improve access to prevention and treatment of opioid use disorders.

¹ <http://adai.uw.edu/pubs/pdf/2017syringeexchangehealthsurvey.pdf>

² http://www.governor.wa.gov/sites/default/files/exe_order/eo_16-09.pdf

³ <http://www.stopoverdose.org/stateresponseplan.pdf>

⁴ <https://www.samhsa.gov/capt/tools-learning-resources/opioid-overdose-prevention-toolkit>

Improve Access to Prevention and Treatment of Opioid Use Disorders
November 30, 2018

These programs and strategies include:

- Expanding Hub and Spoke treatment networks to provide efficient and coordinated care.
- Implementing pregnant and parenting women case management programs to ensure the safety of mothers and their infants.
- Tribal grants for opioid prevention and treatment designed by tribes for tribes.
- The development of tracking tools for medication assisted treatment providers to identify treatment availability faster.
- Support of drug take-back programs that allow individuals to return unused opioids and other drugs for safe disposal.
- Naloxone distribution programs to prevent overdose deaths.
- Youth substance use prevention initiatives to get in front of the opioid crises and support youth and families at the community level.

Agency collaboration is essential to improve access to prevention and treatment of opioid use disorders for Washington residents. The Health Care Authority coordinates these activities with the Department of Health to avoid duplication of effort and works to identify additional federal resources to maintain and expand these important programs. Together, we are working to get effective treatment to the right place at the right time, while preventing opioid misuse and abuse in our communities.

Hub and Spoke Treatment Networks

To improve access to treatment services, we are expanding Hub and Spoke treatment networks across the state. The Hub and Spoke model is a coordinated, systemic response to opioid use disorder among Medicaid and low-income residents, focusing on medication assisted treatment. Medication assisted treatment (also known as MAT) is the use of FDA approved medications, in combination with counseling and behavioral therapies, to provide a whole person approach to treatment.

The Hub and Spoke model connects a network of community providers around a central hub offering a medication assisted treatment component to all patients seeking services for opioid use disorder. We know that people with opioid use disorder seek services in a variety of places. This includes primary care providers and substance use treatment centers, but also places like syringe exchange programs, emergency departments, and the criminal justice system. The Hub and Spoke model works to connect people to treatment more efficiently and to integrate care. Nurse care managers and care navigators work within the Hub and Spoke network to help patients and providers coordinate care, reduce barriers to treatment, and improve overall health.

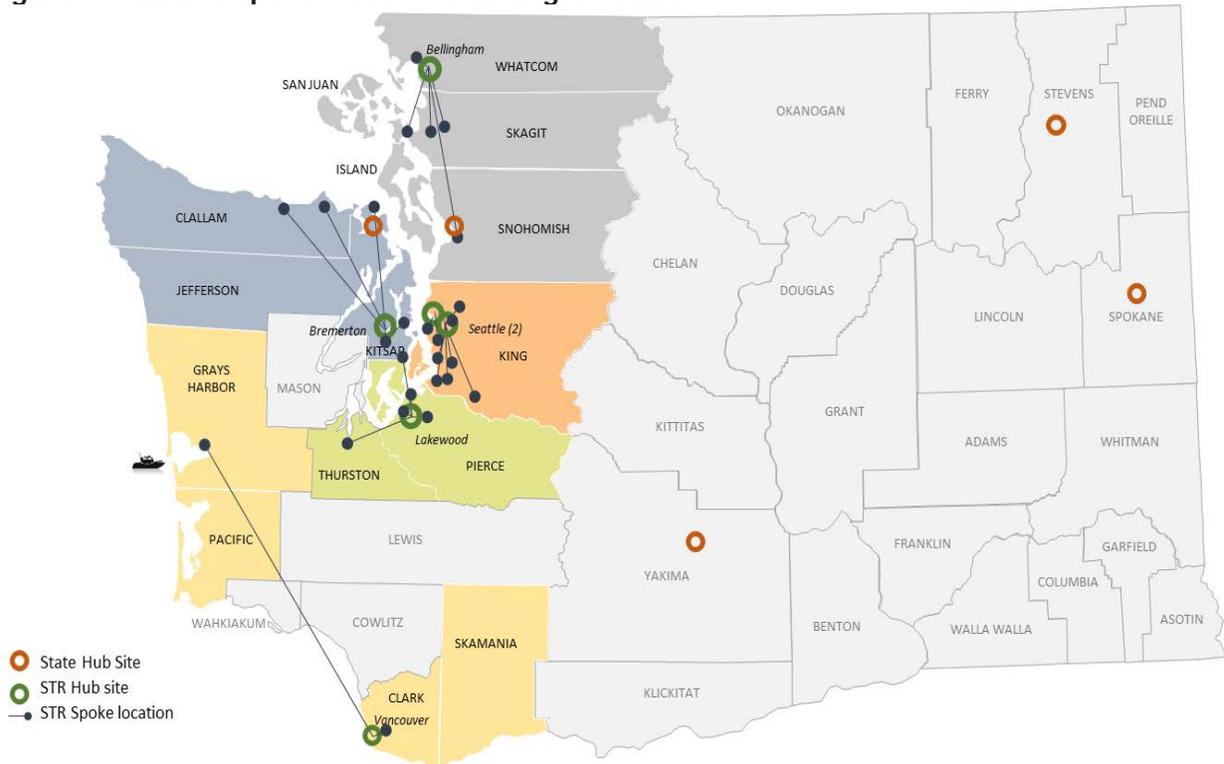
Current Hub and Spoke networks are located in King, Kitsap, Clark, Pierce, and Whatcom counties. Using funding from the Legislature available in July 2018, we have expanded to include five new Hubs (with a minimum of five spokes each) in Washington State. Contracts have been finalized for the following five hubs (highlighted by orange circles on the map in Figure 1):

Improve Access to Prevention and Treatment of Opioid Use Disorders
November 30, 2018



- Ideal Option in Everett
- MultiCare Health Systems in Spokane
- Comprehensive Healthcare in Yakima
- Olympic Peninsula Health Services in Port Hadlock
- Providence NE Washington Medical Group in Colville

Figure 1: Hub and Spoke Model in Washington State



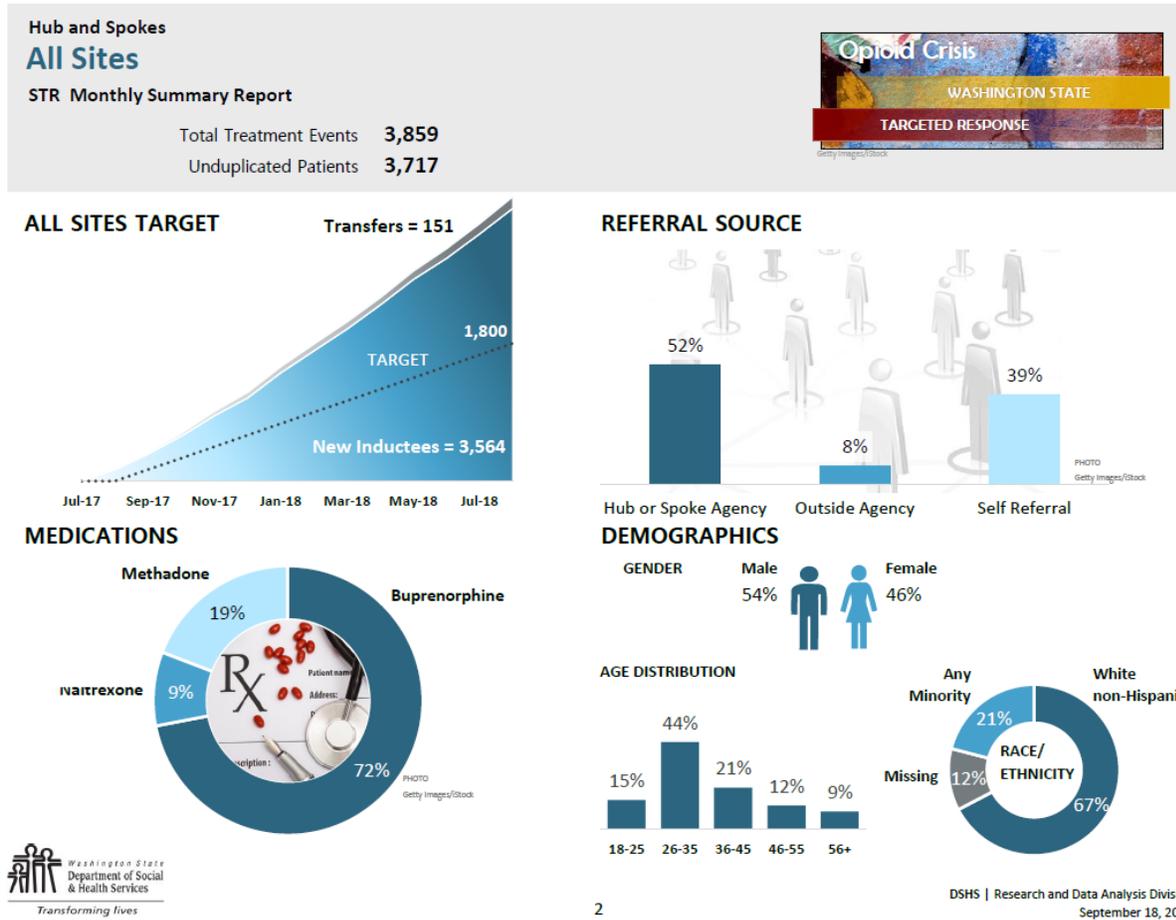
Service delivery began at the spokes above September 3, 2018 or earlier.

As we expand the Hub and Spoke locations, new sites need to recruit nurse care managers and care navigators to help coordinate care for individuals in treatment. New hubs also need to provide training around medication assisted treatment for all Hub and Spoke staff, as well as provide ongoing technical assistance to support program implementation.

The Department of Social and Health Services' Division of Research and Data Analysis analyzes data provided monthly by each Hub and Spoke site. This information includes the number of people served by each location, the medications prescribed, and demographic information for those seeking services. The Figure 2 shows how existing hubs share data and how data will be communicated from new state-funded Hubs going forward.



Figure 2: Hub and Spoke Dashboard



Pregnant and Parenting Women

The Parent Child Assistance Program is an evidence-based home visitation case management model for mothers who abuse alcohol or drugs during pregnancy, including opioids. The home visitation case management model supports pregnant and parenting mothers by connecting them to valuable community resources. The program assists women with accessing treatment and staying in recovery, researching and accessing housing, navigating legal services, identifying medical/dental needs for themselves and their children, and working towards personal goals that support independence (e.g., certifications, education, and careers).

Through home visitations, the program also assures children are in safe and stable homes and are receiving appropriate health care. Our goal for this program is to help mothers build healthy, independent families while reducing harm to infants from exposure to alcohol and drugs.

There are currently 15 Parent Child Assistance Program sites serving women in 19 counties in Washington State. Of the current sites, 12 have submitted expansion proposals to improve and increase their capacity.

The University of Washington’s Fetal Alcohol and Drug Unit provides ongoing evaluation by collecting and analyzing data for the Parent Child Assistance Program statewide and training program staff. Each site submits monthly reports to the University of Washington to inform service delivery needs, improvements, and progress.

In June 2017, the University of Washington’s Fetal Alcohol and Drug Unit reported that a long timeframe for women to enroll in the program was a significant barrier. Many clients experienced extended timeframes of 4-6 weeks to enter the program. There was also a significant service gap identified in Lewis County, which was not a current service area for the Parent Child Assistance Program. In order to address long enrollment timeframes for existing sites and the service gap in Lewis County, the Health Care Authority requested funding to increase capacity by 119 clients to help support the health care needs of women in Washington State. This added capacity was distributed across the facilities in Table 1.

Table 1: Parent Child Assistance Program Contracts

| Provider (and County) | Contracted Capacity | Capacity added July 1, 2018 | New Capacity |
|--|----------------------------|------------------------------------|---------------------|
| Agape Unlimited (Kitsap) | 60 | 11 | 71 |
| Elijah Family Home (Benton/Franklin) | 68 | 0 | 68 |
| Brigid Collins House (Skagit) | 52 | 3 | 55 |
| Brigid Collins House (Whatcom) | 70 | 1 | 71 |
| Community Services NW (Clark) | 95 | 13 | 108 |
| Connections (Grays Harbor/Pacific) | 78 | 25 | 103 |
| Cowlitz Family Health Center (Cowlitz) | 95 | 10 | 105 |
| Drug Abuse Council of Snohomish County (Snohomish) | 123 | 8 | 131 |
| Evergreen Manor (King) | 110 | 5 | 115 |
| Evergreen Manor (Pierce) | 96 | 7 | 103 |
| Family Education & Support (Thurston/Mason/Lewis) | 95 | 20 | 115 |
| First Step Family Support Center (Clallam) | 83 | 8 | 91 |
| Pathways to Enlightened Parenting (Wenatchee) | 30 | 0 | 30 |
| New Horizon Care Centers Inc. (Spokane) | 126 | 8 | 134 |
| Yakima Valley Council on Alcoholism (Yakima) | 109 | 0 | 109 |
| Total | 1290 | 119 | 1409 |



Going forward, Parent Child Assistance Program sites will continue to work with the University of Washington around data collection and program evaluation to improve service delivery. Each site will continue to submit monthly reports. Monthly monitoring of services, technical assistance, training, and biannual site visits will also continue to ensure we are supporting children's health and women's treatment and independence.

Tribal Opioid Crisis Grants

Tribal Opioid Crisis Grants fund projects designed by tribes to prevent opioid misuse and expand treatment for opioid use disorder in tribal communities across the state. These grants work to increase tribal access to medication assisted treatment (MAT) and the purchase and distribution of lifesaving opioid reversal medication. Tribal Opioid Crisis Grants also expand prevention activities that honor tribes' inherent right to design and operate culturally appropriate programs on behalf of their communities.

In May of 2018, we notified all federally recognized Washington State tribes of the funding opportunity by formal letter and email, along with a request for project proposals based on their prevention and treatment needs. The Health Care Authority provided a checklist of prevention and treatment best practices as a planning resource during the proposal process. Tribes who had not responded by the application deadline were contacted to ensure they were aware of the funding opportunity and to offer support during the application process.

To date, 26 of the 29 federally recognized tribes in Washington State chose to participate in these grant funded prevention and treatment projects. After reviewing initial program proposals, HCA issued contracts on July 1, 2018. Detailed program plans from the tribes are due October 15, 2018 for prevention services. The Health Care Authority's contract managers provide technical assistance as well as work with tribes to support plan development, program implementation, prevention data collection, and ongoing monitoring.

Tribes have expressed interest in providing a number of prevention and treatment services to address the opioid epidemic through the Tribal Opioid Crisis Grants. Program areas tribes expressed interest include:

Prevention:

- Adult education and skill building, including American Indian Life Skills and Strengthening Families Program.
- Cultural programs and services, including Canoe Journey and Gathering of Native Americans.
- Secure/safe storage, including promotion of prescription drug/opioid prevention messaging and secure medicine return program.
- Staff development and training.
- Youth education and skill building, including school-based programs such as community – based mentoring and Healing of the Canoe.

Improve Access to Prevention and Treatment of Opioid Use Disorders
November 30, 2018



Treatment:

- Continuing education and training for staff.
- Patient engagement and screening.
- Medication assisted treatment, including public awareness regarding MAT.
- Treatment coordination.
- Purchase and distribution of opioid reversal medications.

Activities supported by Health Care Authority staff include reviewing the process for billing and invoicing, assisting with the registration process for the prevention data collection system, and providing training specific to the data systems for evaluation and reporting. The Health Care Authority's contract managers will monitor project progress, contract compliance and provide ongoing technical support to tribal opioid prevention and treatment projects.

Medication Assisted Treatment Tracking Tool

In response to the impact of opioids on communities across the state, we are working to streamline our treatment networks to provide the right care, in the right place, to the people who need it. The Washington Recovery Helpline is collaborating with the University of Washington's Alcohol and Drug Abuse Institute and the Health Care Authority to develop a new database to track the capacity of clinics to provide medication assisted treatment. The new database will have information about the availability of medically assisted treatment resources in real time for both the public and service providers.

This database will allow helpline staff to connect callers directly to local treatment options across the state. In collaboration with 2-1-1, the new database will facilitate timely referrals and access to treatment services statewide. The priority is to connect those seeking treatment to the resources they need quickly and efficiently.

Our goal is for everyone in Washington State to know about this lifesaving resource. We will launch a statewide public education campaign to promote the Washington Recovery Helpline and provide information about medication assisted treatment to Washington residents.

The public education campaign marketing, management, and evaluation plan includes:

- Message development around treatment and medication assisted treatment.
- Management of focus groups and stakeholder process for message development.
- Focus group and stakeholder findings report.
- Statewide media buys across platforms (digital, print, and broadcast).
- Monthly progress reports.
- Media campaign evaluation report detailing reach and impact of messages and strategies.



The medication assisted treatment database will be operational by January 1, 2019. Access to this database will expand the Helpline's capacity and referral speed significantly. The public education campaign is scheduled to launch in January of 2019 to increase awareness of this resource.

Drug Take-Back Programs

One strategy to help prevent opioid misuse and abuse is to keep them out of the hands of individuals they have not been prescribed to. The 2017 National Survey on Drug Use and Health showed that more than 80 percent of people who misuse prescription medications got them from a friend or family member. Prescription drug take-back programs aim to provide a safe, convenient, and responsible means to prevent misuse of prescription drugs.

Through this funding, we will implement a statewide public education campaign to help Washington residents understand the importance of storing medications safely and to know how to dispose of unused medications properly.

The campaign will expand on safe storage and take back messaging already developed for our opioid prevention campaign *Starts with One*⁵, contracted through our approved media vendor. Our media strategy will feature broadcast, cable, digital, and social media for both urban and rural communities statewide from October 2018 through June 2019. We will also provide ongoing media outreach support to prevention providers, sharing information about local take-back locations, events, and community level initiatives. This funding will also allow development of media and advertising pieces to connect with specific audiences, particularly Spanish-speaking residents.

Several local communities operate take-back sites year round, but the campaign will also promote the Drug Enforcement Administration's (DEA) National Prescription Drug Take Back Days. This is an opportunity to raise awareness of yearlong community take-back programs. Take Back Days will occur on October 27, 2018, and again in April 2019. Actions will include promotion of individual take-back events and reaching out to local media outlets to cover the events.

To measure impact and progress, medications are collected on a monthly basis and the pounds collected are documented in our prevention data collection system. For the public education campaign, we will evaluate media traffic driven to the campaign website as well as media metrics evaluation for each of specific media buys and advertisements. We will also use pre-and post-campaign surveys to see how our efforts influenced resident's understanding and behavior regarding safe storage and disposal of opioids.

⁵ <https://getthefactsrx.com/>

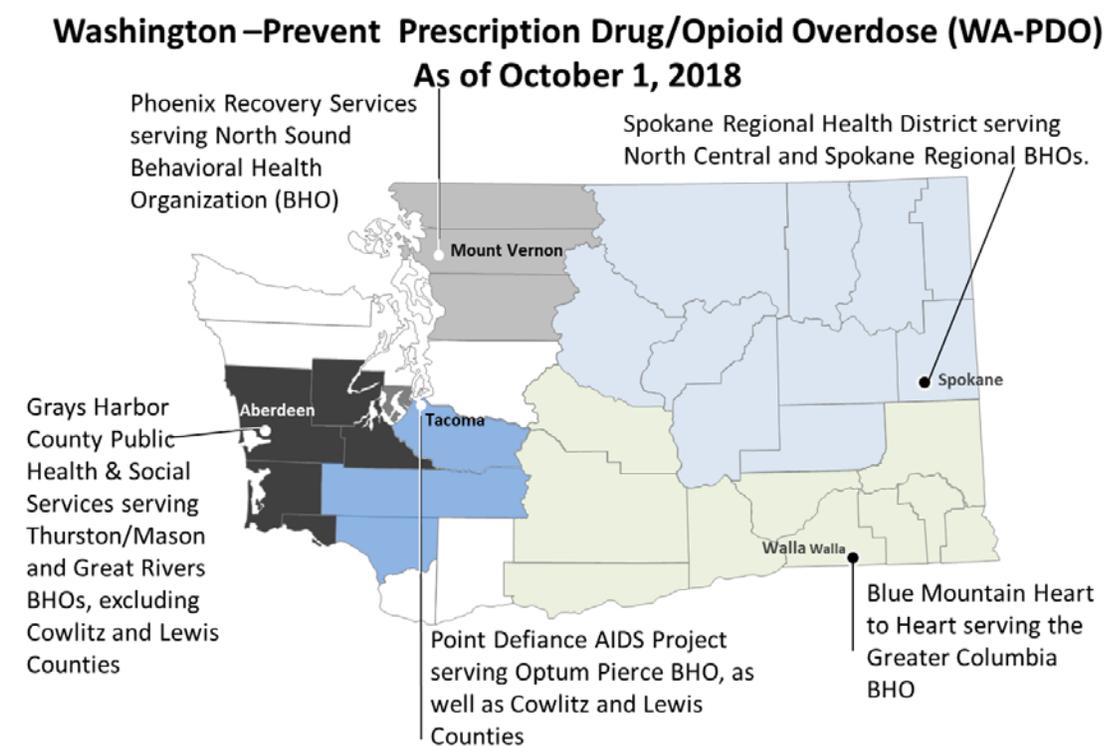
Improve Access to Prevention and Treatment of Opioid Use Disorders
November 30, 2018

Naloxone Distribution Programs

Naloxone is a prescription medication that temporarily reverses the effect of opioids. Naloxone is safe, easy to use, and effective in preventing overdose deaths. Increasing naloxone distribution across the state is a lifesaving step to prevent opioid related deaths in Washington. Between October 2016 and July 2018, we distributed over 10,000 naloxone kits through syringe exchange programs, with reports that 1,695 lives were saved as a result.

The University of Washington Alcohol and Drug Abuse Institute works with local syringe exchange programs to distribute naloxone through a federal demonstration grant from the Substance Abuse Mental Health Services Administration (SAMHSA) known as WA-PDO. Through this grant, naloxone is distributed in five high-need communities. These include Mt. Vernon, Tacoma, Aberdeen, Walla Walla, and Spokane.

Figure 3: WA-PDO Activity



Additionally, the University of Washington also distributes naloxone through King County using federal SAMHSA State Targeted Response funds. Overall, naloxone is currently distributed by 24 (89 percent) of 27 syringe exchange programs in the state.

In July 2018, the State Opioid Response Plan workgroup developed and approved our state's naloxone distribution plan. This plan coordinates ongoing distribution efforts between the University of Washington Alcohol and Drug Abuse Institute, the Washington State Department of Health, the Health Care Authority, and the Department of Social and Health Services. The plan



identifies high-need target areas, opportunities for distribution through local syringe service programs, and tracks the distribution of naloxone. The plan also formalizes agreements and assigns responsibilities to agency partners.

In order to expand naloxone distribution, the Health Care Authority will contract with the Department of Health for distribution to communities that fall outside of the University of Washington's current capacity. The future coordination of activities at the Department of Health will be supported by SAMHSA State Opioid Response funding.

The substance use disorder federal block grant funds will be used for the purchase of naloxone kits. The priority targets for distribution will be those with opioid use disorder served by health clinics, jails, and treatment agencies.

The Department of Social and Health Services' Division of Research and Data Analysis analyzes naloxone distribution data submitted quarterly. The information provided each quarter includes the agency receiving naloxone kits, geographical location, date of distribution, cost of the naloxone, and the total number of kits distributed. Data, when available, will also include demographic data such as the age, race/ethnicity, and pregnancy status of the kit recipient.

Youth Prevention Services

In 2011, the Community Prevention and Wellness Initiative (CPWI) began providing substance abuse prevention programs through local coalitions in high-need communities. As part of the initiative, local coalitions deliver community and school driven programs to prevent substance abuse and promote mental health and wellness. Programs include strategies for parents to improve parent-child communication, efforts to strengthen drug and alcohol policies in schools and communities, as well as strategic public education campaigns.

Through partnerships with counties and school districts, there are currently 64 CPWI sites serving all 39 counties. In collaboration with the Office of Superintendent of Public Instruction, school-districts are provided a fulltime Student Assistance Program Specialist. The Student Assistance Program Specialist facilitates substance abuse prevention courses throughout the school year, using the Project Schools Using Coordinated Community Efforts to Strengthen Students (SUCCESS) framework⁶. With localized strategic planning and implementation of prevention services, CPWI has proven to be an effective organizing force for improving public health.

We are building on this success by continuing prevention programming in 40 high-need communities with state funding. According to Healthy Youth Survey data⁷, alcohol use, binge drinking, and painkiller misuse declined significantly in CPWI communities between 2002 and 2016 among 10th graders. These 40 communities were selected using a risk ranking process. Risk was determined by looking at consequences often associated with substance use (crime, truancy,

⁶ <http://www.sascorp.org/success.html>

⁷ <http://www.k12.wa.us/OSSI/K12Supports/HealthyYouthSurvey/pubdocs/HYS16DB-SUOverview20178.pdf>

Improve Access to Prevention and Treatment of Opioid Use Disorders
November 30, 2018

mental health problems, and lack of school success). Risk ranking also took into account substance use behavior and socioeconomic data from Washington’s Healthy Youth Survey. This annual survey is administered to students in grades 6 through 12 across the state, informing prevention programming needs and progress.

In state fiscal year 2018, the 40 communities selected for continued funding provided prevention programs to build resilience and support healthy living to over 5,853 young people, parents, and families.

Table 2: Prevention Programs in 40 CPWI Funded Communities, State Fiscal Year 2018

| Activity Type | Number of Programs |
|--|--------------------|
| Community Engagement/Coalition Development | 34 |
| Environmental/Media Strategies | 61 |
| Mentoring | 4 |
| Parenting Education | 15 |
| Youth Education/Skill Building | 27 |
| Youth Leadership | 9 |
| Total | 150 |

The Health Care Authority’s Division of Behavioral Health and Recovery estimates that during state fiscal year 2018 over 711,900 people received information about substance use prevention. This includes information like secure medicine take back programs⁸ communicated through statewide and locally tailored public media campaigns, health fairs, and other events.

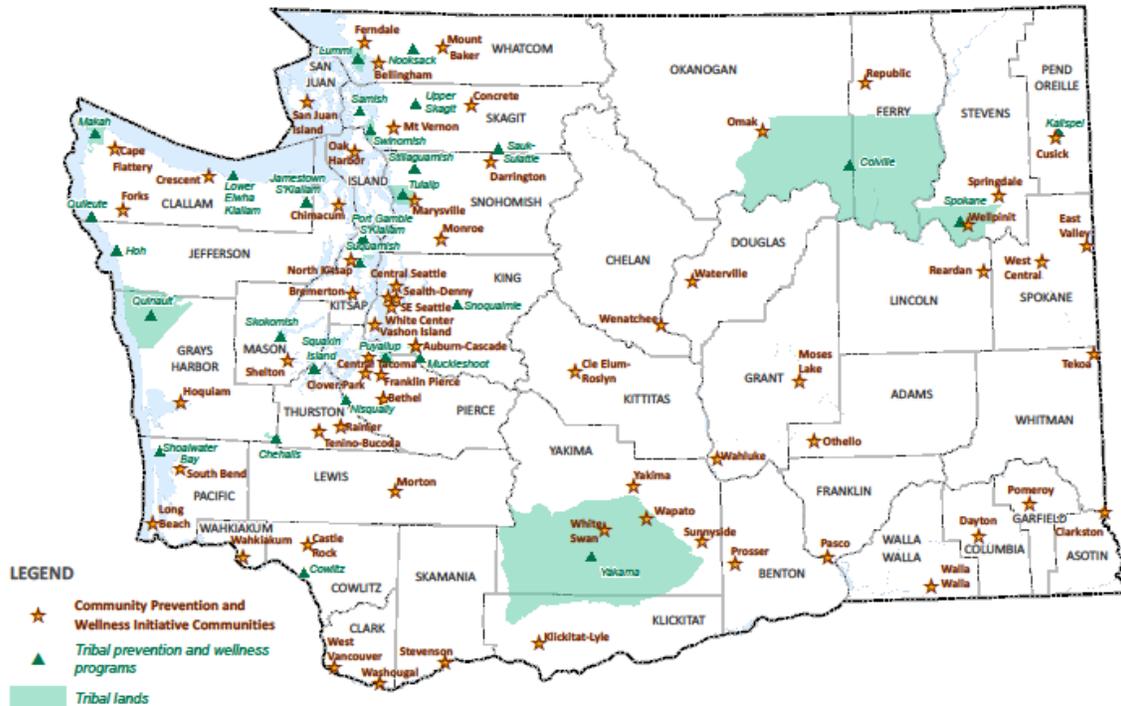
Figure 4 shows the location of each of the 64 CPWI sites including the 40 continuing as part of this funding.

⁸ As is standard with reporting on public media campaigns, health fairs, and other events this is a count of aggregate participants as it is not possible to de-duplicate participants for services such as this.
 Improve Access to Prevention and Treatment of Opioid Use Disorders
 November 30, 2018



Figure 4: Community Prevention and Wellness Initiative Site Locations

Prevention services are focused in communities and Tribes throughout Washington



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SOURCE: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Information System (CORE).

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The Health Care Authority amended contracts in June to allow for a continuation of services effective September 30, 2018. Local community coalitions submitted action plans and budgets to the Health Care Authority as of June 15, 2018. Moving forward, these action plans will guide prevention program implementation throughout state fiscal year 2019.



Additional Federal Resources

The Health Care Authority applied for additional federal funds under the SAMHSA application titled State Opioid Response grant. HCA's application was approved to use \$21,620,403 in federal funds for expanding and improving services to prevent and treat opioid use disorder in Washington. Project implementation will begin in October 2018. A more detailed description of the services provided if Washington receives these funds is located in Appendix A.

Washington State Department of Health received \$3,797,131 in one-time federal funds for opioid overdose prevention funds under Cooperative Agreement CDC-RFA-TP18-1802 for Emergency Response: Public Health Crisis Response. The Public Health Crisis Response notice of funding opportunity enabled the Center for Disease Control (CDC) to quickly award funds to state, local, tribal, and territorial public health agencies in the event of a public health emergency.

Project implementation began September 2018. Funds are meant to surge current prevention efforts under the CDC's Prescription Drug Overdose Prevention for States and Enhance State Opioid Overdose Surveillance grants. Activities will allow Washington to surge the response to the opioid crisis by obtaining high quality and timely data, surging evidence-based response strategies at the state and local level, improving support to medical providers and health systems, improving the use of prescription drug monitoring programs and improving linkages to care. All funding under this grant is to end on August 31, 2019.

A more detailed description of projects is located in Appendix B, Public Health Crisis Response Grant Summary.



Conclusion

While this is a preliminary report on the implementation of opioid use disorder prevention and treatment programs during the first six months of state fiscal year 2019, we have made substantial progress in bringing prevention and treatment programs to communities across the state.

To increase access to treatment, we continue to expand our Hub and Spoke network to provide effective, whole-person care for Washington residents with opioid use disorder. Likewise, we are leveraging interagency partnerships between the Washington State Health Care Authority, the Department of Health, the Department of Social and Health Services, and University of Washington's Alcohol and Drug Abuse Institute to deliver evidence-based prevention and treatment programs.

Our efforts work to deploy evidence-based strategies statewide to improve access to prevention and treatment services for all residents. From our collaboration with tribes through opioid crisis grants, to the development and expansion of the Community Prevention and Wellness Initiative, we want to empower communities across the state to impact opioid misuse and abuse.

Moving forward, it is critical that we continue to collaborate across agencies and sustain funding for programs we know are effective. We will continue to report on the progress of each program authorized under Engrossed Substitute Senate Bill 6032.



Appendix A: SOR Grant Summary

Washington SOR Grant Projects – Updated September 10, 2018

Total Award: \$21,260,403

Prevention

| Project | Description | Opioid Response Plan Strategy |
|---|---|-------------------------------|
| (P1) Community Prevention and Wellness Initiative (CPWI) Expansion | Contract with 13 high-need communities for CPWI to reach target funding level of \$180,000 for community prevention services, including Student Assistance Specialists in 10 schools. Contract with Strategic Prevention Framework experts for coaching and technical assistance to new CPWI coordinators and ESDs, as well as CADCA Bootcamp for new CPWI Coordinators. Contract with DSHS Research & Data Analysis team to prepare CPWI data books for community needs assessment. Contract with to implement statewide fellowship program to place 5 fellows in high-need sites for community mobilization for CPWI. | 1.1 |
| (P2) Community Enhancement Grants | 10-15 new communities for safe storage, promotion, direct prevention programming, prescription misuse and abuse, education and policy. | 1.5 |
| (P3) Prescriber Education Trainings Courses | Trainings and development of e-learning courses for safe opioid prescribing practices and guidelines specific to opioids for pain, includes 1427 rules. | 1.2 |
| (P4) Opioid Summit | Statewide or regional conference for Prevention/Treatment/Recovery, including a tailored track for pregnant/parenting women. | 1.4, 2.3 |
| (P5) Public Education Campaign | Enhancement and evaluation of the statewide Starts with One campaign. | 1.4 |
| (P6) Naloxone Distribution Program | Contract with Department of Health to support the statewide naloxone distribution coordination. | 3.1 |



Treatment

| Project | Description | Opioid Response Plan Strategy |
|--|---|-------------------------------|
| (T1) Opiate Treatment Network (OTN) | The OTN project will provide 15-19 organizations with opioid use disorder (OUD) clients, access to build infrastructure, staff to stabilize, MAT medications, transitions to community providers, and media components. Initiation sites will be the single recipient for all funding. Initiation sites to receive a maximum of \$250,000 and referral sites to receive a maximum of \$150,000 per site. The size and amount of the award will depend on the number of referral sites of each OTN. Distribution of funding will be prioritize based on data of highest need and location of project in order to reach the populations at most risk for overdose and death. The funding mechanism will vary; RFQ, Agency Contract, and Tribal Grants. Contracting will be performance-based, based on the number of new inductions, and retention and size of OTN Network. | 2.2 |
| (T2) OTN TA/Training | Performance-based contract with University of Washington, Alcohol and Drug Abuse Institute (ADAI) Technical assistance and training to support OTN development and monitoring. \$50,000 to provide support to Juvenile Justice Rehabilitation for development of OTN. | 2.2 |
| (T3) MAT Treatment Assistance | Identify and contract with existing BHOs, MCOs, ASOs, or MAT services providers in each region to increase access to MAT services for underinsured, uninsured, clients. This is a required component of the SOR FOA and enhances funding already provided by the STR Grant. | 2.2 |
| (T4) OTN Tobacco Cessation | Contracted funding with the Department of Health (DOH) for the WA Tobacco Quitline \$569,000 for OTN clients to include phone counseling and nicotine replacement therapy; \$131,000 for Tobacco Treatment Specialist (TTS) training for OTN staff and training for providers on cross-addiction and Quitline referrals processes. | |



| Project | Description | Opioid Response Plan Strategy |
|---|--|-------------------------------|
| (T5) Grants to Tribal Communities | Tribal prevention and treatment grants to 14 tribes (\$346,000) and 2 Urban Indian Health Programs (\$100,000), are designed to meet the unmet needs of previous state opioid tribal requests. Development of a Tribal Opioid Epidemic Response Workgroup (\$10,000). | 1.1 |
| (T6) Treatment Decision Model (TDM) and Care for Offenders with OUD Releasing from Prison (COORP) programs | Performance based contract to enhance and expand two DOC STR projects. Project 1: The Treatment Decision Model (TDM) project will expand to southwest (Clark County, Cowlitz County, Lewis County, Chehalis Tribal), northwest (Monroe Correctional Violator Unit, Snohomish and Skagit County) and southeast (Benton and Franklin Counties) Washington violator facilities. Contracting includes \$612,000 medication inside correctional facility. Project #2: Care for Opioid Offenders Released from Prison (COORP) will utilize Reentry Chemical Dependency Professionals (RCDP) to perform expanded Substance Use Disorder Assessments and Treatment Decision Making (TDM) for releasing inmates who have been identified as opioid users. Contracting will be performance based on increasing warm hand-off referrals to MAT providers (+25% successful transition to Community OBOT provider) and retention. | 2.4 |
| (T7) WSU Contracted Services | Contracted WSU Position for 1.0 FTE Treatment Manager, responsible for contract monitoring and training related to subrecipient grantees and state partners funded with the SOR. This position will be an integral part of the current substance use disorder and mental health treatment team as they will ensure all SOR treatment works in tandem with current treatment efforts, and prevents service duplication. Contracted WSU Position for .5 FTE Jail Outreach Coordinator for OTN technical assistance and contract monitoring, and .5 FTE Opioid Summit Coordinator for each year. 1.0 FTE for Tribal Media Liaison to manage Tribal media environment. | |



Recovery Support Services

| Project | Description | Opioid Response Plan Strategy |
|---|--|-------------------------------|
| (R1) OUD and MAT Training to Community Recovery Support Services - | TA/training will be provided to staff at: Catholic Community Services in Burlington, Everett Recovery Café, Seattle Recovery Café, Seattle Area Support Groups, Tacoma Recovery Café, Comprehensive Healthcare in Walla Walla, Spokane Recovery Café and Vancouver Recovery Café. | 2.2.5 |
| (R2) Client-directed Recovery Support Services | Contracted direct recovery support services to Catholic Community Services in Burlington, Everett Recovery Café, Seattle Recovery Café, Seattle Area Support Groups, Tacoma Recovery Café, Comprehensive Healthcare in Walla Walla, Spokane Recovery Café and Vancouver Recovery Café. | 2.2.5 |
| (R3) Peer Recovery Support Staff - | Contracted peer recovery staff for: Catholic Community Services in Burlington, Everett Recovery Café, Seattle Recovery Café, Seattle Area Support Groups, Tacoma Recovery Café, Comprehensive Healthcare in Walla Walla, Spokane Recovery Café and Vancouver Recovery Café. | 2.2.5 |



Appendix B: Public Health Opioid Overdose Crisis Response

Updated October 2018

Funding Opportunity Number: CDC-RFA-TP18-1802

Washington State funding is for one year. Actual amounts subject to change pending CDC grant approval.

- National Center for Injury Prevention and Control (NCIPC) \$3,195,348
- National Center for Injury Prevention and Control (NCIPC) - SPECIAL PROJECTS \$499,823
- National Center for HIV/AIDS, Viral STD, and TB Prevention (NCHHSTP) \$101,960

National Center for Injury Prevention and Control

| Agency | Project | Budget | Description | Domain(s) |
|----------|--|-----------|--|-----------------|
| DOH, IVP | Provide toxicology devices to medical examiners and coroners | \$143,000 | Incorporate Field Raman spectrometers (TruNarc or equivalent device) and multidrug urine testing kits in the local ME/Coroners death investigation. | Biosurveillance |
| WSP TOX | Toxicology lab Instrumentation and Staff | \$748,293 | The WSP Toxicology lab will purchase a LC-MS-MS device dedicated to analyzing opioids and fentanyl/analogs sets. Additional staff will be hired to increasing its capacity to prioritize testing and completion of suspected opioid-related fatalities throughout the state. | Biosurveillance |
| KCME | Forensic Medicolegal Death Investigator | \$175,846 | The King County Medical Examiner's office will hire a Forensic Medicolegal Death Investigator to assist in processing suspected drug overdose deaths, prioritizing cases in King County, offering referrals for grief support services as well as resources relevant to prevention and treatment of drug addiction. Richard Harruff, MD, Seattle King County | Biosurveillance |

Improve Access to Prevention and Treatment of Opioid Use Disorders
November 30, 2018



| Agency | Project | Budget | Description | Domain(s) |
|-----------|--|-----------|---|---|
| | | | Medical Examiner, will provide training to other county medical examiners and coroners on the use of TruNarc and new case definitions of opioid suspected overdose cases. | |
| DOH, PMP | Increase PMP staff to support uptake in PMP use | \$444,500 | Under new opioid prescribing rules that take effect in fall 2018, prescribers will be mandated to register with the Prescription Monitoring Program (PMP) and utilize the system when prescribing opioids. Additional PMP staff will assist providers with PMP registration via Secure Access Washington, delegates who may need to access the system on behalf of a prescriber, providers who have accounts that have been deactivated, and respond to requests for assistance from PMP users. | Surge Management |
| DOH, OCDE | Rapid Health Information NetwOrk (RHINO) support | \$199,856 | DOH Office of Communicable Disease Epidemiology will improve the scope of Emergency Department (ED) data collection by increasing the pace of the initial ED onboarding and validation process through enhanced capacity for outreach/engagement with data providers and ability to work with and provide technical support to a greater number of facilities simultaneously. Facilities in High Intensity Drug Trafficking Areas (HIDTAs) will be prioritized for rapid onboarding to the BioSense platform. | Biosurveillance, Information Management |
| HCA | SSP billing policy | \$120,533 | DOH will utilize its existing relationship with Washington State Health Care Authority (HCA) to develop and submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) that identifies appropriate billable harm reduction services for Medicaid beneficiaries who access syringe service programs (SSPs). A SPA will allow SSPs to be reimbursed for the essential whole-person harm reduction services they are already providing, including referrals, | Jurisdictional Recovery |



| Agency | Project | Budget | Description | Domain(s) |
|----------|---|-----------|---|--|
| | | | linkage to care, and other supportive services, which will in turn prompt investment in infrastructure, capacity, and diversity of services. | |
| WSHA | Emergency Department to treatment model | \$197,628 | Implement an effective emergency department to treatment model in Washington State, with a goal to convene leadership from the ten largest emergency departments (EDs) in the state to join an initiative to induce, if appropriate, and refer ED patients with opioid use disorder (OUD) to ongoing care. Other EDs in high overdose regions may also be recruited. In hospital EDs with largest volume establish links to outpatient treatment programs (OTP) and office based buprenorphine clinics able to accept patients within 24 to 72 hours, and provide information about buprenorphine waived providers to other EDs if appropriate. | Countermeasures and Mitigation |
| DOH, IVP | Support ODMAP across the state | \$40,000 | Support in at least 10 counties for purchase of needed equipment (tablets/cell phones) for first responder agencies to connect and submit overdose data to the ODMAP server. DOH will facilitate additional support, including training and technical assistance as needed. | Information Management |
| DOH | Crisis Grant Support Staff | \$152,996 | Support DOH staff coordinate and manage this grant. <ul style="list-style-type: none"> • 1.0 FTE DOH Public Health Crisis Grant Coordinator (HSC3 step L PROJECT) • 0.2 FTE Fiscal Staff | Surge Management |
| SKCPH | King County opioid overdose | \$394,313 | Public Health Seattle King County will assessing existing barriers to opening MAT programs which treat all individuals especially the most vulnerable and identify hot spots where need is greatest with a scarcity of MAT providers. SKCPH will track individuals who have experienced | Jurisdictional Recovery, Biosurveillance |

Improve Access to Prevention and Treatment of Opioid Use Disorders
November 30, 2018



| Agency | Project | Budget | Description | Domain(s) |
|--|--|-----------|--|--|
| | prevention efforts | | a non-fatal overdose, identify risk factors, develop data infrastructure, and, gather timely data to track and connect individuals in the target population to evidence based treatment. | |
| Snohomish County Health District (SHD) | Snohomish Health District opioid overdose prevention efforts | \$322,875 | The Snohomish Health District will partner with various local agencies including the Department of Emergency Medicine to develop incident-specific contingency plan and the Medical Examiner's office to develop an Expedited Drug Analysis Program (EDAP) database for tracking opioid deaths. | Incident management, Biosurveillance, Information Management, Countermeasures and Mitigation |
| Spokane Health District | Spokane Health District opioid overdose prevention efforts | \$92,885 | Spokane Health District (SHD) is responsible for assisting six additional counties outside of Spokane County. Spokane Health District will create a regional opioid task force that would work directly with medical providers, social services, and local universities to gather opioid overdose data using the Electronic Surveillance System for the Early Notification of Community based Epidemics (ESSENCE). | Biosurveillance |
| OCPH | Okanogan County opioid overdose prevention efforts | \$111,660 | Okanogan County Public Health (OCPH) will conduct a county-wide vulnerability/emergency assessment of the opioid crisis which includes 3 local hospitals, 15 clinics, 5 EMS agencies, and the Colville Confederated Tribe. OCPH will increase public awareness about the dangers of opioids by disseminating the CDC Rx Campaign materials and utilizing a texting platform 898-211 in the region. | Incident management, information management |
| Total | | | | \$3,195,348 |



National Center for Injury Prevention and Control (NCIPC) – Special Projects

| Agency | Project | Budget | Description | Domain |
|--------------|--|-----------|--|---|
| SWACH | Southwest Accountable Community of Health opioid overdose prevention efforts | \$200,000 | SWACH will create county-specific opioid collaboratives to enhance linkage to care /prevent overdose (OD) for persons with opioid use disorder (OUD) which do not currently exist in Clark, Skamania, nor Klickitat counties. SWACH will support community health worker and peer services as these services are essential components in the response to opioid and care coordination needs. These services will support people with hepatitis C to adhere to treatment, increase rates of cure, and reduce morbidity and mortality from opioid use disorder. | Jurisdictional Recovery, Countermeasures and Mitigation |
| DOH, PMP | Support EMR and PMP integration | \$296,043 | DOH will expand EMR integration beyond larger health systems by supporting connections of mid to small level clinics to update their EMR and PMP integration. This would include providing assistance to federally qualified health centers. | Countermeasures and Mitigation |
| Total | | | | \$499,823 |



National Center for HIV/AIDS, Viral STD, and TB Prevention

| Agency | Project | Budget | Description | Domain |
|--------------|--|-----------|--|-------------------------|
| DOH, OID | Vulnerability assessments for risk of opioid overdose, HIV, and viral hepatitis. | \$101,960 | DOH will develop, implement, and complete a vulnerability assessments for risk of opioid overdose, HIV and viral hepatitis. DOH and UW have already identified and substantial indicators and laid out preliminary plans for the conceptual analysis process based on initial correlational review. DOH will use the county-level analysis to inform funding levels to address county-specific service gaps related to overdose and infectious disease transmission. | Jurisdictional Recovery |
| Total | | | | \$101,960 |

Acronyms

DOH, IVP – Washington State Department of Health Injury and Violence Prevention
 DOH, OID - Washington State Department of Health Office of Infectious Disease
 DOH, OCDE - Washington State Department of Health Office of Communicable Disease Epidemiology
 DOH, PMP – Washington State Department of Health Prescription Monitoring Program
 HCA- Washington State Health Care Authority
 KCME - King County Medical Examiner’s Office
 OCPH - Okanogan County Public Health
 SKCPH – Seattle King County Public Health
 SWACH - Southwest Accountable Community of Health
 WSHA – Washington State Hospital Association
 WSP TOX – Washington State Patrol Toxicology Laboratory

