



Update: Implementation of Opioid Prevention and Treatment Initiatives

House Health Care and Wellness
Committee

September 12, 2018

Presenters

Jason McGill

Senior Policy
Advisor

Kathy Lofy, MD

State Health
Officer

**Charissa Fotinos,
MD, MSc**

Deputy Chief Medical
Officer,
Clinical Quality and Care
Transformation

Michael Langer

Acting Asst. Dir.,
Division of
Behavioral Health
and Recovery



Overview

Jason McGill

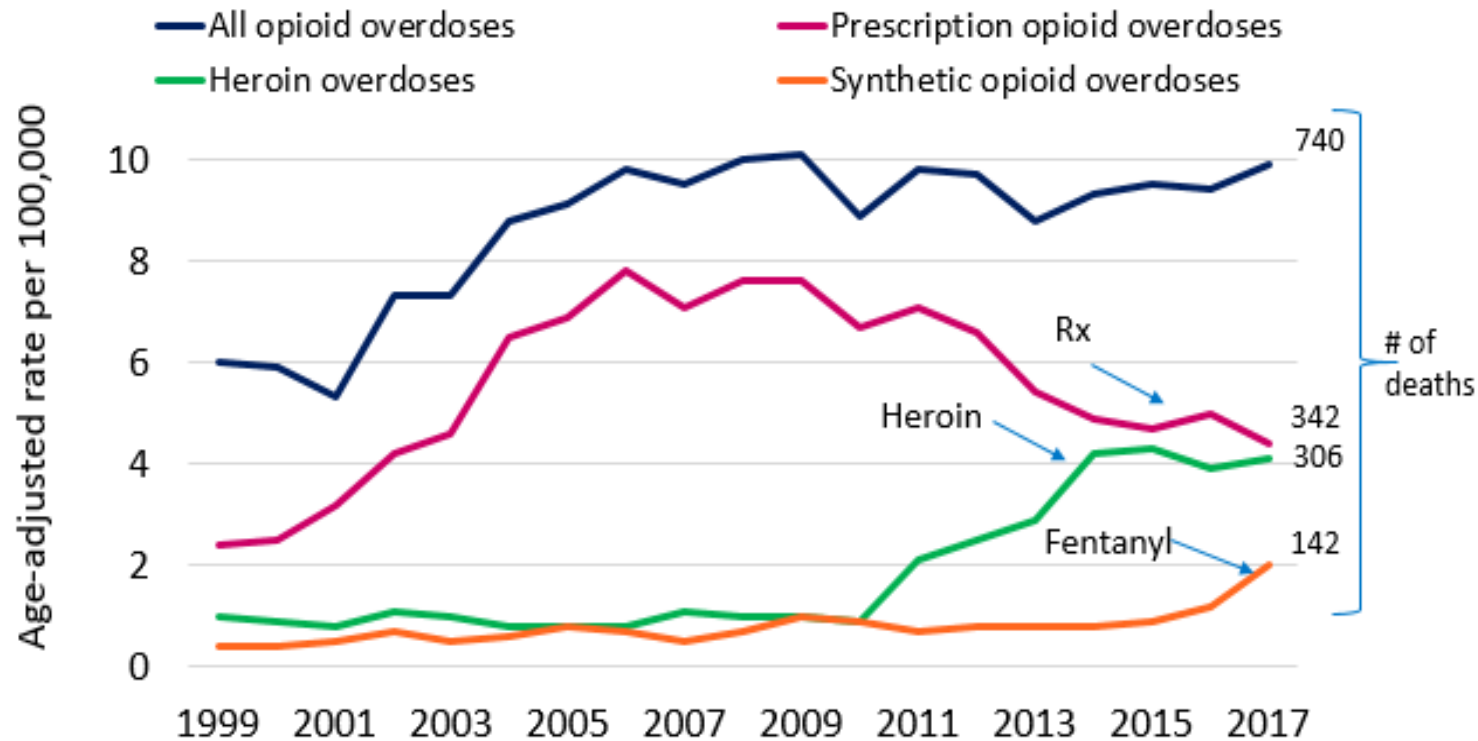
Senior Policy Advisor

Governor's Office

Overview: Our State Opioid Prevention and Treatment Initiatives

- ▶ Overview
- ▶ Dr. Kathy Lofy, Chief State Health Officer, Dept. of Health
- ▶ Dr. Charissa Fotinos, Deputy Chief Medical Director, Health Care Authority
- ▶ Michael Langer, Asst. Deputy Director, Behavioral Health and Recovery, Health Care Authority

Opioid-Related Overdose Deaths 2000–2017*

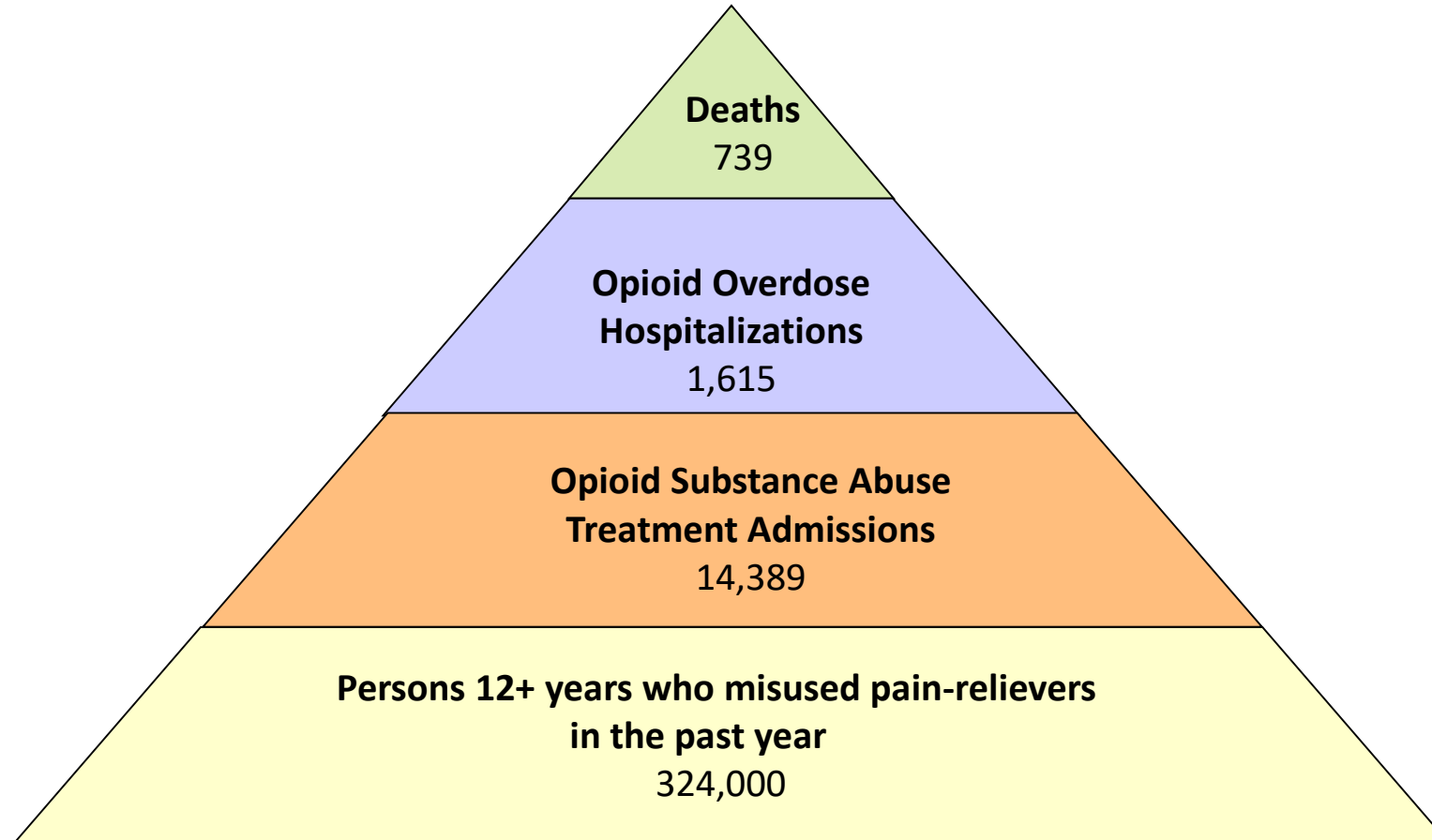


- Earlier this year we saw an overall decline – but now we are experiencing an increase driven by synthetic opioids/ Fentanyl – much of it is probably illicit/ counterfeit.
- Good news: We are experiencing a nearly 50%, now sustained, decline in Rx use.

Source: DOH Death Certificates (Note: prescription opioid overdoses exclude synthetic opioid overdoses)

*Data for 2017 are preliminary as of 8/23/2018.

Opioid-Related Disease Burden in Washington



1. Opioids involved in an overdose death listed as underlying cause of death. Washington preliminary death certificate data, 2017.
2. Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS), 2017.
3. Treatment and Assessment Report Generation Tool, 2015.
4. National Survey on Drug Use and Health, 2015-2016.

Strong State Opioid Response Plan/Executive Order – Plan Just Updated

Priority Goals

**Goal 1:
Prevent opioid
misuse & abuse**



**Prevent misuse in
youth & improve
prescribing
practices**

**Goal 2:
Treat opioid
use disorder**



**Expand
access to
treatment**

**Goal 3:
Reduce
morbidity &
mortality**



**Distribute
naloxone to
heroin users**

**Goal 4:
Use data to
monitor &
evaluate**



**Optimize and
expand data
sources**

Priority Actions

We still have gaps:

1. Prevention
 - Schools
 - Public Health
2. Treatment
 - Pregnant and parenting women
 - People who are justice involved
 - Community behavioral health system
3. Recovery supports

Key Action Items Stemming from State Plan

Task	Lead	Partners	Expected Outcome	Status	Due Date
Implement HB 1427 <ul style="list-style-type: none"> Develop prescribing rules Use PMP data to improve prescribing 	DOH / B&Cs	Agency Medical Directors' Groups	New pain rules, Prescribing reports	In Progress	This Fall
Implement State Targeted Response grant (18 projects); new State Opioid Response grant & State funding <ul style="list-style-type: none"> Expand Hub & Spoke Implement public education campaign 	DSHS	HCA UW ADAI DOC DOH	Improved access to treatment and decrease overdose deaths	In Progress; Hub and spokes statewide; public campaign begun	STR grant ends April 2019; SOR grants begins soon
Implement Prescription Drug Overdose grant <ul style="list-style-type: none"> Provide overdose education Purchase/distribute naloxone 	DSHS	UW ADAI DOH	Increased use of naloxone use by first responders and the public	In Progress	Grant ends Sept 2021
Criminal Justice Work Group and develop work plan	DSHS	CJ, DOC, AG, Jails, HIDTA, Juvenile Justice	Increased use of evidence-based treatment	Plan completed; working on leg. & DP	Potential policy & 2019-21 Budget
Support Accountable Communities of Health with opioid-related transformation projects	HCA	DSHS DOH	Increase MAT and decrease overdose deaths	In Progress	Plans due Nov 2017
Non-pharmacological treatment for pain (collaborative care; CBT/PT OT; chiropractic; acupuncture; massage etc.)	HCA	Professions, LNI	Literature review and assessment of evidence for recommendation for new services in Medicaid	Review finished; decision package	2019-21 Budget

Years of Good Work in Our State re: Safe Opioid Prescribing and Reducing the Supply

Associations join forces to tackle opioid addiction and overdose in Washington state



Washington State
Hospital Association

Washington
State **Medical**
Association

WSMA

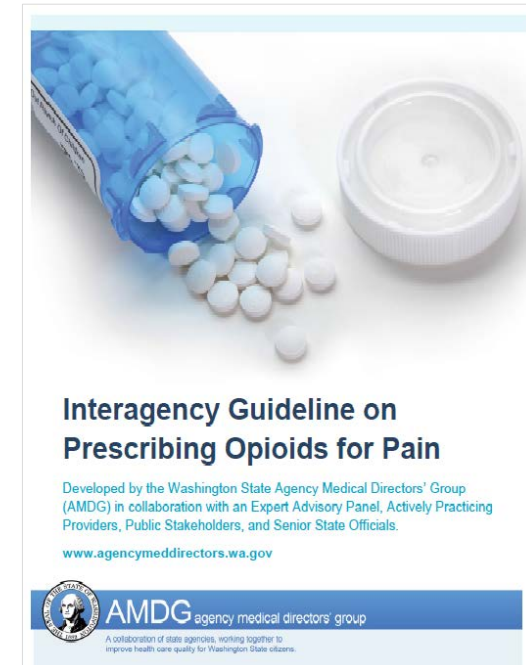
Physician Driven
Patient Focused

- ▶ Opioid prescribing rules
- ▶ ER for emergencies initiative
- ▶ Dental prescribing guidelines
- ▶ Prescribing metrics
- ▶ Provider feedback reports
- ▶ Prescribing limits for Medicaid clients and for public employees
- ▶ Raising awareness about non-opioid alternatives
- ▶ Offering tele-pain consulting to providers
- ▶ Launching youth prevention programs
- ▶ Opioid criminal justice and drug/gang task forces
- ▶ Legal action against opioid prescription manufacturer
- ▶ Eliminating pill mills through regulation and enforcement



Dental Guideline on Prescribing
Opioids for Acute Pain Management

September 2017



Washington State
Health Care Authority

News release

For immediate release

Thursday, December 21, 2017

HCA to implement opioid clinical policy for Uniform Medical Plan on Jan. 2

New policy meant to help prevent opioid misuse and addiction

Summary of 2015 Interagency Guideline on Prescribing Opioids for Pain



AMDG agency medical directors' group

A collaboration of state agencies, working together to
improve health care quality for Washington State citizens.

See full guideline at

www.AgencyMedDirectors.wa.gov



All pain phases

- Use non-opioid therapies, such as behavioral intervention, physical activity and non-opioid analgesics.
- Avoid opioids if the patient has significant respiratory depression, current substance use disorder, history of prior opioid overdose or a pattern of aberrant behaviors.
- Assess and document function and pain using a validated tool at each visit where opioids are prescribed.
- Don't prescribe opioids with benzodiazepines, carisoprodol, or sedative-hypnotics.

Acute phase (0–6 weeks)

- Check the state's Prescription Monitoring Program (PMP) before prescribing.
- Don't prescribe opioids for non-specific back pain, headaches, or fibromyalgia.
- Prescribe the lowest necessary dose for the shortest duration.
- Opioid use beyond the acute phase is rarely indicated.

Perioperative pain

- Evaluate thoroughly preoperatively: check the PMP and assess risk for over-sedation and difficult-to-control pain.
- Discharge with acetaminophen, NSAIDs, or very limited supply (2–3 days) of short-acting opioids for some minor surgeries.
- For patients on chronic opioids, taper to preoperative doses or lower within 6 weeks following major surgery.

Subacute phase (6–12 weeks)

- Don't continue opioids without clinically meaningful improvement in function (CMIF) and pain.
- Screen for comorbid mental health conditions and risk for opioid misuse using validated tools.
- Recheck the PMP and administer a baseline urine drug test (UDT) if you plan to prescribe opioids beyond 6 weeks.

Chronic phase (>12 weeks)

- Continue to prescribe opioids only if there is sustained CMIF and no serious adverse events, risk factors, or contraindications.
- Repeat PMP check and UDT at frequency determined by the patient's risk category.
- Prescribe in 7-day multiples to avoid ending supply on a weekend.
- Don't exceed 120 mg/day MED without a pain management consultation.

over

When to discontinue

- At the patient's request
- No CMIF
- Risks outweigh benefits
- Severe adverse outcome or overdose event
- Substance use disorder identified (except tobacco)
- Aberrant behaviors exhibited
- To maintain compliance with DOH rules or consistency with AMDG guideline

Considerations prior to taper

- Help the patient understand that chronic pain is complex and opioids cannot eliminate pain.
- Consider an outpatient taper if the patient isn't on high-dose opioids or doesn't have comorbid substance use disorder or other active mental health disorder.
- Seek consultation if the patient failed previous taper or is at greater risk for failure due to high-dose opioids, concurrent benzodiazepine use, comorbid substance use disorder or other active mental health disorder.

How to discontinue

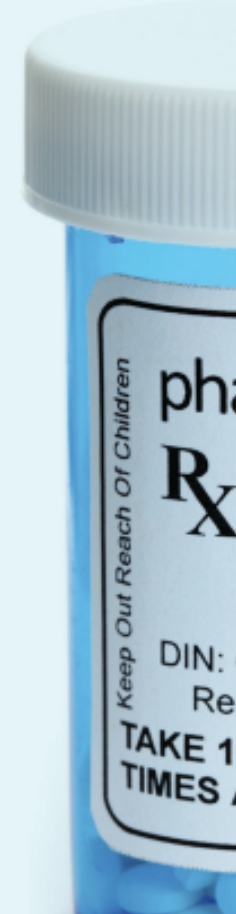
- Taper opioids first if patients are also on benzodiazepines.
- Unless safety considerations require a more rapid taper, start with 10% per week and adjust based on the patient's response.
- Don't reverse the taper; it can be slowed or paused while managing withdrawal symptoms.
- Watch for unmasked mental health disorders, especially in patients on prolonged or high-dose opioids.

Recognizing and treating opioid use disorder

- Assess for opioid use disorder and/or refer for a consultation if the patient exhibits aberrant behaviors.
- Help patients get medication-assisted treatment along with behavioral therapies.
- Prescribe naloxone (especially if you suspect heroin use) and educate patient's contacts on how to use it.

Special populations

- Counsel women before and during pregnancy about maternal, fetal, and neonatal risks.
- For children and adolescents, avoid prescribing opioids for most chronic pain problems.
- In older adults, initiate opioids at 25–50% lower dose than for younger adults.
- For cancer survivors, rule out recurrence or secondary malignancy for any new or worsening pain.



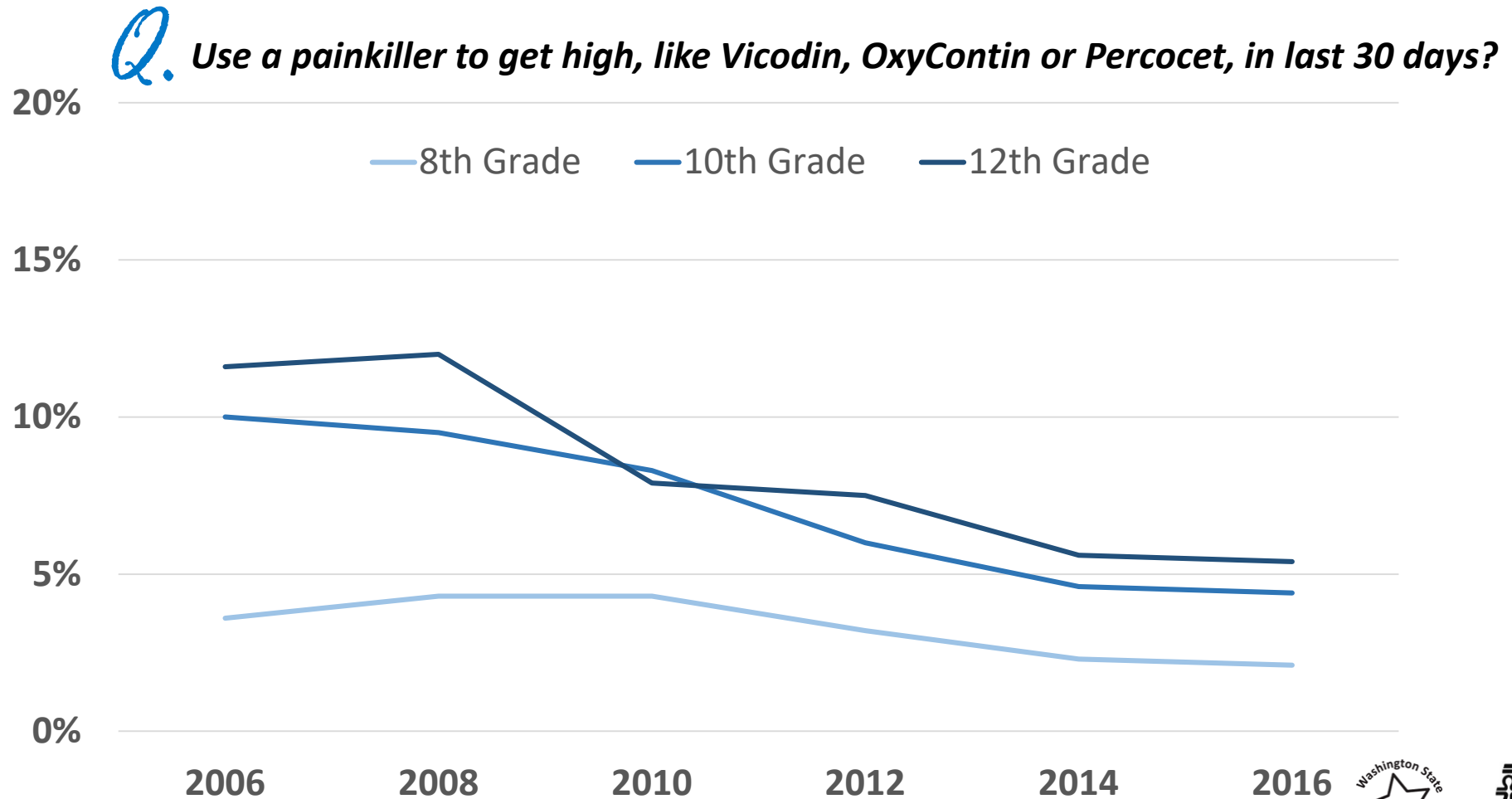
Check out the resources at www.AgencyMedDirectors.wa.gov

- Free online CME
- Opioid Dose Calculator
- Videos from Primary Pain Care Conference

Washington Bree Opioid Metrics

<i>General prescribing</i>	
• Prevalence of opioid use	% with ≥ 1 opioid Rx of all enrollees, by age
<i>Long-term prescribing</i>	
• Chronic opioid use	% with ≥ 60 days supply of opioids in the quarter
• High dose use	% with doses ≥ 50 and ≥ 90 mg/day MED in chronic opioid users
• Concurrent use	% with ≥ 60 days supply of sedatives among chronic opioid users
<i>Short-term prescribing</i>	
• Days supply of first Rx	% with ≤ 3 , 4-7, 8-13, and ≥ 14 supply among new opioid patients
• Transition of chronic use	% new opioid patients transitioning to chronic use the next quarter
<i>Morbidity and Mortality</i>	
• Opioid overdose deaths	Rate of overdose deaths involving opioids
• Non-fatal overdoses	Rate of non-fatal overdoses
• Opioid use disorder	Rate of opioid use disorder among patients with ≥ 3 quarters of use

Efforts Working to Reduce Rx: Painkiller Use Down by 8th, 10th, 12th Graders



Source: WA State Healthy Youth Survey provided by BHA-DSE

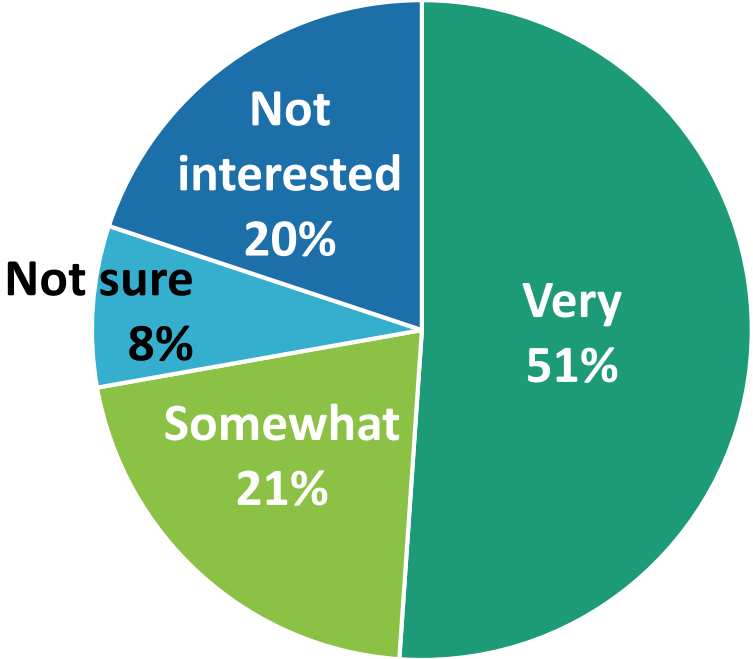


Our Focus Now Is Treatment

- ▶ Data shows more treatment is needed
- ▶ What is effective opioid treatment?
- ▶ How are we addressing access to treatment?

Many People in Washington Are Not Getting Treatment

How interested are you in reducing or stopping your opioid use?

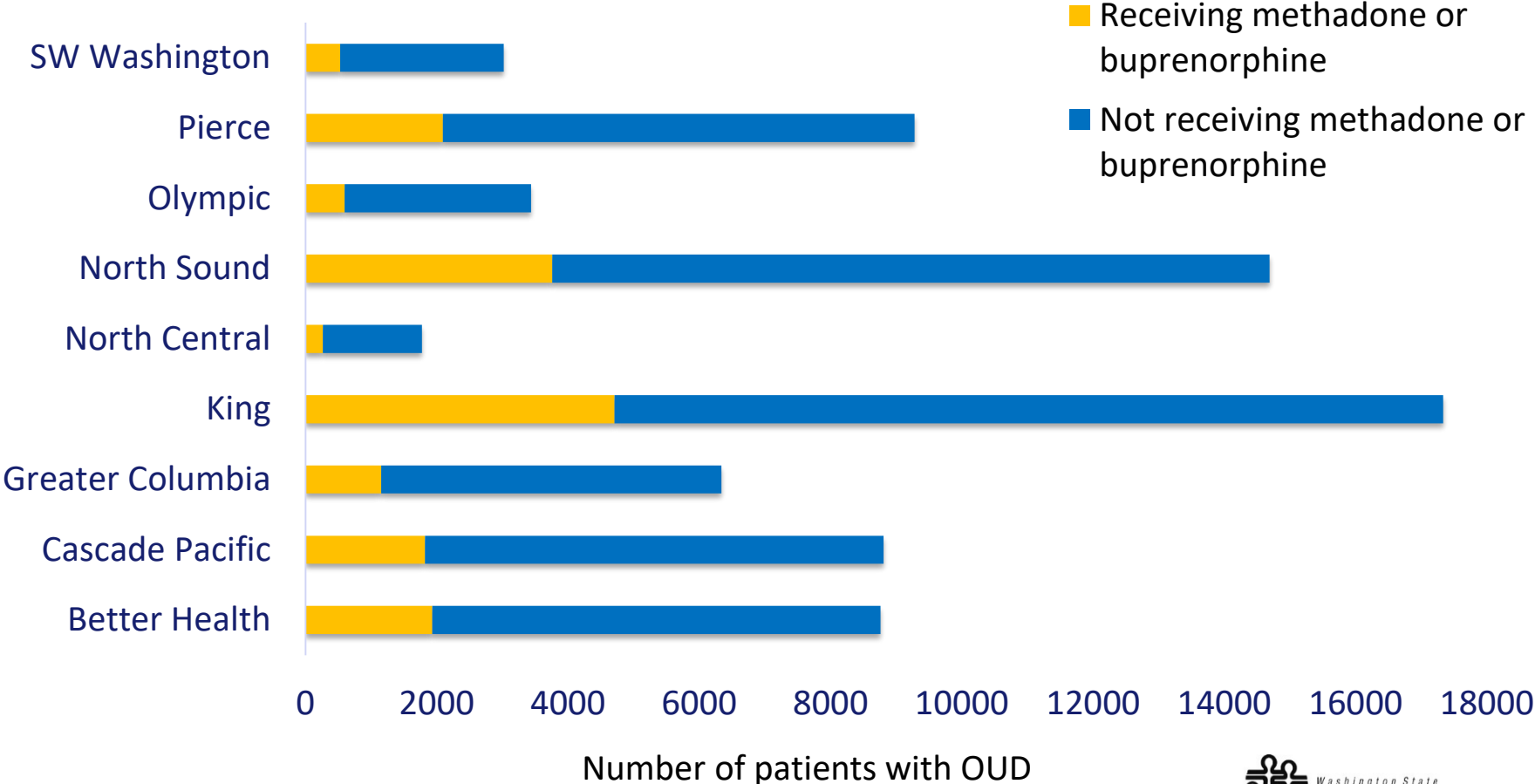


What types of help would you want if they were easy to get?

- ▶ 56% medication treatment
- ▶ 39% detox
- ▶ 34% individual counseling for addiction

Source: UW Alcohol and Drug Abuse Institute, WA State Drug Injector Health Survey, 2017

Treatment Coverage for Medicaid Clients With Opioid Use Disorder by Accountable Communities of Health, 2016, Shows Significant Gap



SOURCE: Health Care Authority Provider One

What Is Medication for Opioid Use Disorders?



Methadone

Delivered by Opioid Treatment Providers (OTPs)



Buprenorphine

Delivered by providers in office-based practice & OTPs



Naltrexone

Delivered by providers in office-based practice

HOW OPIOID TREATMENT MEDICATIONS WORK IN THE BRAIN



Methadone



Full agonist:
generates effect

Buprenorphine



Partial agonist:
generates limited effect

Naltrexone

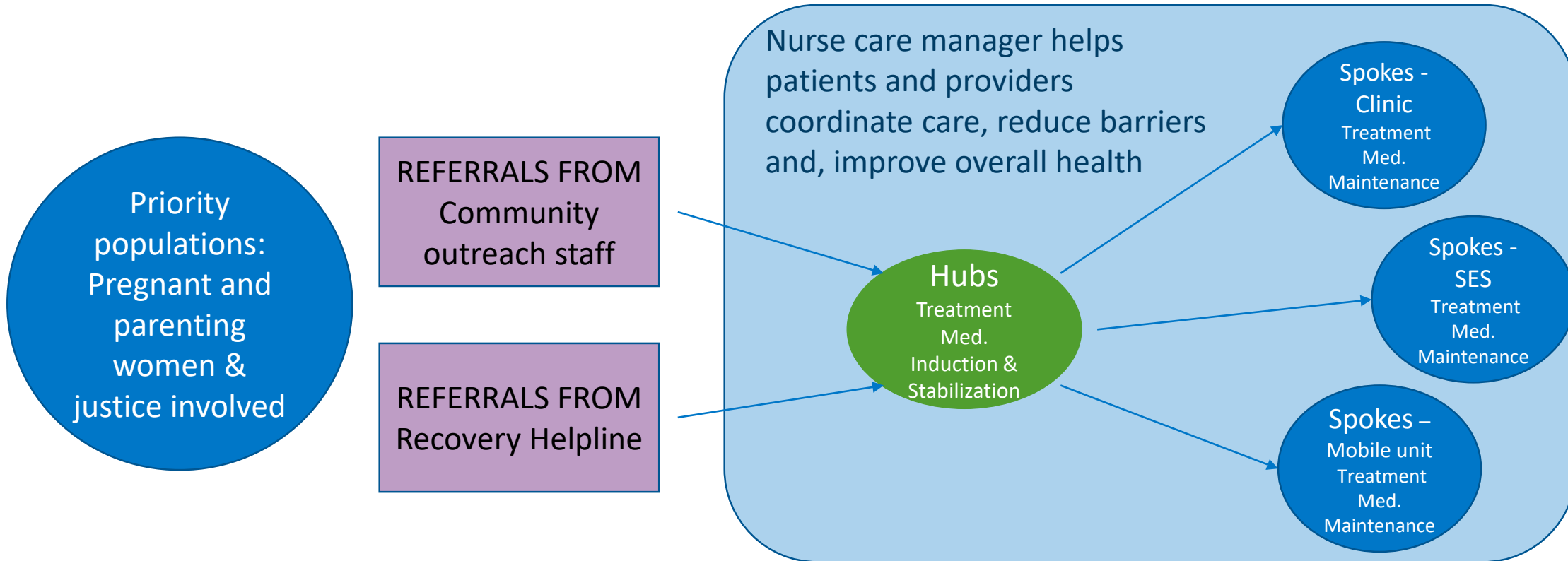


Antagonist:
blocks effect

©2016 The Pew Charitable Trusts. Source: "Medication-Assisted Treatment Improves Outcomes for Patients with Opioid Use Disorder." Pew Internet & American Life Project, Nov. 2016. Web. 03 July 2017. www.pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder.

How Are We Addressing Access to Treatment?

Answer: WA State Hub and Spoke Opioid Treatment Network



Treatment decision making- ongoing

Care navigation- ongoing

Hub and Spokes

All Sites

STR Monthly Summary Report

Total Treatment Events **3,461**

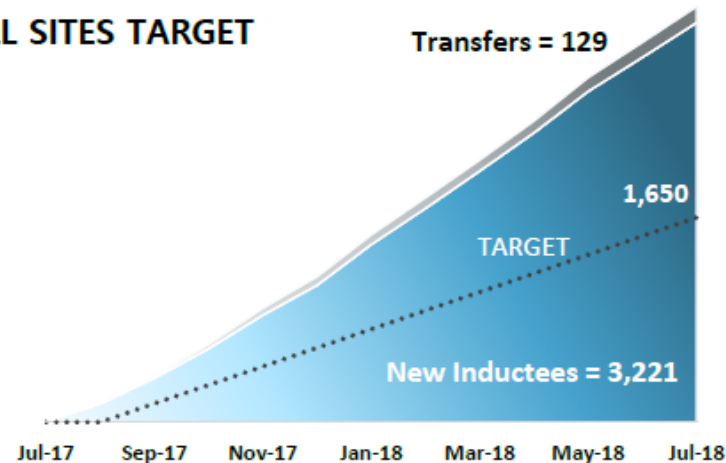
Unduplicated Patients **3,352**



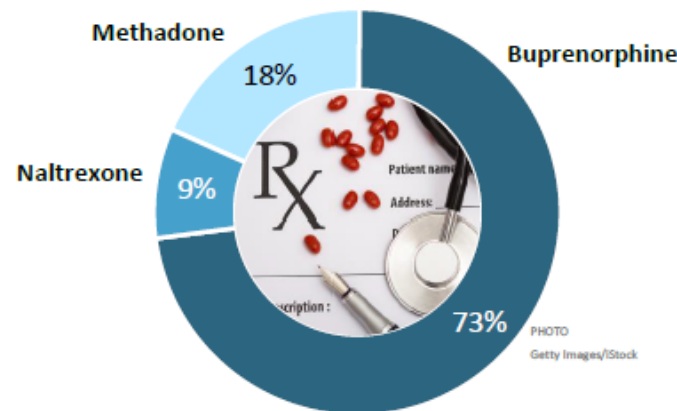
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- Federal required metrics show that our Hub and Spoke Opioid Treatment Networks are outperforming goals.
- Over 3,221 people in treatment
- Proof of concept proven – we must expand statewide
- Full report available

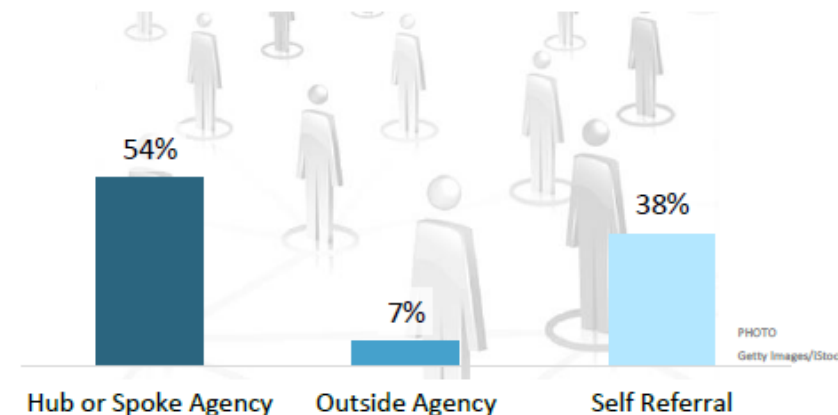
ALL SITES TARGET



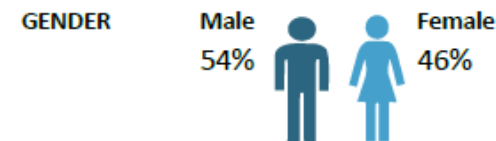
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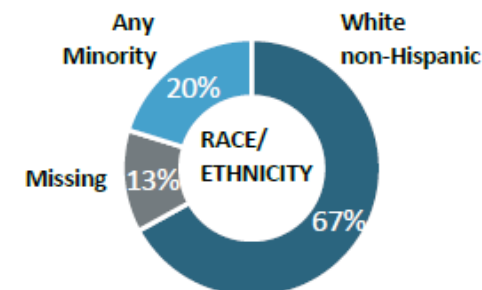
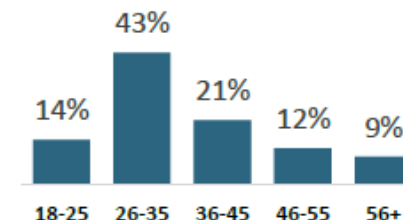
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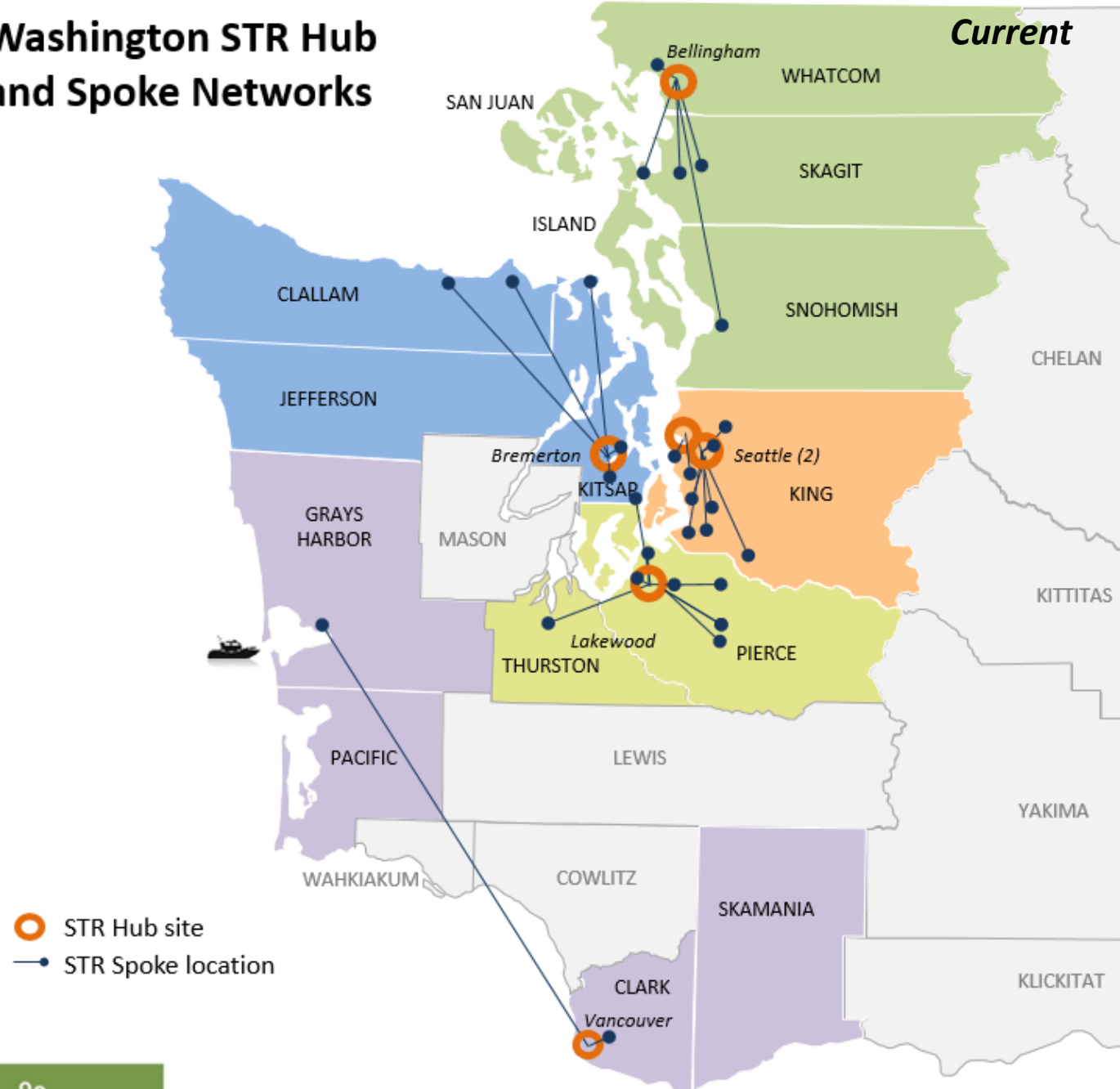
DEMOGRAPHICS



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Washington STR Hub and Spoke Networks



○ STR Hub site
● STR Spoke location

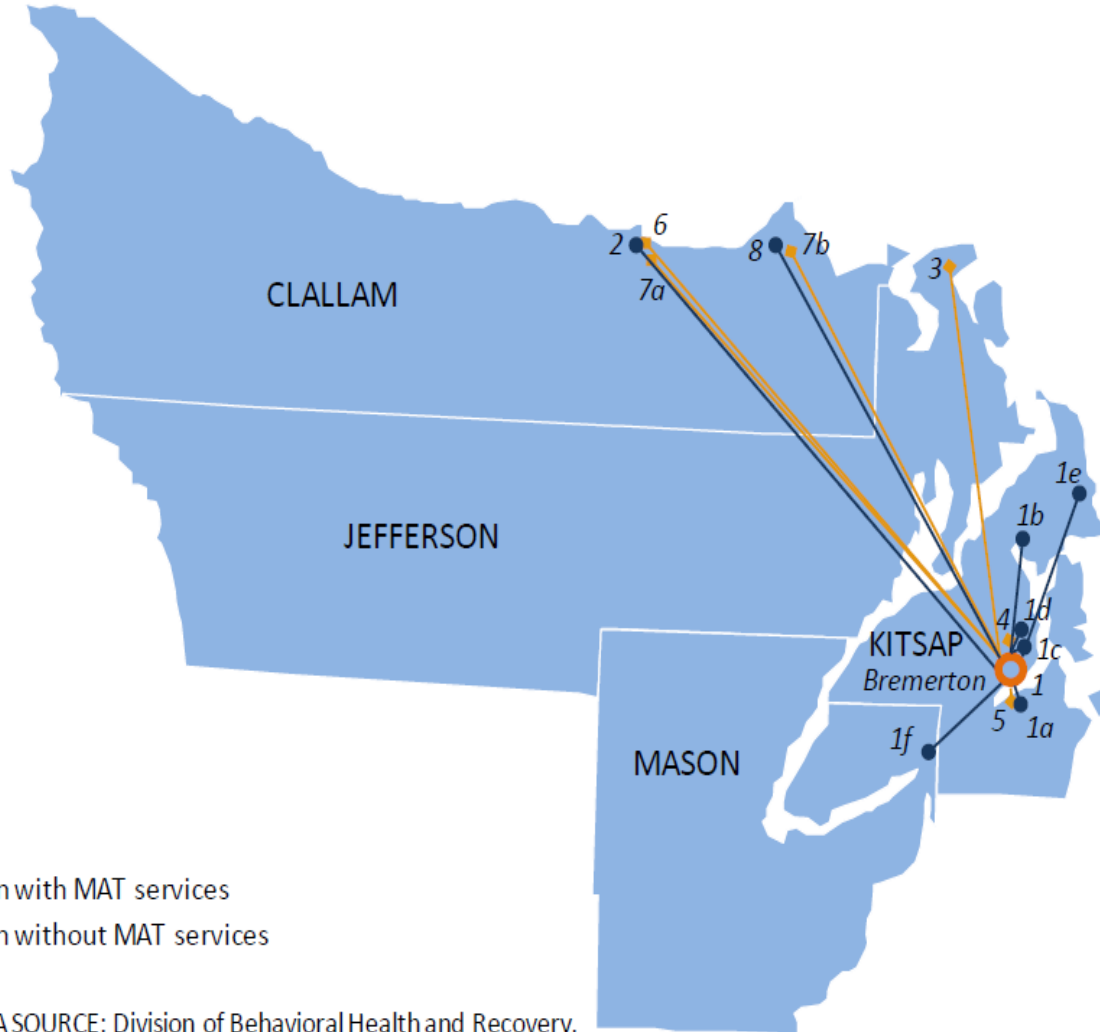


DATA SOURCE: Division of Behavioral Health and Recovery.
NOTES: STR Spoke locations may represent more than one clinic or agency providing MAT

Future expansion

- ▶ **Legislature expanded Hub and Spoke Opioid Treatment Networks to Cover Entire State**
- ▶ **Contracts final for 5 new Hubs, each with a minimum of 5 spokes**
- ▶ **New Hubs include:**
 - ▶ **Comprehensive Healthcare – Yakima**
 - ▶ **Ideal Option – Everett**
 - ▶ **MultiCare Health System – Spokane**
 - ▶ **Olympic Peninsula Health Services – Port Hadlock**
 - ▶ **Providence NE Washington Medical Group – Colville**

Peninsula Community Health Services Network



- STR Hub site
- STR Spoke location with MAT services
- STR Spoke location without MAT services

CLINIC	LOCATION
Peninsula Community Health Services (PCHS) 6 th Street Bremerton Medical Clinic (1)	Bremerton
PCHS Port Orchard Medical Clinic (1a)	Port Orchard
PCHS Poulsbo Medical Clinic (1b)	Poulsbo
PCHS Wheaton Medical Clinic (1c)	Bremerton
PCHS Almira Medical Clinic (1d)	Bremerton
PCHS Kingston Medical Clinic (1e)	Kingston
PCHS Belfair Medical Clinic (1f)	Belfair
North Olympic Healthcare Network (2)	Port Angeles
Discovery Behavioral Health Network (3)	Port Townsend
Kitsap Mental Health (4)	Bremerton
Kitsap Recovery Center (5)	Port Orchard
Clallam County Syringe Exchange (6)	Port Angeles
Peninsula Behavioral Health (PBH) Port Angeles (7a)	Port Angeles
PBH Sequim (7b)	Sequim
Jamestown Family Health (8)	Sequim



DATA SOURCE: Division of Behavioral Health and Recovery.

NOTES: STR Spokes may be behavioral health providers, primary care providers, referral only agencies, or provide other wrap a round services. Hub and Spoke numbers correspond to contact information on next slide.

Peninsula Community Health Services

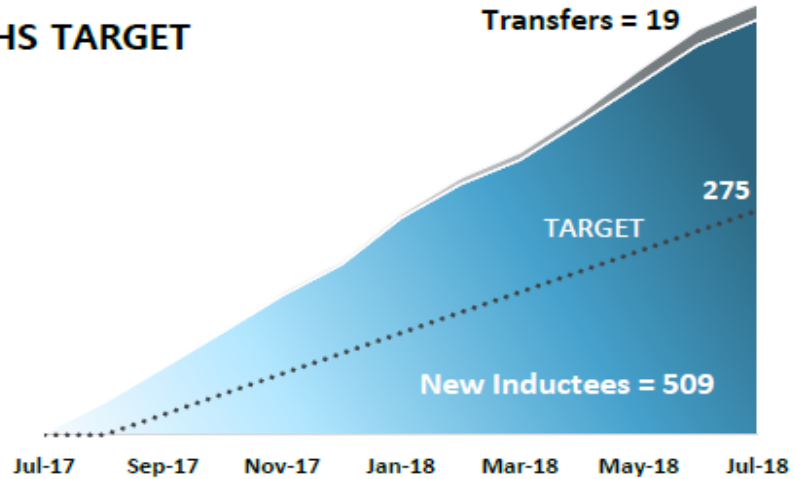
STR Monthly Summary Report

Total Treatment Events **529**

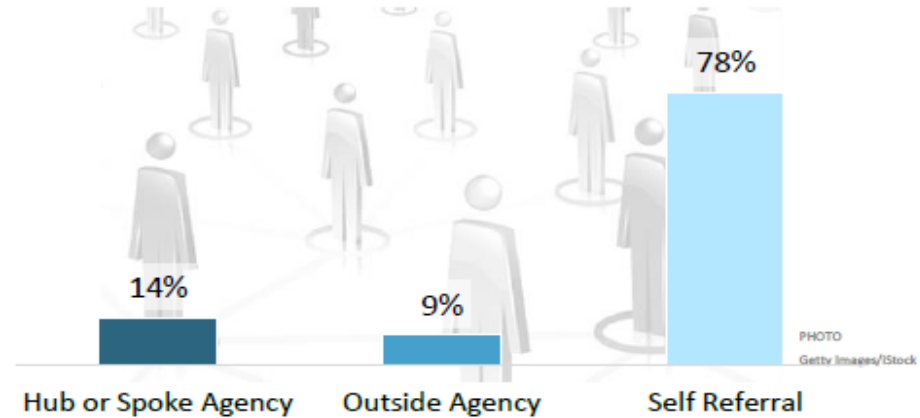
Unduplicated Patients **528**



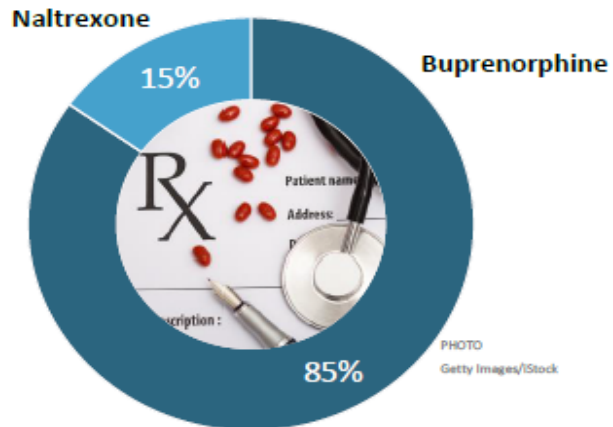
PCHS TARGET



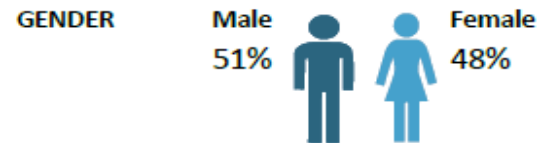
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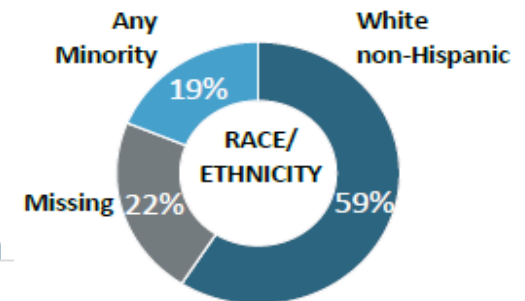
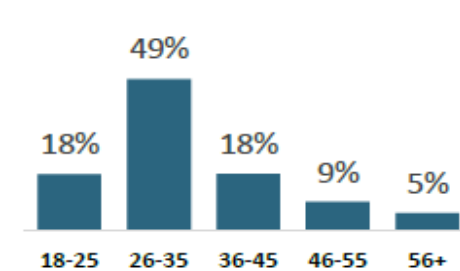
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DEMOGRAPHICS



AGE DISTRIBUTION



Other Notable Work

- ▶ Legislature funded recovery helpline improvements to track MAT provider capacity
~Real time with 2-1-1 system (operational ~December 2018)
 - ▶ **FYI: For help with addiction, contact the Washington Recovery Helpline at 1-866-789-1511 or visit <https://www.warecoveryhelpline.org/>**
- ▶ Statewide multi-media campaign to promote the helpline (January 2019)
- ▶ Grant program for Tribal-specific strategies to treatment and prevention
- ▶ Drug take-back program public messaging and supports
- ▶ Youth drug prevention funding in schools/high need areas
- ▶ Substance use disorder peer support counseling and recovery services
- ▶ Statewide electronic emergency (EMS) data system to report overdoses and near overdoses, and to connect with peer recovery
- ▶ Prescription Monitoring Program improvements to integrate with electronic health systems and provider feedback reports
- ▶ County pilot program for substance use disorder diversion from the criminal justice system

Reconsider 2018 Legislation (HB 2489/SB 6150)

(Passed House unanimously but ran out of time in Senate)

- ▶ Takes next steps for prevention and recovery
 - ▶ Concentrates youth prevention in high-needs areas
 - ▶ Improves Prescription Monitoring Program integration with EHR
 - ▶ Requires patient notification of opioid prescriptions (now in new proposed rules)
 - ▶ Uses EMS near-overdose response; connects with peer supports
 - ▶ Ensures more access to Naloxone with statewide standing order
 - ▶ Provides for rapid-response team for areas experiencing overdoses
 - ▶ Requires drug and gang task force coordination
 - ▶ Funds diversion programs and tribal-specific strategies
 - ▶ Plans for better use of non-pharmacological treatment for pain
- ▶ Focuses on treatment for people with opioid use disorder
 - ▶ Sets up statewide community hub & spoke opioid treatment networks
 - ▶ Increases Medicaid rate (to Medicare level) paid to providers to treat people
 - ▶ Updates clinical terminology in statute, removes stigma
 - ▶ Requires state Medicaid waiver for treatment while people are incarcerated
 - ▶ Funds services for people while incarcerated to reduce recidivism
- ▶ Requires metrics, reporting

Consider budget investments for serious gaps—treatment for:
(1) Pregnant and parenting women &
(2) Justice-involved

Other items include

- Non-pharm services in Medicaid;
- PMP integration; &
- Connections with community behavioral health system, generally

Department of Health Updates

Kathy Lofy, MD

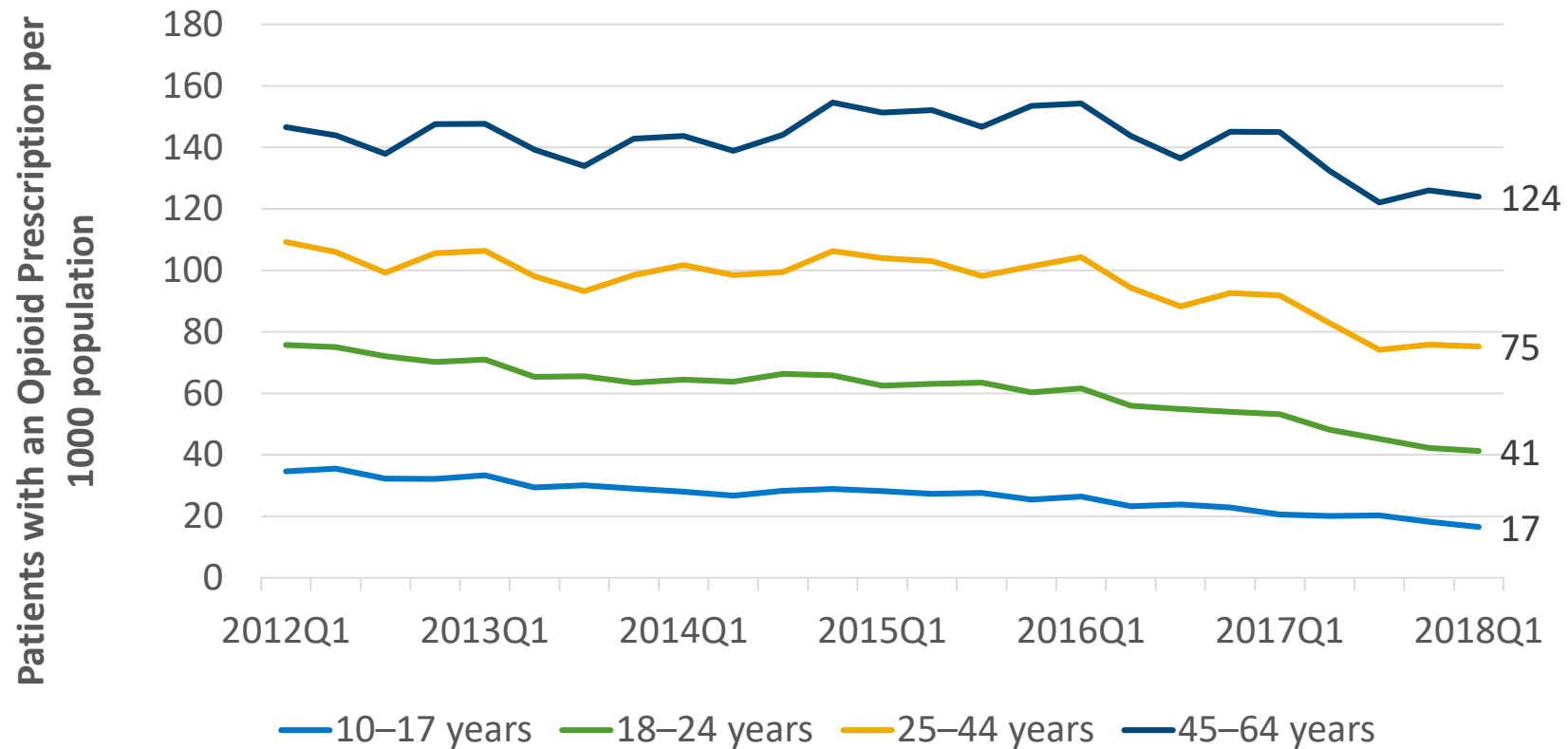
State Health Officer

Department of Health

Engrossed Substitute House Bill 1427 (2017)

- Opioid prescribing rules
 - Cover prescription limits for acute pain, PMP checks, and threshold for consultation
 - Medical Commission rules will be effective January 1, 2019
 - Rules from other four Boards/Commissions anticipated to be effective November 1, 2018
- Prescribing feedback reports – determined metrics, obtained providers' specialty data, calculated metrics
- Washington State Hospital Association Coordinated Quality Improvement Program – shared PMP data
- Prescriber overdose notifications using Emergency Department Information Exchange and PMP data – will pilot this month

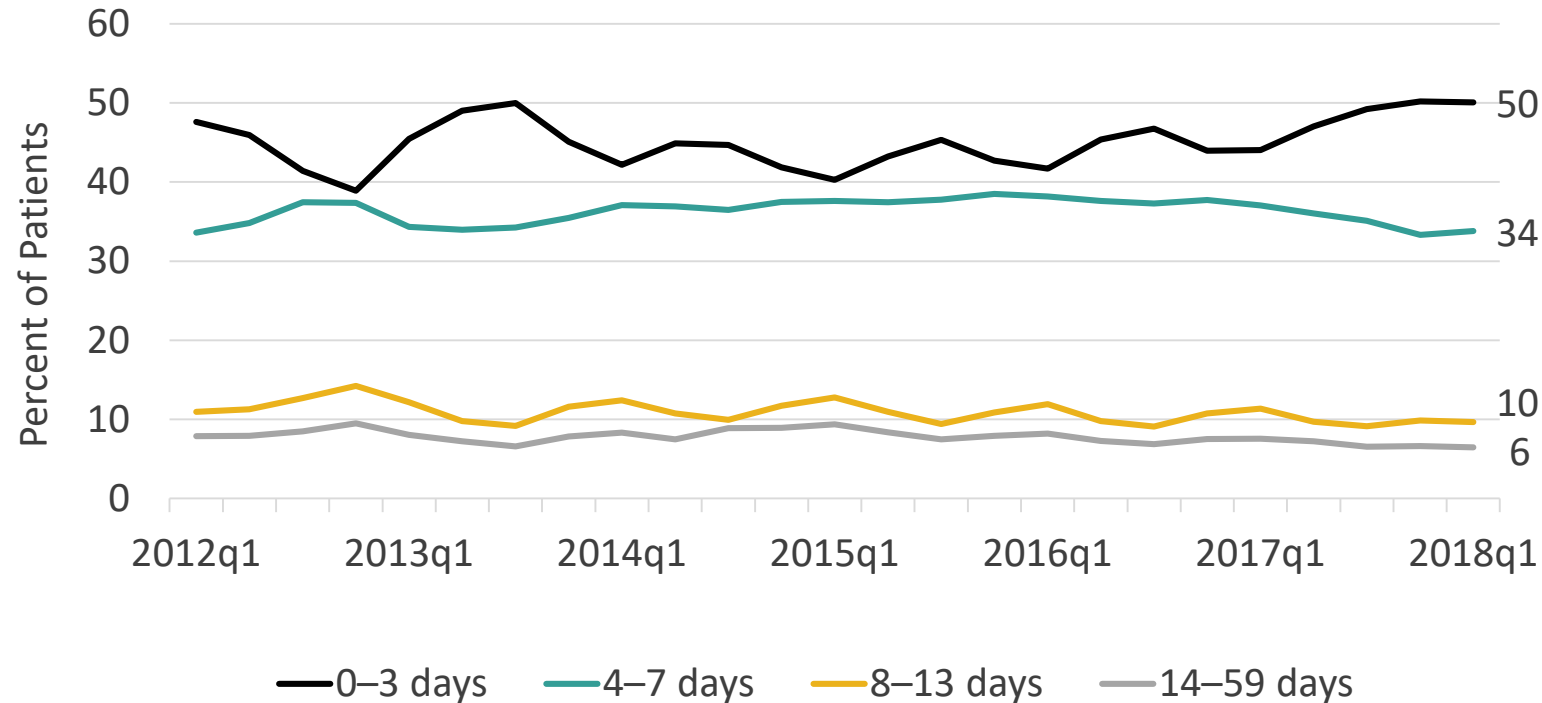
Fewer People are Receiving Opioid Prescriptions



Source: Prescription Monitoring Program (<https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization>)

Note: Tramadol became a controlled substance in August 2014.

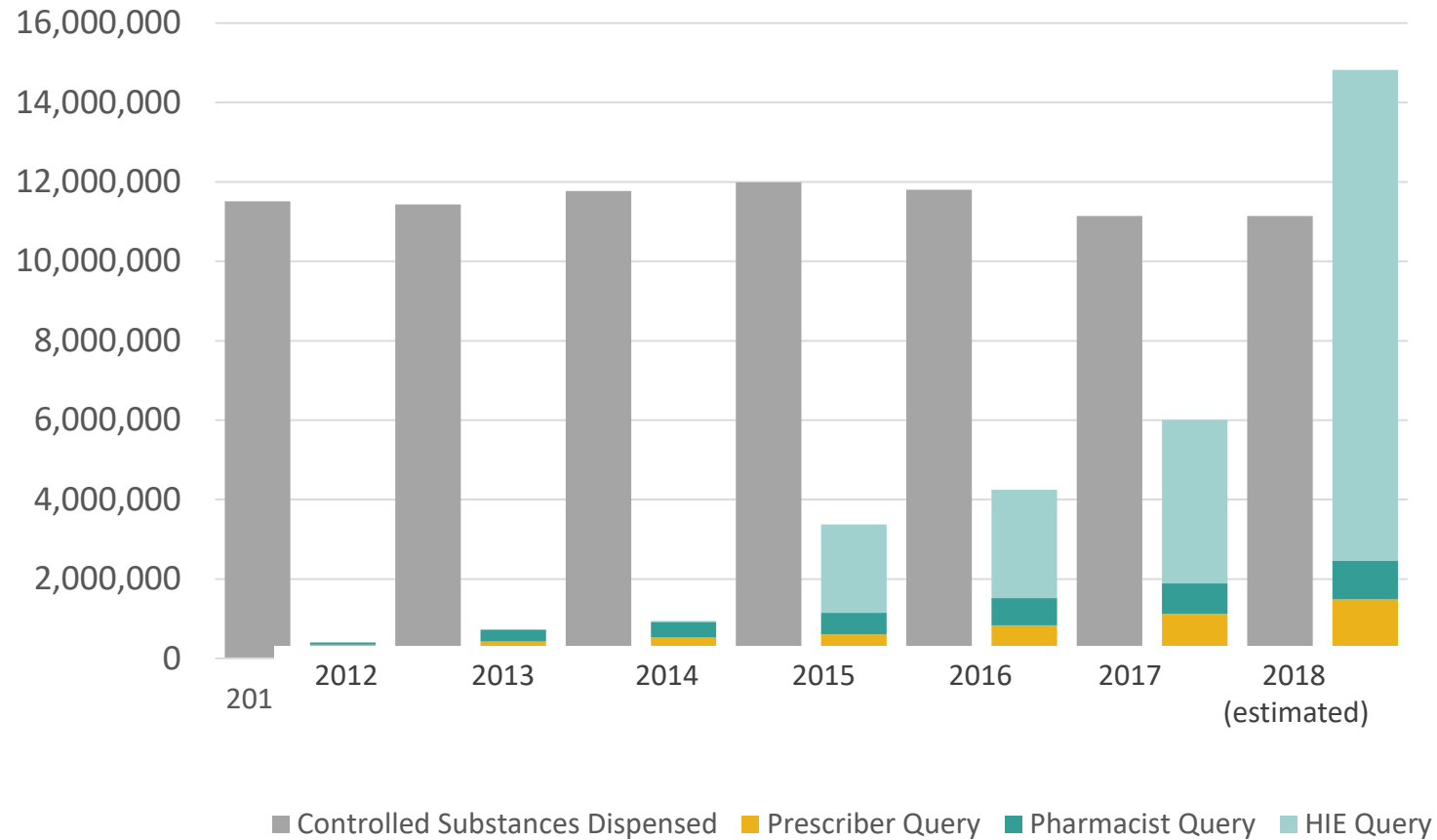
Days' Supply of New Opioid Prescriptions



Source: Prescription Monitoring Program (<https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization>)

Note: A patient with a new opioid prescription is a person who filled an opioid prescription in the current quarter but not in the previous quarter. Days supply refers to the estimated number of days the prescription will last. All authorized refills are included in the days' supply, even if they were not filled because they reflect the prescriber's prescribing. Opioid prescriptions prescribed for more than 59 days' supply are excluded.

Prescription Monitoring Program Queries Are Increasing



Source: Department of Health Prescription Monitoring Program

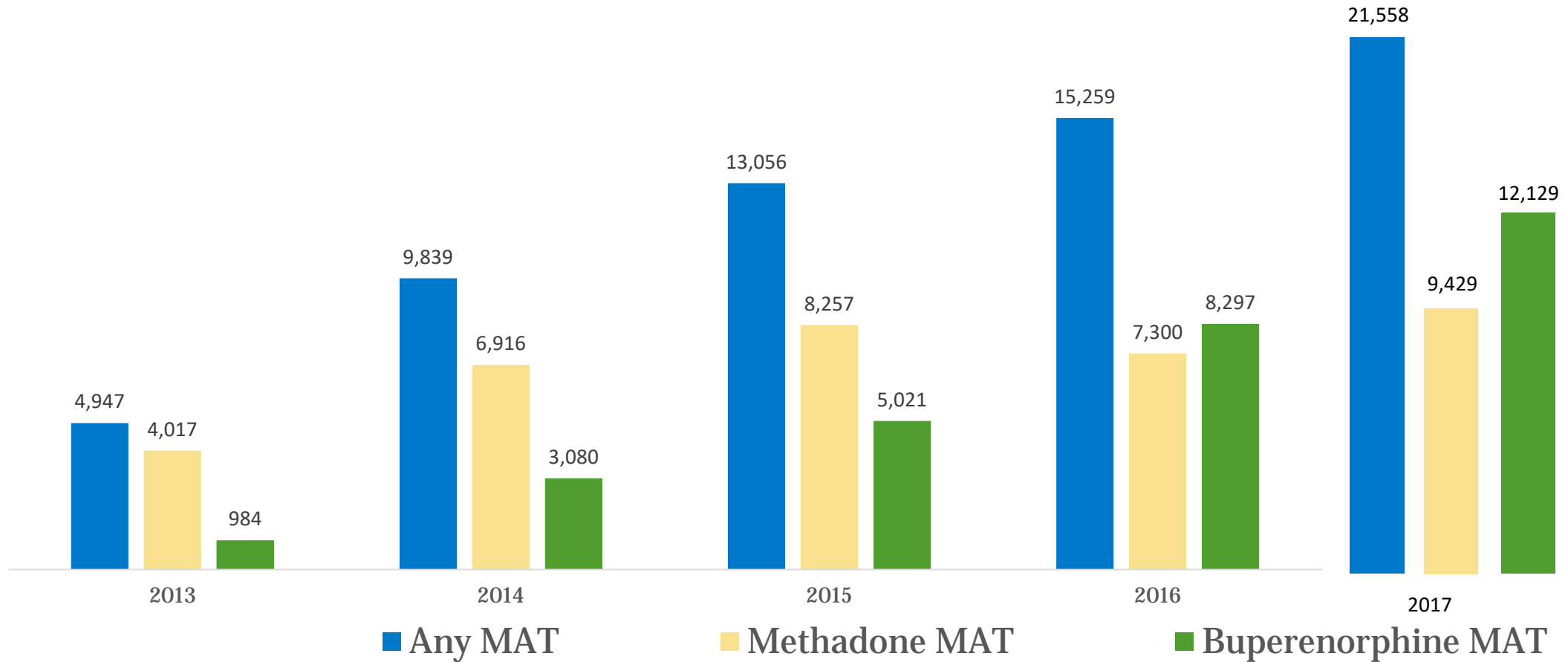
Treatment

Charissa Fotinos, MD, MSc
Deputy Chief Medical Director
Health Care Authority

Background

- ▶ Braided funding and cross-agency, multisector work has resulted in a four-fold increase in the number of persons accessing medication for opioid use disorder
- ▶ Through this work, treatment gaps have been particularly noticeable in two populations:
 - ▶ Pregnant or parenting persons
 - ▶ Criminal justice system-involved persons

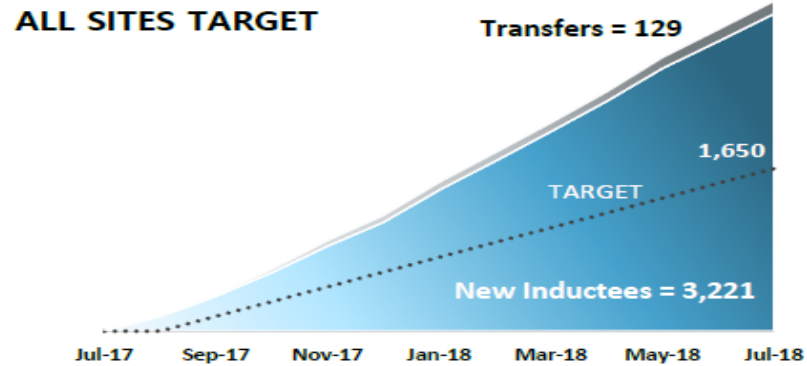
Growth in Medication Prescribing for Opioid Use Disorder Among Medicaid Clients



SOURCE: Provider One client Eligibility tables (HCA) & Client Outcomes Database (DSHS RDA).

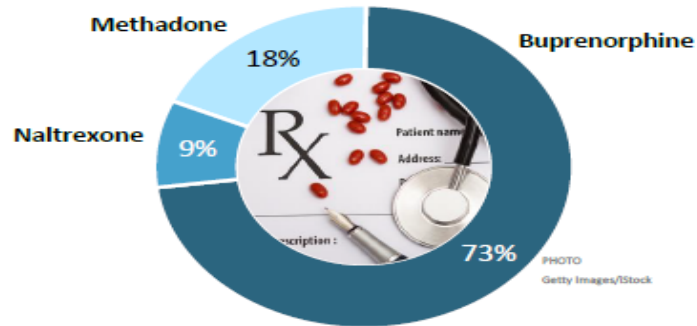
Note: Excludes dual eligibles and persons with third-party liability; includes all Medicaid eligibles in the year with Medication assisted treatment (MAT)

Successful Initiation of Medication With State Targeted Response Funds



STR targets for medication treatment have been greatly exceeded

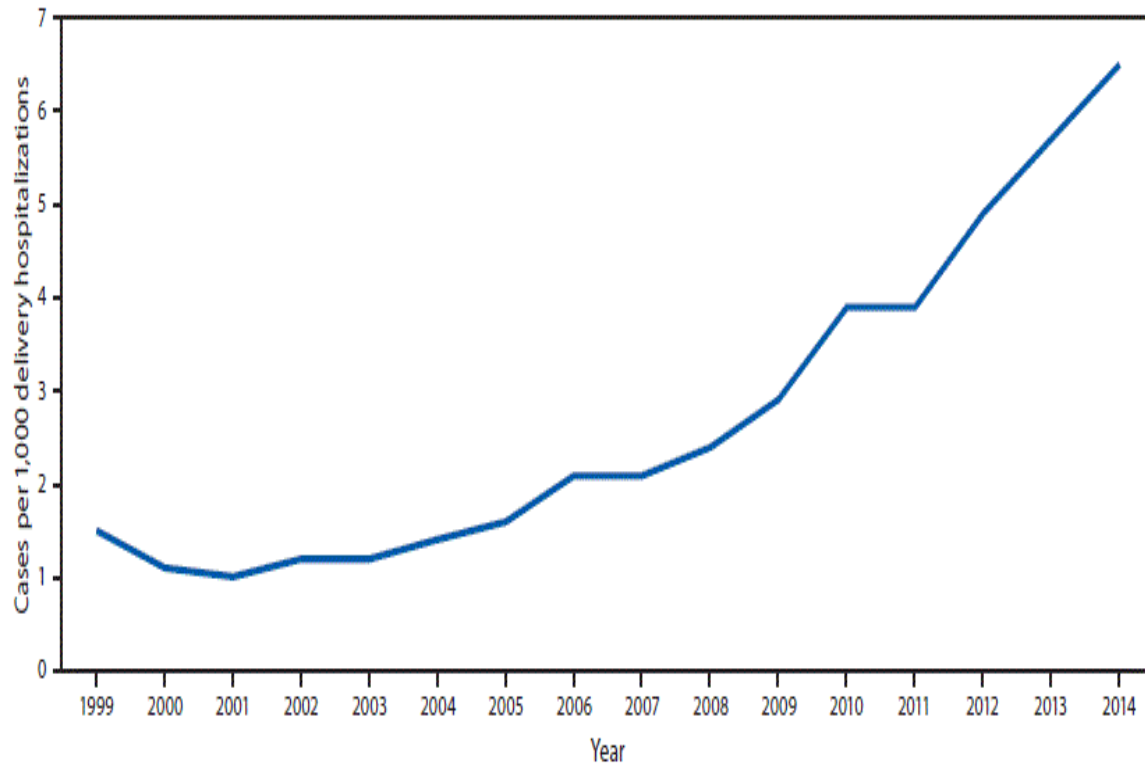
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How can we sustain these gains as funding sources change?

Pregnant and Parenting Persons

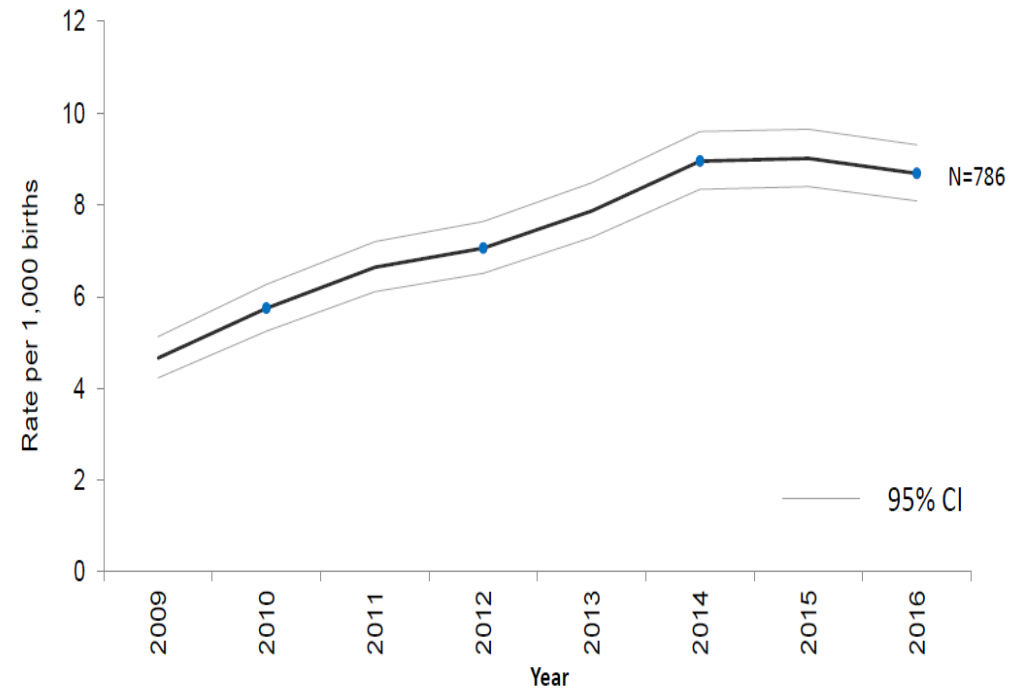
- ▶ Dramatic increase in U.S. rate of opioid use disorder identified at labor and delivery



https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a1.htm?s_cid=mm6731a1_w

- ▶ Washington State rates of neonatal abstinence syndrome also rising

Statewide NAS average incidence: 7.4 per 1,000 births



Washington State Department of Health | 29

Current Programs for Pregnant and Parenting Persons

- ▶ Parent-Child Assistance Program (PCAP)
 - ▶ 3 year home visitation model
 - ▶ Care managers provide linkage, support, transportation, and referral to treatment
 - ▶ **Increased support from Legislature with 2018 budget**
- ▶ Pregnant Parenting Women (PPW)
 - ▶ Residential substance use disorder treatment services
 - ▶ Housing support services
 - ▶ Therapeutic intervention for children

An Extremely Vulnerable Population

▶ Parent-Child Assistance Program

- ▶ During 2014–2017:
 - ▶ 1,234 enrolled and only 165 left (moved, disengaged, requested to leave)
- ▶ 110 women were on waiting list
- ▶ 74% had been beaten by a partner
- ▶ 64% were abused as children
- ▶ 44% had unstable housing
- ▶ 38% were beaten while pregnant
- ▶ 29% had CPS involvement when they were children
- ▶ Average Adverse Childhood Experiences score: 5.4

Source: Washington State Dept. of Health

Improving Outcomes for Pregnant and Parenting Persons

Gaps

Clinical support for providers

Increase access to services across the state

Access to integrated care

Increase wrap around services

Implement best practices through pregnancy, labor, and delivery

Increase family involvement

Access to post-partum contraception

Work to standardize child removal/re-unification practices

Strategies

Pass opioid bill to update language around treatment and to recognize OUD as a medical condition

Consider targeted investments to increase the reach of and support to persons who are pregnant or parenting

Criminal Justice System-Involved Persons

- ▶ Risk of overdose death from opioids highest **1st two weeks** after release, (up to 40x higher)
- ▶ Medication treatment reduces overdose-related death, reduces recidivism, and improves treatment retention
- ▶ Recent survey of 33 of Washington's 65 jails
 - ▶ 14 provide opioid treatment medication for continuation, management of withdrawal symptoms, or induction
 - ▶ Fairly uniform interest across sample in implementing treatment, but limitations exist due to resource constraints

Current DOC and JRA Programs/Initiatives

DOC: Re-entry work release
and violator programs

6 prisons currently

Shared decision
making/warm hand-offs

Naloxone

2,300 screens
1,300 enrolled
7/17–8/18

DOC: Care for Offenders with
OUD Releasing from Prison

Expedited Medicaid
enrollment

Outreach 265
Enrolled 106

Warm hand-offs

Naloxone

JRA: Bridge to Recovery

Evidence-based juvenile
rehabilitation model

Wrap-around and
transition
services/education/jobs

3 sites

57 unduplicated clients

Improving Outcomes for Criminal Justice System-Involved Persons

Gaps

Statewide access to treatment at release

Continuation of treatment in all settings

Access to external health records

Access to induction in all settings

Continue building linkages to community prescribers

Housing/jobs

Accurate information about treatment options/naloxone

Gender appropriate services

Strategies

Advocate for passage of opioid bill to recognize OUD as a medical condition

Identify and advocate for funds to increase jail's and DOC's ability to treat with opioid treatment medications

Investing in Washington State Opioid Response Plan

Michael Langer

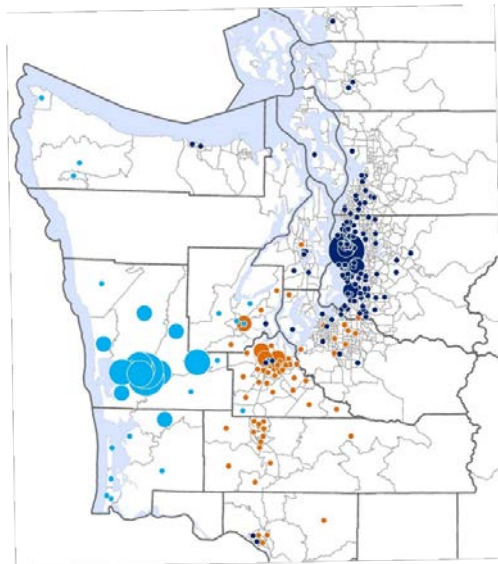
Acting Assistant Director

Division of Behavioral Health and Recovery

Health Care Authority

Medication Assisted Treatment – Prescription Drug and Opioid Addiction

▶ \$996,616 per year for 3 years, 2015-2018 (\$2,989,850 total)



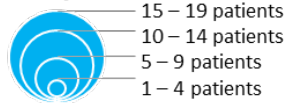
Treatment Inductions **934**

Counties Served **14**

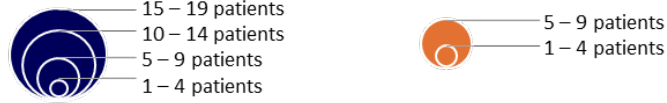
Average Miles Traveled **20**

Further Than 60 Miles **8%**

Grays Harbor Clinic



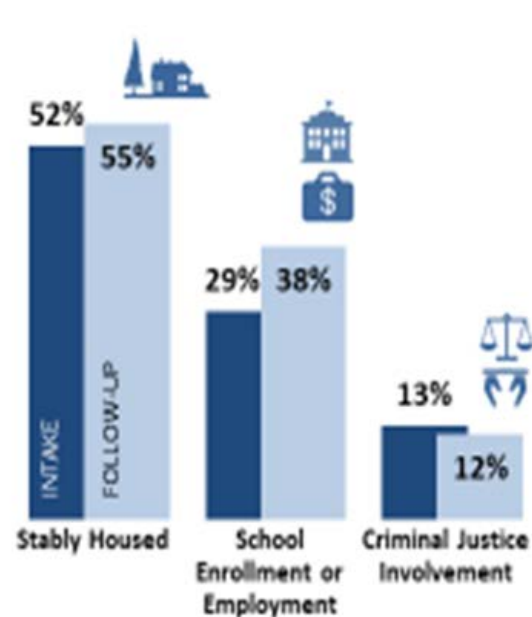
Harborview Medical Center South Sound Clinic



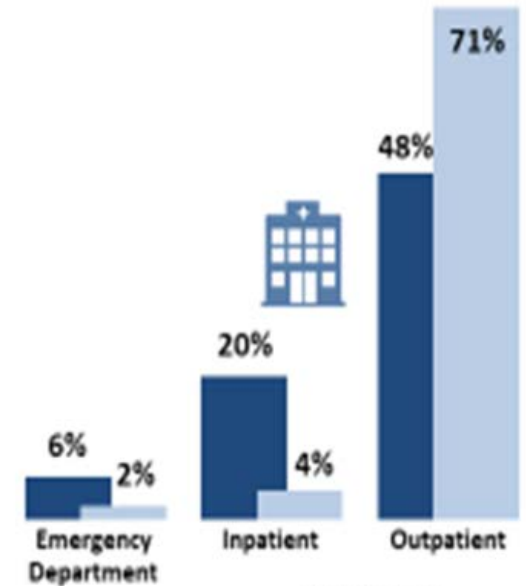
□ Counties □ Census Tracts + MAT-PDOA Clinics

Outcomes

Housing, Employment, School, Crime



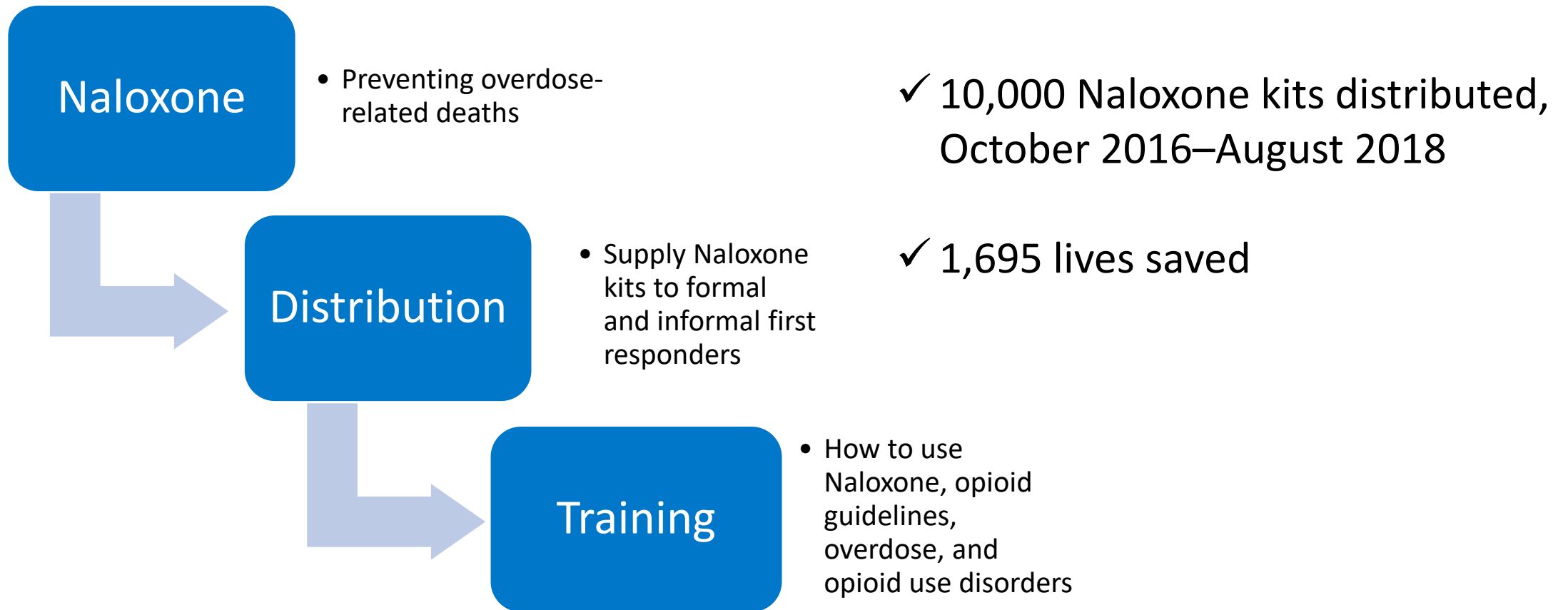
Healthcare Utilization



TOTAL SURVEYS = 433

Prevent Prescription Drug/Opioid Overdose-Related Deaths

▶ \$1 million per year over 5 years 2016-2021 (\$5 Million total)



State Targeted Response to the Opioid Crisis

▶ \$11,790,256 per year for 2 years, 2017-2019 (\$23,580,512 total)

Prevention

1. Prescriber/provider education
2. University of Washington TelePain
3. Public education campaign
4. Safe storage curricula & training
5. Prevention workforce enhancements
6. Community Prevention and Wellness Initiative (CPWI) expansion
7. Analysis of evidence-based practices
8. Community enhancement grants

Treatment

1. Hub & Spoke
2. Mobile OTP van
3. Low-barrier buprenorphine pilot
4. PathFinder peer project
5. Tribal treatment
6. Treatment payment assistance
7. DOC treatment decision re-entry services & COORP
8. Bridge to Recovery (JRA)
9. Naloxone distribution
10. Prescription Monitoring Program

State Targeted Response Grant Highlights

- ▶ Starts with One statewide public education campaign implemented, including Tribal adaptation. Over 35,000 website views.
- ▶ 5 new Community Prevention Wellness Initiative communities. Over 3000 youth and families served.
- ▶ 6 Hub and spoke opioid treatment networks established. More than 3,200 new MAT patients served.
- ▶ Substance Use Disorder Peers providing outreach to homeless encampments and hospital emergency rooms. 441 individuals enrolled, 125 received MAT services.

2018 State Budget Opioid Investments

- ▶ Over \$10 Million dedicated to implementing State Opioid Response Plan
- ▶ State funds
 - ▶ Hub and spoke opioid treatment networks
 - ▶ Parent child assistance program
 - ▶ MAT prescriber rate increase
 - ▶ Substance use disorder peers
- ▶ Direction for federal substance abuse block grant
 - ▶ Community prevention and wellness communities
 - ▶ Drug take-back strategies
 - ▶ Naloxone
 - ▶ MAT provider directory and public education campaign
 - ▶ Tribal prevention, treatment, Naloxone

State Opioid Response Grant

▶ Up to \$21,260,403 per year for 2 years (\$45,520,806 total) (PENDING)



Prevention

- CPWI expansion
- Community enhancement grants
- Prescriber education trainings
- Opioid summit
- Starts with One
- Naloxone distribution program



Treatment

- Opiate Treatment Network (OTN)
- OTN TA/Training
- MAT treatment assistance
- Tobacco cessation and cross-addiction training
- Tribal prevention and treatment grants to 14 tribes
- TDM and COORP



Recovery Support

- OUD and MAT training to community recovery support services
- Client-directed recovery support services
- Peer recovery support staff

Questions?

▶ **Charissa Fotinos**

Deputy Chief Medical Director
Health Care Authority
360-725-9822
charissa.fotinos@hca.wa.gov

▶ **Kathy Lofy**

State Health Officer
Department of Health
206-418-5510
kathy.lofy@doh.wa.gov

▶ **Michael Langer**

Acting Assistant Director
Div. of Behavioral Health & Recovery
Health Care Authority
360-725-3740
michael.langer@hca.wa.gov

▶ **Jason McGill**

Senior Policy Advisor
Governor's Office
360-902-0448
jason.mcgill@gov.wa.gov