GOAL 1: Prevent opioid misuse and abuse

<table>
<thead>
<tr>
<th>1.1</th>
<th>STRATEGY 1.1: Implement strategies to prevent misuse of opioid and other substances in communities, particularly among youth.</th>
<th>Lead Party</th>
<th>Funding Source*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1</td>
<td>Work with Community Prevention and Wellness Initiative (CPWI) community coalitions and school districts to implement strategies to prevent misuse of opioids and other substances among youth.</td>
<td>HCA DBHR, OSPI</td>
<td>SABG, STR, SOR</td>
</tr>
</tbody>
</table>

Report

23 CPWI Coalitions are working in high need communities to prevent opioid misuse in their communities. Coalitions are also finalizing their Action Plans and Budgets and have received and are working on their contract amendments after receiving the SOR II Funding Award. CPWI Coalitions are completing their Coalition Assessment Tool surveys this month. DBHR converted the printed version into a digital version so members can complete them on their computer and email them back to their coalition coordinator. CPWI communities are also busy working on their Community Surveys. Many are already close to or have exceeded their goal, though some coalitions have reported difficulty in getting surveys out into the community due to Covid-19 and are actively working on ways to get the survey out in innovative ways. They will continue to collect surveys through Dec 15th. Coalitions are also actively working on drive through Rx Take Back events or promoting “every day is take back” and the permanent take back locations in their community.

Local highlights:

- Aberdeen – Harbor Strong Coalition: They are continuing a series of news articles promoting their coalition’s work and highlighting all the different prevention services they focus on. This month they highlighted one of their youth coalition members: [http://www.graysharbortalk.com/2020/08/17/merryn-bruner-helps-the-harbor-strong-coalition-into-the-future/](http://www.graysharbortalk.com/2020/08/17/merryn-bruner-helps-the-harbor-strong-coalition-into-the-future/)

- Whatcom County: Whatcom County has three coalitions that have joined together to do a county-wide campaign called “Whatcom Has Hope”. They had an Rx Return Toolkit developed which included a 7-week social media schedule. Each week they posted a new message and information on how to safely return unused and expired medication. And also had a short video created as well: [https://www.youtube.com/watch?v=XiG51gcWjA4](https://www.youtube.com/watch?v=XiG51gcWjA4)
### Goal 1 – Opioid Prevention Workgroup


*Report*

The SPE Consortium continues to prioritize opioid prevention as a need within the state. In November, the SPE Consortium held a meeting to discuss some of the disparities in youth substance indicators amongst the LGBTQ+ population. Some data on opioid misuse among youth was discussed, including there being a large disparity in opioid misuse among those who identified as transgender, as well as those who stated their sexual orientation was gay, lesbian, bisexual, or questioning, compared to students who reported their sexual orientation as straight. This indicates an increased need in identifying ways to support our most vulnerable youth.

| 1.1.3 | Provide presentations and training to school staff and administration about opioid prevention strategies. | ADAI | STR |

| 1.1.4 | Provide prevention grants to local health jurisdictions, community-based organizations, coalitions, local education partners and other partners to implement prevention strategies. | HCA DBHR | STR, SOR |

*Report*

DBHR hosted an Opioid Roundtable on Sept 30th with great engagement and conversations with several coalitions and community partners. We learned a lot about the opioid epidemic’s impact on marginalized communities including how terminology is key. Some Spanish speaking populations do not know what the word “opioid” means and it cannot be translated easily into Spanish. We also learned that many community members have reported sharing prescribed opioids with other family members due to the lack of education about sharing prescriptions. DBHR is working with the Starts w/ One campaign to update and expand messaging in Spanish speaking communities.

| 1.1.5 | Provide grants to federally recognized tribes for specific strategies to prevent youth opioid misuse and abuse. | HCA DBHR | SABG, SOR |

*Report*

Below is a list of the Washington State Tribes that are implementing specific opioid-related prevention programs and cultural programs. As a result of the COVID-19 pandemic, prevention programming implementation has been heavily impacted. Some modifications have been made and new programs have been added, but overall Tribal Communities are focused on their COVID-19 response.

- Spokane Tribe
- Kalispel Tribe
- Quileute Tribe
- Muckleshoot Tribe
- Nooksack Tribe

### STRATEGY 2: Promote use of best opioid prescribing practices among health care providers.

<table>
<thead>
<tr>
<th>Lead Party</th>
<th>Funding Source*</th>
</tr>
</thead>
</table>

*HCA DBHR, DOH*
### Goal 1 – Opioid Prevention Workgroup

<table>
<thead>
<tr>
<th>1.2.1</th>
<th>Implement the provisions of 2017 HB 1427 by developing opioid prescribing rules. By January 1, 2019 the boards and commissions will revise existing non-cancer pain rules created in 2011, and develop and implement rules regarding opioid prescribing in the acute, subacute, and perioperative phases of care. Issues addressed include prescribing limits, counseling on the risk of opioids, Prescription Monitoring Program use and use of alternative non-opioid pain management strategies.</th>
<th>DOH</th>
<th>GSF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>• Boards and commissions implemented opioid prescribing rules as required by HB 1427 (2017). The last set of these rule sets to became effective January 28, 2019 (dental).</td>
<td>LNI, Bree, AMDG</td>
<td>In kind</td>
</tr>
<tr>
<td>1.2.2</td>
<td>Complete the Bree Collaborative/Agency Medical Directors’ Group Supplemental Guidance on Prescribing Opioids for Postoperative Pain.</td>
<td>L&amp;I, Bree, AMDG</td>
<td>STR</td>
</tr>
<tr>
<td>Report</td>
<td>• The Bree Collaborative adopted the Prescribing Opioids for Postoperative Pain – Supplemental on July 2018 and AMDG has developed a 1-page poster summarizing the opioid prescribing best practices for perioperative pain.</td>
<td>VCH, Bree, AMDG</td>
<td>STR</td>
</tr>
<tr>
<td>1.2.3</td>
<td>Educate health care providers on the Agency Medical Directors’ Group and Center for Disease Control and Prevention opioid prescribing guidelines and new opioid prescribing rules to ensure appropriate opioid prescribing. Current and future focus areas include educating dental providers, surgeons, and primary care and sports medicine specialists.</td>
<td>L&amp;I HCA DBHR</td>
<td>STR</td>
</tr>
</tbody>
</table>
| Report | • HCA created two online e-courses around the WA State Opioid Prescribing Guidelines, utilizing the conference information from the 2019 Prescribing Conferences, and the Dental Guidelines for Opioid Prescribing, based on the content and guidelines from the Bree Collaborative.  
• L&I is identifying and assessing provider education on opioid prescribing including chronic opioid therapy for any gaps, and will be developing educational offerings for providers as needed. | HCA, DOH, UW | STR, HCA, CDC-PFS |
| 1.2.4 | Provide technical assistance and coaching to providers and clinics on best opioid prescribing practices and non-opioid alternatives to improve outcomes for patients with pain, including those diagnosed with opioid use disorder. Current efforts include:  
• Providing academic detailing and practice coaching to healthcare practices (e.g., Six Building Blocks model).  
• Sustaining funding for UW TelePain and the University of Washington Opioid Consultation Hotline.  
• Exploring the use of telemedicine. | HCA, DOH, UW | STR, HCA, CDC-PFS |
| Report | UW Telepain continues to be well attended, especially due to the COVID-19 pandemic. | | |
## Goal 1 – Opioid Prevention Workgroup

| Title       | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DOH, UW, WSU | CDC-PDO |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.2.5       | Enhance all healthcare higher education curricula on pain management, Prescription Monitoring Program use, and treatment of opioid use disorder (e.g., medical, nursing, physician assistant, pharmacy, and dentist curricula).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Report      | • WSU continues with year 2 of 5 HRSA RESPECT grant that focuses on interprofessional education on OUD and pain (medicine, nursing, pharmacy, social work, addictions studies students). Awarded $199K SAMHSA grant in September 2020 (PI Marian Wilson), 2 year grant targeting same health science student groups with curriculum focused on medications for addictions treatment.                                                                                                                                                                                                                                                                                                                                                           |             |        |
| 1.2.6       | Explore innovative methods and tools to deliver evidence-based alternatives and other promising practices to reduce overreliance on opioids for the treatment of pain while improving access to care and health outcomes. Focus areas include:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | HCA, L&I, Bree | In kind |
| Report      | • Implementing collaborative care models; • Evaluating evidence on the effectiveness of non-pharmacologic alternatives for pain and Medicaid coverage policies (not funded); • Encouraging commercial health plans to cover evidence-based non-opioid treatments for pain; and • Exploring the unique needs of those with co-existing pain and opioid use disorder.                                                                                                                                                                                                                                                                                                                                                                                                  |             |        |
| 1.2.7       | Implement and/or promote policies to reduce unnecessary opioid prescribing for acute pain conditions, especially in the adolescent population. Focus areas include:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | L&I, Bree, DOH, HCA | In kind |
| Report      | • Promoting partial fills per the Comprehensive Addiction Recovery Act and Pharmacy Commission; and • Promoting the Medicaid and Public Employees Benefits opioid prescribing policy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |        |

**Report**

- **1.2.5**
  - WSU continues with year 2 of 5 HRSA RESPECT grant that focuses on interprofessional education on OUD and pain (medicine, nursing, pharmacy, social work, addictions studies students). Awarded $199K SAMHSA grant in September 2020 (PI Marian Wilson), 2 year grant targeting same health science student groups with curriculum focused on medications for addictions treatment.

- **1.2.6**
  - Implementing collaborative care models;
  - Evaluating evidence on the effectiveness of non-pharmacologic alternatives for pain and Medicaid coverage policies (not funded);
  - Encouraging commercial health plans to cover evidence-based non-opioid treatments for pain; and
  - Exploring the unique needs of those with co-existing pain and opioid use disorder.

- **1.2.7**
  - Promoting partial fills per the Comprehensive Addiction Recovery Act and Pharmacy Commission;
  - Promoting the Medicaid and Public Employees Benefits opioid prescribing policy.

- Federal (CARA) and state (SSB 5380) law authorizes partial fills of scheduled II controlled substance prescriptions.
- HCA has adopted Opioid Prescribing Policy for Medicaid and PEB. Additionally, HCA is in the process of implementing Sec 5042 of the SUPPORT Act, which relates to providers checking the PMP prior to writing prescriptions for controlled medications. This is federal legislation that state Medicaid programs must implement by 10/1/2021, and we have begun our communication campaign recently. HCA is also developing internal reports for better measuring and monitoring opioid prescribing, consistent with Sec 1004 of the SUPPORT Act.
### Goal 1 – Opioid Prevention Workgroup

#### 1.2.8 Develop guidelines to manage patients on high dose chronic opioids that might include identification of opioid use disorder, tapering strategies, use of non-opioid alternatives, and pain self-management education.

<table>
<thead>
<tr>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>• L&amp;I is developing a pilot with the goal of providing needed resources for workers on chronic opioid therapy, supporting busy providers caring for these patients, and providing mentorship and education for providers. The pilot will consist of a multidisciplinary or internal team to identify harms, barriers and suboptimal treatment for patients on chronic opioid therapy and determine resources that can help to address the issue. This pilot will rely heavily on regional field nurses to review the claim file to understand treatment history, gap in care and/or potential barriers or harm since the worker was on chronic opioid therapy, to engage workers/providers, and to coordinate care. The pilot is estimated to start second quarter 2021. L&amp;I has also been exploring a pilot with a large health care system.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Funding Source*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bree</td>
</tr>
</tbody>
</table>

#### 1.3 STRATEGY 3: Increase the use of the Prescription Drug Monitoring Program to encourage safe prescribing practices.

##### 1.3.1 Increase the use of the Prescription Drug Monitoring Program among health care providers to help identify opioid use patterns, opioid/sedative co-prescribing, and indicators of poorly coordinated care. Focus areas include:

- Promoting use of delegate accounts;
- Integrating Prescription Monitoring Program access through electronic medical record systems;
- Improving web-based access to the Prescription Monitoring Program; and
- Considering policies to require all prescribers to use the Prescription Monitoring Program before every opioid or sedative prescription.

<table>
<thead>
<tr>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>93 Healthcare Organizations (HCO) have integrated the PMP transaction to their Electronic Health Records (EHR) systems via Washington’s Health Information Exchange (HIE), with queries exceeding 5 million each month.</td>
</tr>
<tr>
<td>PMP continues to educate and encourage the use of delegate accounts when providing technical support from the PMP helpdesk at DOH and when providing presentations via webinar.</td>
</tr>
<tr>
<td>HCA is in the process of implementing Sec 5042 of the SUPPORT Act, which relates to providers checking the PMP prior to writing prescriptions for controlled medications. This is federal legislation that state Medicaid programs must implement by 10/1/2021, and we have begun our communication campaign recently.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lead Party</th>
<th>Funding Source*</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOH</td>
<td>SABG</td>
</tr>
</tbody>
</table>

##### 1.3.2 Share data with prescribers so they can understand their prescribing practices. Focus areas include:

- Disseminating quarterly opioid prescribing reports to providers at health systems and medical groups so they can understand their compliance with the new Medicaid and Public Employee Benefits opioid prescribing policy for acute pain and update practice as necessary (HCA, WSHA, WSMA).  

<table>
<thead>
<tr>
<th>Lead Party</th>
<th>Funding Source*</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCA, WSHA, DOH</td>
<td>SABG, GFS</td>
</tr>
</tbody>
</table>
Disseminating quarterly opioid prescribing reports to individual prescribers whose prescribing practices significantly differ from other prescribers in their specialty and quarterly reports to chief medical officer who want to understand the prescribing practices of their staff (DOH).

- Encouraging providers to look at their prescribing report within the Prescription Monitoring Program system.
- Encouraging facilities to have providers share their prescribing reports with clinical supervisors and medical directors on at least an annual basis.
- Sharing a quarterly updated Prescription Monitoring Program file to WSHA for Coordinated Quality Improvement Program use.

PMP has joined the Better Prescribing, Better Treatment (BPBT) collaborative with WSHA, WSMA, and HCA. The collaborative developed new metrics for the revamped prescriber feedback report, the first of which went out in March of 2020 to over 8000 prescribers. The quarterly reports will go out to all prescribers and will contain a combination of BREE and non-BREE metrics.

HCA is developing internal reports for better measuring and monitoring opioid prescribing, consistent with Sec 1004 of the SUPPORT Act.

<table>
<thead>
<tr>
<th>1.4</th>
<th>STRATEGY 4: Educate the public about the risks of opioid use, including overdose.</th>
<th>Lead Party</th>
<th>Funding Source*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4.1</td>
<td>Educate patients about best practices for managing acute pain, including the risks and benefits of opioids. Existing resources include:</td>
<td>DOH, HCA</td>
<td>SOR, other</td>
</tr>
<tr>
<td></td>
<td>• Veteran’s Administration materials (<a href="https://www.va.gov/PAINMANAGEMENT/Opioid_Safety/Patient_Education.asp">https://www.va.gov/PAINMANAGEMENT/Opioid_Safety/Patient_Education.asp</a>)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Region 10 Opioid Summit Planning Committee met on October 15, 2020, and given the continued concerns regarding COVID-19 decided to hold the 2021 Opioid Summit as a virtual event. The Planning Committee identified co-chairs of the Prevention, Intervention, Treatment, and Recovery workgroups.

| 1.4.2 | Implement targeted and culturally appropriate public education campaigns (both print and web-based media) on the potential harms of prescription medication misuse and abuse and secure home storage of medication. Campaigns underway include: | HCA DBHR, DOH, ADAI | STR, SOR, CDC PFS |
| | • Starts with One ([https://getthefactsrx.com/](https://getthefactsrx.com/)) (HCA DBHR) | | |
| | • One Tribal Opioid Campaign ([http://www.watribalopioidsolutions.com/](http://www.watribalopioidsolutions.com/)) (HCA DBHR) | | |
| | • Statewide Rx Awareness Campaign ([http://doh.wa.gov/oop](http://doh.wa.gov/oop)) (DOH). | | |
| | • Don’t Hang on to Meds ([www.kingcounty.gov/donthangontomeds](http://www.kingcounty.gov/donthangontomeds)) (King County) | | |
The Starts with One opioid prevention campaign planning team is doing outreach to acquire additional pharmacies to participate in our safe storage program. We have been reviewing/discussing special populations and diversity for the next iteration of the campaign implementation. For the next iteration of the tribal prevention campaign, we will be focusing its messaging on:

- Safe storage and disposal
- Overdose response
- Pregnant and parenting women
- Overdose response
- Medications for Opioid Use Disorder

The campaign is guided by the following goals:

- Raise awareness amongst tribal communities about the dangers of opioid misuse
- Raise awareness of opioid misuse prevention strategies such as refusal skills, conversation starters and resiliency in addition to safe storage and disposal practices.
- Raise awareness of how to prevent and respond to an opioid overdose in the context of tribal governments

**STRATEGY 5: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse.**

1.5.1 Educate patients and the public on the importance and ways to store and dispose of prescription medications safely (e.g. It Starts with One campaign [https://www.getthefactsrx.com/](https://www.getthefactsrx.com/), TakeBackYourMeds.org website, Safe Storage Interagency Workgroup).

| 1.5.2 | Implement the WA Secure Drug Take-Back Act (HB 1047) ([http://lawfilesext.leg.wa.gov/biennium/2017-18/Pdf/Bills/House%20Passed%20Legislature/1047-S.PL.pdf](http://lawfilesext.leg.wa.gov/biennium/2017-18/Pdf/Bills/House%20Passed%20Legislature/1047-S.PL.pdf)) to establish a statewide drug take back program and ensure drop boxes are accessible to communities across the state. | HCA DBHR, WAPC | STR, SOR |
|  | DOH officially approved a proposal from MED-project to run the safe medication return program on May 25, 2020 and the program is set to go-live on November 21, 2020. | DOH, HCA DBHR | SABG |
# Washington State Opioid Response Workgroup (ORW)

**Opioid Response Plan Sub-Workgroup Stakeholder Report Out**

**Goal 1 – Opioid Prevention Workgroup**

| 1.5.3 | Provide funding to community-based organizations and coalitions to promote safe storage products and community use of secure medicine disposal sites. | HCA DBHR | SOR Report

SOR II Funding was awarded to HCA and allowed the agency to renew 9 contracts with prevention contractors to implement opioid prevention programming in their high need communities. A number of challenges exist with virtual program implementation due to COVID-19, but community-based organization contractors are working tirelessly to meet the need in their communities. This includes providing virtual programming, adaptations to regular programming, drive through Take Back Day options, and socially distanced parenting programs.

| 1.6 | Strategy 6: Decrease the supply of illegal opioids. | Lead Party | Funding Source

| 1.6.1 | Begin engaging stakeholders to discuss potential new policies to eliminate paper prescriptions. | AG with DOH (PQAC) Report

- Federal (SUPPORT Act) and state (SSB 5380) law require electronic transmission of controlled substance prescriptions by January 1, 2021. Filed the 101 with the code reviser’s office week of 1/6/20.

| 1.6.2 | Develop criteria for when opioid distributors should report suspicious orders to Pharmacy Quality Assurance Commission (PQAC). | AGO with DOH (PQAC) Report

- PQAC is planning to hold additional stakeholder meetings to discuss draft criteria and recommendation and working with distributor association to identify other potential actions.

| 1.6.3 | Enabled investigators in Washington’s Medicaid Fraud Unit to be appointed as limited authority peace officers for Medicaid fraud investigations. | AGO with CJOW Report

- Medicaid Fraud Control Unit (MFCU) has the authority to investigate fraud cases through final CMS rule changes effective May 21, 2019. MFCU is working with law enforcement on suspicious cases.

| 1.6.4 | Disrupt and dismantle organizations responsible for trafficking narcotics by restoring resources for multi-jurisdictional drug-gang task forces. | AGO with CJOW Report

- No activity at this time

| 1.6.5 | Adopt enhanced criminal penalties for trafficking of fentanyl and fentanyl analogues. | AGO with CJOW
| Report | No activity at this time |
Goal 2: Identify and Treat Opioid Use Disorder

Strategies 1 & 2
November 19, 2020
Jessica Blose
Patricia Dean
Goal 2: Identify and Treat Opioid Use Disorder

2.2.1: Educate providers across all health professions about the signs of opioid misuse, screening for opioid use disorder, and the harms of stigmatizing people with opioid use disorder.

On June 22 and July 7, 2020 the Center for Drug Safety and Services Education at ADAI hosted a virtual summit to bring people together to improve health, equity, and justice for people who use drugs, with the following goals:

• Increase understanding of the perspectives of people who use drugs: in order to increase insight and compassion so that services are both welcoming and impactful.
• Increase understanding of the importance of equitable access to health care and other necessary services.
Goal 2: Identify and Treat Opioid Use Disorder

2.2.1: Educate providers across all health professions about the signs of opioid misuse, screening for opioid use disorder, and the harms of stigmatizing people with opioid use disorder.

On June 22 and July 7, 2020 the Center for Drug Safety and Services Education at ADAI hosted a virtual summit to bring people together to improve health, equity, and justice for people who use drugs, with the following goals:

- Connect people within their communities: to build strong working relationships that strengthen capacity to deliver great care that is equitable and just.
- Build partnerships: to catalyze and energize ongoing regional and statewide work.
- Walk away with fresh ideas: to improve practices to address the needs of people who use drugs in their community.
Goal 2: Identify and Treat Opioid Use Disorder

2.2.4: Increase the number and/or capacity of OTPs and encourage OTPs to offer all medications approved by the FDA for the treatment of OUD.

- 29 OTP’s currently in Washington State currently:
- One new OTP, the State’s 30th will be opening in Richland, WA by January 1, 2021, bringing Methadone access to the Tri-Cities area of Washington for the first time ever. To be owned and operated by ORTC out of Oregon.
  
  Tri-Cities Treatment Center
  1445 Spaulding Ave.
  Richland, WA 99352

- Additionally, two more tribal partners are in talks with WA DOH to apply for OTP including the Jamestown S’Klallam Tribe and the Tulalip Tribe.
Goal 2: Identify and Treat Opioid Use Disorder

2.2.4: Increase the number and/or capacity of OTPs and encourage OTPs to offer all medications approved by the FDA for the treatment of OUD.

HCA legislative report to identify the complex treatment needs of individuals with opioid use disorder in Opioid Treatment Programs as per SSB 5380, C 314 L 19, Sec. 28(6)(b).

- WSATOD-OTP Provider Group-100% participation from all 30 of WA OTP
- WA Health Care Authority staff are meeting with WA OTP Provider stakeholders in month of December to review listing of standardized services under consideration to finalize listing
- As one example, will be reviewing approving standards for WA OTP to offer all three FDA approved medications for the treatment of OUD and naloxone as well as HCV medications, universal guest dosing forms and protocols etc.
Goal 2: Identify and Treat Opioid Use Disorder

2.2.8: Strengthen acceptance of OUD medications in residential programs serving persons with OUD.

Work to Date:

- SUD IMD 1115 Waiver, Milestone 3C—Centers for Medicare/Medicaid Services (CMS) lead to a requirement that all SUD inpatient and withdrawal management facilities offer MAT on-site or facilitate access off-site.
- As of January 1, 2020, all SUD residential and withdrawal management facilities that receive Medicaid funding are required to facilitate MAT for patients under emergency HCA WAC 182-502-0016.
- Methadone, Buprenorphine, and Naltrexone must all be accepted and no allowances for arbitrary titration of client medications as condition of admission.
- Patients can be inducted on medications, if desired; then transitioned to ongoing treatment in their community when discharged.

Direct policy questions to:

Jessica Blose, CQCT, via email at: jessica.blose@hca.wa.gov
Goal 2: Identify and Treat Opioid Use Disorder

2.2.8: Strengthen acceptance of OUD medications in residential programs serving persons with OUD.

New Work:
• HCA Proposed permanent rule making to HCA WAC 182-502-0016

Purpose:
• HCA is amending the aforementioned emergency rule from the previous slide in order to:
  • Meet the Centers for Medicare and Medicaid Services (CMS) milestone requirement 3 regarding the agency’s Section 1115 Substance Use Disorder (SUD) Waiver Implementation. Milestone 3 requires the adoption of rules reflecting the requirement that residential treatment facilities offer medication assisted treatment access on-site or facilitate off-site access.
  • Extend this requirement to include all behavioral health agencies and all behavioral health providers practicing within these agencies. This new rule would require all behavioral health agencies, of all kinds, to accept all clients, taking any medication that can be self administered, for any medically necessary reason.

To request to comment on the proposed permanent rule, please direct policy questions to:
• Jessica Blose, CQCT, via email at: jessica.blose@hca.wa.gov with a cc: to michael.williams@hca.wa.gov.
2.2.8: Strengthen acceptance of OUD medications in residential programs serving persons with OUD.

New Work:

• DOH proposed permanent rule making to DOH WAC 246-341 series

Purpose:

• DOH is amending WAC related to SUD RTF providers in order to
• Meet the Centers for Medicare and Medicaid Services (CMS) milestone requirement 3 regarding the agency’s Section 1115 Substance Use Disorder (SUD) Waiver Implementation. Milestone 3 requires the adoption of rules reflecting the requirement that residential treatment facilities offer medication assisted treatment access on-site or facilitate off-site access.
• All residential and withdrawal management facilities licensed by WA DOH will required to facilitate OUD medication access for patients under WAC 246-341 series, SUD RTF rules section.
• Methadone, Buprenorphine, and Naltrexone must all be accepted and no allowances for arbitrary titration of client medications as condition of admission
• Patients can be inducted on medications, if desired; then transitioned to ongoing treatment in their community when discharged.

Please direct policy questions to

Michelle Weatherly, DOH, at michelle.weatherly@doh.wa.gov; and Jessica Blose, HCA via email at: jessica.blose@hca.wa.gov
Goal 2: Identify and Treat Opioid Use Disorder

2.2.13: Develop a state response strategy to respond to:

- Spikes in fentanyl overdose deaths
- Disruptions to opioid treatment programs during natural disasters

An interagency workgroup between Department of Health and Health Care Authority has launched as of October 2020: Drug Response Team (DRT)

The DRT will respond to three different types of drug-related public health events:

1. Unusual, sustained surge in drug overdoses;
2. Pain clinic closure; or
3. Unexpected loss/closure of an Opioid Treatment Program; or Unexpected loss/closure of an Office-based Opioid Treatment provider
Goal 2: Identify and Treat Opioid Use Disorder

2.2.13: Develop a state response strategy to respond to:

- Spikes in fentanyl overdose deaths
- Disruptions to opioid treatment programs during natural disasters

An interagency workgroup between Department of Health and Health Care Authority has launched as of October 2020: Drug Response Team (DRT)

- Protocols have been developed for a Drug Response Team to respond to drug overdoses that may exceed the capacity of local LHJ or Tribal partner to respond
- Protocols have been shared with LHJ and Tribal partners
- Training materials for HCA/DOH interagency DRT staff roster have been developed
- Preparation assignments have been sent to HCA/DOH team roster
- The DRT has gone live with the LHJ and is awaiting initial “activation” and “deployment”
Goal 2: Identify and Treat Opioid Use Disorder

2.2.13: Develop a state response strategy to respond to:
- Spikes in fentanyl overdose deaths
- Disruptions to opioid treatment programs during natural disasters

Health Care Authority has also been working with DOH to develop emergency planning protocols for both Opioid Treatment Programs (OTP) and Office Based Opioid Treatment (OBOT) Providers due to COVID-19:

- Protocols have been developed for an interagency state response to an OTP emergency closure scenario due to COVID-19.
- WA Health Care Authority has purchased OTP Central Registry Software called Lighthouse Central Registry for all Washington State OTP to store client PHI and dosing information in a cloud-based platform, to be used in emergency closure scenarios to help coordinate clients to be dosed at other OTP and/or offsite in a temporary OTP site. OTP Central Registry launched Oct. 15, 2020.
- OTP provider COVID-19 Toolkit being developed and will be out by Dec. 1, 2020.
Goal 2: Identify and Treat Opioid Use Disorder

2.2.13: Develop a state response strategy to respond to:
- Spikes in fentanyl overdose deaths
- Disruptions to opioid treatment programs during natural disasters

Health Care Authority has also been working with DOH to develop emergency planning protocols for both Opioid Treatment Programs (OTP) and Office Based Opioid Treatment (OBOT) Providers due to COVID-19:
- Protocols have been developed for an interagency state response to an OBOT emergency closure scenario due to COVID-19
- OBOT specific COVID-19 guidance updated by the State for Winter 2020/2021 COVID-19 surge
- Protocols have been developed for State response to a pain management clinic emergency closure scenario due to COVID-19

Direct policy questions to:
- Jessica Blose, HCA via email at: jessica.blose@hca.wa.gov
- Rachel Meade, DOH via email at: rachel.meade@doh.wa.gov
Goal 2: Identify and Treat Opioid Use Disorder

HCA and State resources for COVID-19 Related to Opioid Treatment


Direct policy questions to:
Jessica Blose, Washington State Opioid Treatment Authority at HCA via email at: jessica.blose@hca.wa.gov
Goal 2: Identify and Treat Opioid Use Disorder

Other COVID-19 Related Opioid Treatment Resources:


Substance Abuse and Mental Health Services Administration (SAMHSA) published guidance and resources for COVID-19: https://www.samhsa.gov/coronavirus


University of Washington ADAI/AIMS: Providing MOUD During COVID-19. Please find slides from the session attached and a recording posted here: https://vimeo.com/400667787/131e0c784b

Direct policy questions to:
Jessica Blose, Washington State Opioid Treatment Authority at HCA via email at: jessica.blose@hca.wa.gov
Goal 2: Identify and Treat Opioid Use Disorder

2.2.5: Engage and retain people with opioid use disorder in treatment and recovery services.

2.2.6: Identify policy gaps and barriers that limit availability and utilization of all medications approved by the Food and Drug Administration for the treatment of opioid use disorder and develop policy solutions to expand capacity.

Roadmap to Recovery resources:

• July 2019, CMS announced two-part funding opportunity
• September 2019, Washington State was selected for this CMS grant.
• Washington State Health Care Authority began to develop policy framework under Section 1003 of the SUPPORT Act to create a “Roadmap to Recovery”.
• This “Roadmap” will help Washington State Healthcare Authority to determine policies and timeline that the state could implement to direct and accelerate statewide future innovation in whole-person, integrated SUD and physical health care.
Goal 2: Identify and Treat Opioid Use Disorder

- 2.2.5: Engage and retain people with opioid use disorder in treatment and recovery services.
- 2.2.6: Identify policy gaps and barriers that limit availability and utilization of all medications approved by the Food and Drug Administration for the treatment of opioid use disorder and develop policy solutions to expand capacity.

Roadmap to Recovery resources:
- Medicaid transformation efforts- Accountable Community Health (ACH) activities, including Project 3A: Addressing the Opioid Use Public Health crisis
- Integrated physical and BH care via Medicaid Fee for Service and Medicaid Managed Care
- SUD IMD Waiver (including enhancements to the PDMP)
- Anticipated IMD waiver
- Critical BH programs- SOR grant recipients, SABG recipients, and other publicly funded SUD programs including providers offering medications for the treatment of OUD and recovery support services.
- Health IT (HIT) and health information exchange (HIE)
Goal 2: Identify and Treat Opioid Use Disorder

2.2.5: Engage and retain people with opioid use disorder in treatment and recovery services.

2.2.6: Identify policy gaps and barriers that limit availability and utilization of all medications approved by the Food and Drug Administration for the treatment of opioid use disorder and develop policy solutions to expand capacity.

Roadmap to Recovery Populations Targeted:

Medicaid beneficiaries with SUD, including OUD include:

- Pregnant and post-partum women with SUD
- Adolescents, age 13-18
- Transition Age Youth Adults (TAYA), age 16-25
- Individuals who receive services at syringe service programs (SSPs)
- American Indian and Alaska Natives with SUD/OUD
- Justice involved individuals
- Those experiencing homelessness
Goal 2: Identify and Treat Opioid Use Disorder

2.2.5 and 2.2.6

Roadmap to Recovery Goals:
Goal 2: Identify and Treat Opioid Use Disorder

Roadmap to Recovery Goals:

1. What data exist showing success for programming?
2. What role does staff play in providing programming? What services does your community need, support?
3. What does the literature say about the effectiveness of services/programming?
4. If effective, how would and APM take into account use of services?
5. If effective, what licensing, coverage, payment, workforce, and HIT/HIE policy changes are needed to enable statewide?
Thank you!

Please contact us with questions:

Jessica Blose
Jessica.blose@hca.wa.gov
360-485-2895

Patricia Dean
Patty.dean@hca.wa.gov
360-725-9561
Updates to Overdoses in WA State

Recent updates with 2019 and 2020 preliminary data

WA DOH – IVP/S&E
ORWG Meeting 19Nov2020
Drug overdose deaths

- The overdose death data are from Washington DOH Death Certificates.
- The definition of drug overdose is based on ICD-10.
- any_drug is defined by the following ICD-10 codes as underlying causes of death:
  - X40-X44: Accidental poisonings by drugs
  - X60-X64: Intentional self-poisoning by drugs
  - X85: Assault by drug poisoning
  - Y10-Y14: Drug poisoning of undetermined intent
- Once a case is a drug overdose as defined above, specific drugs can be defined from the multiple causes of death, allowing multiple choices in case of polysubstance.
## Confirmed Washington State overdose deaths

Data last updated on 2020-11-16 08:30:35

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Drug</td>
<td>1053</td>
<td>1228</td>
<td>1181</td>
<td>1163</td>
</tr>
<tr>
<td>Any Opioid</td>
<td>723</td>
<td>803</td>
<td>744</td>
<td>739</td>
</tr>
<tr>
<td>Cocaine</td>
<td>136</td>
<td>131</td>
<td>129</td>
<td>111</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>398</td>
<td>310</td>
<td>198</td>
<td>120</td>
</tr>
<tr>
<td>Heroin</td>
<td>241</td>
<td>337</td>
<td>329</td>
<td>306</td>
</tr>
<tr>
<td>Methadone</td>
<td>66</td>
<td>73</td>
<td>96</td>
<td>119</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>429</td>
<td>556</td>
<td>486</td>
<td>391</td>
</tr>
<tr>
<td>Natural Semi Synth</td>
<td>137</td>
<td>196</td>
<td>218</td>
<td>249</td>
</tr>
<tr>
<td>Psycho Stimulant</td>
<td>414</td>
<td>530</td>
<td>473</td>
<td>390</td>
</tr>
<tr>
<td>Rx Opioid Non Fentanyl</td>
<td>190</td>
<td>260</td>
<td>305</td>
<td>342</td>
</tr>
<tr>
<td>Synth Not Methadone</td>
<td>403</td>
<td>323</td>
<td>224</td>
<td>142</td>
</tr>
</tbody>
</table>

2020 OD deaths already higher than the number for 2019

2019 data is not yet finalized and could change.

2020 data will change.

Data is as of 16Nov2020.

Source: DOH Death certificates
Annual cumulative overall drug overdose deaths by month (2018-2020*)

Trends for 2018 to 2019 show similar numbers for each year, and 2020 shows an increase in March, April, May and June.

2020 numbers will change for any month, especially more recent months.

Drug OD deaths in the first 6 months of 2020 is nearly 36 percent higher than the same time of 2019. 808 vs 593 respectively.

2019 & 2020 data not finalized.

Data run: 16Nov2020
Annual cumulative drug overdose deaths involving non-methadone synthetic opioids by month (2018-2020*)

Trends for 2018 to 2019 show a continued increase for each year and 2020 appears to continue that trend and experiencing an **extra increase in March, April, May, June**.

Drug OD deaths involving synthetic opioids in the first 6 months of 2020 is **nearly 107 percent higher** than the same time of 2019. 305 vs 147 respectively.

2020 numbers will change for any month, especially more recent months.

- 2019 & 2020 data not finalized.
- Data run: 16Nov2020

Source: DOH death certificates
Annual cumulative drug overdose deaths involving cocaine by month (2018-2020*)

Trends for 2018 to 2019 show similar numbers for each year and in 2020 it appears **increase in April and May.**

Drug OD deaths involving cocaine in the first 6 months of 2020 is **nearly 111 percent higher** than the same time of 2019. 116 vs 55 respectively.

2020 numbers will change for any month, especially more recent months.

- 2019 & 2020 data not finalized.
- Data run: 16Nov2020

Source: DOH death certificates

Washington State Department of Health
Annual cumulative drug overdose deaths involving psychostimulants by month (2018-2020*)

- Trends for 2018 to 2019 show a continued increase for each year and 2020 appears to stay in line with 2019 numbers and appears a slight **bump in May**.
- 2020 numbers will change for any month, especially more recent months.
- Drug OD deaths involving psychostimulants in the first 6 months of 2020 is **about 21 percent higher** than the same time of 2019. 314 vs 259 respectively.

**Washington Residents**

<table>
<thead>
<tr>
<th>Month</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan.</td>
<td>n=473</td>
<td>n=530</td>
<td></td>
</tr>
<tr>
<td>Feb.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>June</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sept.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 2019 & 2020 data not finalized.
- Data run: 16Nov2020

Source: DOH death certificates
Annual cumulative drug overdose deaths involving Rx opioids by month (2018-2020*)

- Trends for 2018 to 2019 show a continued increase for each year and 2020 appears to stay in line with 2019 numbers and appears a slight **bump in May**.
- 2020 numbers will change for any month, especially more recent months.
- Drug OD deaths involving rx opioids in the first 6 months of 2020 is **about 16 percent higher** than the same time of 2019. 148 vs 128 respectively.

Source: DOH death certificates

- 2019 & 2020 data not finalized.
- Data run: 16Nov2020
Annual cumulative drug overdose deaths involving heroin by month (2018-2020*)

Trends for 2018 to 2019 show a similar number for each year and 2020 appears to stay in line with 2018 and 2019 numbers.

Drug OD deaths involving heroin in the first 6 months of 2020 is roughly the same as the same time of 2019. 169 vs 167 respectively.

2020 numbers will change for any month, especially more recent months.

Source: DOH death certificates

• 2019 & 2020 data not finalized.
• Data run: 16Nov2020
Overall drug overdose death counts by county compare first 6 months of 2019 and 2020

Counties with at least 10 OD deaths in 2019 or 2020
Data for first 6 months of 2019 and 2020.

2019 data is not finalized, and 2020 numbers will change.
Data as of 16Nov2020

Source: DOH death certificates
Overall drug overdose death counts by race compare first 6 months of 2019 and 2020

Statewide: 36% increase in the first 6 months

<table>
<thead>
<tr>
<th>Race</th>
<th>Q1_Q2 2019</th>
<th>Q1_Q2 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>White-NH</td>
<td>464</td>
<td>573</td>
</tr>
<tr>
<td>Black-NH</td>
<td>32</td>
<td>60</td>
</tr>
<tr>
<td>AIAN-NH</td>
<td>13</td>
<td>34</td>
</tr>
<tr>
<td>Hispanic</td>
<td>39</td>
<td>84</td>
</tr>
<tr>
<td>Asian-NH</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>All other-NH</td>
<td>29</td>
<td>48</td>
</tr>
</tbody>
</table>

2019 data is not finalized, and 2020 data will change. NH: Non-Hispanic AIAN: American Indian/Alaskan Native

Data as of 16Nov2020

Washington State Department of Health

All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)
Drug overdose deaths disproportionally affect American Indian and Alaskan Native populations

While the number of overdose deaths among AIAN are low, the rate is very high.

This is to put the previous slide in some context.
Overall drug overdose death counts by age and sex compare first 6 months of 2019 and 2020

2019 data is not finalized, and 2020 numbers will change.
Data as of 16Nov2020

Source: DOH death certificates
Overdose hospitalizations

- The hospital discharge data are from CHARS
  - Comprehensive Hospital Abstract Reporting System (CHARS).
- The definition of drug overdose is based on ICD-10-CM.
- The data are available quarterly. The latest being the first quarter of 2020.

Washington State Department of Health
Hospital Discharge Drug Indicators

- Opioid overdoses were identified by searching for the appropriate ICD-10-CM in all the multiple diagnosis codes and e-codes fields available. No limitations were made on the number of diagnosis and e-code fields.
  - **Any Drug:** T36-T50 (Poisoning by drugs, medicaments and biological substances)
  - **Any Opioid:** T40.0X (Poisoning by opium), T40.1X (Poisoning by heroin), T40.2X (Poisoning by other Opioids), T40.3X (Poisoning by methadone), T40.4X (Poisoning by synthetic narcotics), T40.60 (Poisoning by unspecified narcotics), T40.69 (Poisoning by other narcotics)
  - **Stimulants:** T40.5x (Poisoning by cocaine), T43.60 (Poisoning by psychostimulants), T43.61 (Poisoning by of caffeine), T43.62 (Poisoning by amphetamines), T43.63 (Poisoning by methylphenidate), T43.64 (Poisoning by ecstasy), T43.69(Poisoning by other psychostimulants)
  - ED overdose definition use these same codes

- The intent when known is restricted to unintentional, intentional self-harm, assault and undetermined intent
- The encounters are limited to initial encounter or missing encounter
- Hospitalization discharges from Out-of-state hospitals, federal hospitals, rehabilitation centers, and psychiatric hospitals, and those who died before discharge are excluded from the numbers.
Number of non-fatal hospital discharges by quarter and drug type

WA Residents

Number of hospital discharges

Q1  Q2  Q3  Q4  Q1  Q2  Q3  Q4  Q1  Q2  Q3  Q4  Q1  Q2  Q3  Q4
2016 2017 2018 2019 2020
1509 1509 1451 1451
1444 1444 1444 1444
444 444 444 444
444 444 444 444
157 157 157 157
157 157 157 157
204 204 204 204
204 204 204 204

Source: CHARS
Washington State Department of Health
Drug OD ED visit rate.

Note peak in April 2020.

Diagram: Drug OD ED Rate
From January 2019 to October 2020

- any_drug
- any_opioid
- heroin
- stimulant

Diagnosis based on ICD-10-CM codes.
Definitions are the same as hospital discharge drug indicators (earlier slide).
ED Visits (Rate and Count) for Any Drug OD

- **Counts_2019**
- **Counts_2020**
- **Rate_2019**
- **Rate_2020**

**ED Visits **

- **Jan.**: 1200
- **Feb.**: 1000
- **Mar.**: 1300
- **Apr.**: 1100
- **May**: 1200
- **Jun.**: 1300
- **Jul.**: 1400
- **Aug.**: 1300
- **Sep.**: 1200
- **Oct.**: 1100
- **Nov.**: 1000
- **Dec.**: 1200

**ED Visit rate per 10,000**

- **Jan.**: 90
- **Feb.**: 80
- **Mar.**: 90
- **Apr.**: 80
- **May**: 90
- **Jun.**: 80
- **Jul.**: 90
- **Aug.**: 80
- **Sep.**: 90
- **Oct.**: 80
- **Nov.**: 90
- **Dec.**: 80

Washington State Department of Health
Thank you

Data available:

https://www.doh.wa.gov/Portals/1/Documents/8300/wa_lhj_quarterly_report_18_1_2_pub.html
Pregnant and Parenting
Community Services: request for feedback coming soon
Child Welfare

• Policy for the notification and report of infants who have been affected by substance use

• Partnering with Help me Grow

• Piloting in Yakima and Tacoma
Center of Excellence

- Certification for Birthing Hospitals
- Urban and Rural hospital designations
- Feedback on criteria from clinicians and hospital staff
Birth Support

Mother Baby Dyad

- Centering parents and non-pharmacological interventions

- HCA is working on payment structures for the provision of care for the parent who gave birth

- WSHA is piloting the opioid bundle (QI with data) at 10-15 hospitals in 2021
Tiffani Buck
tiffani.buck@doh.wa.gov
(360)236-3563