2021–2022

Opioid and Overdose Response Plan

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EXECUTIVE SUMMARY

The effects of substance, opioid, and stimulant use pose a public health challenge that touches the lives of every Washingtonian. Communities across the state have demanded a coordinated response to the persistent and evolving epidemic of drug-related harms. The **2021-2022 Washington State Opioid and Overdose Response Plan** is an update to the 2018 Washington State Opioid Response Plan and reflects necessary changes to establish a flexible planning structure that can address substance use needs as they evolve and emerge. The plan serves the following purposes:

- Describe the history and evolution of the opioid epidemic;
- Inform the use of federal, state, and local resources in response to substance use disorders and overdose deaths;
- Coordinate activities and avoid duplicative efforts across agencies;
- Support linkages with stakeholders across state agencies, local governments, health care organizations, academic institutions, civic and philanthropic organizations, and members of the public in general; and
- Guide the state efforts to work with tribal governments.

In pursuit of a coordinated and collaborative solution to the issues, Washington state has identified the following goals that serve as the theoretical underpinning of our work to address opioids, stimulants, and overdoses:

- Goal 1 – Prevent opioid and other drug misuse
- Goal 2 – Identify and treat opioid misuse and stimulant use disorder
- Goal 3 – Ensure and improve the health and wellness of people who use opioids and other drugs
- Goal 4 – Use data and information to detect opioid misuse, monitor drug user health effects, analyze population health, and evaluate interventions
- Goal 5 – Support individuals in recovery

Each goal has a suite of evidence-based practices, culturally appropriate strategies, and/or practice-based evidence strategies developed by workgroups. Workgroups meet regularly and are composed of a diverse membership of partners in state planning efforts. Members provide expertise and leadership from the direct service delivery level to policy work.

This plan represents the work of countless professionals across government agencies, tribal governments, health care, academia, civic organizations, and more throughout Washington. Without this collaborative work, the level of planning and coordination would not be possible. We owe our gratitude to those who work tirelessly to address substance use disorders to help create a healthier Washington.

The State Opioid and Overdose Response Plan is distributed to stakeholders, listservs, social media, media organizations, and the public upon request. The plan is continuously monitored and reviewed by workgroups. The Washington State Substance Use Disorder and Overdose Plan can be located online at: doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/OpioidMisuseandOverdosePrevention

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A STATEMENT ABOUT HEALTH EQUITY AND JUSTICE

The State Opioid and Overdose Response Plan's partners recognize that Black Lives Matter and that racism, discrimination, criminal legal system involvement, and the stigmatization of individuals who use drugs are systemic problems that disproportionately affect people of color. This impact has manifested in profoundly unequal outcomes during the course of the war on drugs and has resulted in over-representation of people of color in the criminal legal system, further amplifying stigma and racism. After involvement in these systems, key components of recovery-oriented lifestyle like housing, appropriate health care, post-secondary education, and employment, become exponentially more difficult, if not impossible, to access.

This plan's goals, workgroups, strategies, and associated activities will work to dismantle systemic racism and discrimination, specifically as it exists in the opioid prevention, treatment, and recovery structures. Further, we will work to hold ourselves accountable to these principles of health equity and justice for American Indian/Alaskan Native (AI/AN) communities, people of color, and LGBTQ+ communities.

Each workgroup will, in collaboration with AI/AN, black lives, people of color, and LGBTQ+ communities that have been oppressed by dominant culture, examine their strategies and activities to understand how current work can be used to address inequities in substance use disorder prevention, treatment, and recovery services; understand cultural barriers to prevention, treatment, and recovery; and examine what we can do in the future to provide meaningful, culturally appropriate services.

We recognize that input from tribes and tribal organizations (AI/AN), black lives, people of color, and LGBTQ+ communities is essential to help guide our response to the opioid and overdose epidemic in a way that respects the culture and tradition of individual communities and impacts of systemic racism. This will be a long process and those involved in the State Opioid and Overdose Response Plan are committed, in both word and deed, to equity and justice in the provision of substance use disorder prevention, treatment, and recovery.

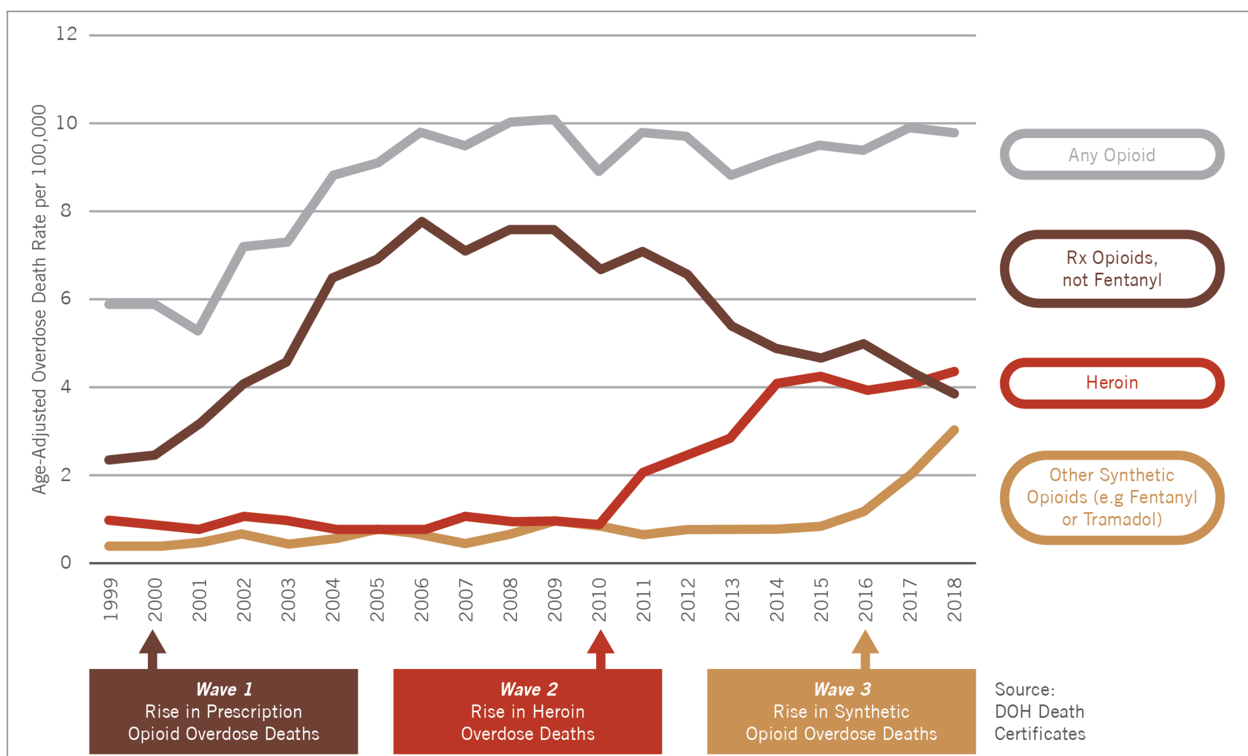
A CHANGING EPIDEMIC REQUIRES ONGOING COLLABORATION

Washington State continues to engage with the ever-changing nature of the opioid and overdose epidemic. The overall drug overdose death rate continues to climb and have accelerated due to the COVID 19 pandemic. This is due to a rapid rise in stimulant-related overdose deaths, particularly methamphetamine and an increase in fentanyl related overdoses. Opioid-related overdose deaths continue to be a concern, though the substances involved are changing and becoming more deadly. More people are using multiple substances at once and polysubstance overdose deaths have been increasing. The health and social consequences of this evolving epidemic are far reaching, affecting not only people who use drugs but the lives of those around them as well. This challenge requires responsive, ongoing collaborative action on all levels and necessitates a flexible state planning process that addresses polysubstance use issues, rather than focusing exclusively on opioids.

The opioid overdose epidemic in Washington has occurred in three distinct waves. The first wave started in 1999-2000 as the rate of overdose deaths involving prescription opioids increased dramatically. The second wave started in 2010 with overdose deaths related to heroin rising rapidly. The third wave started in 2016 and continues currently as overdose deaths involving synthetic opioids, particularly fentanyl, have sharply increased. As each wave has leveled off, a new wave has started, resulting in a relatively stable overall opioid overdose death rate since 2006. While rates of opioid-related deaths have stabilized, the overall drug overdose death rate has continued to climb as the result of increasing psychostimulant-related overdose deaths, particularly methamphetamine.

The increase of fentanyl in Washington's drug supply presents new challenges, as well. Fentanyl and its analogues are many times more powerful and carry a higher overdose risk than heroin and other prescription opioids. These pills are difficult to distinguish from authentic prescription pills, creating a false sense of security among people using the pills. There is growing concern of fentanyl-related overdoses among adolescents taking counterfeit prescription pills.

Figure 1: *Opioid-Related Overdose Deaths by Type of Opioid, Washington 2000–2018*



Much attention has been paid to opioid use and the overdose crisis in Washington. The implications of this public health issue are much broader and best characterized in the context of a set of overlapping and interrelated epidemics and the larger societal circumstances that facilitate them, also known as a syndemic, of overdose and infections such as hepatitis C virus (HCV), HIV, and skin and soft tissue infections. In the context of opioid use, these infections primarily impact people who inject opioids and other drugs. Other conditions, such as neonatal abstinence syndrome and sexually transmitted infections (e.g., increases in syphilis among heterosexuals and the concomitant increase in congenital syphilis) also form part of the syndemic regardless of injection or non-injection use of opioids and other drugs. In response to the infectious disease implications of opioid use and the related overdose crisis, the workgroup associated with Goal 3 has expanded its focus from morbidity and mortality related to opioid overdose to addressing a broader array of issues the impact the health of people who use drugs.

Behind these opioid overdose deaths are a variety of other substance use patterns that demand consideration when formulating a response. As noted in research published by the University of Washington's Addictions, Drug & Alcohol Institute (ADAI) in 2018, a significant number of methamphetamine overdoses also involve opioid use.[1] While methamphetamine use disorders have significant negative impacts on public health all their own, there is a synergistic relationship between methamphetamine and opioids that compounds problems associated with their use and can alter the effectiveness of prevention, treatment, and recovery strategies.

The rise in stimulant deaths represents a fourth wave in the overdose epidemic. Since 2010, the rate of stimulant-related overdose deaths has increased 388%.[2] The number of deaths due to stimulants combined with other substances has also increased, indicating that people are increasingly using multiple substances. ADAI conducted a survey in 2019 that confirmed individuals who use drugs use multiple substances. Addressing the rise in methamphetamine related polysubstance use requires adapting strategies within this plan to consider problems associated with many drugs, not just opioids.[3]

388%

Increase in the rate of stimulant-related overdose deaths since 2010

In Washington, deaths associated with methamphetamine increased over the last decade; from 2008 to 2016, the number of deaths per year attributed to methamphetamine poisoning increased from 83 to 364 (1.3 to 5.1 per 100,000). During the same period, rates of deaths attributed to cocaine poisoning remained relatively stable, and the gap between deaths due to cocaine vs. methamphetamine poisoning increased since 2009.[4]

For current and detailed poloysubstance overdose data from 2000 to 2018, including data illustrated by county and ACH, please see the DOH Washington State Drug Overdose Monthly Updates at doh.wa.gov/Portals/1/Documents/8300/wa_lhj_quarterly_report_18_1_2_pub.html.

1 https://adai.uw.edu/pubs/pdf/2018MethamphetamineInWashington.pdf (accessed 12/27/19)

2 Source: DOH death certificates 2010-2018

3 Caleb Banta-Green, PhD, MPH, MSW; Alison Newman, MPH; Susan Kingston; Sara Glick, PhD, MPH; Joe Tinsley; Sarah Deutsch, MPH. Published April 2020

4 Analysis by UW ADAI. For data sources see adai.uw.edu/WAdata

WASHINGTON STATE'S RESPONSE

In 2007, in response to the increased number of deaths from opioid overdoses, the medical directors of the Washington State Agencies, or the Agency Medical Directors Group (AMDG), developed Guidelines on Prescribing Opioids for Pain. These guidelines were revised in 2010 and 2015. The CDC developed and disseminated similar national guidelines in 2016.

In 2008, the Department of Health convened an Unintentional Poisoning Workgroup to address the alarming increase in overdose deaths involving prescription opioids. Several years later when overdose deaths related to heroin increased, the department expanded the focus of the group to include overdose deaths related to any type of opioid and renamed the workgroup to the Opioid Response Workgroup (ORWG). In 2015, ORWG collaborated to develop a comprehensive statewide opioid response plan. On September 30, 2016, Governor Jay Inslee signed Executive Order 16-09 (governor.wa.gov/sites/default/files/exe_order/eo_16-09.pdf), Addressing the Opioid Use Public Health Crisis, formally directing state agencies to implement key elements of the Washington State Opioid and Overdose Response Plan. The ORWG updates the plan periodically to align with evolution of the problem, changing scientific evidence, new policies implemented by the legislature, and new activities supported by state and federal funding.

During the development of the statewide planning process, the Health Care Authority (HCA) concurrently began addressing systems level improvements through a multifaceted Medicaid Transformation Project (https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation). Washington State has built a strong foundation to support statewide health transformation and behavioral health integration that is improving SUD service delivery. Initiative 1 of this project is helping to drive innovation in care delivery through Accountable Communities of Health (ACH). ACHs are regional groups of leaders throughout the state from a variety of sectors with a common interest in improving health at the local level. With support from the state, each ACH is working on Project 3A of Initiative 1 to help the state achieve the goals of the State Opioid and Overdose Response Plan through strategies that target prevention, treatment, and recovery. For more information about how ACH's are combating the opioid crisis and working to achieve a healthier Washington please see the Initiative 1 Project Toolkit at hca.wa.gov/assets/program/project-toolkit-approved.pdf.

In 2016, Washington State Department of Health (DOH) received the first opioid specific federal funding from the Center for Disease Control and Prevention (CDC). The Prescription Drug Overdose: Prevention for States (PfS) program provided funding to combat the ongoing prescription drug overdose epidemic. The purpose of PfS was to provide state health departments with resources and support needed to advance interventions for preventing prescription drug overdoses. Primary goals of PfS were to enhance and maximize the Prescription Monitoring Program (PMP), implement community or insurers/health system interventions, evaluate laws and policies, and develop rapid response capability (EMS, etc.) to assist in opioid surveillance.

In 2017, DOH received the CDC Enhanced State Opioid Overdose Surveillance (ESOOS) grant to improve the quality and timeliness of nonfatal and fatal opioid overdose surveillance and to more rapidly disseminate data. This was a multi-year grant from 2017 to 2019. In September 2018, DOH received $3.8 million under the CDC Public Health Opioid Crisis Response (PHCR) grant to "surge" the efforts of PfS and ESOOS. The overall goals of these grants were to increase opioid overdose prevention, support linkages to care, support evidence-based treatment options, reduce the number of new chronic opioid users, improve safe prescribing, improve data and data dissemination, and support harm reduction strategies. PfS, ESOOS, and PHCR ended August 31, 2019. In September 2019, DOH was awarded the CDC's Overdose Data to Action Cooperative (OD2A) Agreement to expand prevention and surveillance efforts to all drugs. OD2A will run through August 2022.

Beginning with the State Targeted Response (STR) in 2017 and continuing with the subsequent State Opioid Response (SOR) (hca.wa.gov/about-hca/behavioral-health-recovery/state-opioid-response-sor-grant) awards funded by Substance Abuse Mental Health Services Administration (SAMHSA) in 2018 and 2019, HCA has implemented dozens of prevention, treatment, and recovery programs across the state to address the opioid crisis. One nationwide requirement contained in the SOR funding was to create the State Opioid Coordinator position with the purpose of providing the interagency coordination needed to ensure alignment of all state activities related to the opioid response. HCA continues to work with a broad group of stakeholders across the state to provide updates, examine changing scientific evidence, implement new policies passed by the legislature, and develop new activities supported by state and federal funding to address the opioid crisis.

In 2017, the Bree Collaborative convened a workgroup that developed metrics to help implement the guidelines and standardize comparisons between populations. The 2017 Washington Legislature passed, and the Governor signed into law, the Engrossed Substitute House Bill 1427. It required 5 boards and commissions (medical, dental, nursing, osteopathic, podiatry) to adopt comprehensive, safe opioid prescribing rules. It also directed the Department of Health to expand use of PMP data to create and provide prescriber feedback reports to individual prescribers and to Chief Medical Officers, to create overdose notifications, to provide data to WSHA for use in connection with its Coordinated Quality Improvement Program, to perform assessments of PMP data linked with morbidity and mortality data to conduct public health surveillance, and to provide data to improve prescribing practices.

In 2019, the State Legislature passed Substitute Senate Bill 5380 recognizing opioid use disorder as a chronic medical condition. The bill outlines evidence-based treatment such as medications for opioid use disorder (MOUD), a statewide standing order for naloxone distribution, and a drug response team to address sudden spikes in overdoses.

PLANNING TREATMENT AND RECOVERY SERVICES DURING A GLOBAL PANDEMIC

The COVID-19 pandemic has had a profound impact on American life. Washington State has had to balance the need to provide care for Washingtonians while also taking the necessary precautions that this global pandemic requires, accompanied by a surge in behavioral health issues during this pandemic. There are areas where the Washington State Opioid and Overdose Response Plan and its partners have taken action to mitigate the spread of COVID-19 while continuing to provide the necessary behavioral health services to address the rise in opioid and stimulant-related SUD and overdose related issues. These actions include:

- Expansion of telehealth services, changes in the type of telecommunications that can be used to provide covered services, and a partnership with the University of Washington Behavioral Health Institute to provide telehealth technical assistance to providers during the pandemic.
- Ongoing technical assistance calls with behavioral health providers related to COVID-19.
- Implementation of a helpline to address stress-related issues caused by COVID-19, called Washington Listens (walistens.org).
- Increased flexibility of behavioral health service provision and medication dispensing, including MOUD.

For more information about state efforts related to COVID-19, please visit:

- The Washington State Coronavirus Response (COVID-19) website at coronavirus.wa.gov has general news and information about the state response.
- The Washington State Department of Health (DOH) has information about public health and COVID-19 on its website (doh.wa.gov/emergencies/coronavirus) including resources and recommendations for schools, health care providers, and employers.
- The Office of the Insurance Commissioner (OIC) has information about insurance and COVID-19 on its website, insurance.wa.gov/health-insurance-and-coronavirus-covid-19-frequently-asked-questions.
- governor.wa.gov/news-media/news-media (Governor proclamations and updates).
- Washington Listens is a statewide resource administered by DBHR. If you are experiencing stress due to COVID-19, call Washington Listens at 1-833-681-0211. (hca.wa.gov/assets/program/washington-listens-fact-sheet.pdf)
- USDA COVID-19 Rural Resource Guide (rd.usda.gov/sites/default/files/USDA_COVID-19_Fed_Rural_Resource_Guide.pdf)

PLAN OVERVIEW

The **Washington State Opioid and Overdose Response Plan** (SOORP) identifies five overarching goals that organize strategies to address the opioid crisis, overdose deaths, and other emerging drug use trends. Executive leadership and workgroup leads coordinate activities through an ongoing process with stakeholders that includes federal agencies, state agencies, tribal governments, local public health, first responders, advocacy groups, and clinical providers and health care organizations to implement plan activities.

The five goals of the SOORP are:

1. **Prevent opioid misuse**
2. **Identify and treat opioid and stimulant use disorder**
3. **Ensure and improve the health and wellness of people who use opioids and other drugs**
4. **Use data and information to detect opioid misuse, monitor drug-user health effects, analyze population health, and evaluate interventions**
5. **Support individuals in recovery**

***Table 1:* State Opioid and Overdose Response Plan metrics**

Population Health Outcomes	Data Source	Frequency
Overdose death rates total	Department of Health/Death certificates	Quarterly
Overdose death rates by race/ethnicity	Department of Health/Death certificates	Quarterly
Opioid-related overdose death rate	Department of Health/Death certificates	Quarterly
Methamphetamine related overdose deaths	Department of Health/Death certificates	Quarterly
Prescription opioid-related overdose death rate	Department of Health/Death certificates	Quarterly
Heroin-related overdose death rate	Department of Health/Death certificates	Quarterly
Drug related emergency department admissions	Health Care Authority	Quarterly
Synthetic opioid-related overdose death rate	Department of Health/Death certificates	Quarterly
% of 10th graders using pain killers to get high	Healthy Youth Survey	Biennially
Infants born with Neonatal Abstinence Syndrome	Department of Health/Hospital discharge data	Quarterly

GOAL 1

PREVENT OPIOID MISUSE

The Goal 1 Workgroup currently works in partnership to coordinate prevention efforts – including representatives from Health Care Authority, Department of Health, Labor & Industries, Office of the Attorney General, Office of the Superintendent of Public Instruction, Washington Medical Commission, University of Washington, Washington State University, tribes, tribal organizations, and others.

Strategies include:

- Engaging local communities to provide community-based prevention efforts,
- Promoting use of responsible prescribing practices,
- Use of prescription monitoring,
- Public education and awareness,
- Safe storage of medications, and
- Decreasing the supply of illicit opioids.

The Health Care Authority's Substance Abuse and Mental Health Promotion Section at hca.wa.gov/about-hca/behavioral-health-recovery/substance-abuse-prevention-and-mental-health-promotion#statewide-prevention-programs has recently used SOR dollars to implement Community Prevention and Wellness Initiative (CPWI) coalitions and Community Based Organizations (CBO) in communities throughout Washington to engage local school districts and other local community organizations. Another statewide prevention project that aids the opioid response is the student assistance program, which provides a prevention and intervention specialist in each of the SOR funded CPWI communities. DBHR contracts with OSPI to administer the Washington State Prevention/Early Intervention Program that places student assistance specialists in local schools to serve students at risk of opioid and other substance misuse. Additionally, SOR grant funds are made available to tribal communities to support prevention services if tribes chose this through Indian Nation Agreements.

The Health Care Authority's Division of Behavioral Health and Recovery (DBHR) supports two statewide media campaigns with opioid misuse and prevention messaging: Starts with One at getthefactsrx.com and Washington Tribal Opioid Solutions at watribalopioidsolutions.com. DBHR also promotes safe storage and appropriate disposal of prescription pain medication through the National Take Back events, year round prescription disposal through TakeBackYourMeds.org and public education on the importance of safe storage. The Department of Health, in collaboration with a variety of partners, has implemented the Safe Medication Return Program (doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/SafeMedicationReturnProgram), a statewide project that provides Washington residents with free, convenient, and environmentally responsible options to dispose of unwanted medications.

The Department of Health, University of Washington, and Washington State University work to enhance health care higher education curricula on pain management as well as the Prescription Monitoring Program. The University of Washington provides technical assistance and coaching to providers and clinics through the UW Telepain project.

The Department of Health also leads many prevention activities in the response to the opioid crisis, including increasing the use of the Prescription Monitoring Program (PMP) among health care providers. The DOH Injury and Violence Prevention (IVP) program leads the agency's Opioid Overdose Prevention activities. IVP promotes CDC guidelines for prescribing chronic pain medications and provides access to other relevant CDC content. IVP also leads the State Unintentional Drug Overdose Reporting System (SUDORS). SUDORS data is used to better understand circumstances surrounding the incident, type, and origin of drugs involved in overdoses. This tool informs the use of resources used to address the opioid crisis.

The DOH Health Systems Quality Assurance (HSQA) Division operates the state PMP. In addition, the health professions boards and commissions that prescribe opioids enacted comprehensive opioid prescribing rules in 2017 and 2018. The rules set minimum standards for opioid prescribing for different phases (acute, subacute, postoperative, and chronic) pain, as well as require other safeguards, such as PMP checks, consideration of alternative therapies, and informed consent/patient notification.

A summary of the Washington State overdose death data from July 2017 through June 2018 can be located at doh.wa.gov/Portals/1/Documents/Pubs/971-036-SUDORSposter.pdf.

Goal 1 Metrics – Prevent Opioid Use		
Patients on high-dose chronic opioid therapy > 90 mg MED	Department of Health/PMP	Quarterly
New opioid patients who become chronic users	Department of Health/PMP	Quarterly
Chronic opioid patients with concurrent sedative use	Department of Health/PMP	Quarterly
Days of opioids supplied to new clients	Department of Health/PMP	Quarterly

GOAL 1: STRATEGIES AND ACTIVITIES

1.1	**STRATEGY 1: Prevent misuse of opioid and other substances in communities.**	**Lead Party**	**Funding Source**
1.1.1	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.	HCA DBHR, OSPI	STR
1.1.2	Continue work to implement the state Substance Abuse Prevention and Mental Health Promotion Five-Year Strategic Plan. theathenaforum.org/sites/default/files/SPE%20Strategic%20Plan%20-%20Final%20-%20Posted%20to%20Athena%2011.29.17.pdf.	HCA DBHR, DOH	SABG
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, DOH	STR,CDC-OD2A, GFS
1.1.5	Provide grants to federally recognized tribes for specific strategies to prevent youth opioid misuse and abuse.	HCA DBHR	SABG
1.1.6	Public education, communication and resources through the CDC Rx Campaign, HCA Starts with One campaign	HCA, DOH	

1.2	**STRATEGY 2: Promote use of best opioid prescribing practices among health care providers.**	**Lead Party**	**Funding Source**
1.2.3	Educate health care providers on the Agency Medical Directors' Group (agencymeddirectors.wa.gov) and Center for Disease Control and Prevention (cdc.gov/drugoverdose/prescribing/guideline.html) opioid prescribing guidelines and new opioid prescribing rules to ensure appropriate opioid prescribing.	L&I, HCA, DBHR, DOH	STR
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 health care 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	SOR, HCA, CDC-OD2A
1.2.5	Enhance all health care 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).	DOH, UW, WSU	CDC-PDO, CDC-OD2A

1.2	STRATEGY 2: Promote use of best opioid prescribing practices among health care providers.	Lead Party	Funding Source
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: • Evaluating evidence on the effectiveness of non-pharmacologic alternatives for pain and Medicaid coverage policies (unfunded); • 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.	HCA, L&I, Bree, DOH	In kind, CDC-OD2A
1.2.7	Implement and/or promote policies to reduce unnecessary opioid prescribing for acute pain conditions. Focus areas include: • Promoting partial fills per federal (Comprehensive Addiction Recovery Act) and state law (SSB 5380); and • Promoting the Medicaid and Public Employees Benefits opioid prescribing policy.	L&I, Bree, DOH, HCA	In kind
1.2.8	Develop guidelines to manage patients on chronic opioids, identification of opioid use disorder, tapering strategies, use of non-opioid alternatives, and pain self-management education.	Bree	In kind

1.3	STRATEGY 3: Increase the use of the Prescription Monitoring Program (PMP) to encourage safe prescribing practices.	Lead Party	Funding Source
1.3.1	Increase the use of the PMP 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 PMP access through electronic medical record systems; and • Improving web-based access to the PMP;	DOH	SABG, CDC-OD2A

1.3	STRATEGY 3: Increase the use of the Prescription Monitoring Program (PMP) to encourage safe prescribing practices.	Lead Party	Funding Source
1.3.2	Share data with prescribers so they can understand their prescribing practices. Focus areas include: • Disseminating quarterly opioid prescribing reports to individual prescribers whose prescribing practices significantly differ from other prescribers in their specialty through the Better Prescribing, Better Treatment (BPBT) collaborative, which includes WSHA, WSMA, HCA, and DOH. The collaborative will determine dissemination method of reports to chief medical officers who want to understand the prescribing practices of their staff (DOH). • Encouraging providers review at their prescribing report within the PMP. • Encouraging clinical supervisors and medical directors on at least an annual basis to review prescribing reports with their providers. • Sharing a quarterly updated PMP file to WSHA for Coordinated Quality Improvement Program use.	HCA, WSMA, WSHA, DOH	SABG, GFS
1.4	**STRATEGY 4: Educate the public about the risks of opioid use, including overdose.**	**Lead Party**	**Funding Source**
1.4.1	Educate patients about best practices for managing acute pain, including the risks and benefits of opioids. Existing resources include: • Public Health–Seattle & King County materials (kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/task-forces/heroin-opiates-task-force.aspx) (see document library link at the bottom) • Veteran's Administration (va.gov/PAINMANAGEMENT/Opioid_Safety/Patient_Education.asp) • Tribal Opioid Solutions	Prevention (Goal 1) Work-group, DOH	SABG, CDC-OD2A
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 secure home storage of medication. Campaigns underway include: • It Starts with One (getthefactsrx.com) (HCA DBHR) • One Tribal Opioid Campaign (watribalopioidsolutions.com) (HCA DBHR) • Statewide Opioid Overdose Prevention Campaign (doh.wa.gov/oop) (DOH) • Addressing the opioid crisis through prescribing and monitoring changes." (doh.wa.gov/opioidprescribing)	HCA DBHR, DOH, ADAI	SABG, GFS

1.5	STRATEGY 5: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse.	Lead Party	Funding Source
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, Safe Medication Return Program website, med-project.org, Safe Storage Interagency Workgroup).	HCA DBHR, WAPC	SOR, SABG
1.5.2	Monitor the Safe Medication Return program, established by the WA Secure Drug Take-Back Act (HB 1047) (lawfilesext.leg.wa.gov/biennium/2017-18/Pdf/Bills/House%20Passed%20Legislature/1047-S.PL.pdf) to ensure drop boxes are accessible to communities across the state.	DOH, HCA DBHR	SABG
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	STR
1.6	**STRATEGY 6: Decrease the supply of illegal opioids and stimulants.**	**Lead Party**	**Funding Source**
1.6.1	Implement the provisions of SSB 5380 (app.leg.wa.gov/billsummary?BillNumber=5380&Year=2019&Initiative=false) to eliminate paper prescriptions. By January 1, 2021, the Pharmacy Quality Assurance Commission will develop and implement rules on electronic communication of controlled substances consistent with federal law and an exemption process.	DOH (PQAC)	GFS
1.6.2	Develop criteria for when opioid distributors should report suspicious orders to Pharmacy Quality Assurance Commission (PQAC).	AGO with DOH (PQAC)	GFS
1.6.3	Develop consistent funding sources for the multi-jurisdictional drug-gang task force to disrupt and dismantle organizations responsible for trafficking narcotics.	AGO with CJOW	GFS

GOAL 2
IDENTIFY AND TREAT SUBSTANCE USE DISORDER

Detecting and treating substance use disorders remains a principal goal of state planning activities.

The primary activities of this goal are:

- Building capacity of treatment providers and Indian health care providers,
- Bringing access to treatment services where they don't exists or lack resources, including access to low barrier MOUD,
- Improve systems of care for pregnant and parenting women (PPW) and their children, and
- Improving treatment and recovery services for those involved in the criminal legal system.

The HCA administers funding and oversight for SUD treatment services for clients enrolled in Apple Health, the state's Medicaid benefit. For more information about Apple Health SUD treatment services, to find a provider, or decide if a provider is right for you please see the HCA website, hca.wa.gov/health-care-services-supports/behavioral-health-recovery/substance-use-treatment.

Among this funding, are Substance Abuse Block Grant funds (SABG) (hca.wa.gov/about-hca/behavioral-health-recovery/block-grants). These funds support activities that prevent and treat substance use disorders including opioid use disorders. In 2019, the amount awarded was just over $38 million dollars, which served 47,849 people. SABG funding, along with state general funds, help support Washington's Hub and Spoke Project (hca.wa.gov/about-hca/behavioral-health-recovery/washington-state-hub-and-spoke-project), which is a model that connects a network of community providers around a central hub that offers MOUD with other treatment supports available. Additionally SABG supports specific opioid crisis grants to Tribal communities to address OUD for the AI/AN population in Washington state.

The Washington State Opioid Treatment Authority administers the state's 29 Opioid Treatment Programs (OTP). An OTP is a behavioral health treatment agency, which is licensed by the state and federal government. The program offers both counseling services and medical services to all clients who attend, and are the only facilities in the state where clients have access to methadone, buprenorphine, and naltrexone. For more information about OTPs in Washington state, please visit the HCA's OTP website at hca.wa.gov/billers-providers-partners/behavioral-health-recovery/opioid-treatment-programs-otps.

The Washington Recovery Help Line, a program of Crisis Clinic, is an anonymous and confidential 24-hour help line that provides crisis intervention and referral services for Washington residents. Professionally trained volunteers and staff are available to provide emotional support and offer local treatment resources for substance misuse, problem gambling and mental health, as well as to other community services. Information about the Help Line and MOUD locator can be found at warecoveryhelpline.org.

Goal 2 Metrics - Identify and treat opioid use disorder		
Buprenorphine Metric TBD	Department of Health/PMP	TBD
% Medicaid clients with an opioid use disorder receiving medications for opioid use disorder (MOUD)	Health Care Authority	Annually
Number of individuals with an overdose death that have been incarcerated within the last year prior to overdose	Department of Social and Human Services; Research and Data Analysis	Annually
Number of individuals with an overdose death that have presented to an emergency room within the last year prior to overdose	Department of Social and Human Services; Research and Data Analysis RHINO	Annually
Number of Washington Recovery Helpline calls for Substance Use	Washington Recovery Helpline/ Crisis Connections	Quarterly

GOAL 2: STRATEGIES AND ACTIVITIES

2.1	**STRATEGY 1: Build capacity of health care providers to recognize signs of opioid misuse, effectively identify patients misusing opioids and other substances, and link patients to appropriate treatment resources in a non-stigmatizing way.**	**Lead Party**	**Funding Source**
2.1.1	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.	HCA, DOH	CDC-OD2A
2.1.2	Build skills of health care providers to have supportive patient conversations about problematic opioid use and treatment options.	HCA, ADAI, DOH	CDC-OD2A
2.1.3	Work to include information on substance use disorder and evidence-based treatment in all health teaching institutions, including community colleges and residency programs.	HCA, DOH, ADAI, UW & WSU	CDC-OD2A

2.2	**STRATEGY 2: Establish access in every region of the state to the full continuum of care for persons with opioid use disorder to include low barrier access to medication, office-based opioid treatment services, opioid treatment programs (OTPs), substance use disorder treatment programs, mental health services, pain management, health care and recovery support services.**	**Lead Party**	**Funding Source**
2.2.1	Expand low-barrier access to medications for opioid use disorder such as providing buprenorphine in: • Syringe services programs • Emergency rooms and hospitals • Local fire departments • City and county jails • State jails and juvenile rehabilitation facilities • Indian health care providers	ADAI, DOH, HCA DBHR, WSHA	
2.2.2	Pilot new models of care to support primary care in accepting patients who have been induced in low-barrier settings, including syringe service programs, whose care needs are complicated by mental illness, polysubstance abuse and/or living homeless.	HCA, ADAI	
2.2.3	Support medical providers in OTPs, behavioral health, and primary care settings to implement and sustain medication treatment for opioid use disorder. Focus areas include: • Expanding "hub and spoke" treatment networks; • Utilizing Care Managers to support office-based opioid treatment services; and • Increasing the number of providers in Washington who are waivered to prescribe buprenorphine.	HCA DBHR, ADAI, DOH	STR, GFS, CDC-OD2A

2.2	STRATEGY 2: Establish access in every region of the state to the full continuum of care for persons with opioid use disorder to include low barrier access to medication, office-based opioid treatment services, opioid treatment programs (OTPs), substance use disorder treatment programs, mental health services, pain management, health care and recovery support services.	Lead Party	Funding Source
2.2.4	Increase the number and/or capacity of OTPs and encourage them to offer all medications approved by the Food and Drug Administration (FDA) for the treatment of opioid use disorder.	HCA DBHR	
2.2.5	Engage and retain people with opioid use disorder in treatment and recovery services. Focus areas include: • Expanding the use of case managers and care navigators to help patients reduce illicit drug use and improve health by accessing the appropriate level of care and ancillary services for their opioid use disorder (e.g., Opioid Treatment Program or office-based opioid treatment, substance use disorder counseling, mental health services, tobacco cessation, contraception, or medical care); • Increasing services to connect people to effective treatment via the Washington Recovery Helpline including dedicated staffing, a near real time buprenorphine directory, and informational webpage; and • Leveraging the sequential intercept model (SIM) to determine the various intersections individuals with OUD have with the criminal legal system and ensure access to treatment and recovery support services at said intersections.	HCA DBHR, ADAI	GFS
2.2.6	Identify policy gaps and barriers that limit availability and utilization of all medications approved by the FDA for the treatment of opioid use disorder and develop policy solutions to expand capacity. One focus area includes: • Eliminate policy gaps and barriers that limit the ability of behavioral health agencies to initiate and/or continue medications for opioid use disorder while patients are receiving residential care.	HCA DBHR, ADAI	
2.2.7	Increase workforce capacity to treat patients with opioid use disorder. Focus areas include: • Encouraging family medicine, internal medicine, obstetrics/gynecology, and psychiatry residency programs to provide waiver training for residents that includes treatment of patients with opioid use disorder. • Continuing work to increase workforce capacity for practicing primary care providers. • Identifying critical workforce gaps and developing new initiatives to attract and retain skilled professionals in the substance use disorder field. • Implementing recommendations from the Behavioral Health Workforce Assessment (wtb.wa.gov/behavioralhealthgroup.asp).	HCA DBHR	CDC-OD2A

2.2	STRATEGY 2: Establish access in every region of the state to the full continuum of care for persons with opioid use disorder to include low barrier access to medication, office-based opioid treatment services, opioid treatment programs (OTPs), substance use disorder treatment programs, mental health services, pain management, health care and recovery support services.	Lead Party	Funding Source
2.2.8	Strengthen acceptance of MOUD in housing and residential programs serving persons with opioid use disorder. Focus areas include: • Identifying policy and regulatory barriers that prevent the use of medications in housing and residential programs and work to eliminate those; • Providing technical assistance to help programs induce, refer to prescribers, or manage patients on opioid use disorder medications; • Avoiding publicly funding programs that discriminate against persons taking legally prescribed medications as directed. Work to include anti-discrimination language specific to medications for substance use disorder in WACs addressing housing and residential programs; and • Educate social workers and care managers on the need to report incidents when people who have been denied housing or other services because they are taking medications for opioid use disorder to the Human Rights Commission (and/or to the Office of the Attorney General if Medicaid funding is involved).	HCA DBHR, DOH, AGO	
2.2.9	Examine and work to implement value-based reimbursement that better covers the costs associated with medications used to treat opioid use disorder.	HCA DBHR, HCA	
2.2.10	Seek alternative funding through a 1115 waiver (medicaid.gov/medicaid/section-1115-demonstrations/index.html) or State Plan Amendment, to address gaps in Medicaid access for individuals in the criminal legal system, to allow and fund medications for opioid use disorder in jails and prisons.	HCA, CJOW	
2.2.11	Support Accountable Communities of Health to implement their opioid-related Medicaid transformation demonstration projects.	HCA, DOH	In kind
2.2.12	Determine if barriers exist in commercial insurance plans for linking to care and treating clients with opioid use disorder. If so, implement solutions for how insurance payment mechanisms, formularies and other administrative processes can ensure appropriate availability of medications and other evidence-based services for the treatment opioid use disorder.	Office of the Insurance Commi-ssioner	

2.2	STRATEGY 2: Establish access in every region of the state to the full continuum of care for persons with opioid use disorder to include low barrier access to medication, office-based opioid treatment services, opioid treatment programs (OTPs), substance use disorder treatment programs, mental health services, pain management, health care and recovery support services.	Lead Party	Funding Source
2.2.13	Support the Drug Response Team (DRT)(RCW 71.24.598) in efforts to respond to 1) spikes in fatal and non-fatal opioid and fentanyl overdose deaths and 2) disruptions to opioid treatment programs during natural disasters.	HCA, DOH, WASPC, WSIN	In kind

2.3	STRATEGY 3: Identify, treat and support pregnant and parenting women with opioid use disorder. Improve management of infants born with neonatal abstinence syndrome.	Lead Party	Funding Source
2.3.2	Educate maternity care providers to identify and treat (or rapidly refer) women with substance use disorder including opioid use disorder who are pregnant or parenting. • Provide Screening, Brief Intervention, Referral to Treatment training to obstetric and primary care clinicians. • Disseminate the Substance Use During Pregnancy: Guidelines for Screening and Management and SAMHSA Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants best practice guide. • Host a SAMSHA training conference. • Build regional expertise around treating pregnant women with opioid use disorder within each hub.	DOH, HCA DBHR, WSHA	CDC-OD2A
2.3.3	Pilot and evaluate group prenatal care for women with substance use disorder.	HCA, DOH	CDC-OD2A
2.3.4	Reduce clinician biases by implementing quality improvement projects and hosting local and statewide conferences with women who are in recovery.	DOH	CDC-OD2A
2.3.5	Conduct a gap analysis on the supply and demand for treatment services for pregnant women with opioid use disorder.		
2.3.6	Link pregnant and post-partum women to appropriate services (e.g., Parent and Child Assistance Program, Maternity Support Services, Behavioral Health Organizations, Nurse Family Partnership).	HCA DBHR, HCA, DOH	CDC-OD2A
2.3.7	Expand wrap around services for pregnant and parenting women that address the social determinants of health (housing, employment, food security, etc.).		

2.3	**STRATEGY 3: Identify, treat and support pregnant and parenting women with opioid use disorder. Improve management of infants born with neonatal abstinence syndrome.**	**Lead Party**	**Funding Source**
2.3.8	Develop and implement hospital policies that support mothers rooming in with neonatal abstinence syndrome babies.	HCA, DCYF, WSHA, DOH	
2.3.9	Partner with Department of Children Youth and Families child welfare division to increase consistency in child removal practices, including working to strengthen connections between child welfare social workers and community resources at the local level.	DOH, DCYF	
2.3.10	Determine breastfeeding guidelines and best practices for mothers with substance use disorder. Educate clinicians on these guidelines and best practices.	DOH, HCA, WSHA	
2.3.11	Keep families together through efforts to ensure that pregnant and parenting individuals do not experience periods of incarceration due to non-violent, misdemeanor charges.	HCA, CJOW, DCYF, DSHS, DOH	

2.4	**STRATEGY 4: Expand access to and utilization of behavioral health services, including opioid use disorder medications in the juvenile and adult criminal legal systems, and improve effectiveness and coordination of jail re-entry services across the state.**	**Lead Party**	**Funding Source**
2.4.1	Train and provide technical assistance to criminal legal professionals, including health care providers in jails and prisons, to endorse and promote the use of medications for opioid use disorder for individuals under criminal sanctions. The following practices should expand to all court levels in Washington state: • Train defense attorneys on how the American with Disabilities Act (ADA) applies to their clients who have substance use disorders; • Train prosecutors and judges in evidence-based practices for treatment of Substance Use Disorder and how they can collaborate with community treatment providers; and, • Work with the Washington State Criminal Justice Training Commission towards the development and implementation of training protocols related to naloxone and MOUD in their Basic Law Enforcement Academy (BLEA).	HCA DBHR, ADAI, AOC, CJTC, CJOW	CDC-OD2A
2.4.2	Work with jails and prisons to initiate and/or maintain incarcerated persons on medications for opioid use disorder with an emphasis on immediate induction for pregnant individuals.	HCA DBHR, ADAI, CJOW, DOH	CDC-OD2A

2.4	STRATEGY 4: Expand access to and utilization of behavioral health services, including opioid use disorder medications in the juvenile and adult criminal legal systems, and improve effectiveness and coordination of jail re-entry services across the state.	Lead Party	Funding Source
2.4.3	Change systems and implement local programs to ensure a warm hand off between individuals released from jails and/or prisons under correctional supervision and providers of programs that provide treatment for opioid use disorder.	HCA DBHR, ADAI, DOH, CJOW	CDC-OD2A
2.4.4	Develop alternatives to incarceration or diversion opportunities for individuals with opioid use disorder charged with a crime. An example of such an alternative is the Sequential Intercept Model developed by the SAMHSA GAINS Center.	HCA DBHR, CJOW	
2.4.5	Address housing and transportation needs of those with opioid use disorder to support successful recovery.	HCA DBHR, CJOW, DOH	CDC-OD2A
2.4.6	Host a symposium or other round table discussion to improve collaboration around opioid use disorder in the criminal legal system.	AGO, HCA DBHR, CJOW	
2.4.7	Work with Therapeutic Courts to ensure they have policies, procedures, and practices in place that require referral to, and coordination with licensed medical professionals in the community who are able to offer treatment options that meet the standard of care (e.g., medications) to treat opioid use disorder.	HCA DBHR, CJOW	
2.4.8	Work in collaboration with the Goal 4 Workgroup to research, review, and propose metrics to be monitored as part of the state plan that illuminate disparities in the criminal legal systems experienced by AI/AN, LGBTQ, minorities, and other communities of color that are root causes of disparate health outcomes.	HCA, DOH, ADAI	

GOAL 3
ENSURE AND IMPROVE THE HEALTH AND WELLNESS OF INDIVIDUALS THAT USE DRUGS

This workgroup had broadened its focus beyond preventing deaths from overdose to include other health effects related to drug use.

State planning in this area generally focuses on:

- Naloxone distribution,
- Support for syringe services programs,
- Infectious disease prevention and treatment, and
- Drug user health effects.

Washington State's Department of Health (DOH) operates an Overdose Education and Naloxone Distribution (OEND) program designed to help stem fatal drug overdoses. The program performs three duties: provides training and technical assistance on overdose recognition and response, including how to administer naloxone; provides technical assistance to organizations interested in developing their own naloxone distribution program; and provides naloxone kits to be distributed to those at risk of experiencing or witnessing an opioid overdose. This program is housed in the Office of Infectious Disease (OID) at DOH. All services and materials provided by the OEND Program are free of charge.

DOH and UW-ADAI provide education and training on overdose response and naloxone and through the website stopoverdose.org and the Overdose Education and Naloxone webpage doh.wa.gov/YouandYourFamily/DrugUserHealth/OverdoseandNaloxone.

UW-ADAI administers a survey of syringe services programs to participants every other year to assess the health and priorities of this population. The survey data is used to improve programs for SSP participants. The survey is available at adai.uw.edu/wa-state-syringe-exchange-health-survey-2019-results.

Goal 3 Metrics - Ensure the health and wellness of people who use drugs		
Number of naloxone kits distributed by organizations (and organization type) distributing naloxone using federal or state funds	UW Addictions, Drug & Alcohol Institute and Department of Health	Quarterly
Number of opioid overdose reversals reported by organizations (and organization type) distributing naloxone using federal or state funds	UW Addictions, Drug & Alcohol Institute and Department of Health	Quarterly
Number of naloxone prescriptions provided through Medicaid (pharmaceutical claims data)	Health Care Authority	Annually
Number of syringe service programs (SSP) providing infectious disease screening	Department of Health	Annually
Number of hours of SSPs operations as a ratio of county population	Department of Health	Annually
Number of OTPs providing infectious disease screening	Department of Health and Health Care Authority	Annually
Number of OTPs distributing naloxone	Department of Health and Health Care Authority	Annually
Number of chronic HCV cases reported among people under 31 years of age	Department of Health	Annually
Number of HIV cases reported among people who inject drugs	Department of Health	Annually
Number of skin and soft tissue infections/injection-related bacterial infections among Medicaid recipients	Department of Health	Annually

GOAL 3: STRATEGIES AND ACTIVITIES

3.1	STRATEGY 1: Provide overdose education and distribute naloxone to individuals who use opioids and those mostly likely to witness an overdose.	Lead Party	Funding Source
3.1.1	Develop and/or update information and educational materials on overdose risks, recognition and response on stopoverdose.org.	ADAI, DOH	SABG
3.1.2	Scale up and sustain naloxone distribution through syringe services programs.	DOH, HCA DBHR	WA-PDO, SOR
3.1.3	Provide technical assistance to jails, prisons, and drug courts to implement opioid overdose education and distribute naloxone to people involved with the criminal legal system.	ADAI, DOH, DBHR, CJOW	WA-PDO, SABG, SOR, CDC-OD2A
3.1.4	Provide technical assistance to professional first responders on opioid overdose education, naloxone, and post-overdose interventions.	ADAI, DOH, CJOW	WA-PDO, SABG, SOR
3.1.5	Provide technical assistance to providers of substance use treatment disorder and facilities on opioid overdose education and naloxone.	ADAI, DOH	WA-PDO, SABG, SOR
3.1.6	Identify and address policy gaps and barriers that limit the ability of substance use disorder treatment providers to offer naloxone.	ADAI, DOH	WA-PDO, SABG, SOR
3.1.7	Educate law enforcement, prosecutors and the public about the Good Samaritan Overdose Laws.	ADAI, DOH	WA-PDO, SABG, SOR
3.1.8	Assist emergency departments to develop and implement protocols on providing overdose education and take-home naloxone to individuals seen for opioid overdose.	ADAI, ACEP, WSHA, DOH	WA-PDO, SABG, SOR
3.2	**STRATEGY 2: Make system-level improvements to increase availability and use of naloxone.**	**Lead Party**	**Funding Source**
3.2.2	Create a centralized, state-level naloxone procurement and distribution plan. Priority distribution partners will include SSPs, EMS, drug treatment agencies, tribes, emergency departments, jails, LHJs, social service providers, and law enforcement.	DOH, ADAI, HCA DBHR	SOR, SABG, WA-PDO,
3.2.3	Develop statewide data collection tools and processes to track the number and location of professional first responder and community-based naloxone programs, naloxone distribution volume, and overdose reversals.	DOH, ADAI	SOR, SABG,
3.2.4	Address policy barriers to emergency departments receiving reimbursement for dispensing naloxone (rather than sending patients to a pharmacy to fill a prescription).	DOH, HCA, ADAI	

3.3	STRATEGY 3: Support and increase capacity of syringe services programs (SSPs), opioid treatment programs (OTPs), and practices providing medication for opioid use disorder to provide infectious disease screening services, overdose education, and naloxone, and to engage clients in health and support services, including housing.	Lead Party	Funding Source
3.3.1	Regularly collect survey and interview data to document current health needs of individuals who use opioids and other drugs (not including solely cannabis use).	ADAI	SABG
3.3.2	Develop program models for SSPs that include leadership development for and staffing by people with lived experience (e.g., community ambassadors) and emphasize peer-based distribution models.	DOH, ADAI	
3.3.3	Measure the cost effectiveness of SSPs and other harm reduction programs in Washington (or measure infections averted without the cost effectiveness analysis), including skin and soft tissue infections averted and other infections averted (e.g., HIV, HBV, HCV).	DOH, HCA, ADAI	
3.3.4	Identify and leverage diversified funding for SSPs to provide expanded hours, adequate levels of supplies, case management, health engagement services, infectious disease screening (especially HCV), and comprehensive overdose prevention education.	DOH, HCA DBHR, ADAI,	WA-PDO, DOH
3.3.5	Provide technical assistance to local health jurisdictions and community-based organizations to organize or expand SSPs and other health services for people who use drugs.	DOH, HCA DBHR, ADAI	WA-PDO, DOH
3.3.6	Expand access to family planning and sexual health services in SSPs, including soft tissure infections (STI) screening and treatment, or improve linkages between SSPs and family planning and sexual health services.	DOH	
3.3.7	Build the capacity of OTPs and practices prescribing MOUD to provide comprehensive services to support the health of people who use drugs, including overdose education and naloxone and infectious disease screening and treatment.	DOH, HCA DBHR	
3.3.8	Identify funding opportunities for SSPs to be able to provide infectious disease prevention services in response to emerging outbreaks.	DOH	
3.3.9	Promote, create buy-in for, and expand optimal evidence-based harm reduction models (e.g., needs-based syringe access).	DOH, HCA, ADAI	

GOAL 4

USE DATA AND SURVEILLANCE TO DETECT DRUG USE TRENDS, MONITOR THE HEALTH AND WELLNESS OF INDIVIDUALS WHO USE DRUGS, AND EVALUATE INTERVENTIONS

Without data related to state opioid and overdose response plan activities it would be difficult, if not impossible, to evaluate the effectiveness of the plan activities. Collecting data is good, but being able to do something with it is better.

The purpose of the Goal 4 Workgroup is to:

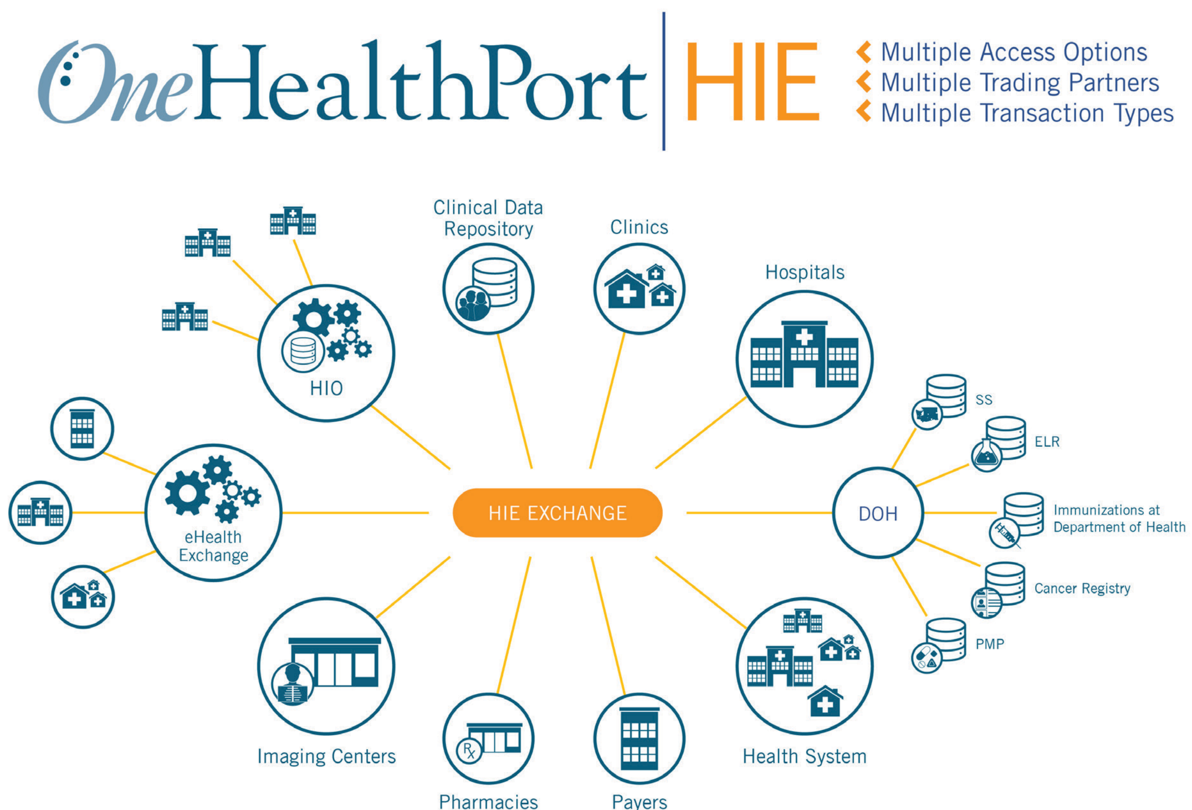
- Gather data and information from Health Information Technology/Health Information Exchange (HIT/HIE) assets,
- Examine and analyze data to improve the state's opioid response,
- Identify new metrics that can be used to evaluate plan activities, and
- Assess health disparities through data collection and analyzing data that include information on data by race/ethnicity, gender, age, LGTBQIA+ status as available.

The opioid crisis is a widespread problem that impacts individuals and their families, health and social service providers, behavioral health providers, school systems, community service providers (such as transportation and housing providers), and the criminal legal system (such as law enforcement, jails/detention centers, child protective services). The need to share and manage information between the individual and their family, health and social service providers, schools, community service organizations and the criminal legal system is essential. Washington State currently uses several health information exchange tools to support interoperable information exchange and use. These tools aid the state's response to the opioid crisis.

HEALTH INFORMATION EXCHANGE (HIE)

OneHealthPort leads and operates the statewide organization for health information exchange, operates the statewide Health Information Exchange. The HIE allows for the exchange of information connecting to the "hub" for a flat fee. The HIE supports multiple transaction types that are used by over 200 health care and payer organizations for exchange of clinical information. This model presents significant potential for future growth and utility of the HIE at a tremendous value to its users for the benefit of the health and well-being of all Washingtonians. See Figure 2 for a visual representation of the Health Information Exchange. For more information about the HIE please visit onehealthport.com/hie-overview.

Figure 2: Visual Representation of the Health Information Exchange



PRESCRIPTION MONITORING PROGRAM (PMP)

Washington state has a rich history of monitoring prescriptions as a means to address the opioid crisis. As noted in the New York Times best seller, Dreamland, Labor & Industry employees Dr. Gary Franklin and Jaymie Mai were the first to identify a link between the prescription rates of opioids and an increase in opioid overdose deaths. Not long after this discovery, the Department of Health began administering Washington's Prescription Monitoring Program (PMP). The PMP was created in 2007 by legislation, implemented reporting by 2011, and was made available to users in 2012. The PMP is a system that allows providers to look for duplicate prescribing, possible opioid misuse, drug interactions, and other potential concerns to assist them with prescribing opioids more responsibly while improving public health and patient care.

ENTERPRISE DATA WAREHOUSE (EDW)

The Health Care Authority is currently developing an EDW managed in the ProviderOne Operations and Services office. The purpose of the EDW is to make HCA's data more usable, friendly, stable, and responsive. The EDW is a platform for enterprise needs, which portends usefulness for all medical issues, including all substance use disorders and drug user health effects.

CLINICAL DATA REPOSITORY

The statewide Clinical Data Repository (CDR) (hca.wa.gov/about-hca/health-information-technology/clinical-data-repository-cdr) collects clinical content to address the interoperability challenges of sharing data between many different types of sources. There are many different types of electronic health records (EHR) used in Washington state with varying degrees of compatibility issues. The CDR aggregates clinical information submitted by provider organizations using a wide variety of EHRs. When treating opioid use disorder this gives clinicians a more complete picture of a patient's health history that helps to improve care, manage costs, and improve health outcomes.

GOAL 4: STRATEGIES AND ACTIVITIES

4.1	STRATEGY 1: Improve Prescription Monitoring Program (PMP) data quality, timeliness, completeness, access and functionality.	Lead Party	Funding Source
4.1.2	Improve quality and timeliness of the data submitted to the PMP from pharmacies. Focus areas include: • Implementing automated quality assurance/quality control protocols that identify non-reporting pharmacies, and alerts when volume of records is out of range. • Tracking PMP reporting frequency by pharmacies and ensuring compliance of reporting requirements.	DOH,	GFS
4.1.3	Increase integration of PMP data with electronic medical records. Focus areas include: • Providing standards-based access to the PMP data for providers through electronic medical record (EHR/EMR) systems via the State's health information exchange, OneHealthPort • Continuing to onboard health care systems to connect to the PMP through the statewide electronic health information exchange (OneHealthPort). • Continuing to track barriers/facilitators with connecting PMP and electronic health records. • Exploring sharing PMP data for Medicaid clients via the clinical data repository.	DOH	GFS
4.1.5	Share Medicaid client PMP data linked with claims data with managed care organizations so that patients at risk for overdose can be enrolled in case management programs.	HCA, DOH	CDC-OD2A
4.1.6	Automate emergency department information exchange and PMP overdose notification to providers.	DOH	GFS
4.1.7	Develop principles for use of opioid surveillance data to ensure use for public health action, not law enforcement/criminalization.	DOH, HCA	In kind

4.2	STRATEGY 2: Use the Prescription Monitoring Program (PMP) data for public health surveillance and evaluation.	Lead Party	Funding Source
4.2.1	Provide quarterly updates to the six Bree-based PMP metrics on the DOH Opioid Data Dashboard.	DOH	
4.2.2	Refine and report PMP metrics to Community Prevention and Wellness Initiative communities and ACHs for strategic planning and monitoring of outcomes.	DOH, HCA DBHR	
4.2.3	Analyze linked PMP and death data to assess the relationship between prescription history and risk of death.	DOH	
4.2.4	Develop buprenorphine prescribing rate metric and begin reporting to DOH Opioid Data Dashboard.	DOH	
4.2.5	Determine the location and treatment capacity and patient load of active waivered buprenorphine prescribers and identify areas with lack of prescribers.	DOH, HCA	
4.2.6	Explore buprenorphine prescribing practices to assess adequacy of treatment for different models of care, develop standardized metrics, document care patterns and determine impacts of system level interventions.	ADAI, DOH, HCA	CDC-OD2A
4.2.7	Provide prescribing data to incorporate into SUDORS database to reporting to CDC in compliance with OD2A grant.	DOH	CDC OD2A
4.3	**STRATEGY 3: Enhance efforts to monitor opioid use and opioid-related morbidity and mortality.**	**Lead Party**	**Funding Source**
4.3.1	Expand DOH Opioid Data Dashboard to include additional metrics such as the Opioid Response Plan outcome measures, non-fatal hospitalizations, emergency department visits, neonatal abstinence syndrome (NAS), substance use in pregnancy, youth and adult substance use, prevention metrics, treatment metrics, and potentially Washington State Patrol data on drugs obtained during arrests. Integrate RHINO syndromic surveillance data into Opioid Data Dashboard. Explore presenting analyses stratified by gender and age.	DOH, ADAI, HCA DBHR, HCA, WSP	CDC OD2A
4.3.2	Develop and disseminate a schedule for updating DOH Opioid Data Dashboard.	DOH	
4.3.3	Develop a plan to use additional data sources (e.g., Washington EMS Information System data, and other sources) to support public health surveillance and impact assessment.	DOH	CDC-OD2A
4.3.4	Develop the capacity for the DOH Opioid Data Dashboard to have all the measures for a county or ACH together on one dashboard.	DOH	

4.3	STRATEGY 3: Enhance efforts to monitor opioid use and opioid-related morbidity and mortality.	Lead Party	Funding Source
4.3.5	Develop materials for communities, ACHs and LHJs to understand opioid data and how the different sources fit together, so they can use the data more effectively to monitor problems, develop interventions and evaluate them.	DOH	
4.3.6	Publish information briefs to promote SUD evidence-based policymaking and service planning.	ADAI	
4.3.7	Improve the timeliness and classification of drug overdose deaths through collaboration between ADAI, Department of Health's Center for Health Statistics and Injury and Violence Prevention Program, and State Toxicology Laboratory. Focus areas include: • Improving the timeliness of State Toxicology Laboratory testing and reporting. • Developing collaboration between Center for Health Statistics and the State Toxicology Laboratory to support training of medical examiners/coroners on best practices for specimen collection and cause of death reporting.	DOH, ADAI, WSP	CDC-OD2A, GFS
4.3.8	Improve timeliness of reporting non-fatal overdose using emergency department and hospitalization data.	DOH	CDC-OD2A
4.3.9	Explore options for passive and active overdose follow up with health care providers.	DOH	
4.3.10	Link deaths to recently released incarcerated individuals and report all-cause mortality and overdose mortality in the year after release.	DOH, UW	CDC PFS
4.3.11	Develop an information brief on substance use and pregnancy.	DOH, HCA	
4.3.12	Upgrade SHARE (the SSP data collection system) to better track SSPs' services, naloxone distribution, infectious disease screening, and referrals and linkages to health and social services.	DOH	
4.3.13	Develop an information brief on the infectious disease consequences of the opioid crisis.	DOH, HCA	
4.3.14	Develop uniform data collection and data sharing with other state agencies, local legal system, prison and jails.	HCA DBHR with CJOW	

4.4	**STRATEGY 4: Monitor progress towards goals and strategies and evaluate the effectiveness of interventions.**	**Lead Party**	**Funding Source**
4.4.1	Compile the State Opioid and Overdose Response Plan metrics quarterly and review them with the Secretary of Health.	DOH	
4.4.3	Evaluate HB 1427 prescribing rules with a focus this year on public understanding and acceptance of pain management.	UW, DOH	
4.4.4	Evaluate implementation and outcomes of opioid grants. Outcomes to include, but not be limited to, prescribing behaviors, non-fatal overdoses and fatal overdoses related to prescription opioids.	DOH	

GOAL 5
SUPPORT INDIVIDUALS IN RECOVERY

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery is real, and individuals can, and do, recover from substance use disorders. Recovery is a lifelong process that is different for each person. Just as relapse is a part of any chronic disease, it can be a part of recovery, and as such recovery does not always mean complete abstinence from substance use.

The Recovery Workgroup will work to enhance and improve recovery support services in Washington by developing strategies in the following areas:

- Community and social connectedness,
- Recovery coaching and peer supports,
- Recovery housing,
- Technology-based recovery supports,
- Education and employment,
- Family support and education,
- Transportation, and
- Measuring successful recovery services and environments.

The State Opioid & Overdose Response Plan recognizes robust prevention and treatment services are not enough to combat the opioid crisis. This is why in 2020 the executive sponsor of the State Opioid & Overdose Response Plan established the 5th Goal of the plan – to support individuals in recovery. A newly formed Recovery Workgroup was established early in 2020 and comprised of an array of members that includes individuals in recovery with lived experience, providers of recovery support services, and tribal members, along with administrative support provided by the HCA.

This workgroup's initial task is to develop a comprehensive suite of strategies to guide state planning in support of individuals in recovery. This work is current and ongoing, and further updates will be made in 2021. This workgroup will also be working to identify metrics to be added to the state plan that will be used to monitor the effectiveness of recovery interventions.

An example of successful recovery programming supported by the state plan are the Foundational Community Supports (FCS). FCS was developed under Washington state's 1115 Waiver (hca.wa.gov/about-hca/healthier-washington/initiative-3-supportive-housing-and-supported-employment) and provides supported employment and supportive housing services to Medicaid beneficiaries.

Current research clearly indicates the relationship between housing and employment on health outcomes in addition to the trauma and stigma that can be associated with being unstably housed. (dshs.wa.gov/ffa/rda/research-reports/foundational-community-supports-program-preliminary-evaluation-findings)
As of December 1, 2019, over 6,000 Washingtonians have received Foundational Community Supports. To learn more about these services, join the Foundations Newsletter (public.govdelivery.com/accounts/WAHCA/subscriber/new?topic_id=WAHCA_410) mailing list or visit the FCS provider website, providers.amerigroup.com/pages/wa-foundational-community-supports.aspx.

The newly established Recovery Workgroup is currently engaging recovery partners throughout the state as well as data collection experts at DOH and DSHS to determine how to measure the effectiveness of recovery-related interventions. This collaborative process will identify recovery strategies for future state planning and metrics to evaluate recovery services in Washington.

GOAL 5: STRATEGIES AND ACTIVITIES

5.1	**STRATEGY 1: Increase and improve access to employment services for individuals in recovery**	**Lead Party**	**Funding Source**
5.1.1	Work in collaboration with other state agencies, universities, providers, partners, stakeholders, and others to promote employment practices that do not discriminate against individuals with criminal legal system involvement.		
5.1.2	Explore areas where state certifications for peer workers can align with other states and the federal government when applicable.		
5.1.3	Leverage ongoing Medicaid Transformation Project (MTP) activities to support individuals to seek and keep stable employment in broader support of their health needs.	HCA	

5.2	**STRATEGY 2: Increase and improve access to housing supports, including transitional and recovery housing.**	**Lead Party**	**Funding Source**
5.2.1	Work in collaboration with other state agencies, universities, providers, partners, stakeholders, and others to promote fair housing practices that do not discriminate against individuals with criminal legal system involvement.		
5.2.2	Increase access to a wide spectrum of recovery oriented housing supports, including transitional housing and recovery housing that allows non-abstinence based recovery pathways, and provide a spectrum of housing services that can meet people where they are.		
5.2.3	Leverage ongoing MTP activities to support individuals in seeking access to stable housing in support of their broader health needs.	HCA	

5.3	**STRATEGY 3: Increase and improve access peer supports/recovery coaches.**	**Lead Party**	**Funding Source**
5.3.1	Expand recovery support/coach programs and develop financial sustainability models for innovative uses of peer supports that are not currently billable.		
5.3.2	Peer worker payment parity with other first responders who are likely to respond early to an individual with a behavioral health condition that is in crisis.		
5.3.3	Identify practical ways to support the work of mutual-aid programs, to include mutual aid activities, 12-step programs, and other peer-led activities in a manner which is informed by and includes the community.		

5.3	STRATEGY 3: Increase and improve access peer supports/recovery coaches.	Lead Party	Funding Source
5.3.4	Develop partnerships for the purpose of expanding approaches for linking individuals who have experienced a non-fatal overdose with certified peer support specialists in settings that include, but are not limited to, emergency departments, SSPs, homeless encampment outreach, and partnerships with other organizations in the community that may respond to non-fatal overdoses.		
5.3.5	Identify practical ways to use technology-based peer-support platforms and opportunities for increased use of peer supports for those who would otherwise have limited access.		
5.4	**STRATEGY 4: Strengthening recovery environments and communities to improve social connectedness of individuals in recovery.**	**Lead Party**	**Funding Source**
5.4.1	Examine the ways in which racism and the stigmatization of individuals who use drugs affects the availability of recovery resources in AI/AN communities and other impacted communities of color to understand what barriers marginalized populations face and what can be done to provide meaningful action to address these disparities.		
5.4.2	Identify practical ways to support recovery community organizations such as recovery cafes, Peer Washington, CVAB, club houses, and support the use of resources to fund recovery community services that consider input from and address the unique needs of each individual community.		
5.5	**STRATEGY 5: Increasing access to transportation support.**	**Lead Party**	**Funding Source**
5.5.1	Explore with state and federal partners the possibility for innovative solutions for expanding the use of non-emergency medical transportation for SUD treatment and recovery services.		
5.6	**STRATEGY 6: Measuring the effectiveness of recovery support activities.**	**Lead Party**	**Funding Source**
5.6.1	Work in partnership with other state agencies, universities, providers, partners, stakeholders, and others to develop and conduct programmatic evaluations, data collection processes, and literature reviews to evaluate the effectiveness of recovery programming.		
5.6.2	Gather information on the costs and benefits associated with recovery activities and use to inform federal, state, and local support for recovery communities.		

5.6	STRATEGY 6: Measuring the effectiveness of recovery support activities.	Lead Party	Funding Source
5.6.3	Develop a plan for recovery asset mapping that may include the following: • Explore methods and strategies used for asset mapping as well as efforts underway to map out recovery assets • Inventory of community strengths and resources to guide recovery advocates towards solutions, provide recovery support services, and potentially identify gaps in services to guide recovery efforts towards deficits. • Depiction of resources at grassroots level. Understand gaps and lack of resources to help guide recovery efforts to address community deficit. • Building relationships within communities throughout Washington to understand how to access recovery services at the local level and with the needs of each individual community in mind. • Examine frameworks for visual mapping such as the recovery capital index and other dimensions of wellness that can include financial, social, spiritual, occupational, physical, intellectual, environmental wellness.		

DATA REPORTING PLAN

The State Opioid Coordinator, with the support of the agencies identified as data sources in this plan, will collect plan metrics and prepare a summary data report by October 30th of each year. This data report will be distributed to the executive sponsors, workgroup leads, and will be posted on agency websites. This report will also be presented annually at the State SUD and Overdose Workgroup Quarterly Meeting.

COORDINATION AND IMPLEMENTATION

The executive sponsors for this plan are responsible for approving and overseeing the implementation of the plan. They include:

- **Charissa Fotinos** – Deputy Chief Medical Officer, Health Care Authority
- **Michael Langer** – Deputy Assistant Director, HCA Division of Behavioral Health and Recovery; and
- **Caleb Banta-Green** – Director, UW Addictions, Drug & Alcohol Institute

The executive sponsors have established eight workgroups to coordinate the action steps under each of the five goals of the plan. Workgroups meet regularly to assess progress and identify emerging issues that require new actions. The lead contacts for each workgroup are:

Workgroup	Lead contacts
Prevention Workgroup (Goal 1)	Alicia Hughes, HCA Division of Behavioral Health and Recovery alicia.hughes@hca.wa.gov Jaymie Mai, Department of Labor & Industries maij235@lni.wa.gov
Treatment Workgroup (Goal 2)	Jessica Blose, HCA Clinical Quality Care Transformation jessica.blose@hca.wa.gov Patricia Dean, HCA Division of Behavioral Health & Recovery patricia.dean@hca.wa.gov
Criminal Justice Opioid Workgroup (CJOW) (Goal 2)	Tony Walton, HCA Division of Behavioral Health and Recovery tony.walton@hca.wa.gov Jon Tunheim, Thurston Co. Prosecuting Attorney's Office tunheij@co.thurston.wa.us
Pregnant and Parenting Women Workgroup (Goal 2)	Tiffani Buck, Department of Health tiffani.buck@doh.wa.gov
Health and Wellness Workgroup (Goal 3)	Alison Newman, UW Addictions, Drug & Alcohol Institute alison26@uw.edu Emalie Huriaux, Department of Health emalie.huriaux@doh.wa.gov Sean Hemmerle, Department of Health sean.hemmerle@doh.wa.gov
Data Workgroup (Goal 4)	Cathy Wasserman, Department of Health cathy.wasserman@doh.wa.gov
Recovery Workgroup (Goal 5)	Malika Lamont, Public Defender's Association, malika.lamont@defender.org Meta Hogan, Capitol Recovery Center, meta.hogan@gmail.com
American Indian/Alaskan Native Workgroup (All Goals)	Lucy Mendoza, HCA Division of Behavioral Health and Recovery lucilla.mendoza@hca.wa.gov Lisa Rey Thomas, UW Addictions, Drug & Alcohol Institute, lrthomas@uw.edu Vicki Lowe, American Indian Health Commission, vicki.lowe.aihc@outlook.com

AMERICAN INDIAN/ALASKAN NATIVE OPIOID RESPONSE WORKGROUP

In 2019, through consultation with the Health Care Authority on the State Opioid Response grant application, Tribes Urban Indian Health Organizations supported the development of a specific American Indian/Alaska Native Opioid Response workgroup. This new workgroup would convene for the purposes of developing an Opioid Response Plan to address the opioid crisis in Indian Country. AI/ANs are affected disproportionately by the opioid crisis and opioid overdose rates are much higher than rates per 100,000 in any other category by race and ethnicity. The workgroup consists of representatives of the Tribes within the boundaries of Washington state, tribal organizations, urban Indian health programs, tribal opioid treatment centers, and tribal residential treatment centers. The American Indian Health Commission coordinates the work of the AI/AN ORW and additional partners on the workgroup include state agency partners, Indian Health Services, Northwest Portland Area Indian Health Board, MCOs and ACHs. The short-term goals of this workgroup are to establish and convene a committee committed to focusing on addressing OUD for AI/AN individuals in Washington, to develop a comprehensive resources and gaps analysis, and develop a plan that includes goals, objectives, and strategies to address this significant concern. The AI/AN ORW plan to share their plan with the larger Statewide Opioid Response committees to ensure that their strategies are embedded within the Statewide Opioid Response plan.

CRIMINAL JUSTICE OPIOID WORKGROUP

The Criminal Justice Opioid Workgroup (CJOW) was established in 2017 to provide collaboration, guidance, and focus on providing SUD prevention, treatment, and recovery services to individuals that are involved in the criminal legal system. These individuals face higher rates of physical health problems, SUDs, overdose, and many other chronic health conditions while experiencing barriers to recovery that are not faced by individuals who have not been incarcerated. Further compounding these issues is the recognition of racial and ethnic disparities that exist in the criminal legal system, and addressing these issue is paramount to state planning and ongoing work to help impacted communities. The CJOW is comprised of individuals from various criminal justice organizations, behavioral health organizations, advocacy groups, academic researchers, and many other partners and stakeholders throughout the state, and advises the Washington State Opioid and Overdose Response Plan Task Force on working with the opioid crisis within the criminal justice system.

PREGNANT AND PARENTING WORKGROUP

The workgroup began in late 2017 after the first review of maternal deaths with the maternal mortality panel. Suicide and overdose deaths were the leading cause of preventable deaths that were potentially pregnancy related; a workgroup was established to address the identified need. The work organically grew and was integrated into the State Opioid and Overdose Response Plan. Current work to addresses perinatal care, parent and child attachment, adverse childhood experiences, neonatal abstinence syndrome, and other issues that are unique to this population.

HOW TO GET INVLOVED

The lead staff for each workgroup listed on page 35 coordinate regular workgroup meetings to review progress on strategies and formulate future activities in furtherance on the plan's specified goals. The State Opioid Coordinator convenes monthly tactical inter-agency opioid meetings that bring together workgroup leads and state planning partners to discuss ongoing plan implementation, troubleshoot problems as they arise, and identify emerging trends in substance use disorder prevention, treatment, and recovery. The executive sponsors of the meeting gather during monthly strategic inter-agency opioid meetings to provide high-level guidance and ensure that state plan activities are aligned with respective agency goals and with the Governor's Office.

The Department of Health and the Health Care Authority organize and host quarterly opioid response workgroup meetings where workgroup leads may offer updates of the previous quarter's activities, and plan stakeholders, such as professionals from academia or health care, give in-depth presentations on activities that are directly related to the plan's goals. Please visit the Department of Health's Opioid Response Workgroup (doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PrescriptionMonitoringProgramPMP/OpioidResponseWorkgroup) website for more information or how to attend quarterly meetings.

APPENDIX 1 – COMPLETED OR REMOVED STRATEGIES

1.2.1	Implement the provisions of 2019 SSB 5380 by updating opioid prescribing rules created in 2019. By January 1, 2020 the boards and commissions will develop and implement rules regarding patient's right to refuse opioid prescription or order for any reason.	DOH	GSF
	This work has been completed by DOH staff, new rules were created and adopted.		
1.2.2	Complete the Bree Collaborative/Agency Medical Directors' Group Supplemental Guidance on Prescribing Opioids for Postoperative Pain.	LNI, Bree, AMDG	In kind
	Completed		
1.6.3	Enable investigators in Washington's Medicaid Fraud Unit to be appointed as limited authority peace officers for Medicaid fraud investigations.	AGO with CJOW	
	Strategy was completed through Senate Bill 6051 during the 2018 regular legislative session.		
1.6.5	Adopt enhanced criminal penalties for trafficking of fentanyl and fentanyl analogues.	AGO with CJOW	
	Strategy removed due to inactivity and at the recommendation of the AG's office and the CJOW.		
2.3.1	Expand access to family planning services in syringe services programs or improve linkages between syringe services programs and family planning services.	DOH	
	Strategy was duplicative as it is also contained in Goal 3 strategies.		
3.1.8	Identify and promote new models and best practices of post-overdose follow up to support long-term overdose prevention, particularly in emergency rooms and among first responders.	ADAI	WA-PDO SABG
	Removed due to redundancy with other strategies that relate to first responders and emergency departments.		
3.2.1	Communicate and implement the state health officer's statewide standing order to authorize professional and lay first responders to distribute and administer naloxone	DOH	
	A statewide standing order for naloxone was established by SSB 5380 from the 2019 regular legislative session.		

4.1.1	Identify goals for improving timeliness, completeness, quality and functionality of the PMP and necessary business requirements for PMP vendor contract.	DOH	GFS, CDC-OD2A
	This task was completed through the PMP AWAREx upgrade (https://apprisshealth.com/solutions/pmp-awarxe/).		
4.1.4	Develop data sharing agreements with PMPs in Oregon, Idaho and California.	DOH	GFS
	Data sharing agreements were established with these states through the RxCheck and PMPi Hubs.		
4.4.2	Evaluate pain management rules implemented in 2011.	UW, DOH	CDC PFS
	Reported as complete by DOH Injury and Violence Prevention staff		

APPENDIX 2 – STATE OPIOID AND OVERDOSE RESPONSE PLAN STAKEHOLDERS

Partners from all sectors at the local, state and federal levels are driving implementation of the strategies and activities in the response plan. The following partners and stakeholders have expressed a particular interest and commitment to addressing opioid misuse and overdose prevention.

Federal and tribal partners:

American Indian Health Commission (AIHC)

Bureau of Justice Assistance (BJA)

Center for Disease Control and Prevention (CDC)

Centers for Medicaid and Medicare Services (CMS)

Indian Health Services (IHS)

National Institute on Drug Abuse (NIDA)

National Institutes of Health (NIH)

Northwest Portland Area Indian Health Board (NPAIHB)

Northwest High Intensity Drug Trafficking Area (NWHIDTA)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Federally Recognized Tribes

Urban Indian Health Programs

US Attorney General's Office (USAG)

March of Dimes

State partners:

Administrative Office of the Courts (AOC)

Agency Medical Directors' Group (AMDG)

Criminal Justice Training Commission (CJCT)

Department of Corrections (DOC)

Department of Health (DOH), including the Dental Quality Assurance Commission (DQAC), Board of Osteopathic Medicine and Surgery (BOMS), and Podiatric Medical Board (PMB)

Medical Quality Assurance Commission (MQAC) and Nursing Care Quality Assurance Commission (NCQAC)

Department of Labor & Industries (L&I)

Department of Social and Health Services (DSHS)

Dr. Robert Bree Collaborative (Bree)

Health Care Authority (HCA) / Division of Behavioral Health and Recovery (DBHR)

Office of Superintendent of Public Instruction (OSPI)

State Prevention Enhancement (SPE) Policy Consortium

Washington State Office of the Governor

Washington State Office of the Attorney General (AGO)

Washington State Patrol (WSP), including the Washington State Toxicology Lab

Washington Poison Center (WAPC)

Professional associations:

WA Association of Prosecuting Attorneys (WAPA)

WA Chapter-American College of Emergency Physicians (WA-ACEP)

NW Regional Primary Care Association

WA Society of Addiction Medicine (WSAM)

WA State Association of Drug Court Processionals (WSADCP)

WA State Association of Sheriffs and Police Chiefs (WASPC)

WA State Dental Association (WSDA)

WA State Hospital Association (WSHA)

WA State Medical Association (WSMA)

WA State Nurses Association (WSNA)
SEIU 1199, ARNP United

WA State Pharmacy Association (WSPA)

Washington State Podiatric Medical Association

Western States Information Network (WSIN)

Academic institutions:

Eastern Washington Area Health Education Center (AHEC)

University of Washington, Addictions, Drug & Alcohol Institute (UW ADAI)

University of Washington, Division of Pain Medicine

Washington State University, Program of Excellence in Addictions Research (PEAR)

Washington State University, Interprofessional Education Program

Local entities:

Accountable Communities of Health (ACH)

Administrative Service Organizations (ASO)

Behavioral Health Organizations (BHO)

Community Prevention and Wellness Initiative (CPWI) and other prevention coalitions, including their partners such as Educational Service Districts (ESD)

Local Health Jurisdictions (LHJ)

Managed Care Organizations (MCO)

Substance use disorder treatment programs and mental health facilities

Syringe services programs (SSPs)

APPENDIX 3 – OPIOID DATA AND RESOURCES

HCA Analytics Research & Measurement (ARM) Dashboard Suite – Includes data on OUD Treatment hca-tableau.watech.wa.gov/t/51/views/AIMDashboardSuite/DSMain?:isGuestRedirectFromVizportal=y&:embed=y

DOH Prescription Monitoring Program (PMP) – doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PrescriptionMonitoringProgramPMP

Results Washington – Taking Action to End the Opioid Crisis results.wa.gov/measuring-progress/special-projects/taking-action-end-opioid-crisis

Stopoverdose.org – Helping individuals and communities in Washignton State Respond to prevent opioid overdose.

APPENDIX 4 – FUNDING SOURCES

A variety of local, state and federal sources fund the activities in this plan. Below is a list of funding sources that contribute to the state opioid response:

CJTA = Criminal Justice Treatment Account, as defined in 71.24.580 RCW

GFS = General Fund State

SABG = Federal SAMHSA Substance Abuse Block Grant administered by the Division of Behavioral Health and Recovery

DOH PFS = Federal CDC Prescription Drug Overdose Prevention for States Grant administered by Department of Health

ESOOS = Federal Enhanced State Opioid Overdose Surveillance Grant administered by Department of Health

CDC-OD2A = Overdose Data to Action Grant administered by the Department of Health

Proviso = Proviso funding is state general funds that are periodically awarded by legislative action

Roadmap to Recovery Planning Grant = A Center for Medicare & Medicaid Services (CMS) Grant administered by the Health Care Authority

SOR = Federal SAMHSA State Opioid Response Grant administered by the Division of Behavioral Health and Recovery

WA-PDO = Federal SAMHSA Washington State Project to Prevent Prescription Drug/Opioid Overdose grant administered by the Division of Behavioral Health and Recovery

Opioid and Overdose Response Plan

2021–2022