

Washington State Opioid and Overdose Workgroup Meeting

Kris Shera, State Opioid Coordinator

May 11, 2023



Welcome/Announcements

▶ Conference Season! May 22-23

- ▶ May 22-23, Lummi Nation (invite only) – [HCA Announcement](#)
- ▶ June 15-16 Kennewick, WA - <https://www.thewashingtoncouncil.org/2023-washington-behavioral-healthcare-conference/>
- ▶ July 19-20 Vancouver, WA - <https://region10opioidsummit.org/>

▶ [Friends for Life](#) and [For Our Lives](#) campaign launches

Washington state to receive \$518M after settlement with opioid distributors

by The Associated Press, KOMO News Staff | Monday, October 3rd 2022



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NATIONAL

Walmart offers to pay \$3.1 billion to settle opioid lawsuits

November 15, 2022 · 9:26 AM ET

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BREAKING NEWS
Kevin McCarthy loses a fourth round of voting two days into historic GOP stalemate. Watch CNN

Markets →		
DOW	33,321.77	0.56% ▲
S&P 500	3,863.02	1.02% ▲
NASDAQ	10,490.77	1.00% ▲

Fear & Greed Index →
41
Fear is driving the US market

Latest Market News
US job openings total
Chaos in Congress se
With its advertising bi

Purdue Pharma and Sacklers reach \$6 billion opioid settlement agreement with states

AG Ferguson files lawsuits against three national pharmacy chains for their role in fueling the opioid crisis and announces five resolutions with drug companies totaling more than \$400 million for Washington state

FOR IMMEDIATE RELEASE:
Dec 21 2022

Today's announcement brings Washington's total recoveries to more than \$1.1 billion to address the epidemic

SEATTLE — Attorney General Bob Ferguson filed a lawsuit today against Albertsons, Kroger and Rite Aid, whose pharmacy chains helped fuel Washington state's opioid epidemic. Ferguson asserts the pharmacies served as the last line of defense in the opioid

News Releas

News Rele

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CVS, Walgreens, Teva in opioid agreements with Washington attorney general

Dec. 21, 2022 3:58 PM ET | Walmart Inc. (WMT), CVS, WBA, ABBV | KR, RAD, ACI | By: Jonathan Block, SA News Editor | 15 Comments



State Opioid and Overdose Response Plan

- ▶ Has served as the state's collaborative framework for addressing opioid and SUD related issues for many years.
- ▶ Workgroups are organized around 5 goals—
 1. Prevention opioid misuse
 2. Detect and treat opioid use disorders
 3. Ensure health and wellness of people who use drugs (PWUD)
 4. Use data to inform process
 5. Support people in Recovery
- ▶ Population focused WGs: AI/AN, criminal justice, pregnant and parenting
- ▶ Support WGs – Communications, Data



Overview of recommendation process

- ▶ State Opioid & Overdose Response Plan identified as a collaborative framework by which recommendations would be made
 - ▶ Workgroups submitted 3 proposals each, sponsors reviewed and approved recommendations
 - ▶ Process included 2 tribal roundtables and a Formal Consultation
 - ▶ Allowable uses limited to those in Exhibit E – settlement agreement approved strategies and uses
- ▶ Sponsor recommendations submitted to the Governor's Office on Oct 28, 2022.
- ▶ The Governor adopted *most* of the recommended proposals in his state budget proposal for SFY 2024
- ▶ Conference budget for opioid settlements is quite a bit different

Opioid Settlement Overview

- ▶ [2023-2025 Budget Bills](#)
- ▶ Governor's Budget –
 - ▶ [HCA Agency Recommendation Summaries](#)
 - ▶ [DOH Agency Recommendation Summaries](#)
- ▶ House Substitute Budget – [SHB 1140](#)
- ▶ Senate Substitute Budget – [SSB 5187](#)
- ▶ Budget Conference Report – [ESSB 5187](#)

Opioid Settlements and Blake Bill

Line Item	Amount
Arrest and Jail Alternatives – diversion models focusing on access to treatment rather than incarceration	\$3,600,000
Health Engagement Hub Pilot – Establishment of hubs that would provide additional medical services in harm reduction settings	\$4,000,000
OTP Expansion – Funding for capital funds for OTP expansion, fixed and mobile	\$3,768,000
Employment and educational supports – Grant to providers of employment and educational services to individuals with SUD according to Sec. 27 of 5536	\$5,242,000



SB 5536 – “Blake Fix”

- ▶ SB 5536 - Concerning controlled substances, counterfeit substances, and legend drug possession and treatment.
 - ▶ Failed to pass before adjourning
 - ▶ We are analyzing the impacts to the budget as it relates to SB 5536
 - ▶ If no fix, as of July 1, 2023, there will be no simple drug possession laws for personal use in the state of Washington



2023-25 Community Behavioral Health Budget

- ▶ Community Behavioral Health: Total Appropriations - \$5,173,196,000
 - ▶ an increase of \$359,207,000 over the 21-23 biennium.



New Behavioral Health Policy

- ▶ HB 1515 Contracting and procurement requirements for behavioral health services in medical assistance programs.
- ▶ SB 5440 Competency evaluations
- ▶ SB 5634 Concerning problem gambling
- ▶ SB 5502 Substance use disorder treatment
- ▶ HB 1168 Prenatal Substance Exposure
- ▶ HB 1580 Children in Crisis
- ▶ SB 5120 Establishing 23-hour crisis relief centers
- ▶ HB 1134 988 behavioral health crisis response & suicide prevention system
- ▶ SB 5189 Behavioral Health Support
- ▶ SB 5555 Creating the profession of certified peer specialists.

What's Next?

- ▶ DBHR is working to understand the conference budget report, contracting needs, procurement processes etc. More info will be shared when it is available.
- ▶ Over the coming months HCA, DOH, Tribes and many other partners & stakeholders will continue to work (quickly!) to:
 - ▶ Update the State Opioid & Overdose Response Plan and associated groups/admin functions
 - ▶ Develop a workplan for the use of opioid settlements funds; resources for public access to use of funds; and reporting requirements for state and local entities for opioid settlement funds

Government Participation Mechanism

Purdue and Mallinckrodt Bankruptcy
Settlements



Government Participation Mechanism

- ▶ Required by Purdue and Mallinckrodt Bankruptcy settlements only for funds distributed 34 smaller counties
- ▶ The intention is that the State will work with the GPM to reach consensus (which does not require unanimity) on how these funds will be spent.
- ▶ If recommendations aren't followed, GPM must be informed in writing within 14 days, and GPM has 7 days to respond.
- ▶ Must meet quarterly, may meet more.
- ▶ Recommendations on first Mallinckrodt payment

Requirements Listed in WA GPM Notice

*“The Workgroup shall create a NOAT II opioid abatement trust advisory committee to serve as the GPM. The committee shall contain 12 local, 12 state agency representatives, and 4 Tribal representatives; all qualified by experience and expertise regarding opioid use disorder and opioid use disorder treatment. The committee chair shall be a non-voting member from a state agency. The committee shall conform to the requirements for GPMs laid out in paragraph 6 of the NOAT II TDP, including the terms of composition, consensus, proceedings, consultation and discretion, and recommendations.”**

*The GPM was expanded after our initial notice and we will need to amend once we have a final composition.

GPM member requirements

“A GPM should have appointees such that as a group they possess experience, expertise and education with respect to one or more of the following: public health, substance abuse, healthcare equity and other related topics as is necessary to assure the effective functioning of the GPM.”

Membership – Local (12)

Member Organizations	Notes
County Commissioner/Councilmember 1	Jane Fuller, Council Member, San Juan County
County Commissioner/Councilmember 2	LaDon Linde, Commissioner, Yakima County
County Employee/County SUD Provider 1	Melissa Holm, HHAP Program Coordinator, Yakima County
County Employee/County SUD provider 2	Abby Bently, Health Educator, Pacific County
County Employee/County SUD Provider 3	Peter Miterko, Community Health Coordinator, Skagit County
County Employee/County SUD Provider 4	Sonya Miles, Deputy Director, Kitsap County
County Employee/County SUD Provider 5	Ed Dzedzy, Public Health Director, Lincoln County
ACH	Nichole Peppers, Executive Director, Southwest ACH
BH-ASO East	Justin Johnson, Spokane County
BH-ASO West	Leah Becknell, Klickitat and Skamania Counties - BH ASO West
LHJ Official 1	<i>Pending</i>
LHJ Official 2	<i>Pending</i>

Membership – State (12)

Member Organizations	Notes
HCA 1	Charissa Fotinos, M.D. Medicaid Director
HCA 2	Michael Langer, Deputy Director DBHR, SSA
DOH 1	Tao Kwan-Gett, M.D. State Science Officer
DOH 2	Travis Sugarman J.D., Director of Behavioral Health
Labor & Industry	Joel Sacks, Secretary, LNI
University of Washington	Jared Klein M.D., Addiction Medicine Specialist, UW
Washington State University	John Roll Ph.D., Vice Dean for Research, WSU
Office of Superintendent for Public Instruction	<i>Pending</i>
DCYF	Ross Hunter, Secretary
Dept. of Corrections	Cheryl Strange, Secretary
Dept. of Commerce	<i>Pending</i>
DSHS	Mike Williams, Deputy Chief of Staff



Membership Structure – Tribal (2)/Lived Experience (4)

Member Organizations	Notes
Tribal Rep 1	DTLL went out – awaiting response
Tribal Rep 2	
Lived experience 1	Process TBD by GPM members
Lived experience 2	
Lived experience 3	
Lived experience 4	



Brief overview of Purdue and Mallinckrodt

▶ Purdue Bankruptcy Settlement –

- ▶ \$208 million paid over 15 years
- ▶ Currently held up in 2nd circuit court of appeals
- ▶ Unknown when payments will begin

▶ Mallinckrodt Bankruptcy Settlement –

- ▶ \$25 million paid over 9 years
- ▶ Payments have begun, but are quite a bit smaller than what Purdue payments will be

Distribution Regions

- ▶ **North Sound** – Skagit, Whatcom, Island, San Juan*
- ▶ **Olympic** – Clallam, Jefferson, Kitsap
- ▶ **Cascade** – Mason, Grays Harbor, Thurston, Pacific, Wahkiakum, Lewis, Cowlitz
- ▶ **Southwest** – Skamania, Klickitat
- ▶ **North Central** – Chelan, Okanogan, Douglas, Grant
- ▶ **Better Health Together** – Ferry, Stevens, Pend Oreille, Lincoln, Adams
- ▶ **Greater Columbia** – Kittitas, Yakima, Franklin, Walla Walla, Columbia, Whitman, Garfield, Asotin

*Snohomish County has opted to be included in North Sound for Mallinckrodt Distributions

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Links/Resources

- ▶ [State Opioid and Overdose Response Plan](#)
- ▶ [WA Opioid Settlement Portal](#)
- ▶ [Substance Use Recovery Services Advisory Committee](#)
- ▶ [Medicaid Transformation Program Renewal](#)

Updates to Overdose Deaths in WA State

Recent updates with preliminary 2022 data

Data as of May 8, 2023

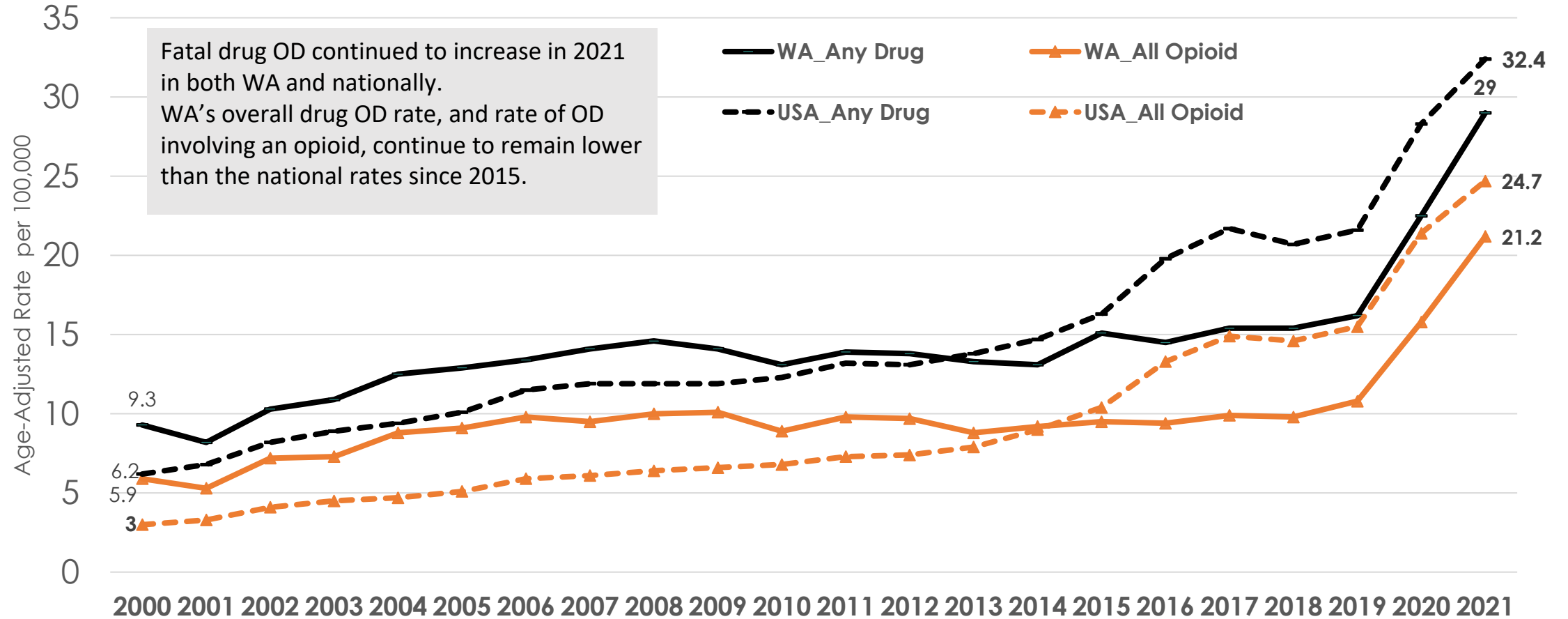
WA DOH – IVP/S&E

Drug Overdose Deaths

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

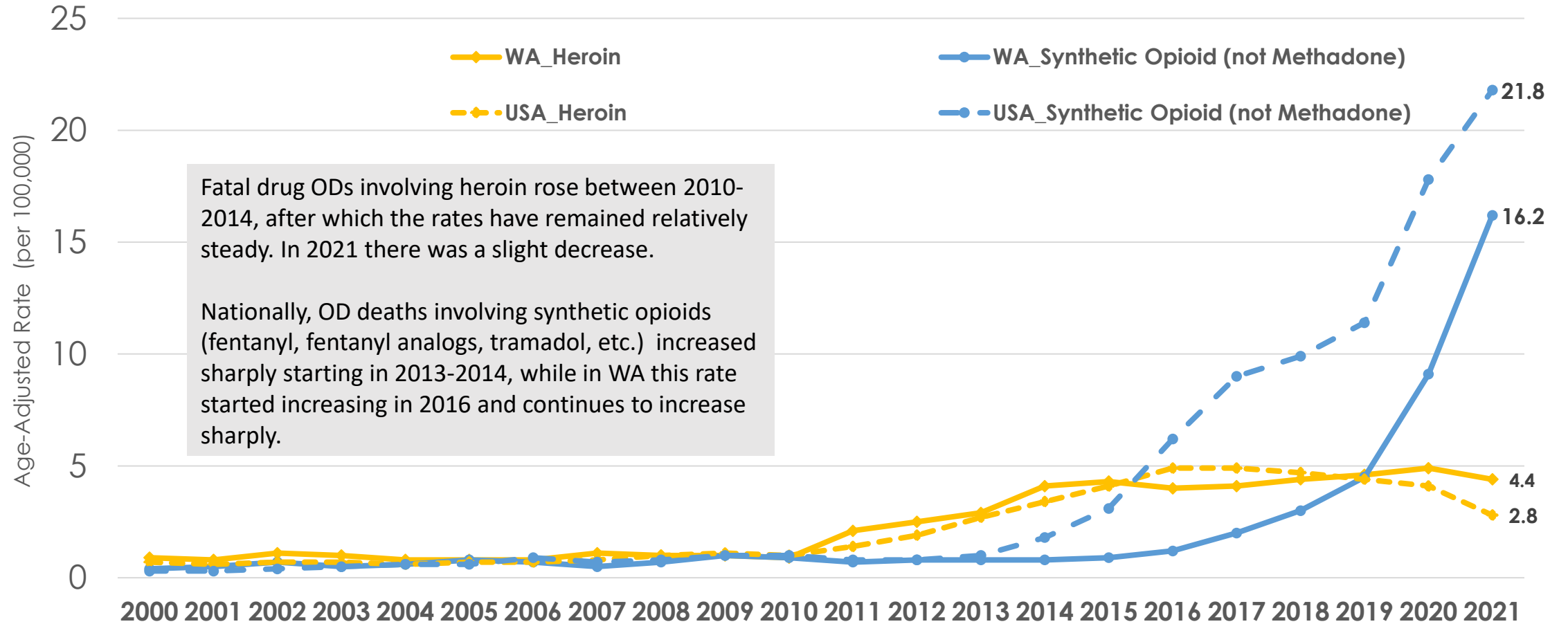
Overdose Death Rate by Drug Type, USA and WA (2000-2021)

WA Residents and USA Overall



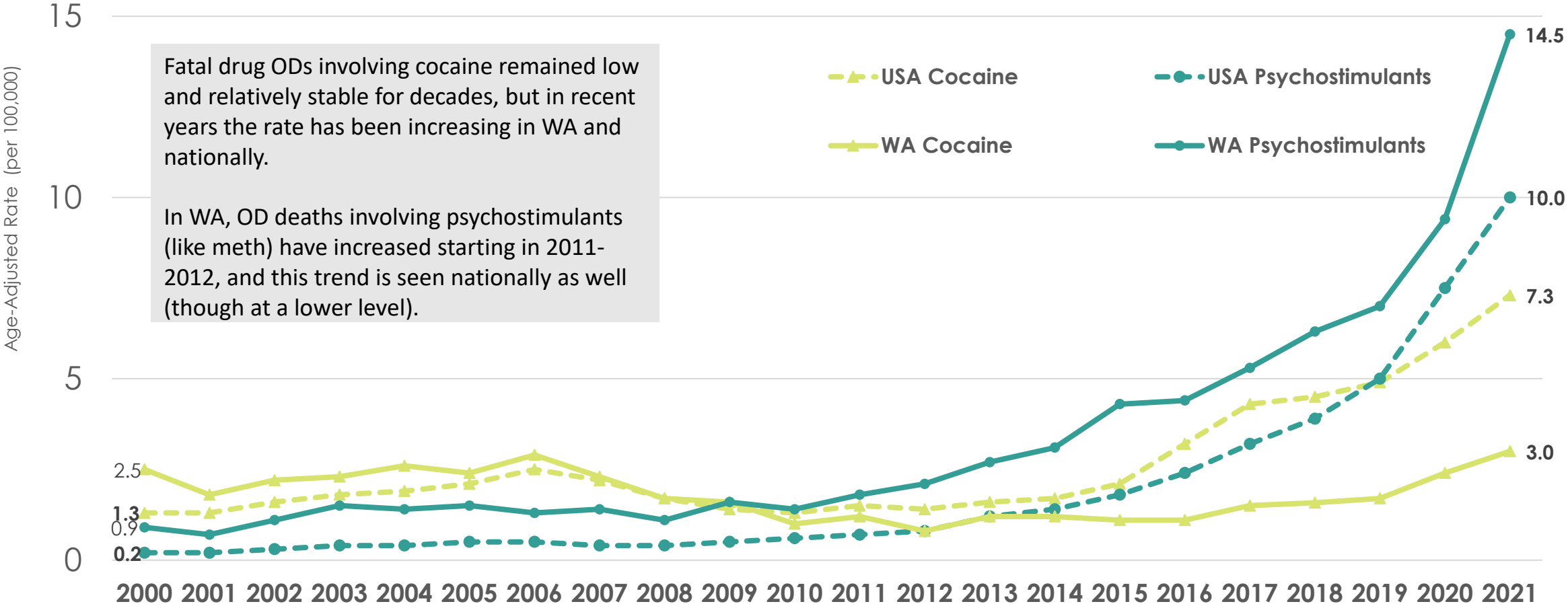
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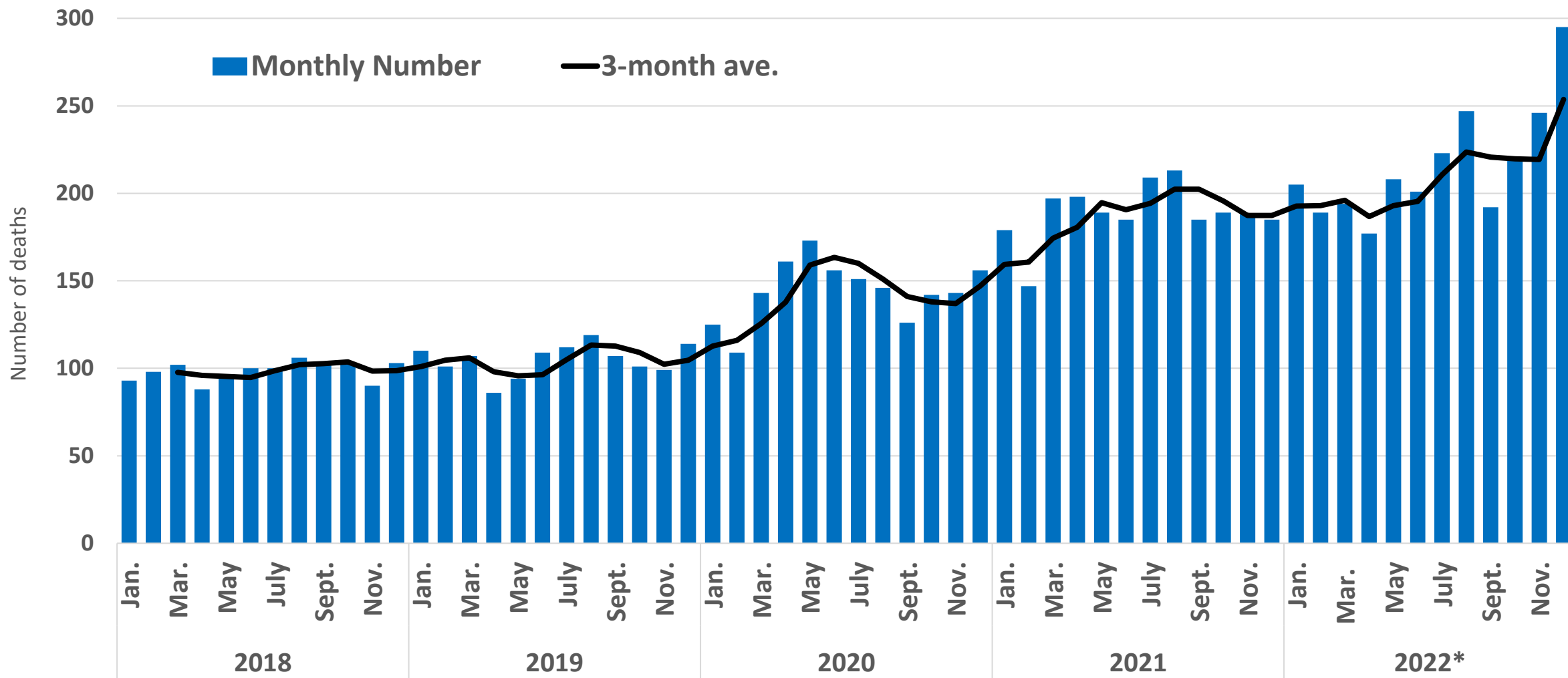
Confirmed WA State Overdose Deaths

Drug Type	2022*	2021	2020	2019	2018	2017
Any Drug	2597	2264	1731	1259	1181	1163
Any Opioid	1971	1619	1194	827	744	739
Heroin	152	344	384	347	329	306
Synthetic Opioids	1781	1214	672	337	224	142
Rx Opioid (not Fentanyl)**	292	402	328	267	305	342
Psychostimulants	1301	1142	728	540	473	390
Cocaine	353	232	187	132	129	111

* 2022 data is preliminary and will change.

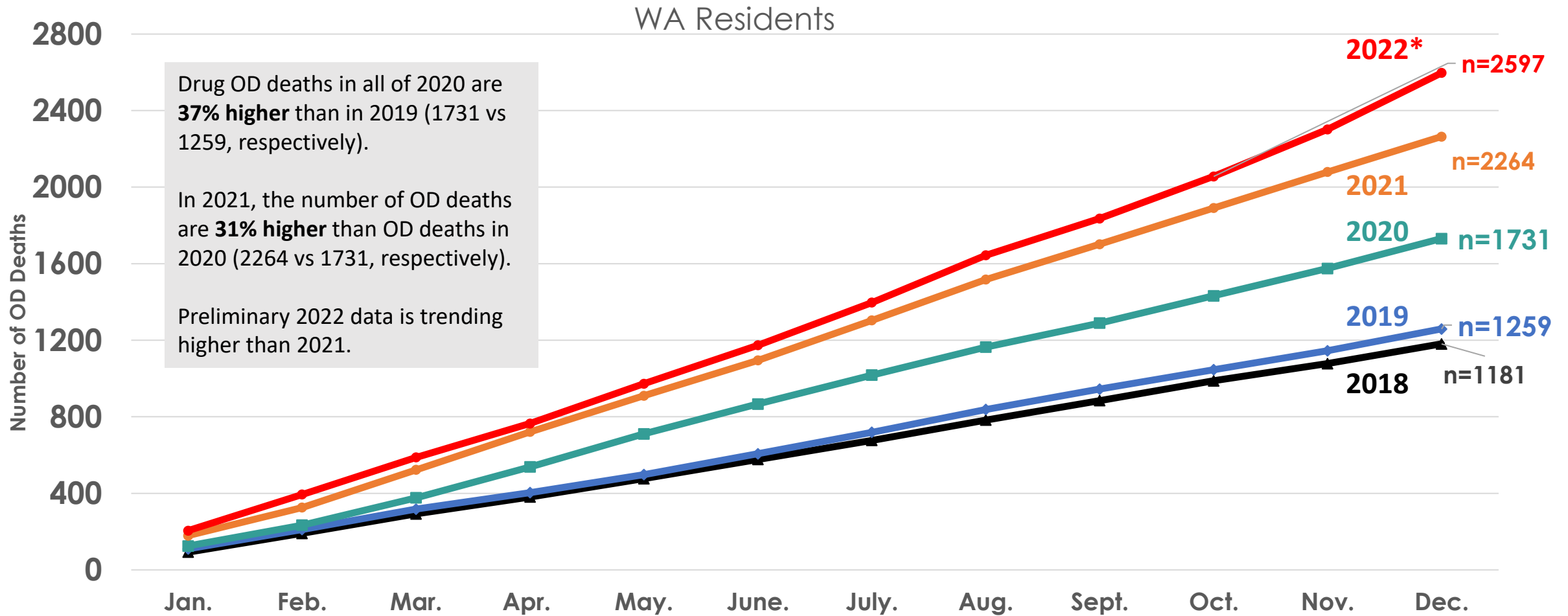
** Rx Opioid: T40.2 and T40.3

Number of Overdose Deaths by Month and 3-Month Average Among Washington Residents (2018-2022*)



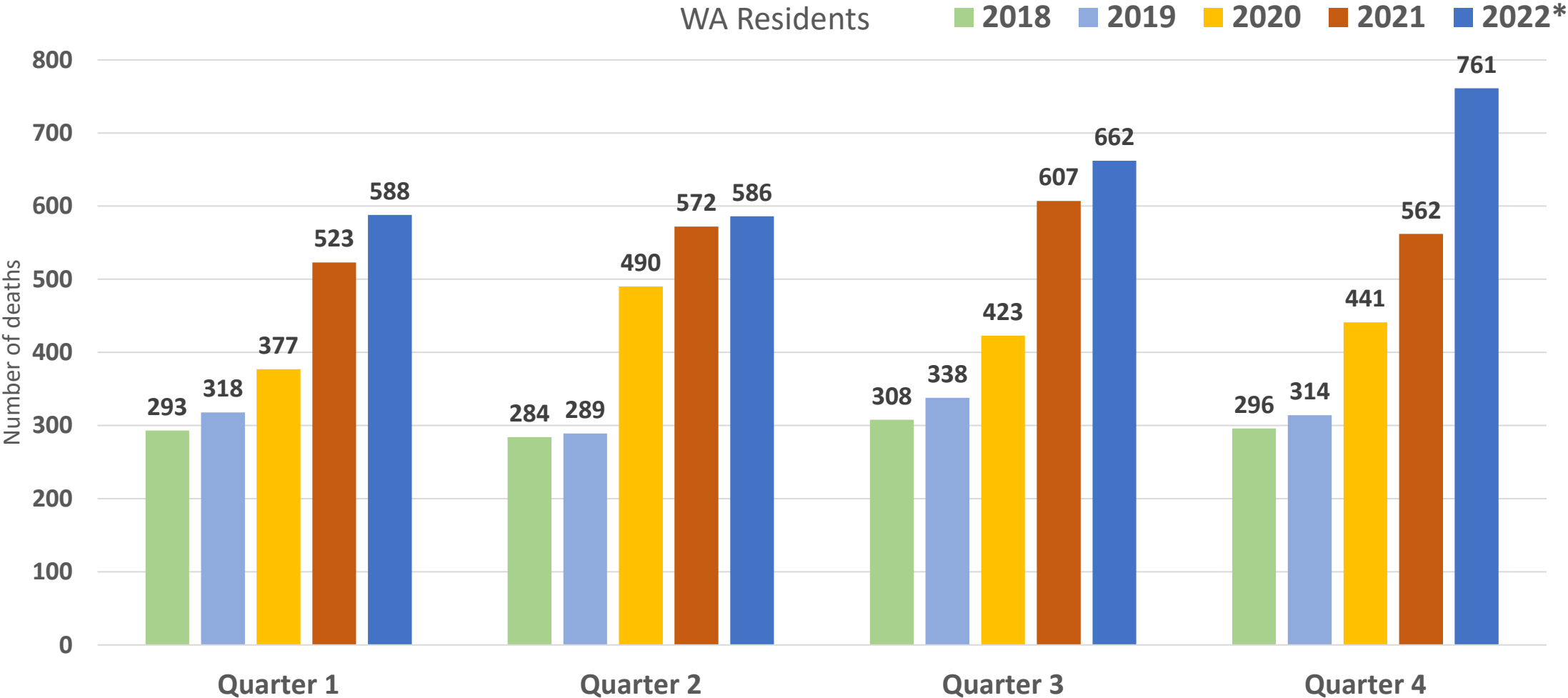
* 2022 data is preliminary and will change.

Annual Cumulative Overall Drug Overdose Deaths by Month (2018-2022*)



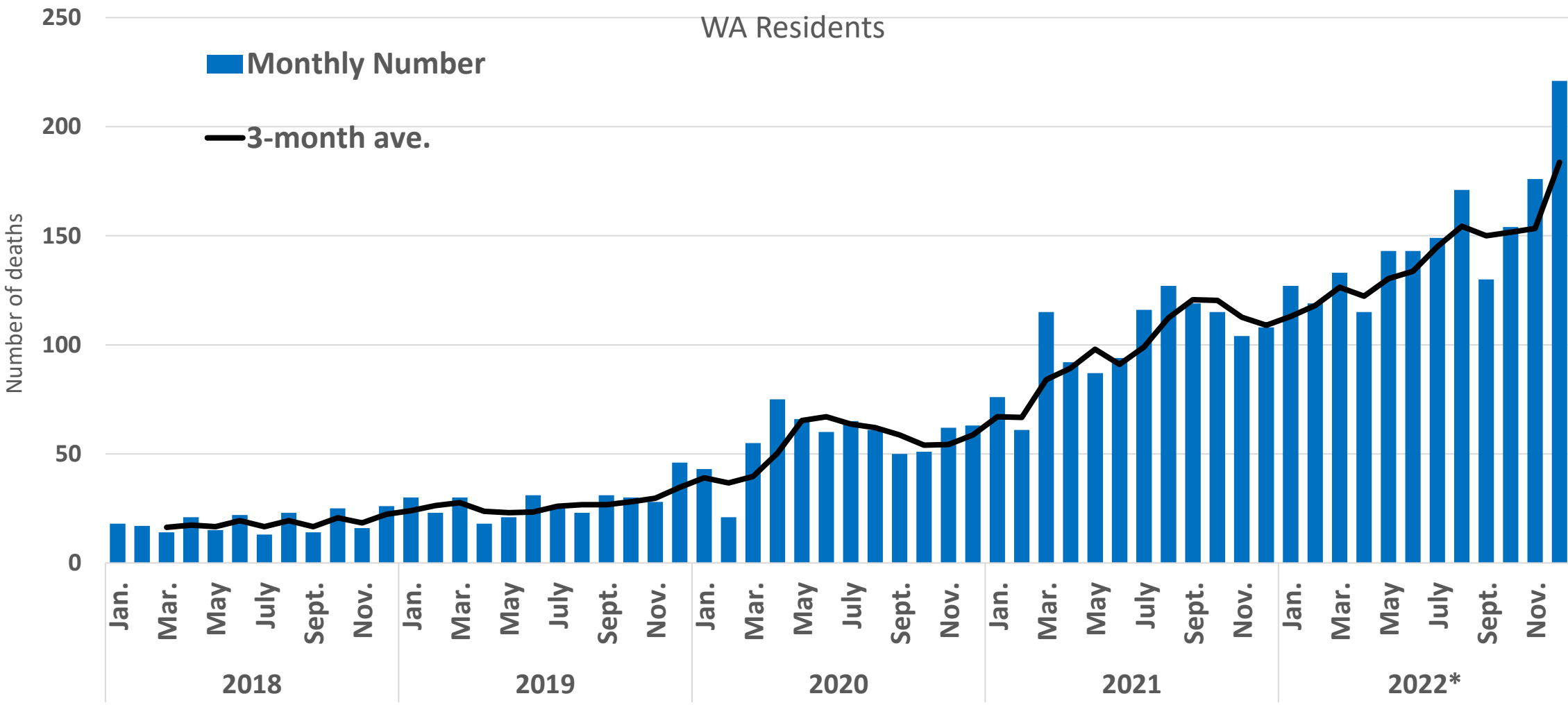
* 2022 data is preliminary and will change.

Number of Overdose Deaths by Quarter



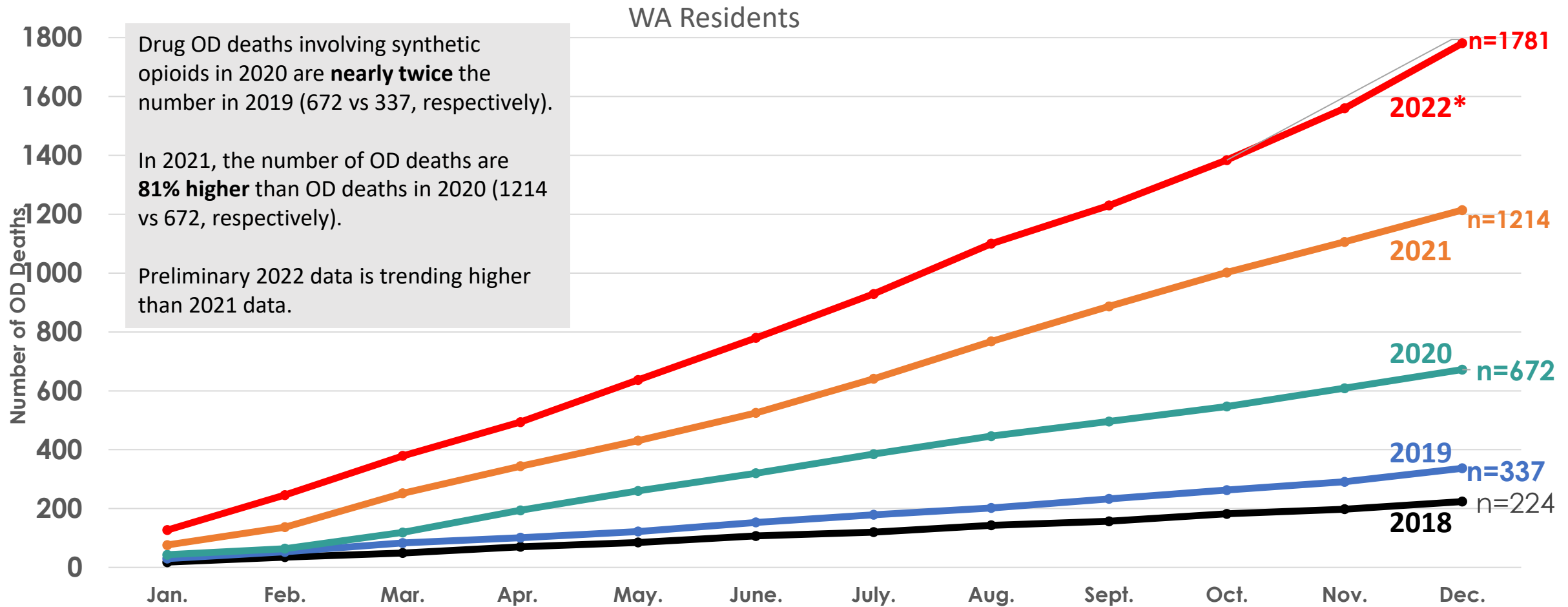
* 2022 data is preliminary and will change.

Number of Overdose Deaths Involving a Synthetic Opioid by Month and 3-Month Average



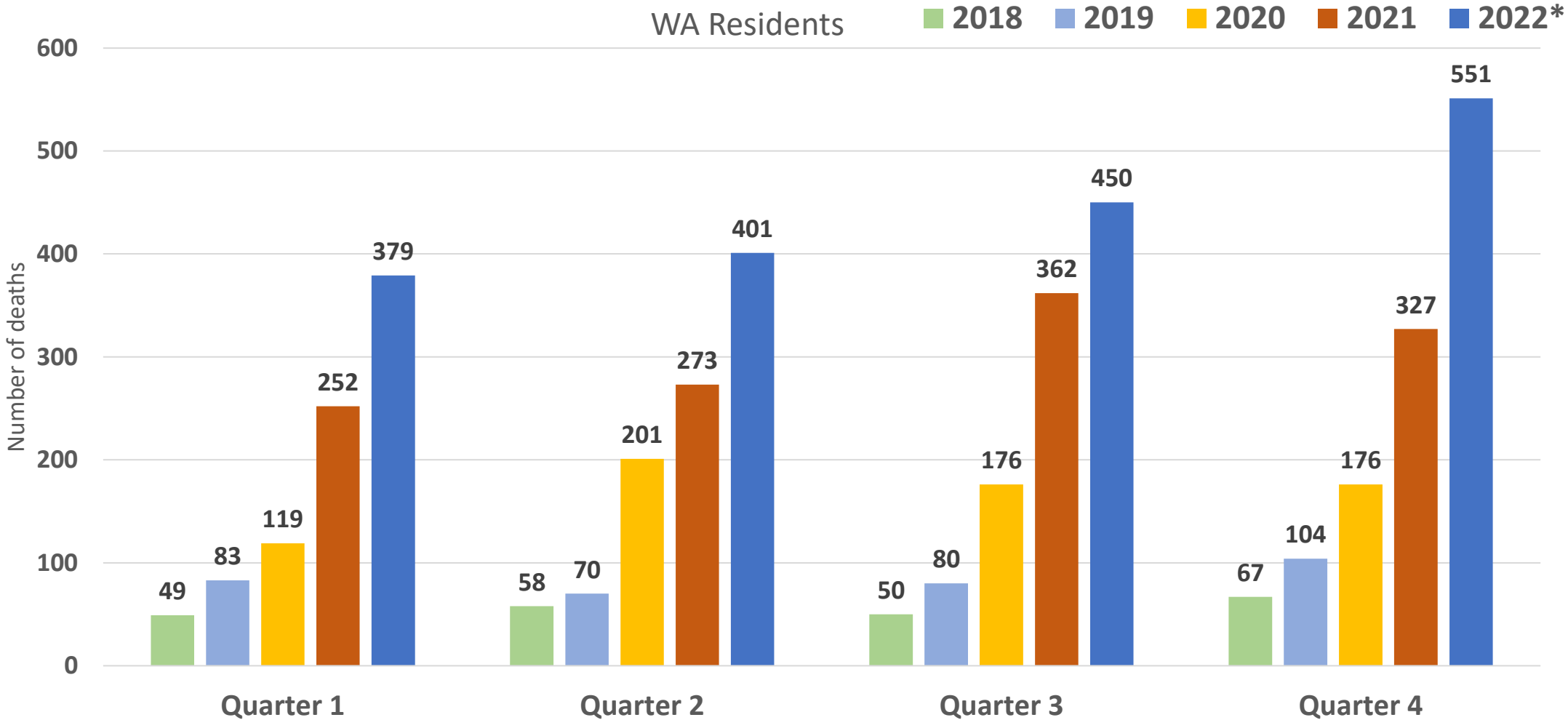
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Annual Cumulative Drug Overdose Deaths Involving Non-Methadone Synthetic Opioids by Month (2018-2022*)



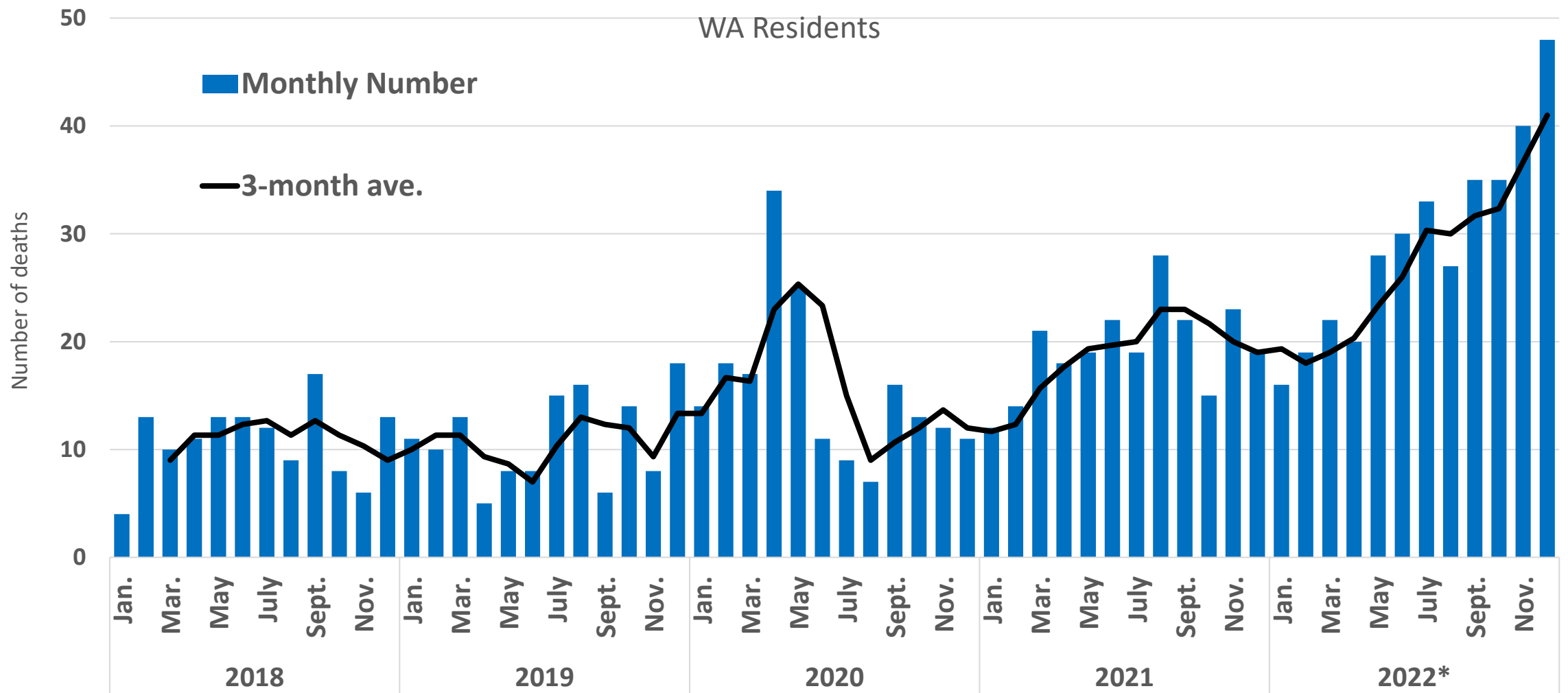
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Number of Overdose Deaths Involving Non-Methadone Synthetic Opioids by Quarter



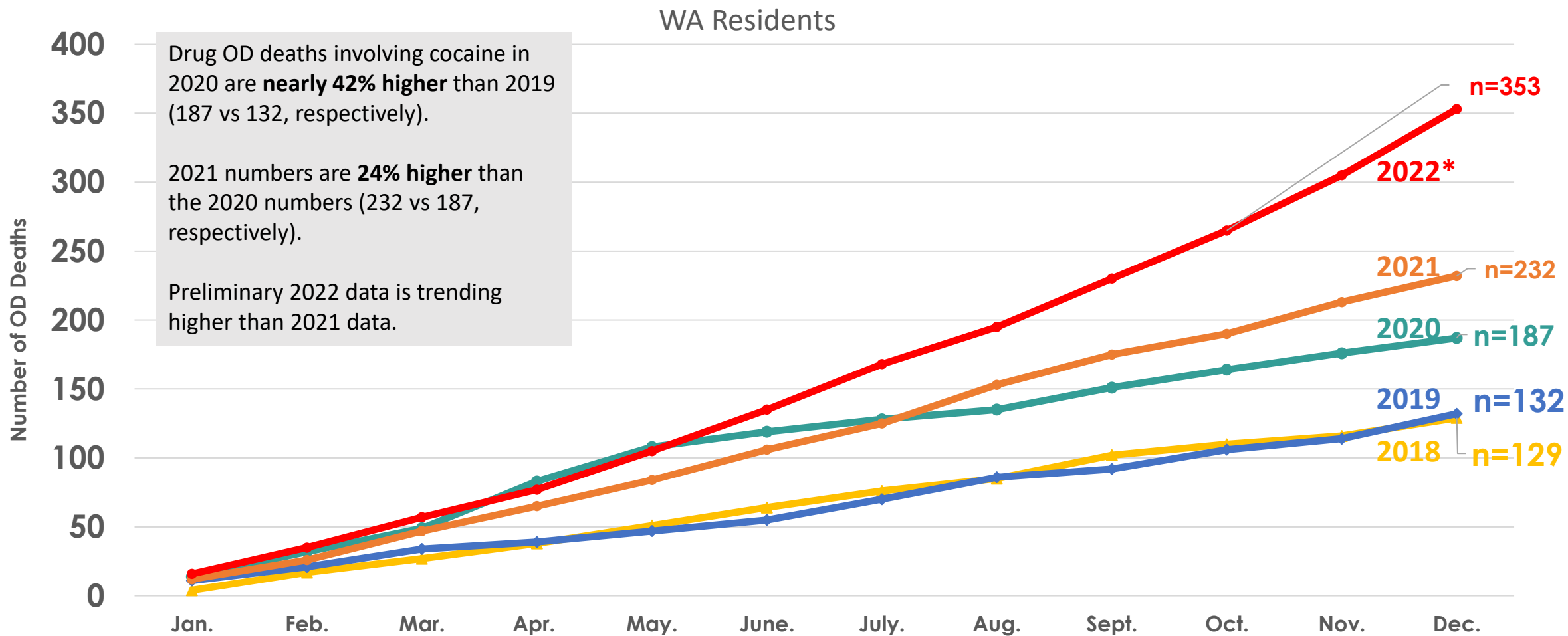
* 2022 data is preliminary and will change.

Number of Overdose Deaths Involving Cocaine by Month and 3-Month Average



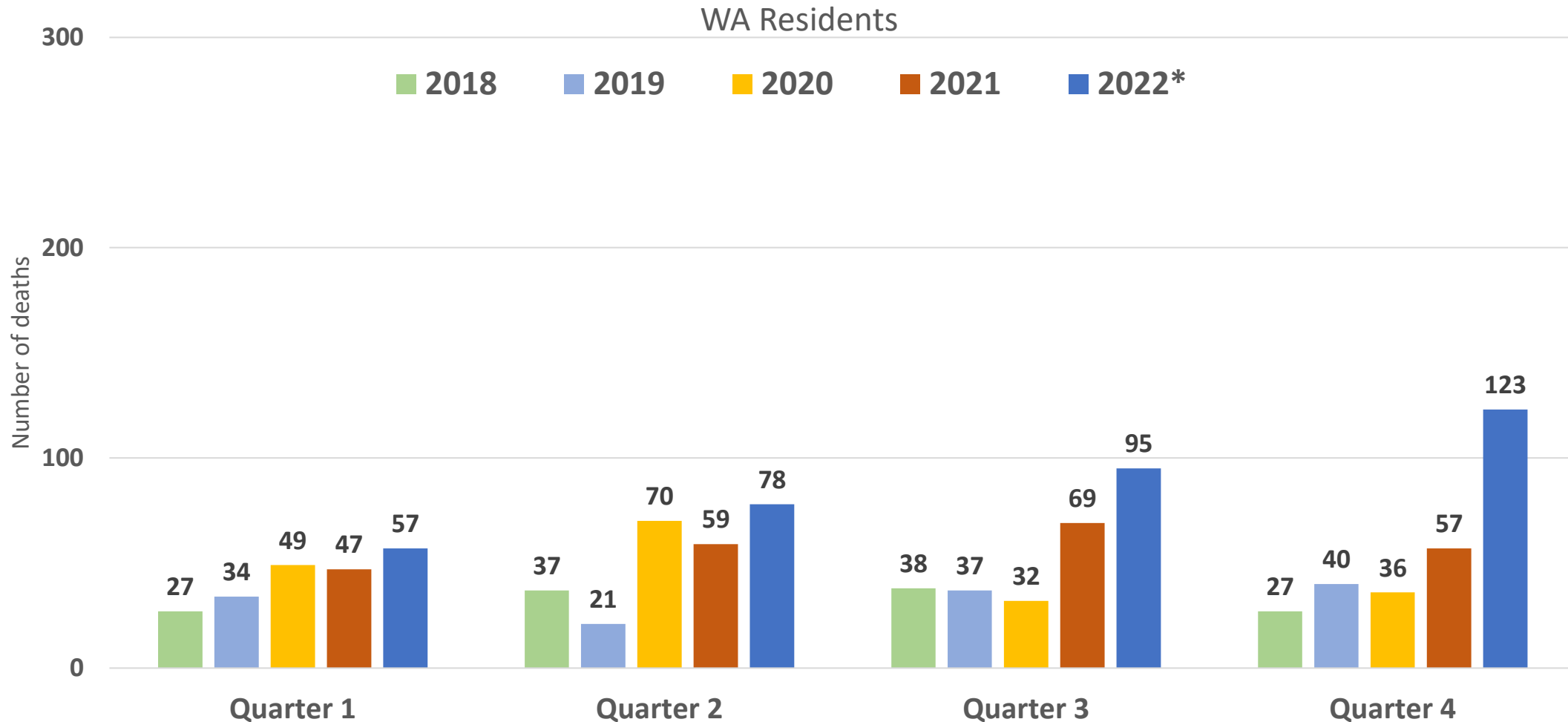
* 2022 data is preliminary and will change.

Annual Cumulative Drug Overdose Deaths Involving Cocaine by Month (2018-2022*)



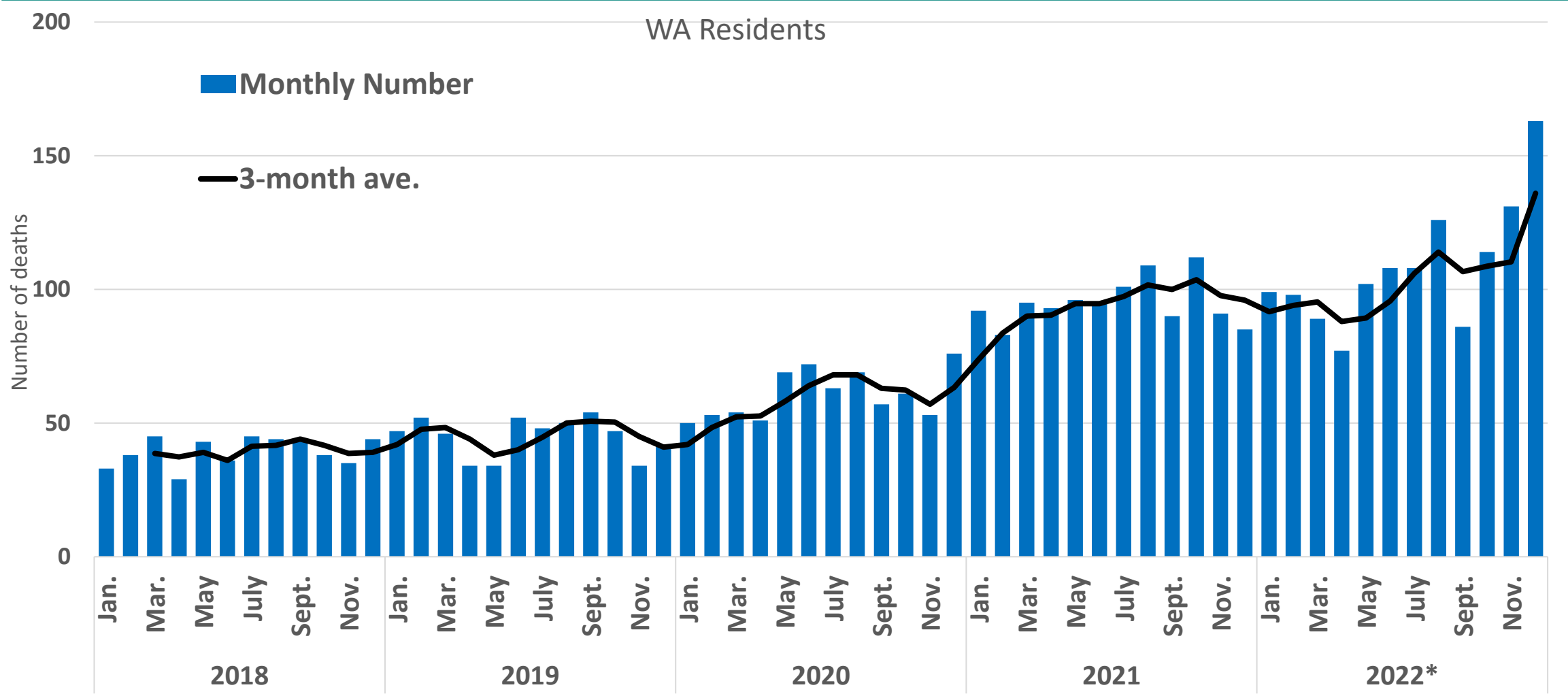
* 2022 data is preliminary and will change.

Number of Overdose Deaths Involving Cocaine by Quarter



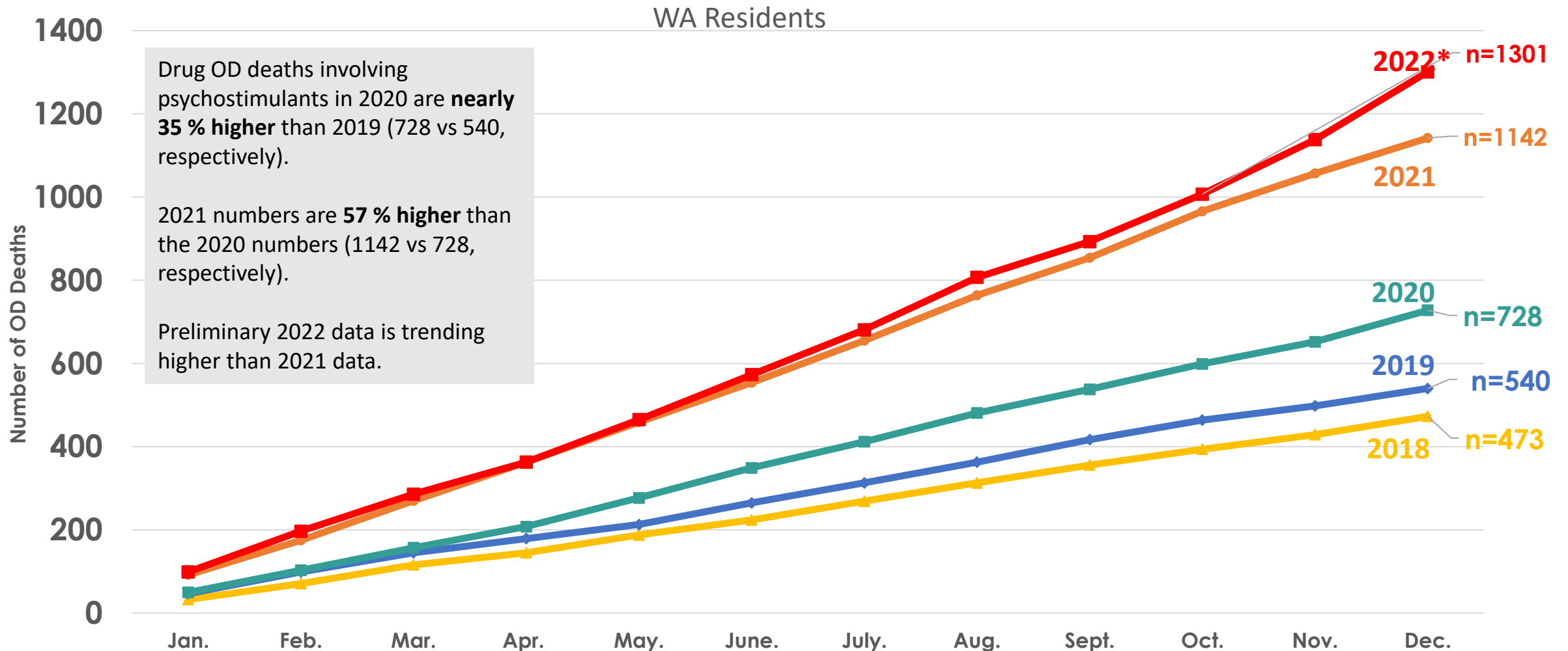
* 2022 data is preliminary and will change.

Number of Overdose Deaths Involving a Psychostimulant by Month and 3-Month Average



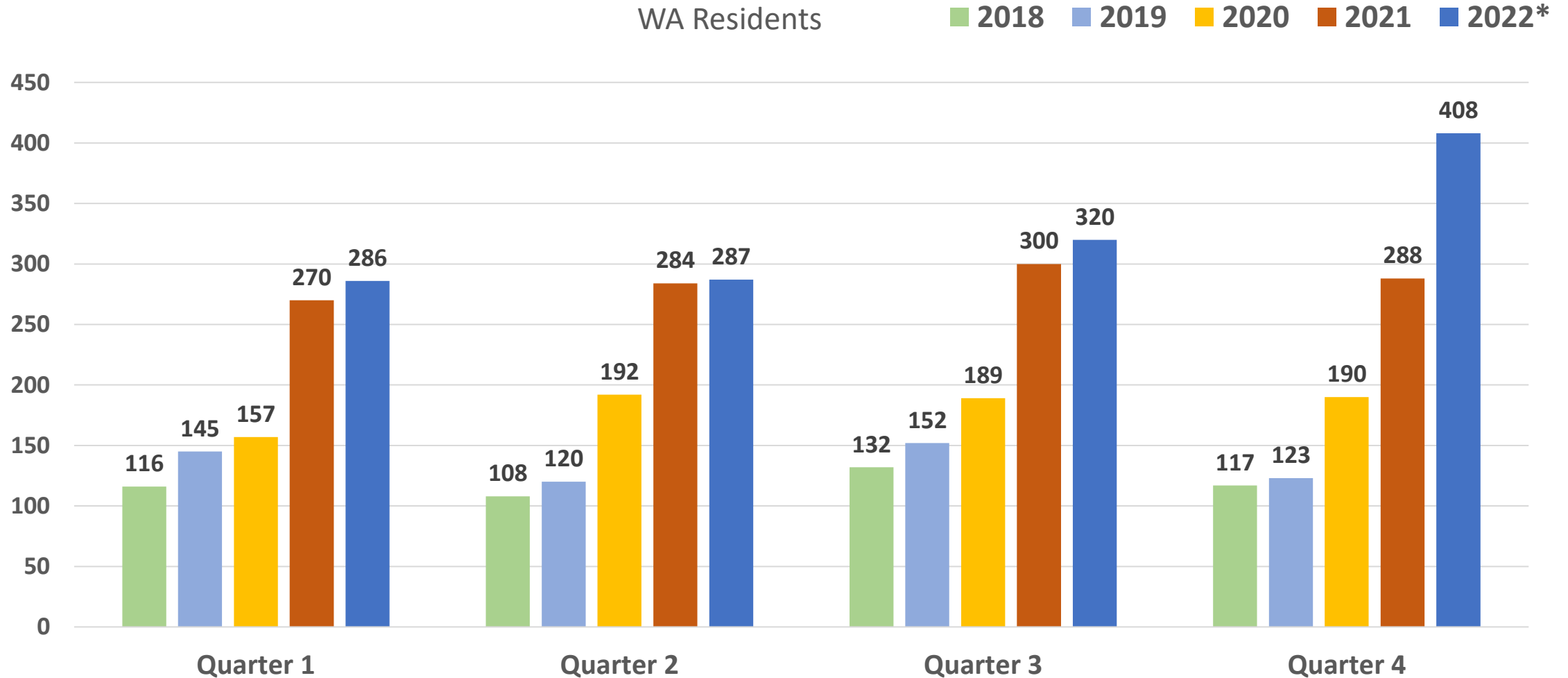
* 2022 data is preliminary and will change.

Annual Cumulative Drug Overdose Deaths Involving Psychostimulants by Month (2018-2022*)



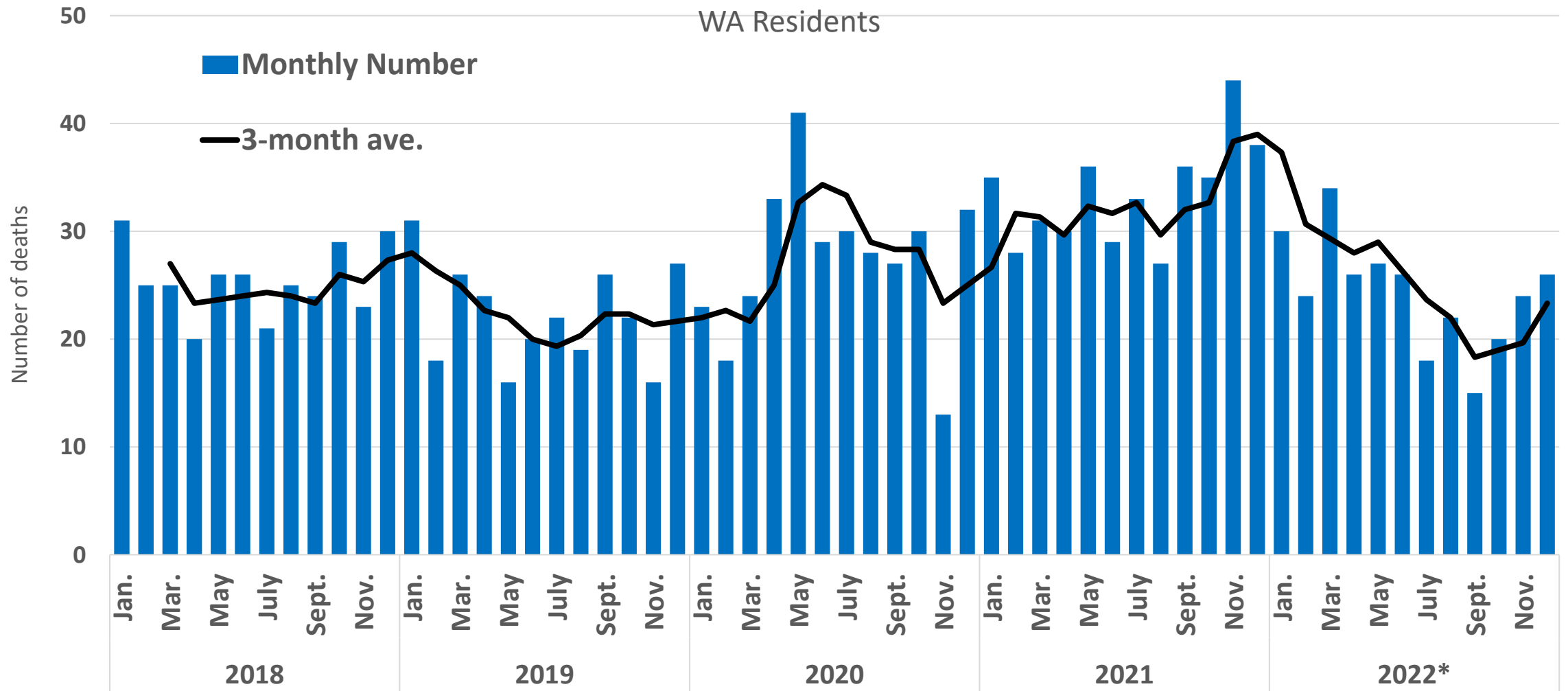
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Number of Overdose Deaths Involving a Psychostimulant by Quarter among WA Residents



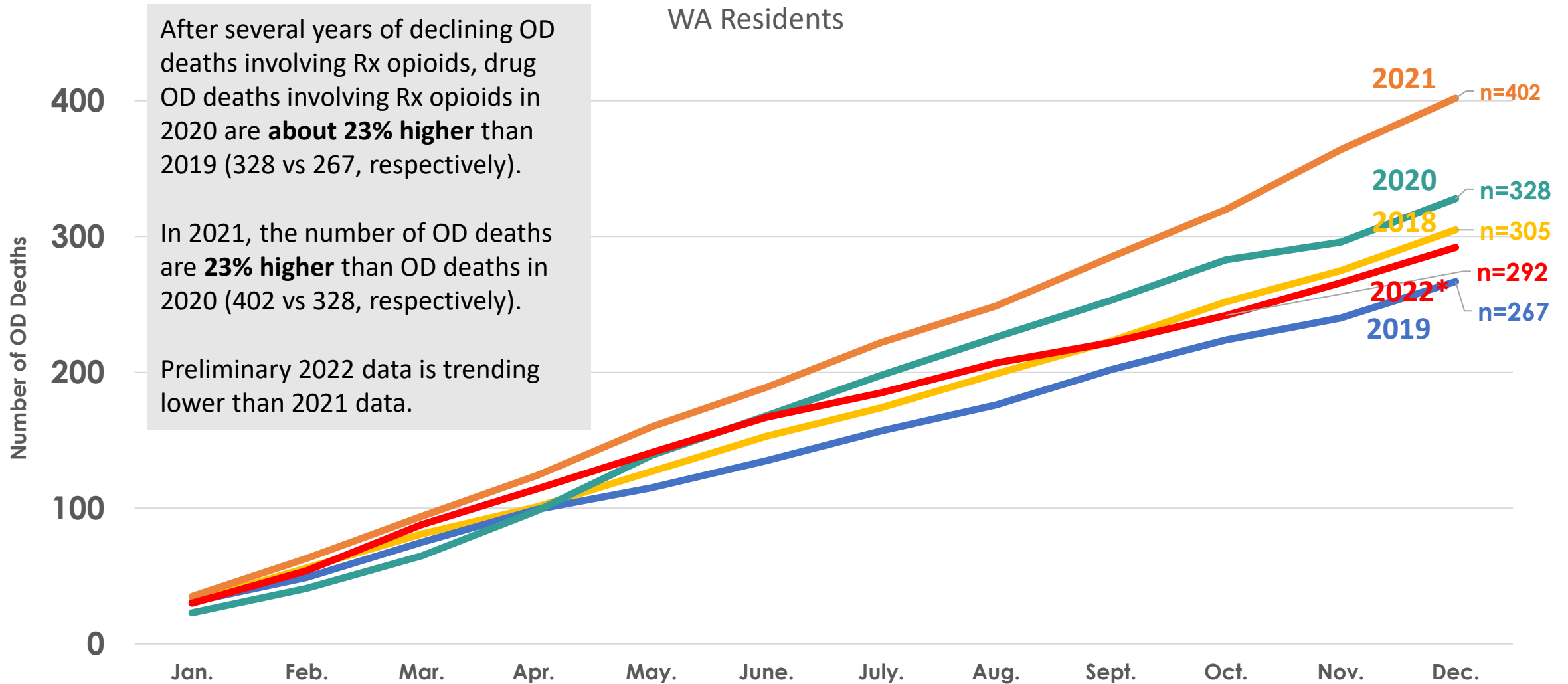
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Number of Overdose Deaths Involving a Rx Opioid by Month and 3-Month Average



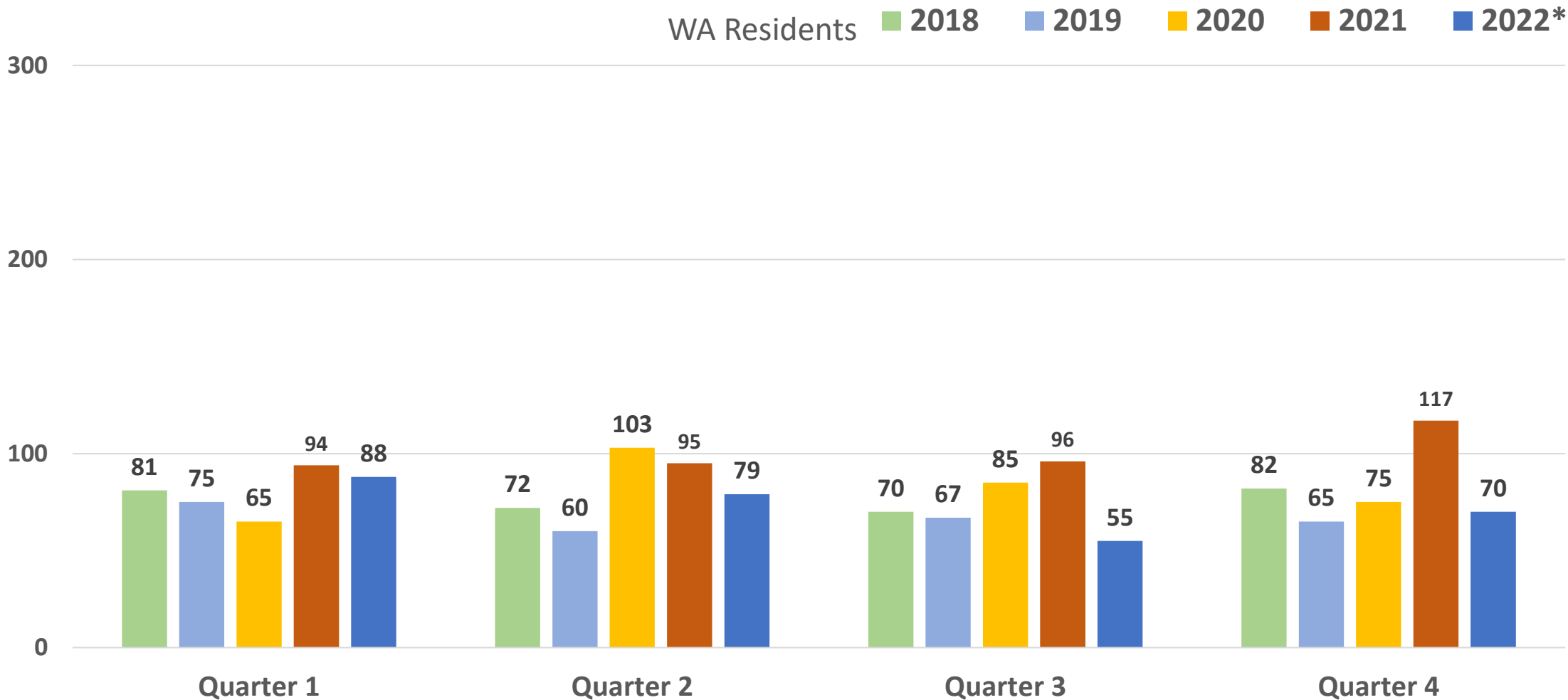
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Annual Cumulative Drug Overdose Deaths Involving Rx Opioids by Month (2018-2022*)



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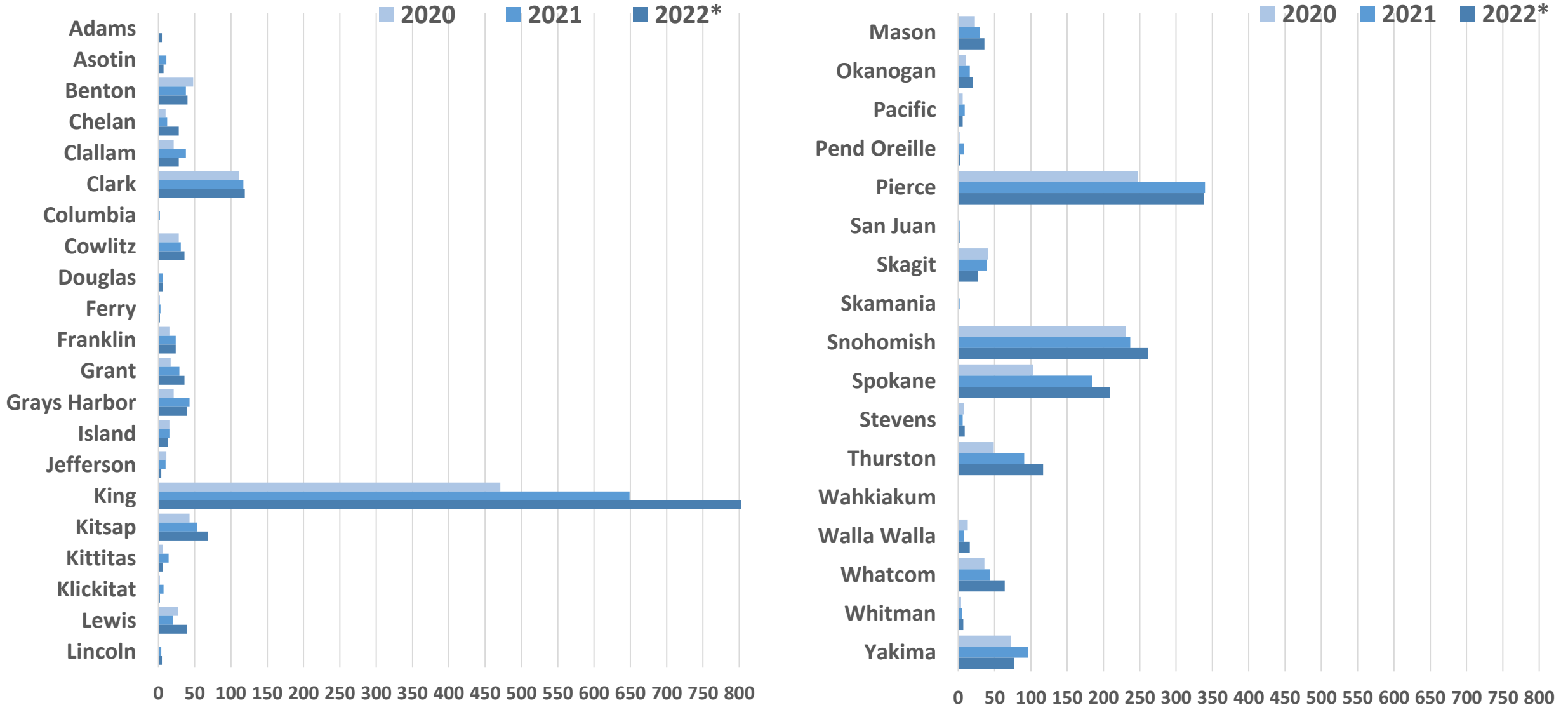
Number of Overdose Deaths Involving a Rx Opioid by Quarter



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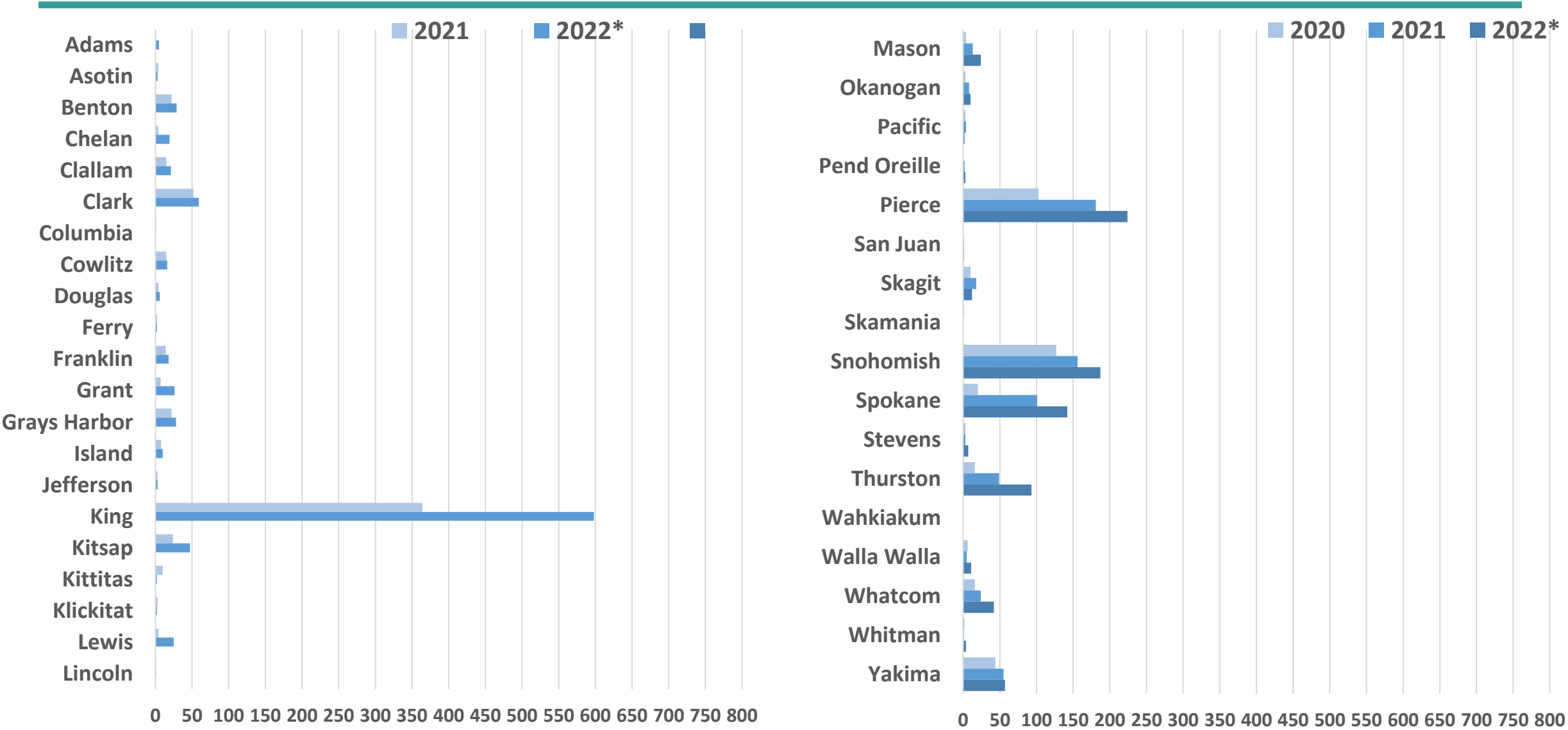
Overall Drug Overdose Death Counts by County

Comparing 2020-2022 among WA Residents



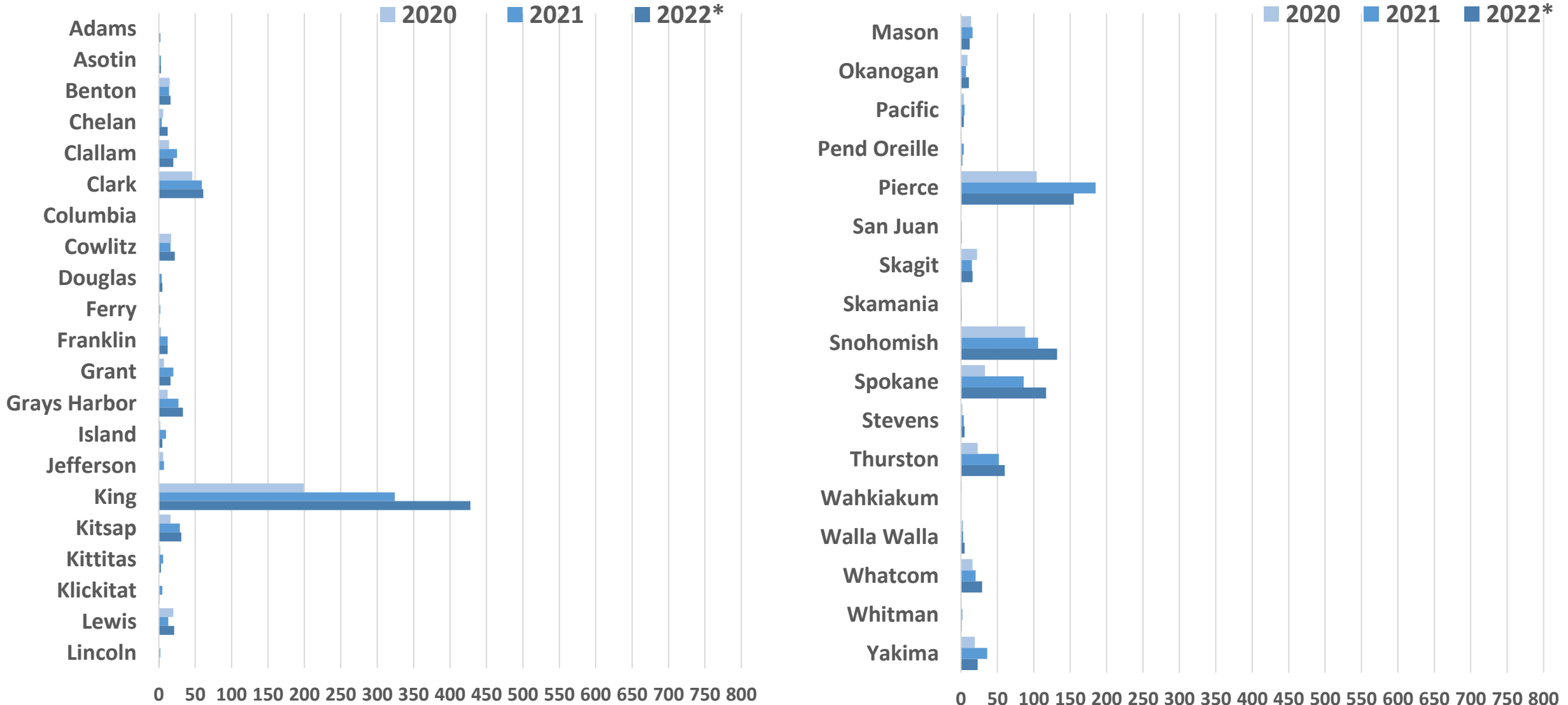
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Drug Overdose Death Counts Involving Synthetic Opioids by County Comparing 2020-2022 among WA Residents



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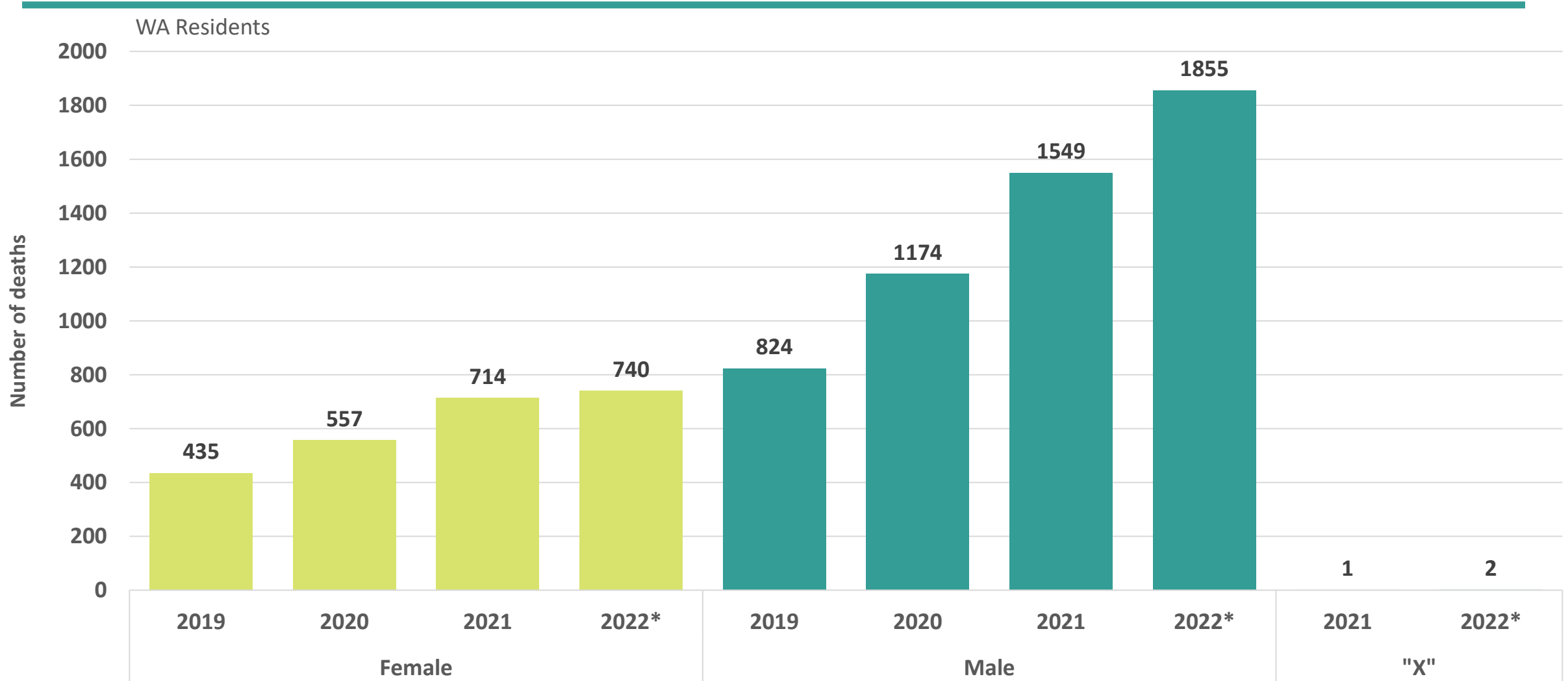
Drug Overdose Death Counts Involving Psychostimulants by County Comparing 2020-2022 among WA Residents



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Overall Drug Overdose Deaths by Sex

Comparing 2019, 2020, 2021 and 2022*

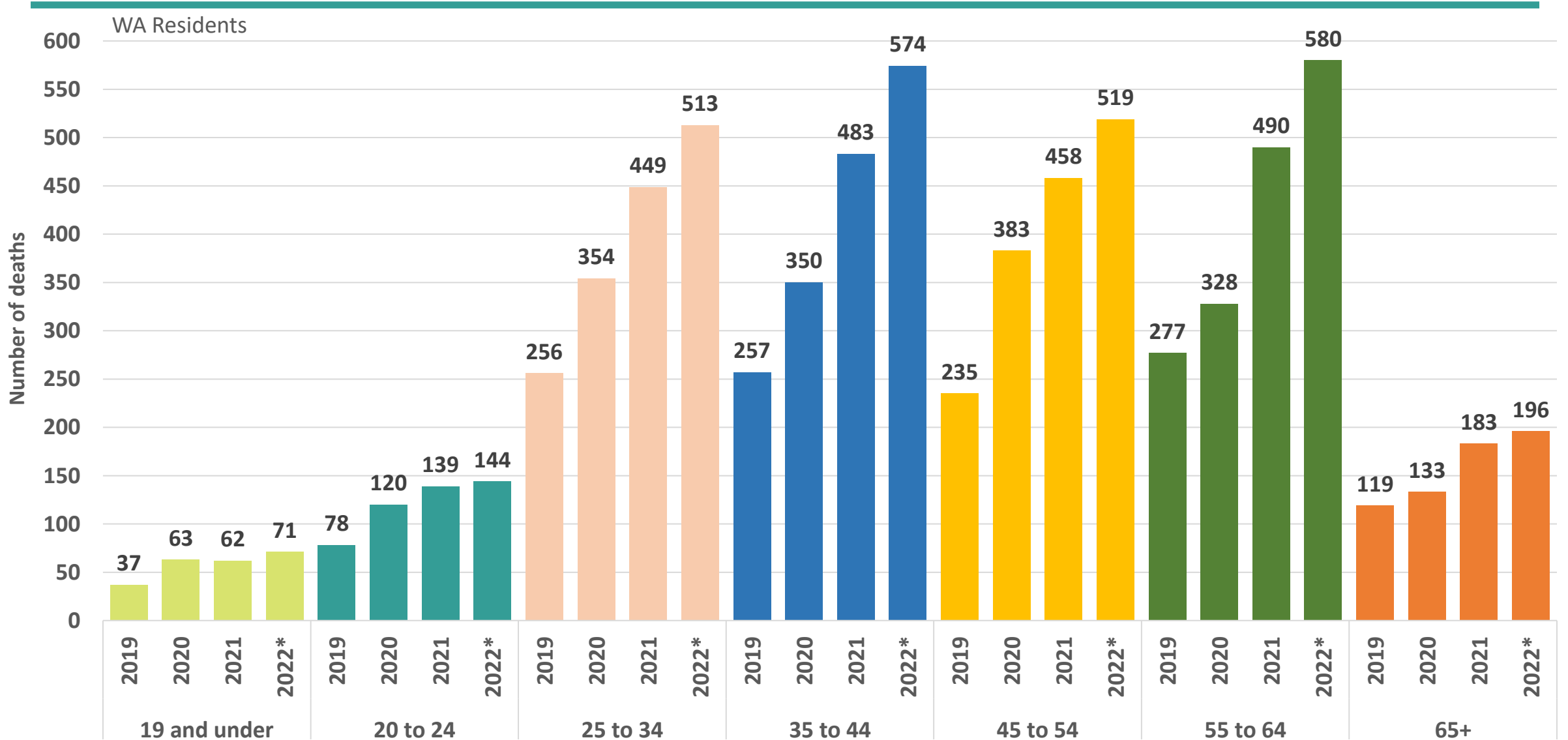


"X": Sex not exclusively male or female

* 2022 data is preliminary and will change.

Overall Drug Overdose Deaths by Age

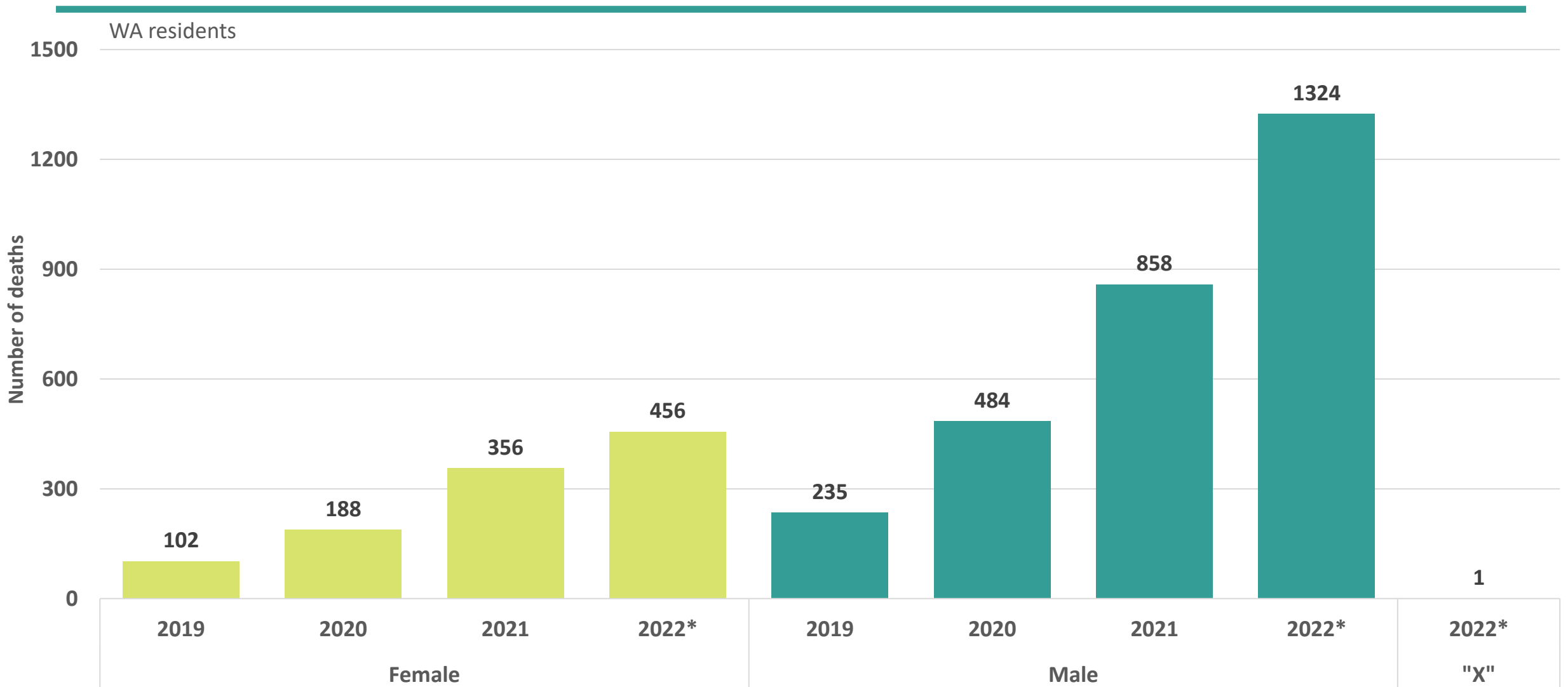
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Drug Overdose Deaths Involving Synthetic Opioids by Sex

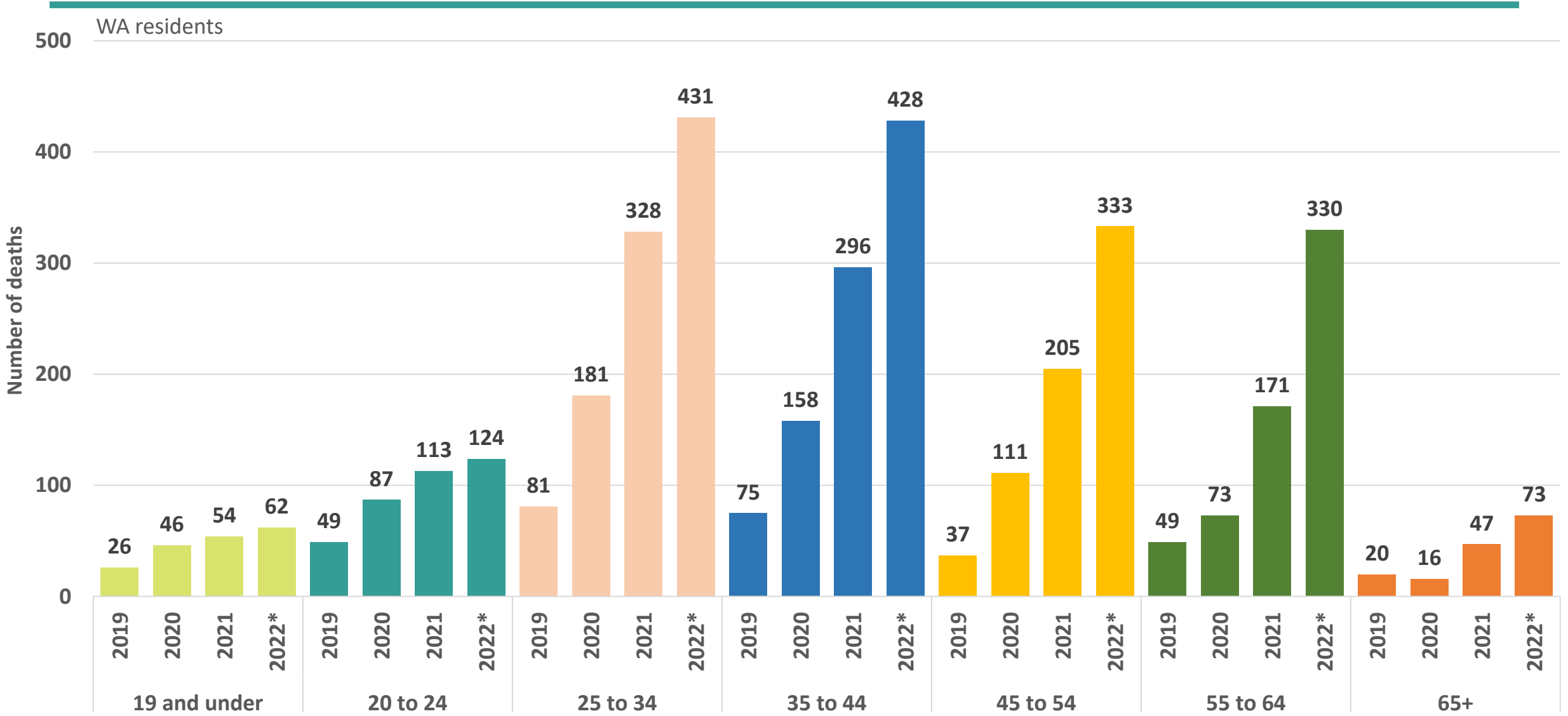
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Drug Overdose Deaths Involving Synthetic Opioids by Age

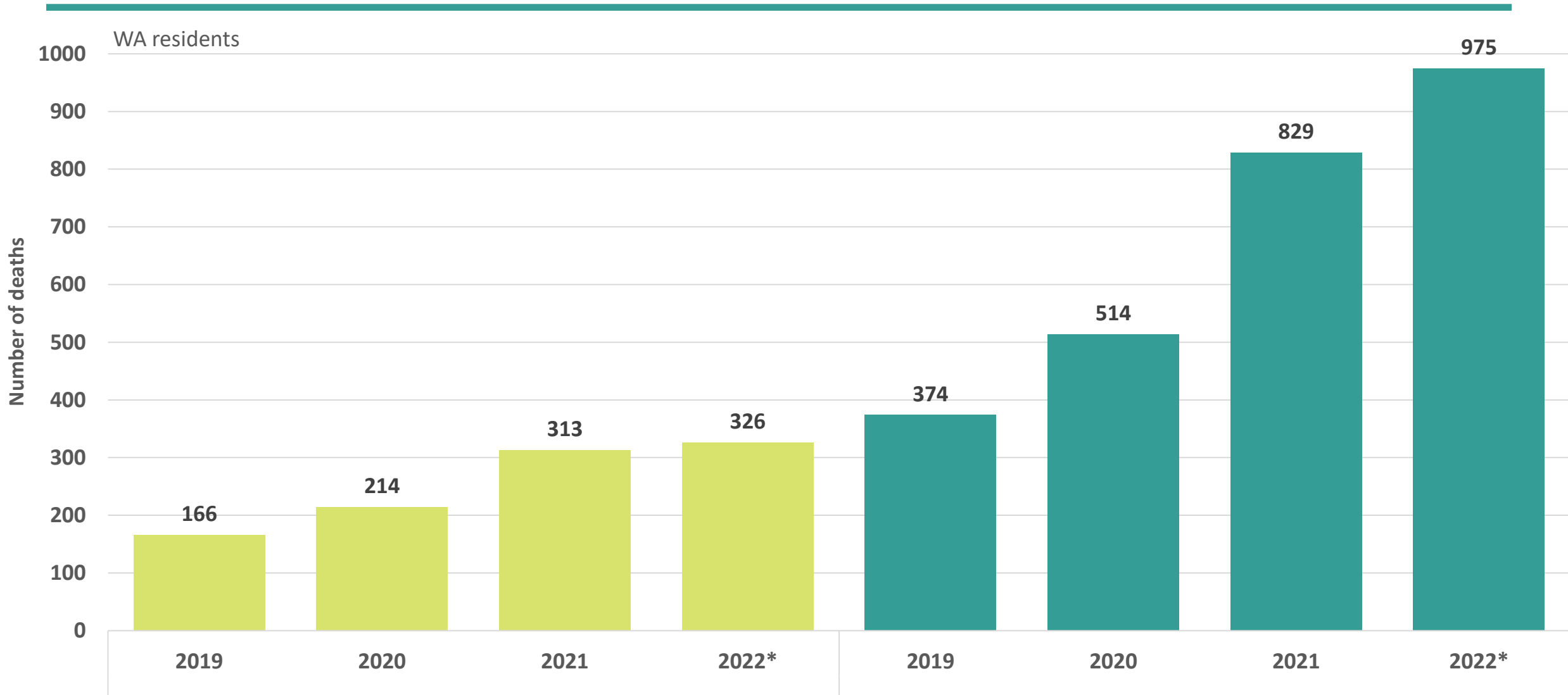
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Drug Overdose Deaths Involving Psychostimulants by Sex

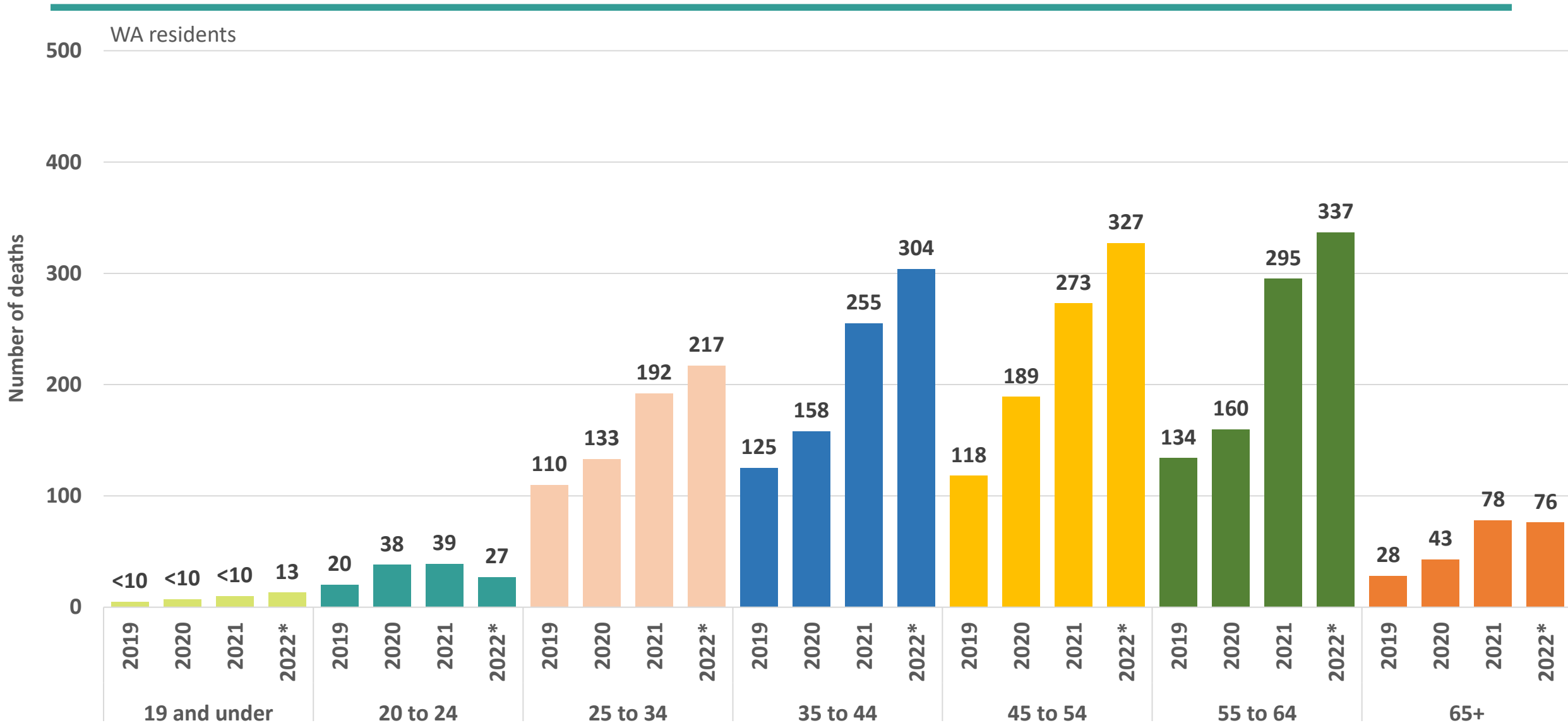
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Drug Overdose Deaths Involving Psychostimulants by Age

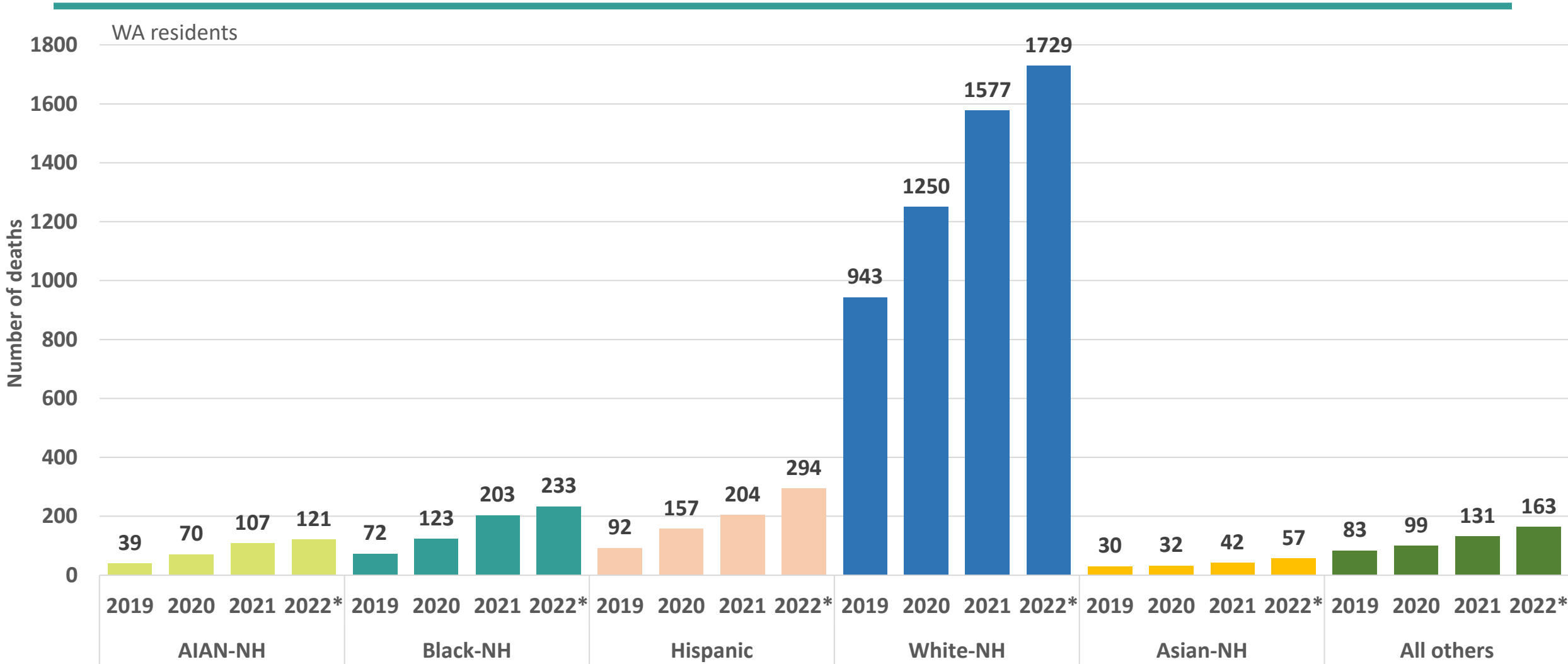
Comparing 2019, 2020, 2021 and 2022*



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Overall Drug Overdose Deaths by Race/Ethnicity

Comparing 2019, 2020, 2021 and 2022*



NH: Non-Hispanic
AIAN: American Indian/Alaskan Native

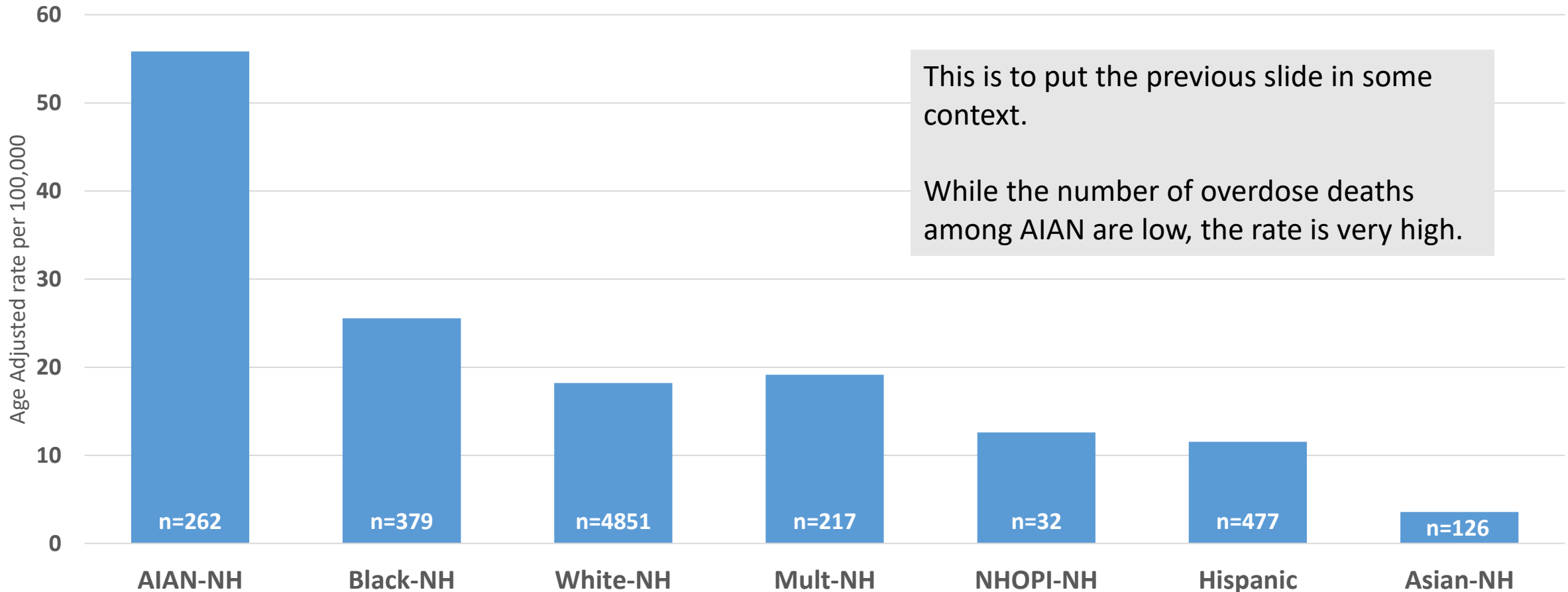
NHOPI: Native Hawaiian/Other Pacific Islander

All other includes: Native Hawaiian/Pacific Islander, multiracial and other (NOS)

* 2022 data is preliminary and will change.

Drug Overdose Deaths Disproportionally Affect American Indian/Alaska Native Populations

WA residents (2016-2020)



This is to put the previous slide in some context.

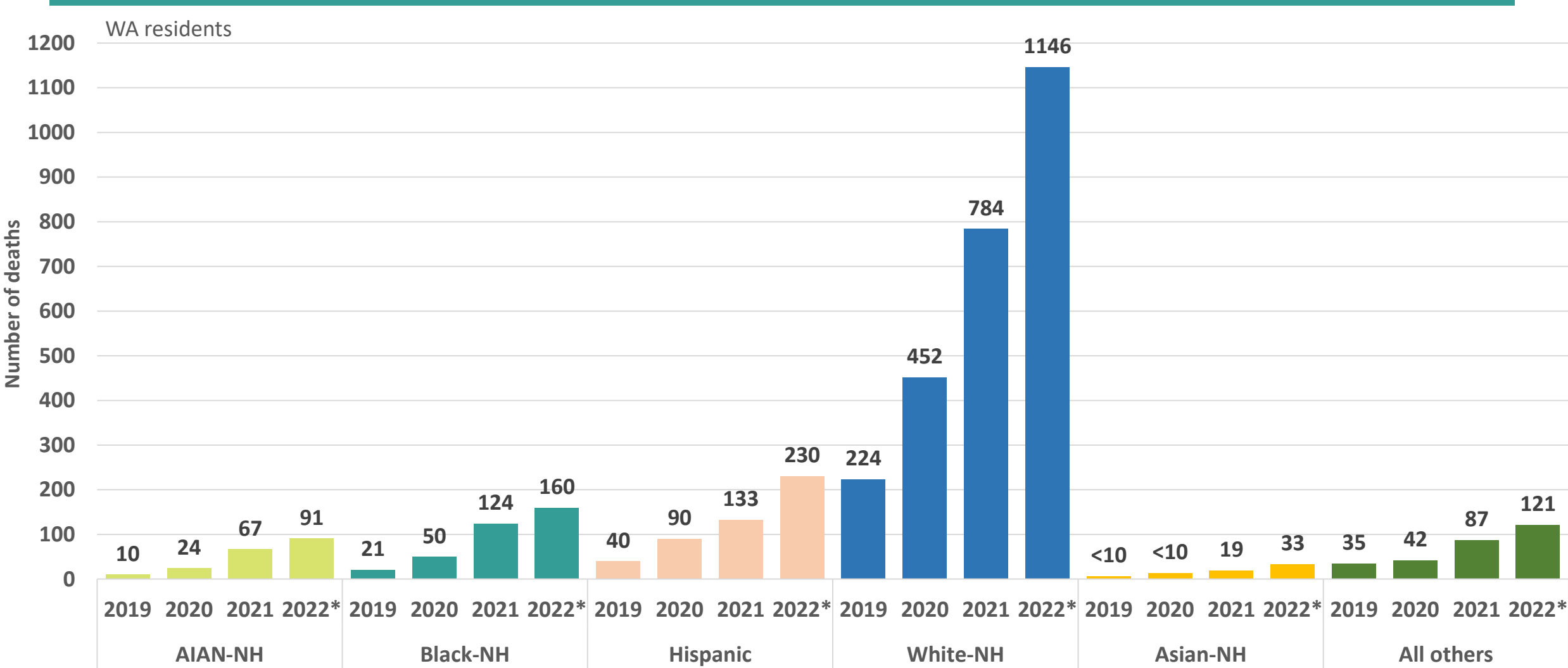
While the number of overdose deaths among AIAN are low, the rate is very high.

NH: Non-Hispanic
AIAN: American Indian/Alaskan Native

NHOPI: Native Hawaiian/Other Pacific Islander
Multi: Multiracial

Drug Overdose Deaths Involving Synthetic Opioids by Race/Ethnicity

Comparing 2019, 2020, 2021 and 2022*



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AIAN: American Indian/Alaskan Native

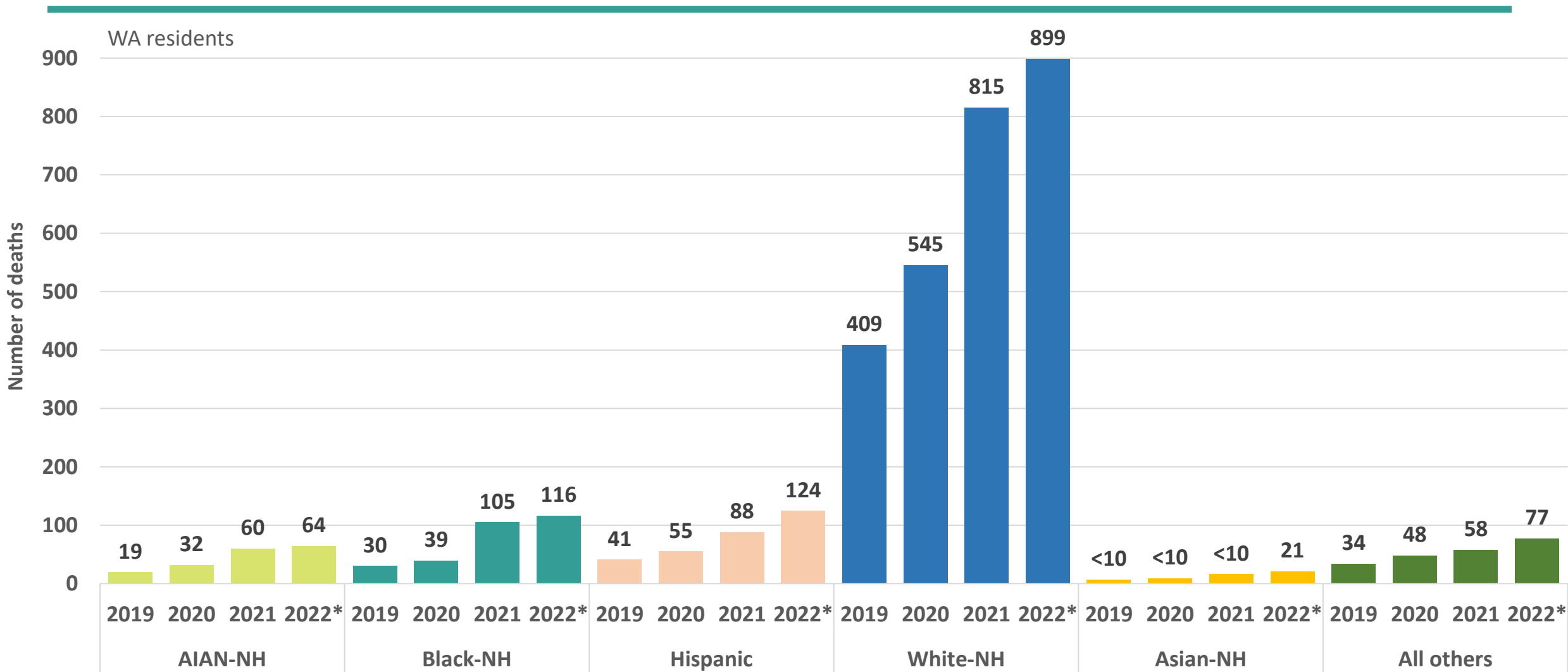
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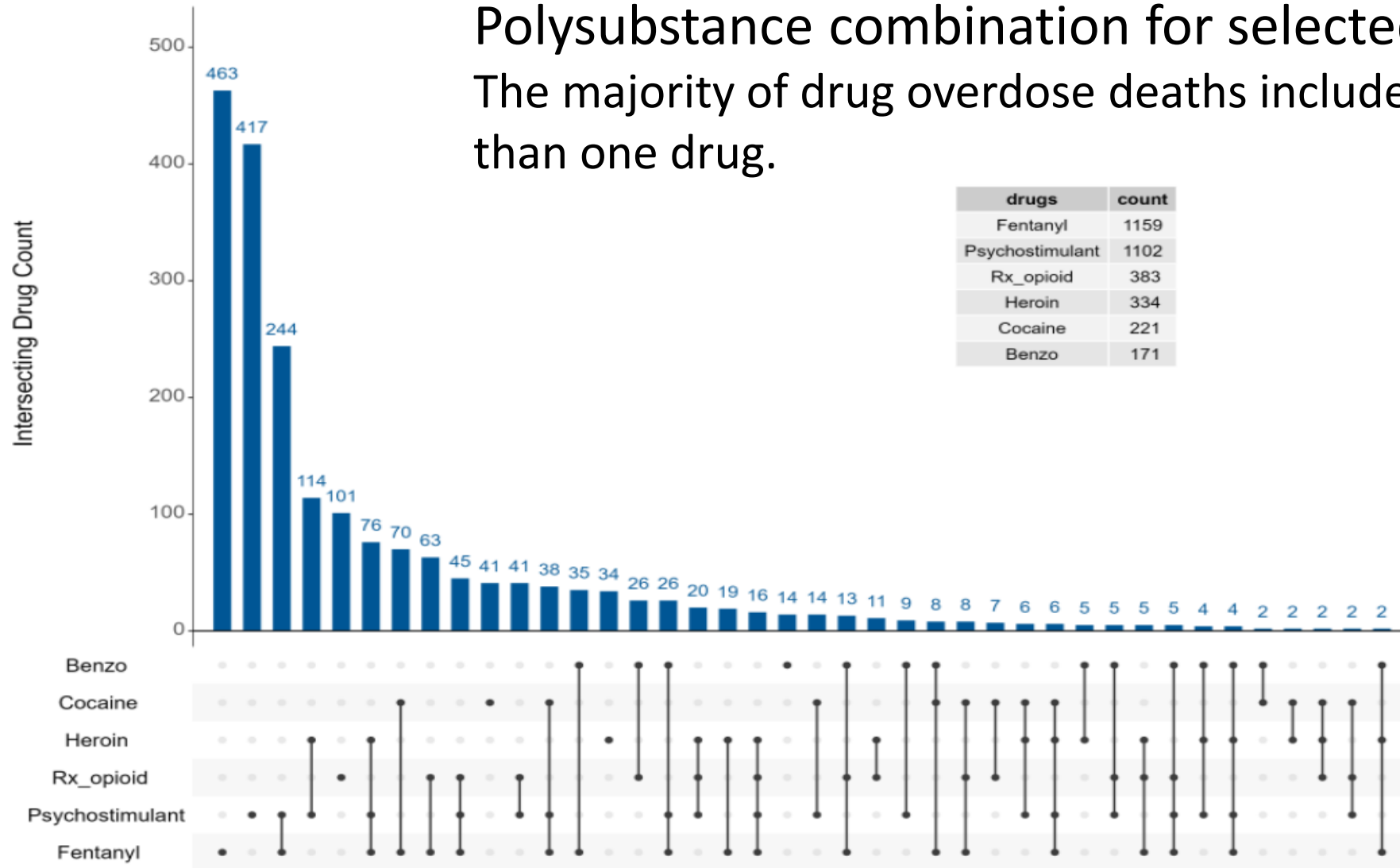
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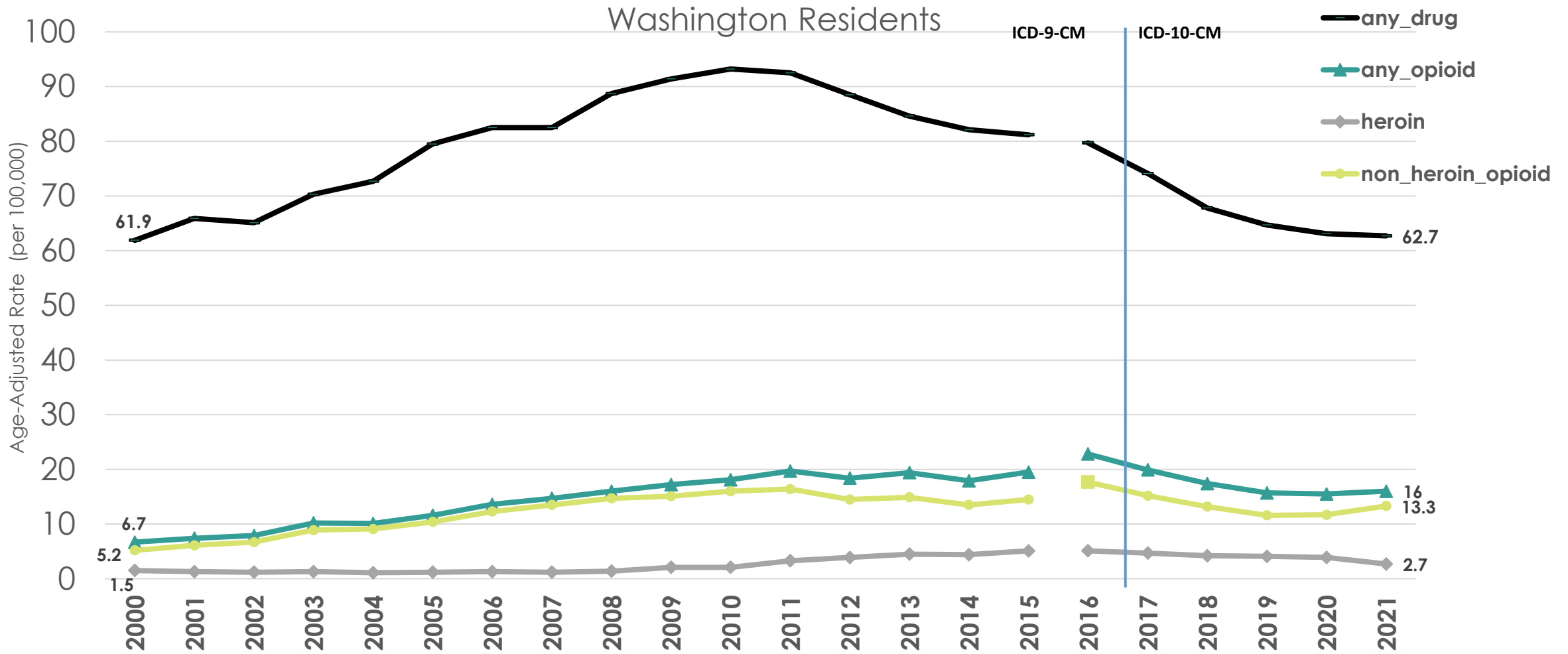
* 2022 data is preliminary and will change.

Polysubstance Use (2021)

Polysubstance combination for selected drugs
 The majority of drug overdose deaths included more than one drug.

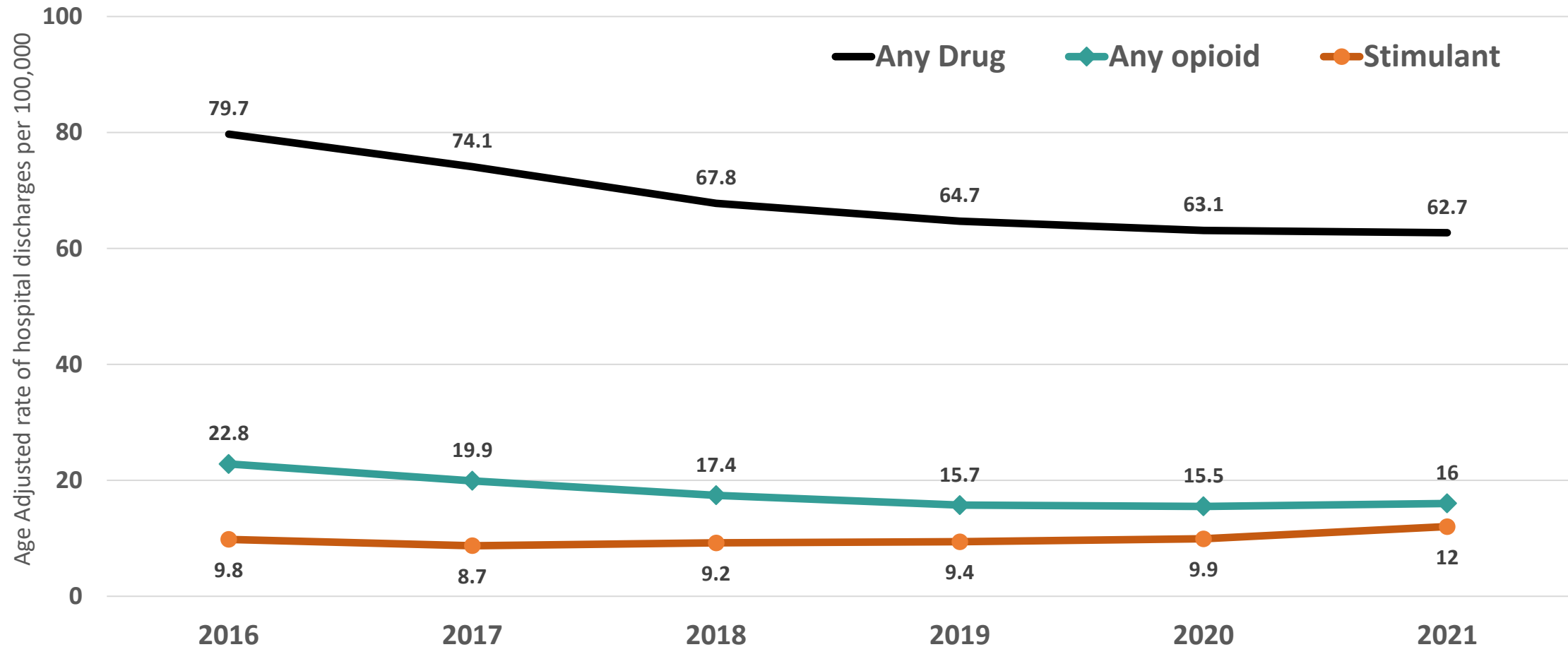


Overdose Hospitalization Rate by Drug Type (2000-2020)



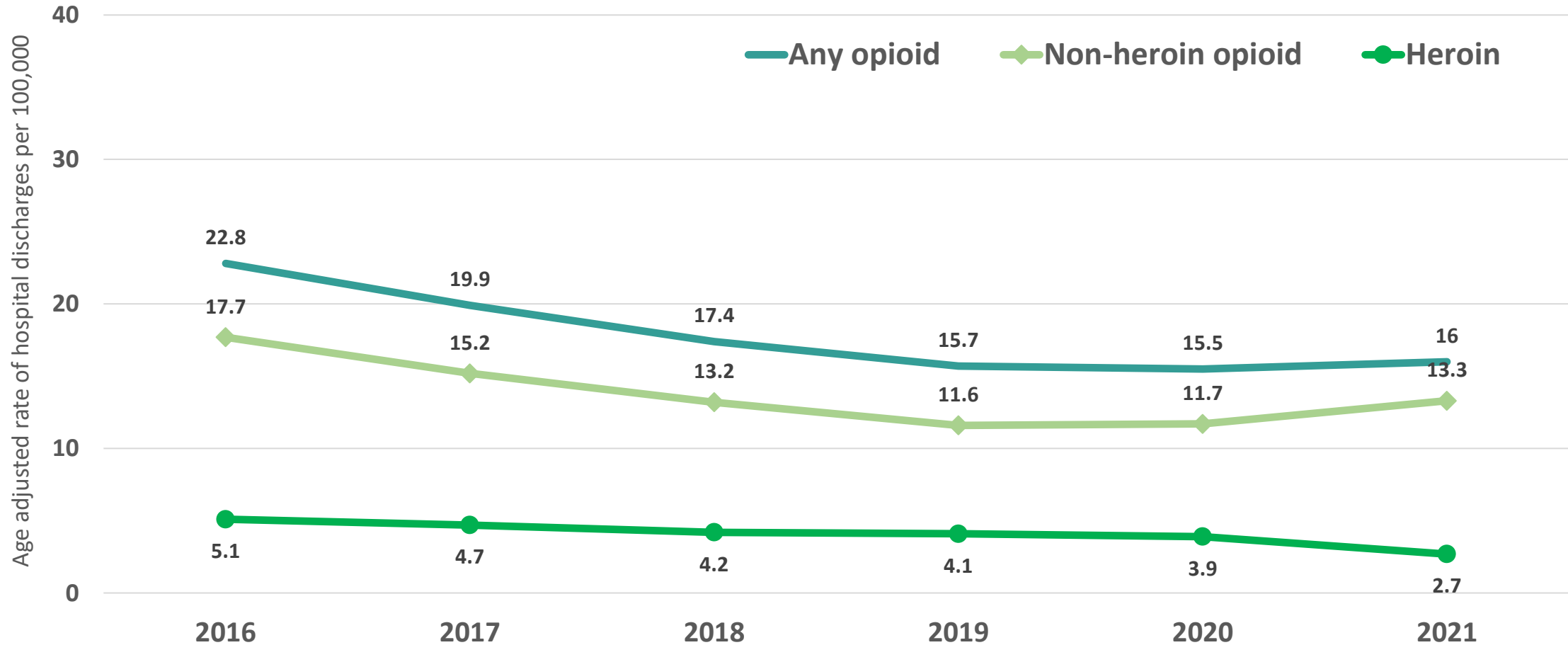
Overdose Hospitalization Rate by Year and Drug Type among WA Residents (2016-2021)

Number of drug overdose hospital discharges by year



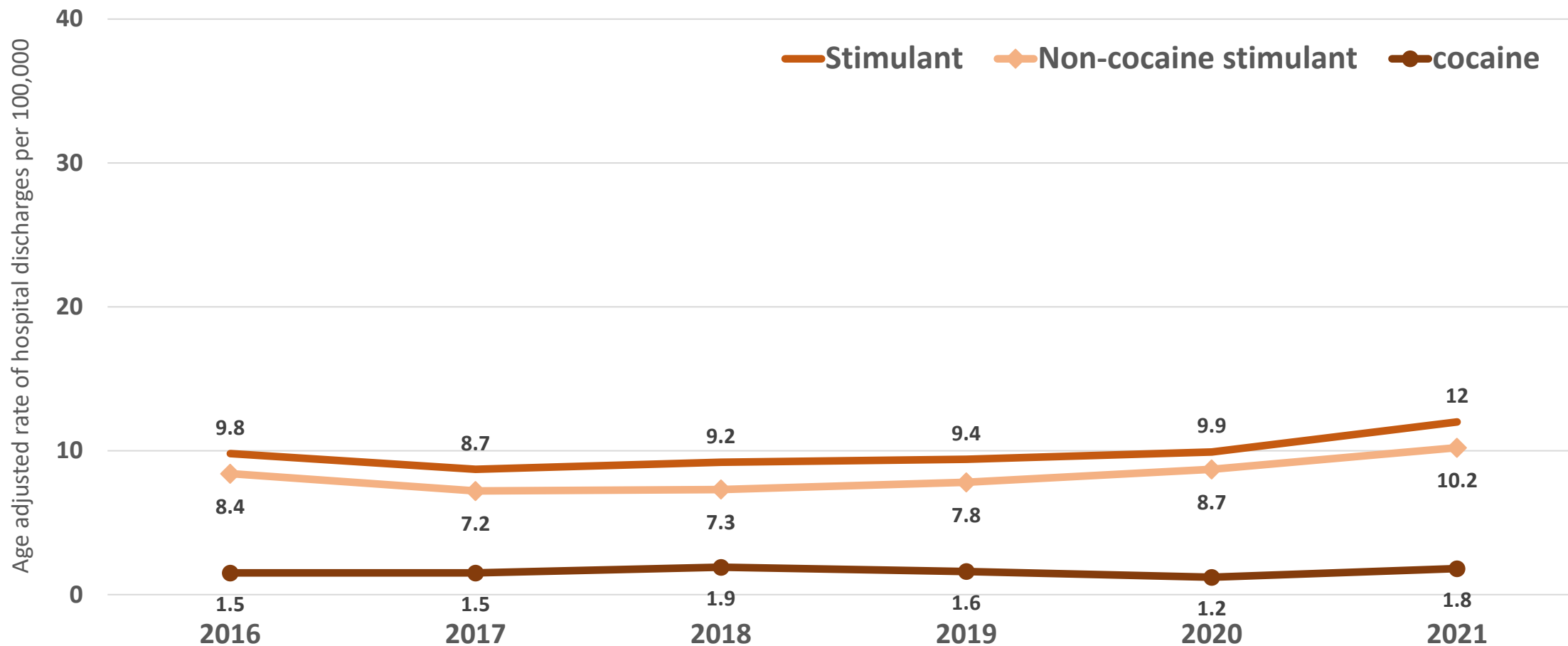
Overdose Hospitalization Rate by Year and Opioid Drug Group among WA Residents (2016-2021)

Number of drug overdose hospital discharges by year



Overdose Hospitalization Rate by Year and Stimulant Drug Group among WA Residents

Number of drug overdose hospital discharges by year



Thank you

Data available at: www.doh.wa.gov/OverdoseData

Email contact: Injury.data@DOH.WA.GOV

[Link to request injury data](#)



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.

Citation	Opioid Settlement	GFS 2024	GFS 2025	GF Federal*	Total	Gov's Recs?	Report?	Description
215 (27)	\$350,000	\$0	\$0	\$0	\$350,000	no	no	TA for national recognized recovery residence orgs to provide assistance to operators seeking certification in accordance with chapter 264, Law of 2019 (25HB 1528)
215 (99)	\$5,000,000	\$2,500,000	\$2,500,000	\$0	\$10,000,000	no	no	MOUD in jails - continues existing programs, does not provide for any new programs
215 (102)	\$4,000,000	\$500,000	\$500,000	\$0	\$5,000,000	no	no	short term housing vouchers for individuals wth SUD; triples the funding of the current program
215 (115)(a)	\$2,500,000	\$0	\$0	\$0	\$2,500,000	no	no	Prevention, treatment, and recovery not medicaid billable
215 (115)(b)	\$500,000	\$0	\$0	\$0	\$500,000	no	no	Spanish language prevention services;
215 (115)(c)	\$2,000,000	\$0	\$0	\$0	\$2,000,000	no	no	Maintain prevention services focused on underage drinking; cannabis and tobacco prevention; and opioid, prescription and other drug misuse 12 to 25.
215 (115)(d)	\$1,830,000	\$0	\$0	\$0	\$1,830,000	yes	no	Prevent inappropriate opioid prescribing - amount more than recommended
215 (115)(e)	\$538,000	\$0	\$0	\$0	\$538,000	yes	no	MOUD in jails technical assistance.
215 (115)(f)	\$2,000,000	\$0	\$0	\$0	\$2,000,000	related	no	Work with DOH to implement a youth prevention and health promotion campaign focusing on fentanyl and other synthetic drugs including accurate harm reduction messaging
215 (115)(g)	\$3,500,000	\$0	\$0	\$0	\$3,500,000	no	no	New and existng clubhouse support
215 (115)(h)	\$6,000,000	\$0	\$0	\$0	\$6,000,000	no	no	Operational Cost grants for new staffed recovery residences for SUD w higher support need than Level 1 Residential - not sure what that means??
215 (116)	\$5,000,000	\$0	\$0	\$0	\$5,000,000	no	no	Maintain funding for ongoing LEAD grants outside of King County under RCW 71.24.590
215 (117)	\$5,500,000	\$0	\$0	\$0	\$5,500,000	no	YES	NAS pilot project in Spokane. 190k for WSU to study.
215 (118)	\$15,447,000	\$0	\$0	\$0	\$15,447,000	yes	no	Tribal Distribution
215 (124)	\$300,000	\$0	\$0	\$0	\$300,000	no	YES	Statewide Safe Supply Workgroup. Will consider hiring a consultant?
220 (10)	\$250,000	\$0	\$0	\$0	\$250,000	no	no	Analyze patients maintained on chronic opioids
222 (23)	\$5,000,000	\$0	\$0	\$0	\$5,000,000	no	no	Naloxone
222 (24)	\$2,000,000	\$0	\$0	\$0	\$2,000,000	no	no	Remediate impacts of opioid use - general language. May need for admin, data collections, and/or
222 (25)	\$400,000	\$0	\$0	\$0	\$400,000	no	no	Maternal health related to SOORP. General language, should check with Tiffani for more info
227 (31)	\$2,304,000	\$0	\$0	\$0	\$0	no	no	Naloxone Purchasing - tied up in 5536
Budget TOTAL	\$64,419,000							
5536 Sec. 33(1)	\$3,600,000	\$0	\$0	\$0	\$3,600,000	no	no	Arrest and Jail alternatives. MOU with criminal justice training commission for community grants under RCW 36.28A.450
5536 Sec. 33(2)	\$3,782,000	\$0	\$0	\$3,810,000	\$7,592,000	no	no	Administration of this Act. Note roughly half is opioid settlement uses
5536 Sec. 33(4)	\$4,000,000	\$0	\$0	\$0	\$4,000,000	yes	no	Health Engagement Hub Pilot
5536 Sec. 33(5)	\$3,768,000	\$0	\$0	\$0	\$3,768,000	yes	no	OTP expansion
5536 Sec. 33(6)	\$5,242,000	\$0	\$0	\$0	\$5,242,000	no	no	Grants to providers of employment and educational services to individuals with SUD according to Sec. 27 of 5536
5536 TOTAL	\$20,392,000							

Agency/citation	Title	Gov's	Senate	House	Conference	Notes
HCA	Admin Funds	\$3,090,000	\$3,090,000	\$4,864,000	\$1,886,000	Note - Some admin funds tied up in 5536
HCA	Tribal Distribution	\$12,362,000	\$12,362,000	\$15,447,000	\$15,447,000	
HCA	SUD Maternity Support	\$3,756,000	\$2,692,000	\$0	\$0	
HCA	SUD Workforce Scholarships	\$1,076,000	\$1,076,000	\$0	\$0	
HCA	Housing First Supports - master leasing	\$2,692,000	\$2,692,000	\$0	\$0	
HCA	ED Bridge Program	\$3,014,000	\$3,014,000	\$0	\$0	
HCA	Fentanyl Public Education	\$3,768,000	\$3,768,000	\$4,000,000	\$2,000,000	
HCA	Partnership for Success Grants	\$3,955,000	\$3,955,000	\$0	\$2,000,000	Maintain substance use prevention services for 12-25
HCA	Prevention Capacity Expansion	\$2,692,000	\$2,692,000	\$0	\$0	
HCA	Prescription Opioid Education	\$1,830,000	\$1,830,000	\$0	\$1,830,000	
HCA	Legal Training and Support	\$1,076,000	\$1,076,000	\$0	\$0	
HCA	MOUD in Jails Technical Support	\$538,000	\$538,000	\$538,000	\$538,000	
HCA	OTP Expansion	\$3,768,000	\$3,768,000	\$0	\$3,768,000	
HCA	Arrest and Jail Alternatives	\$6,669,000	\$0	\$0	\$3,600,000	
DOH	Data and Evaluation	\$1,346,000	\$1,346,000	\$0	\$0	
DOH	SSP Stabilization	\$3,768,000	\$3,768,000	\$0	\$0	
DOH	Maternal Health	\$2,692,000	\$2,692,000	\$0	\$0	
DOH	Dug User Health Hubs	\$6,730,000	\$6,730,000	\$3,000,000	\$4,000,000	
DCYF	Naloxone purchasing re: 5536	\$0	\$2,304,000	\$0	\$2,304,000	
LNI	Chronic prescription opioid research	\$0	\$250,000	\$250,000	\$250,000	Analyze patients maintained on chronic opioids
HCA	Health Engagement Hubs	\$0	\$6,000,000	\$0	\$0	Senate budget included 6mil+ for both DOH and HCA for this purpose
HCA	Grant program for employment, education, training, svc providers	\$0	\$5,990,000	\$0	\$0	
HCA	Prevention Treatment Recovery use not medicaid billable	\$0	\$0	\$3,000,000	\$2,500,000	
HCA	MOUD in jails expansion	\$0	\$0	\$15,000,000	\$5,000,000	Note - Half of the conference budget amount for this (\$5,000,000) is attributed to GFS, so total support is \$10,000,000 which can maintain but not expand current services
HCA	Expand Recovery residences; employment pathways	\$0	\$0	\$5,000,000	\$0	
DOH	Naloxone purchasing	\$0	\$0	\$5,000,000	\$5,000,000	
DOH	General use - mitigate harms of opioids	\$0	\$0	\$2,000,000	\$2,000,000	
HCA	For everything in paragraph (e) that is not spelled out in sub para (i) through (iv)	\$0	\$0	\$16,640,000	\$0	Uses include - expanding pretrial diversion opportunities; improve data collection, integration and reporting across law enforcement, courts, and prosecutors related to diversion services; train and support foster and kinship parent of children and youth with SUD; safe supply workgroup specified in 5536.
HCA - 215 (27)	Recovery	\$0	\$0	\$0	\$350,000	TA for national recognized recovery residence orgs to provide assistance to operators seeking certification in accordance with Chapter 264, Laws of 2019 (25HB 1528)
HCA - 215 (102)	Short term housing vouchers	\$0	\$0	\$0	\$4,000,000	Note - conference budget includes 1,000,000 in support for this from GFS, total amount is \$5,000,000. Triples current funding for this program
HCA	Spanish Language Prevention	\$0	\$0	\$0	\$500,000	Spanish language prevention services.
HCA	Clubhouse support	\$0	\$0	\$0	\$3,500,000	Clubhouse support, definition includes other types of places like Peer WA or Recovery Cafes
HCA	Level 1 recovery residence grants	\$0	\$0	\$0	\$6,000,000	Operational Cost grants for new staffed recovery residences for SUD w higher support need than Level 1 Residential
HCA	LEAD Grants outside King County	\$0	\$0	\$0	\$5,000,000	Maintain funding for Lead grants outside of King County under RCW 71.24.590
HCA	Spokane NA Pilot	\$0	\$0	\$0	\$5,500,000	
HCA	Safe Supply Workgroup	\$0	\$0	\$0	\$300,000	Safe supply workgroup - SURSAC recommendation
HCA	Grant to employment and education service providers	\$0	\$0	\$0	\$5,462,000	
HCA	Admin Funds	\$0	\$0	\$0	\$3,782,000	Admin of opioid settlement funds in 5536

Indicated braiding with GFS - Likely Medicaid Match
Subject to passage of 5536

DOH	Maternal Health Supports	\$0	\$0	\$0	\$400,000		
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Citation	Opioid Settlement	GFS 2024	GFS 2025	GF Federal	Total	Description
215 (55)(a)	\$2,328,000	\$0	\$0	\$762,000	\$3,090,000	Opioid Settlement Admin
215 (55)(b)	\$12,362,000	\$0	\$0	\$0	\$12,362,000	Tribal Set Aside
215 (55)(c)	\$1,076,000	\$0	\$0	\$0	\$1,076,000	SUD related scholarship program for BIPOC
215 (55)(d)	\$2,692,000	\$0	\$0	\$0	\$2,692,000	Housing first supports - master leasing
215 (55)(e)	\$1,226,000	\$0	\$0	\$1,788,000	\$3,014,000	ED Bridge
215 (55)(f)	\$1,966,000	\$0	\$0	\$1,802,000	\$3,768,000	Health promotions and education campaign focusing on synthetics drugs and harm reduction
215 (55)(g)	\$3,955,000	\$0	\$0	\$0	\$3,955,000	PFS Prevention for ages 12 to 25
215 (55)(h)	\$2,692,000	\$0	\$0	\$0	\$2,692,000	Prevention grants for communities & tribes
215 (55)(i)	\$1,830,000	\$0	\$0	\$0	\$1,830,000	Inappropriate opioid prescription prevention
215 (55)(j)	\$1,076,000	\$0	\$0	\$0	\$1,076,000	Opioid TA LEOs, criminal legal system
215 (55)(k)	\$538,000	\$0	\$0	\$0	\$538,000	TA FTEs for jail MOUD programs
215 (55)(l)	\$3,768,000	\$0	\$0	\$0	\$3,768,000	OTP Expansion Capital Funds - rural, frontier, tribes
215 (69)(a)	\$5,241,000	\$0	\$0	\$749,000	\$5,990,000	Grant program for employment, education, training, cert. Low barrier process, BIPOC priority
215 (69)(b)	\$6,000,000	\$0	\$0	\$0	\$6,000,000	Health Engagement Hubs
215 TOTAL - HCA	\$46,750,000	\$0	\$0	\$749,000		
220 (6)	\$250,000	\$0	\$0	\$0	\$250,000	Analyze patients maintained on chronic opioids
220 TOTAL - LNI	\$250,000	\$0	\$0	\$0		
222 (27)	\$3,768,000	\$0	\$0	\$0	\$3,768,000	SSP support
222 (28)	\$2,692,000	\$0	\$0	\$0	\$2,692,000	PPFC Supports
222 (29)	\$6,730,000	\$0	\$0	\$0	\$6,730,000	Health Engagement Hubs
222 (30)	\$1,346,000	\$0	\$0	\$0	\$1,346,000	OD data dashboard and SOORP eval plan
222 TOTAL - DOH	\$14,536,000					
227 (33)	\$2,304,000	\$0	\$0	\$0	\$2,304,000	SSB5536 Sec. 23 - training for parents & children re: SUD
227 TOTAL - DCYF	\$2,304,000	\$0	\$0	\$0	\$2,304,000	

Citation	Opioid Settlement	GFS 2024	GFS 2025	GF Federal	Report?	Description
215 (86) (a)	\$15,447,000	\$0	\$0	\$0	no	Tribal Distribution
215 (86)(b)	\$5,500,000	\$0	\$0	\$0	YES	NAS Pilot Program in Spokane
215 (86)(c)	\$4,000,000	\$0	\$0	\$0	no	Prevention campaign
215 (86)(d)	\$3,000,000	\$0	\$0	\$0	no	For services that are not medicaid billable
215 (86)(e)(i)	\$15,000,000	\$0	\$0	\$0	no	MOUD in jails expansion
215 (86)(e)(ii)	\$5,000,000	\$0	\$0	\$0	no	Expand recovery residences; employment pathways for individuals with OUD
215 (86)(e)(iii)	\$3,000,000	\$0	\$0	\$0	no	Health engagement Hub pilot
215 (86)(e)(iv)	\$16,640,000	\$0	\$0	\$0	no	For everything in paragraph (e) that is not spelled out in subpara (i) through (iv)
220 (6)	\$250,000	\$0	\$0	\$0	YES	Chronic Opioid research
222 (24)	\$5,000,000	\$0	\$0	\$0	no	Naloxone
222 (25)	\$2,000,000	\$0	\$0	\$0	no	General language on using for prevention, treatment, and recovery services to mitigate harms of opioids
222 (26)	\$400,000	\$0	\$0	\$0	no	Maternal Health