Washington State Health Care Authority

State Opioid & Overdose Response Plan Workgroup

Date/Time: Thursday, July 21st, 9:00am to 10:30am

#	Agenda Items	Time	Lead	Notes
	Announcements	9:00am	Kris Shera (HCA); Mary Beth Brown (DOH)	• Perinatal Substance Use Summit – August 11 • 988 • MTP renewal application submitted
	Opioid Settlements Update	9:10am	Kris Shera (HCA); Mary Beth Brown (DOH)	
	New ADAI Info Brief – Care Navigation at Harm Reduction Programs: Community-Based "Meds First" Buprenorphine Program Preliminary Data	9:30am	Caleb Banta Green, PhD (UW ADAI)	https://adai.uw.edu/wordpress//wp-content/uploads/carenavigationmedsfirst2022.pdf SSSB 5793 – stipends for individuals with lived experience or low income. https://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Senate%20Passed%20Legislature/5793-S2.PL.pdf?q=20220310115057
	Facilitated Discussion	9:50am	Kris Shera (HCA)	
	Conclusion – Next Meeting	10:30am		Next Meeting - September 15th, 9am – 10:30am

Care Navigation at Harm Reduction Programs

Caleb Banta-Green, MSW, MPH, PhD
Principal Research Scientist, ADAI
Affiliate Professor, School of Public Health, Health Services
Affiliate Faculty, Harborview Injury Prevention & Research Center

July 21, 2022

Conflict of Interest & Funding

I have no conflicts of interest to report.

I do not accept funding from pharmaceutical companies.

Any trade/brand names for products mentioned are for training/identification purposes only.

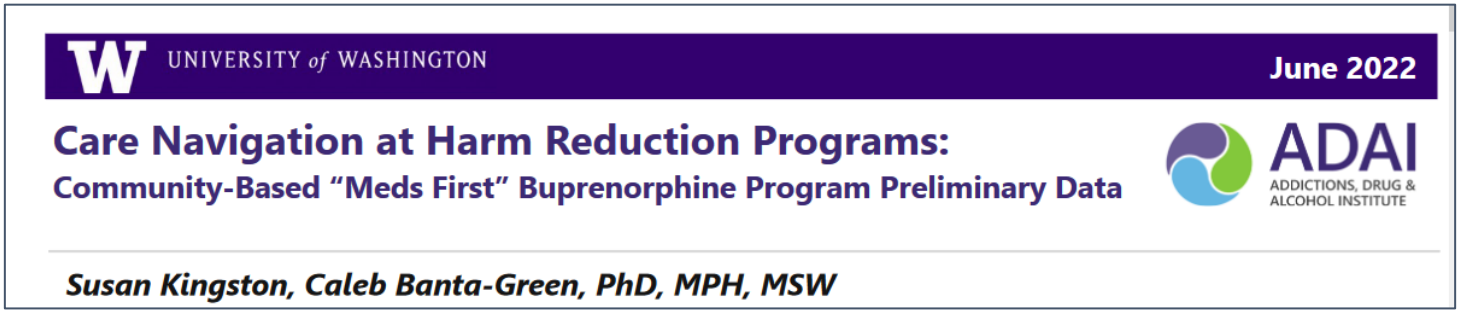
Current funding includes

- WA Health Care Authority DBHR (US DHHS SAMHSA)
- NIH National Institute on Drug Abuse (PI Stekler; Whiteside)
- Pew Trust (evaluation contract Olympia Bupe Clinic)
- Paul G. Allen Family Foundation/Premera/WA HCA/Seattle foundation (PI Banta-Green)

Outline

- Overview of Community Based Meds First model for opioid use disorder
- Care navigation roles and activities
- Implications for opioid use and use disorder service continuum and public health

The report



- The full report is available online
- https://adai.uw.edu/
- https://adai.uw.edu/wordpress//wp-content/uploads/carenavigationmedsfirst2022.pdf

Introduction

- Syringe services programs are known for their success in engaging people who use drugs (PWUD)
- Most SSPs also provide additional health services including onsite testing (some, treatment) for HIV and viral hepatitis, vaccinations, reproductive health resources, and referrals or direct linkage to health and social services, including substance use disorder treatment.
- Most recently, some SSPs now also offer onsite access to buprenorphine to treat opioid use disorder (OUD).
  - Other harm reduction programs with similar services include day service programs for those who are unhoused and community health clinics with an overt harm reduction mission.

Community Based Meds First

- In 2019,ADAI launched the Community-Based "Meds First" program to provide onsite, low-barrier access to buprenorphine in partnership with six harm reduction programs (HRPs) across Washington State.
- A key component of the service model was the addition of care navigation to support client engagement and retention in OUD treatment.
- While care navigation is commonly used in health care, substance use treatment, housing, and mental health settings, it is rarely funded and available at SSPs and other HRPs.

CBMF Model of Care

- Service provided within or adjacent to syringe services programs/harm reduction programs.
- Care team with a prescriber, nurse care manager, and at least one care navigator.
- Walk-in, same-day access to buprenorphine.
- Six months of follow-up care as a bridge to longer-term OUD treatment, onsite or in the community.
- Ongoing substance use seen as an opportunity for further engagement, not as treatment failure or reason for discharge.
- Shared decision making for medications for opioid use disorder.
- Counseling offered but not mandated.

Six sites launched services at different times between June 2019 through May 2020. The SSP and OUD treatment services were located in a variety of settings, either in the same physical space or in adjacent locations

CBMF Protocol paper

Banta-Green et al.
Addiction Science & Clinical Practice (2022) 17:34
https://doi.org/10.1186/s13722-022-00315-4

Addiction Science & Clinical Practice

STUDY PROTOCOL Open Access

The Community-Based Medication-First program for opioid use disorder: a hybrid implementation study protocol of a rapid access to buprenorphine program in Washington State

Caleb J. Banta-Green[1,2,3*], Mandy D. Owens[1], Jason R. Williams[1], Jeanne M. Sears[2,3,4], Anthony S. Floyd[1], Wendy Williams-Gilbert[5] and Susan Kingston[1]

Abstract

Background: Opioid use disorder (OUD) is a serious health condition that is effectively treated with buprenorphine. However, only a minority of people with OUD are able to access buprenorphine. Many access points for buprenorphine have high barriers for initiation and retention. Health care and drug treatment systems have not been able to provide services to all—let alone the majority—who need it, and many with OUD report extreme challenges starting and staying on buprenorphine in those care settings. We describe the design and protocol for a study of a rapid access buprenorphine program model in six Washington State communities at existing sites serving people who are unhoused and/or using syringe services programs. This study aimed to test the effectiveness of a Community-Based Medication-First Program model.

Methods: We are conducting a hybrid effectiveness-implementation study of a rapid access buprenorphine model of care staffed by prescribers, nurse care managers, and care navigators. The Community-Based Medication-First model of care was designed as a 6-month, induction-stabilization-transition model to be delivered between 2019 and 2022. Effectiveness outcomes will be tested by comparing the intervention group with a comparison group derived from state records of people who had OUD. Construction of the comparison group will align characteristics such as geography, demographics, historical rates of arrests, OUD medication, and health care utilization, using restriction and propensity score techniques. Outcomes will include arrests, emergency and inpatient health care utilization, and mortality rates. Descriptive statistics for buprenorphine utilization patterns during the intervention period will be documented with the prescription drug monitoring program.

Discussion: Results of this study will help determine the effectiveness of the intervention. Given the serious population-level and individual-level impacts of OUD, it is essential that services be readily available to all people with OUD, including those who cannot readily access care due to their circumstances, capacity, preferences, and related systems barriers.

Keywords: Medications for opioid use disorder, Opioid use disorder, Overdose, Implementation, Protocol

https://pubmed.ncbi.nlm.nih.gov/35799210/

Care navigation

Care navigators help individuals find their way (i.e., "navigate") through often complicated social and health service systems to connect with needed services.

They are commonly used in health care, substance use treatment, housing, and mental health settings where they may also be referred to as peer navigators, patient navigators, or peer recovery coaches.

Navigators may or may not have personal lived experience with substance use and can have a range of education or professional training.

A sample job description is included in the online report.

Participant demographics

- Between June 2019 and September 2021, 1,325 individuals began medication for OUD (1,323 on buprenorphine, 2 on naltrexone) with an average of 47 initiations per month.

Table 1. Demographics of Meds First clients, n=1,325

Gender			Age			Race/ethnicity		
Male	718	54%	**<20**	28	2%	**White**	1,045	79%
Female	539	41%	**20-29**	330	25%	**Hispanic/Latino**	98	7%
Transgender/other	1	<1%	**30-39**	485	37%	**Black/African American**	65	5%
missing	*67*	*5%*	**40-49**	249	19%	**American Indian/Alaska Native**	38	3%
			50-59	133	10%	**Asian**	10	<1%
			60+	60	5%	**Other/multiple**	408	31%
			missing	*40*	*3%*	**Unknown**	82	6%

Table 2. Types and time length of client-focused care navigation activities				
	Activity type		**Total minutes**	**Average length of encounter (minutes)**
Met client in person	5,257	41%	134,076	26
Sent text, no reply received by end of shift	1,589	12%	4,784	3
Made phone call, left message	981	8%	4,399	4
Made phone call, talked with client	905	7%	8,162	9
Spoke with professional on client's behalf	828	6%	11,733	14
Received phone call, spoke with client	779	6%	5,597	7
Sent text, received reply	749	6%	4,757	6
Received text, sent response	595	5%	3,737	6
Met client via videoconference	493	4%	8,845	18
Made phone call, unable to leave message	455	4%	1,529	3
Sent email, no reply received by end of shift	89	1%	584	7
Received email, sent reply	30	<1%	236	8
Accompanied on outside appointment	26	<1%	1,464	56
Sent email, received reply	23	<1%	154	7
Sent text, received reply after shift	13	<1%	63	5
	12,812		**190,120**	**15**

Table 3. Main topics of care navigation activities		
Meds First program retention (staying connected, follow up on missed visits)	3,036	15%
Current drug use (polysubstance use, ongoing or recurring opioid use)	2,313	11%
Appointment/visit reminder or follow up	2,189	11%
Housing	1,615	8%
Physical health	1,497	7%
Thinking about/craving drugs (building skills to cope with cravings)	1,322	7%
Family (children/childcare, spouse/partner, other)	1,074	5%
Meds First enrollment	929	5%
Mental health	874	4%
Employment/school/training	872	4%
Money	710	4%
Buprenorphine dosing concerns	674	3%
Transportation	613	3%
Planning transition to OUD maintenance care, establishing primary care	420	2%
Other concerns	1,978	9%
	20,116	

Clients use what they said they would

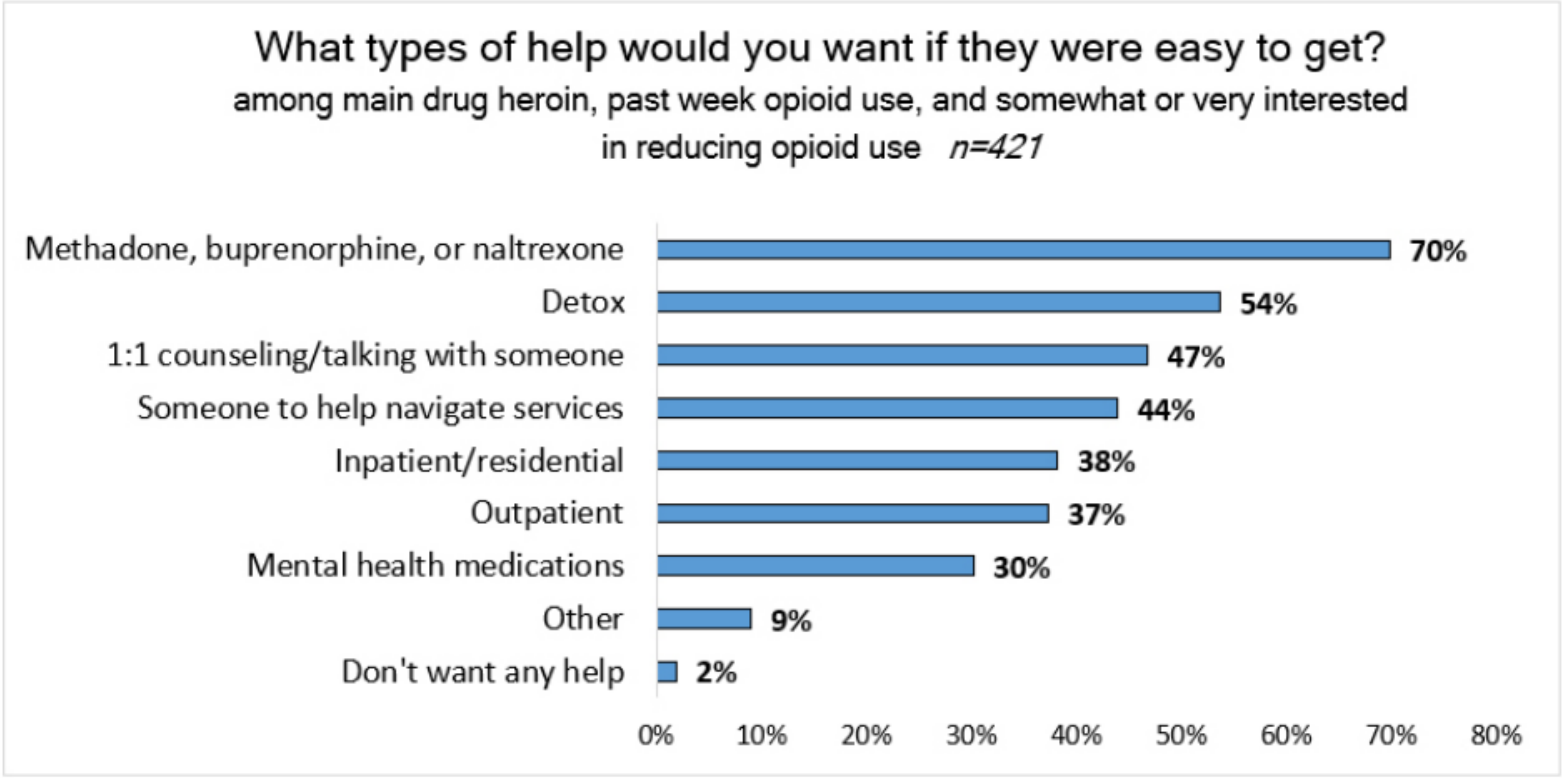


Figure 1. Interest in services to help stop or reduce opioid use. 2019 WA State SSP Health Survey

Key Findings

- Care navigation fits flexibly and productively within community-based harm reduction programs.
- Participants of harm reduction programs want—and use—care navigation services, especially in-person support.
- Providing opioid use disorder treatment with a harm reduction orientation supports honest conversations about drug use.
- Care navigation services could be an important feature of a broader, low-barrier, “one-stop” model of health care available at harm reduction programs for people who use drugs and are not adequately served by traditional health care or addiction treatment settings.

"My mission is to make sure people know that they can come in any time, for any reason, no matter what they did or didn't do. It can take a while for people to trust that we really do care about them."
-Meds First care navigator

"It's great having a care navigator right here to talk to a participant when they need to. That window opens so randomly and only stays open for a second. We would miss that chance completely if we had to say "Well, come back on Wednesday at 3:00." *-SSP staff person*

Updates to Overdoses in WA State

Recent updates with preliminary 2021 and 2022 data

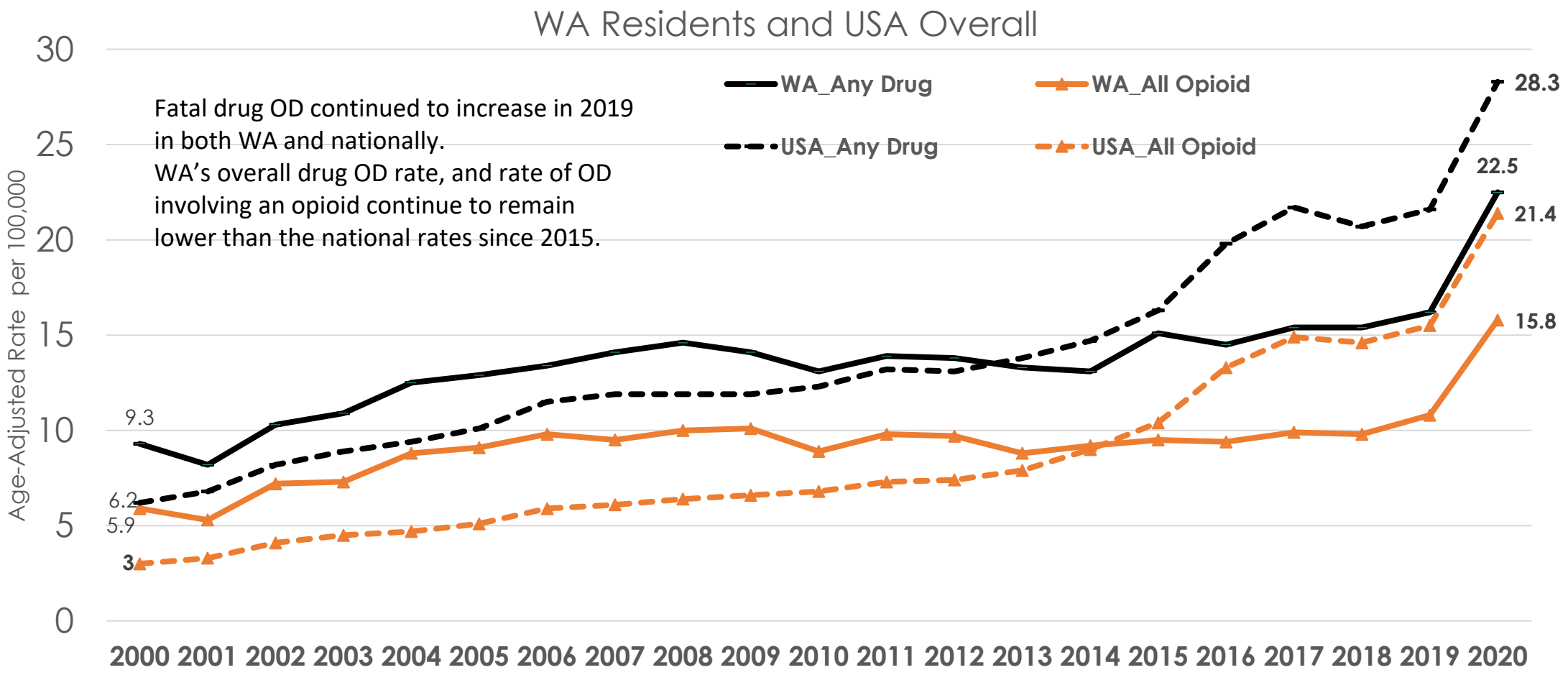
Data as of 18July2022

WA DOH – IVP/S&E

Drug overdose deaths

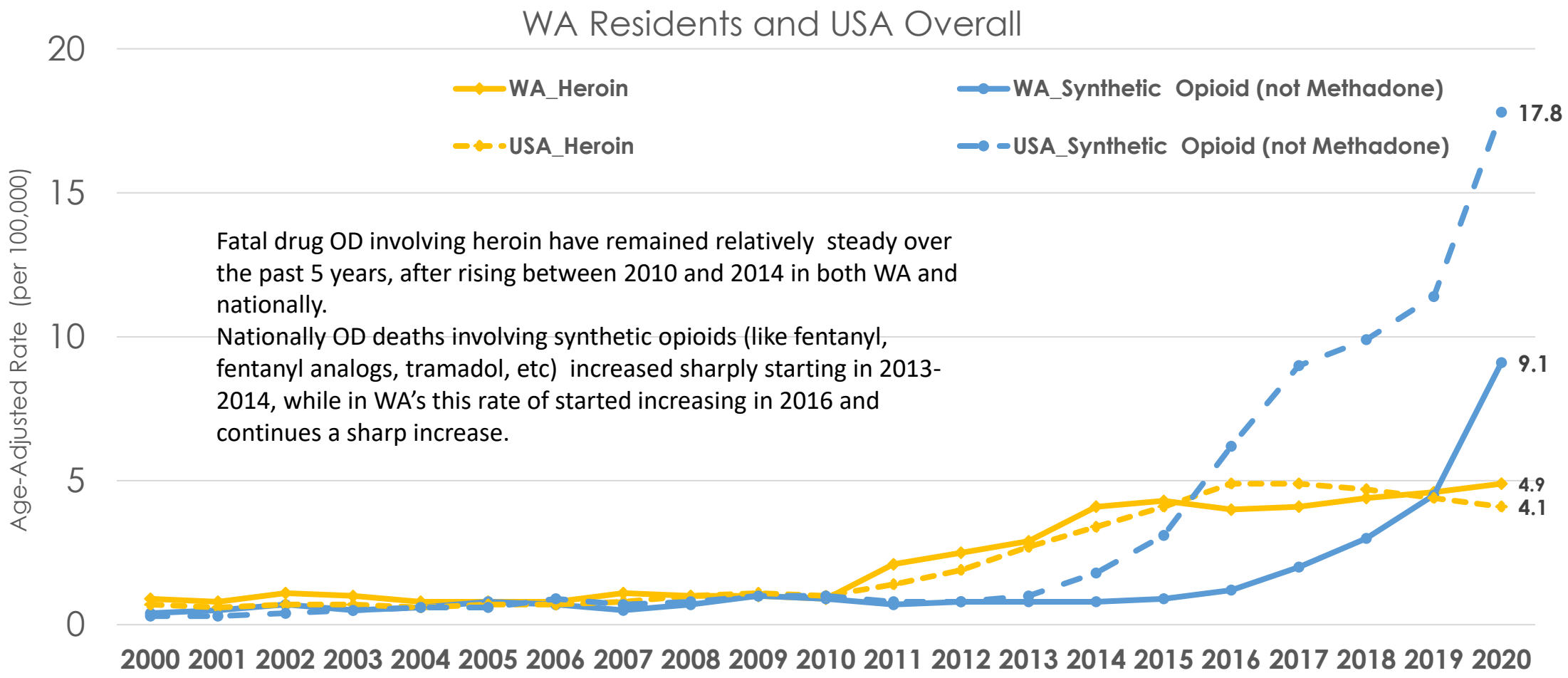
- The overdose death data are from Washington DOH Death Certificates.
- The definition of drug overdose is based on ICD-10.
- **any_drug** is defined by the following ICD-10 codes as underlying causes of death:
  - **X40-X44**: Accidental poisonings by drugs
  - **X60-X64**: Intentional self-poisoning 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 (2000-2020)



Source: WA DOH death certificates
CDC Wonder

Overdose Death Rate by Drug Type, USA and WA (2000-2020)



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CDC Wonder

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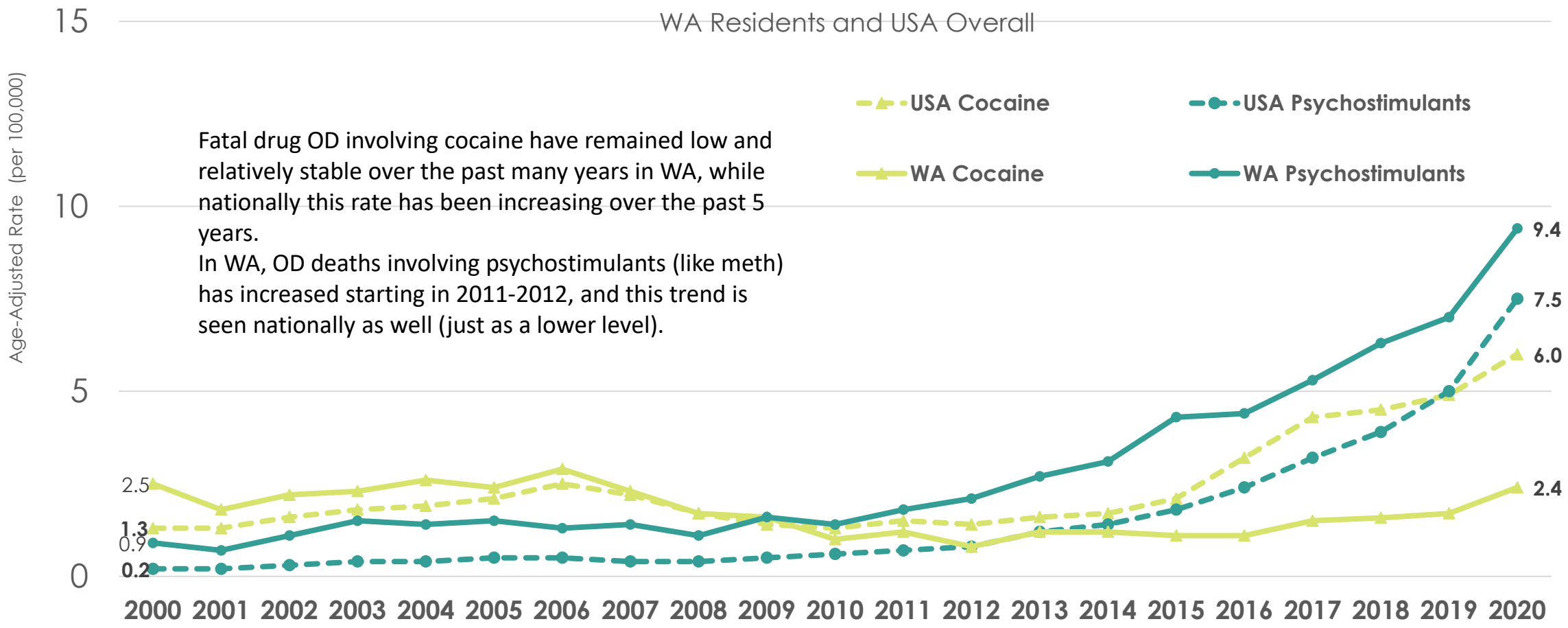


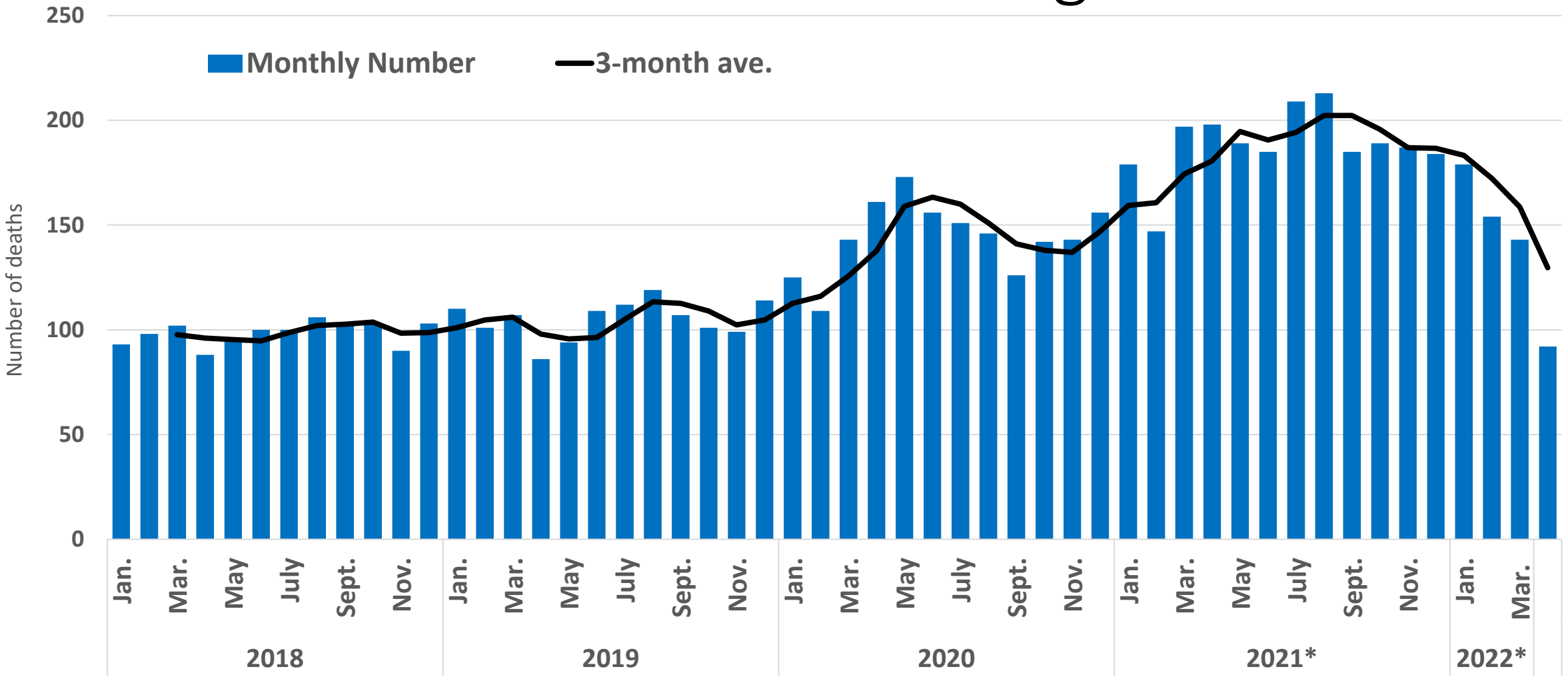
Source: WA DOH death certificates
CDC Wonder

Confirmed WA State Overdose Deaths

Drug Type	2021*	2020	2019	2018	2017
Any Drug	2262	1731	1259	1181	1163
Any Opioid	1619	1194	827	744	739
Heroin	344	384	347	329	306
Synthetic opioids	1214	672	337	224	142
Rx opioid (not fentanyl)	402	328	267	305	342
Psychostimulants	1141	728	540	473	390
Cocaine	232	187	132	129	111

*2021 data are preliminary and will change.
Data is as of 18July2022. Source: WA DOH death certificates

Number of overdose deaths by month and 3-month average



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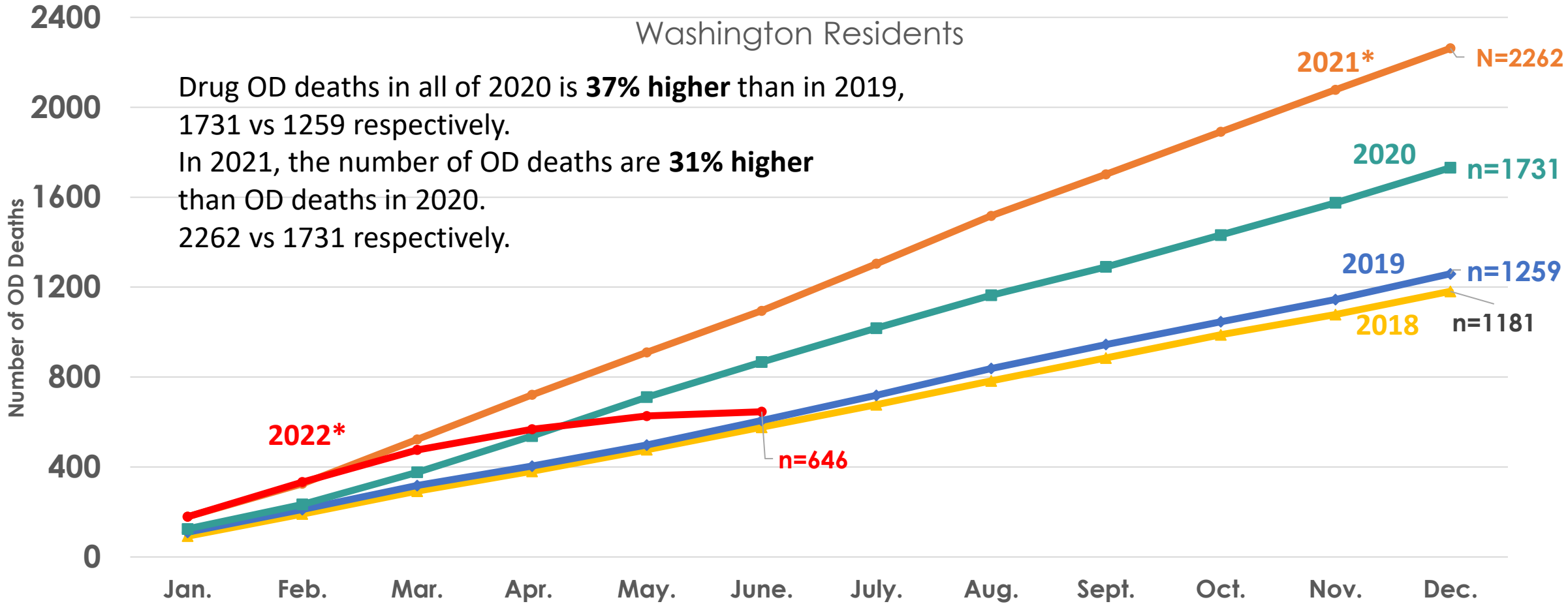
Data is as of 18July2022.
Source: WA DOH death certificates

Annual cumulative overall drug overdose deaths by month (2018-2022*)

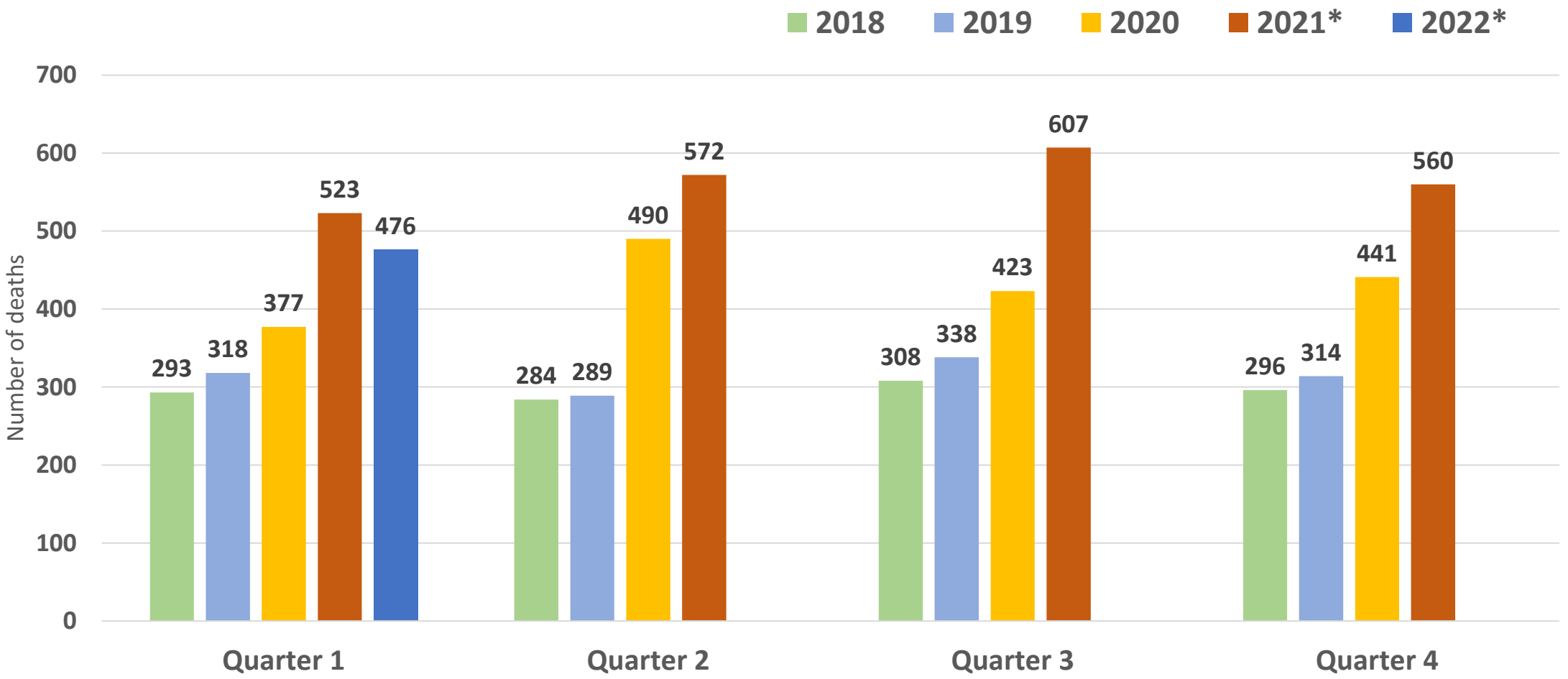


- 2021 and 2022 data are preliminary and will change.
- Data run: 18July2022

Washington State Department of Health

Source: WA DOH death certificates

Number of overdose deaths by quarter



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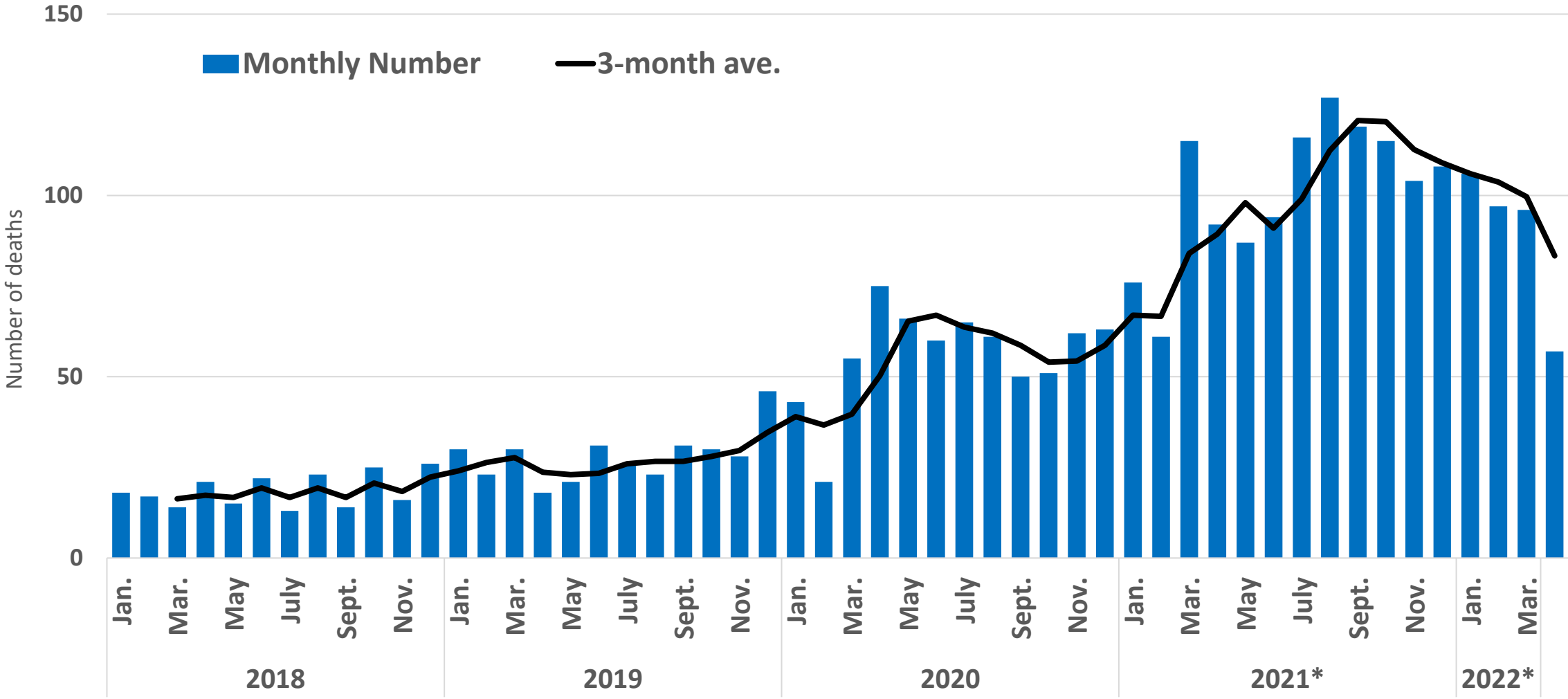
Source: WA DOH death certificates

Number of overdose deaths involving a synthetic opioid by month and 3-month average



Data is as of 18July2022.
Source: WA DOH death certificates

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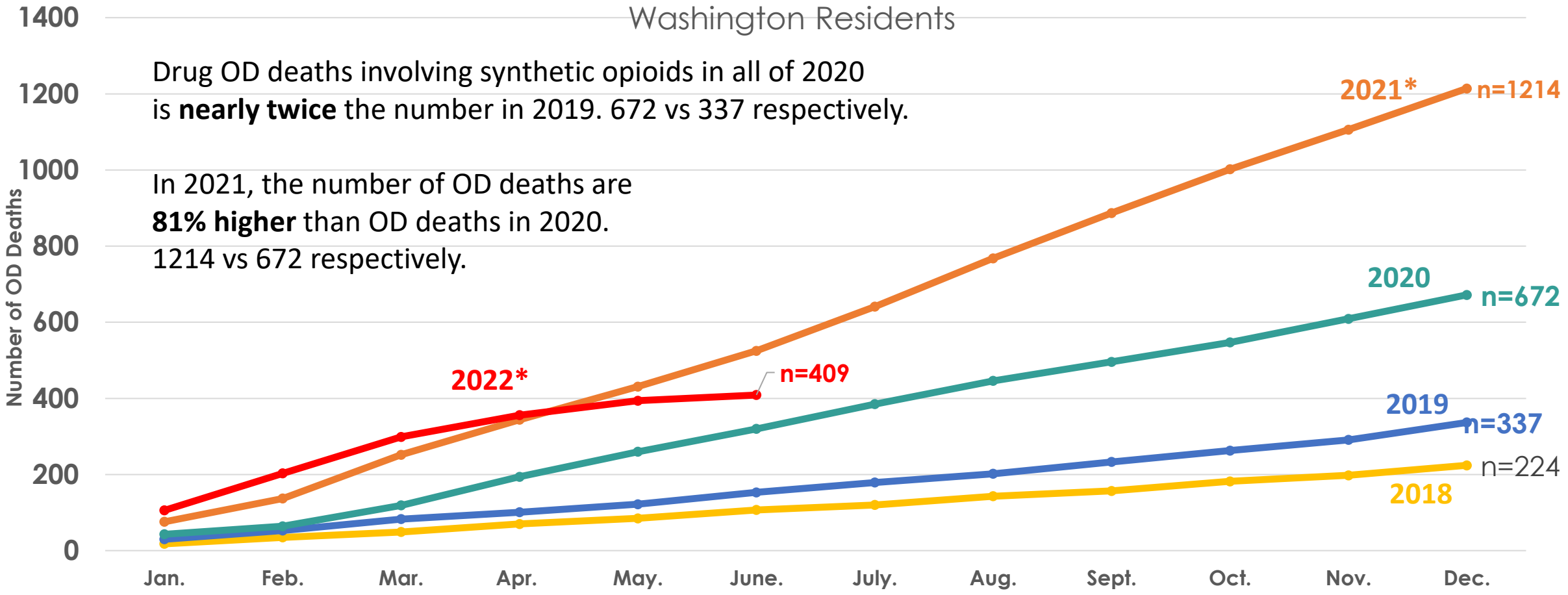
Annual cumulative drug overdose deaths involving non-methadone synthetic opioids by month (2018-2022*)

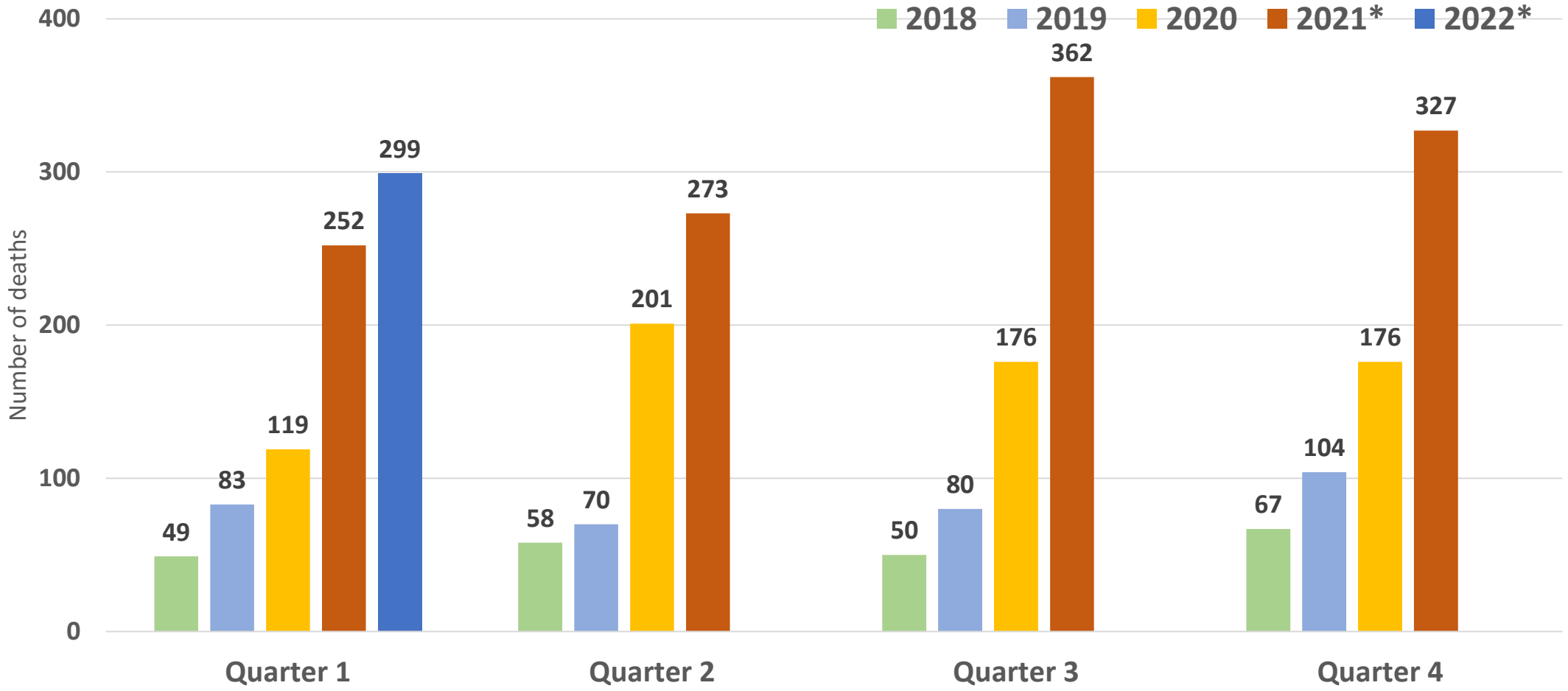


- 2021 and 2022 data are preliminary and will change.
- Data run: 18July2022

Washington State Department of Health

Source: WA DOH death certificates

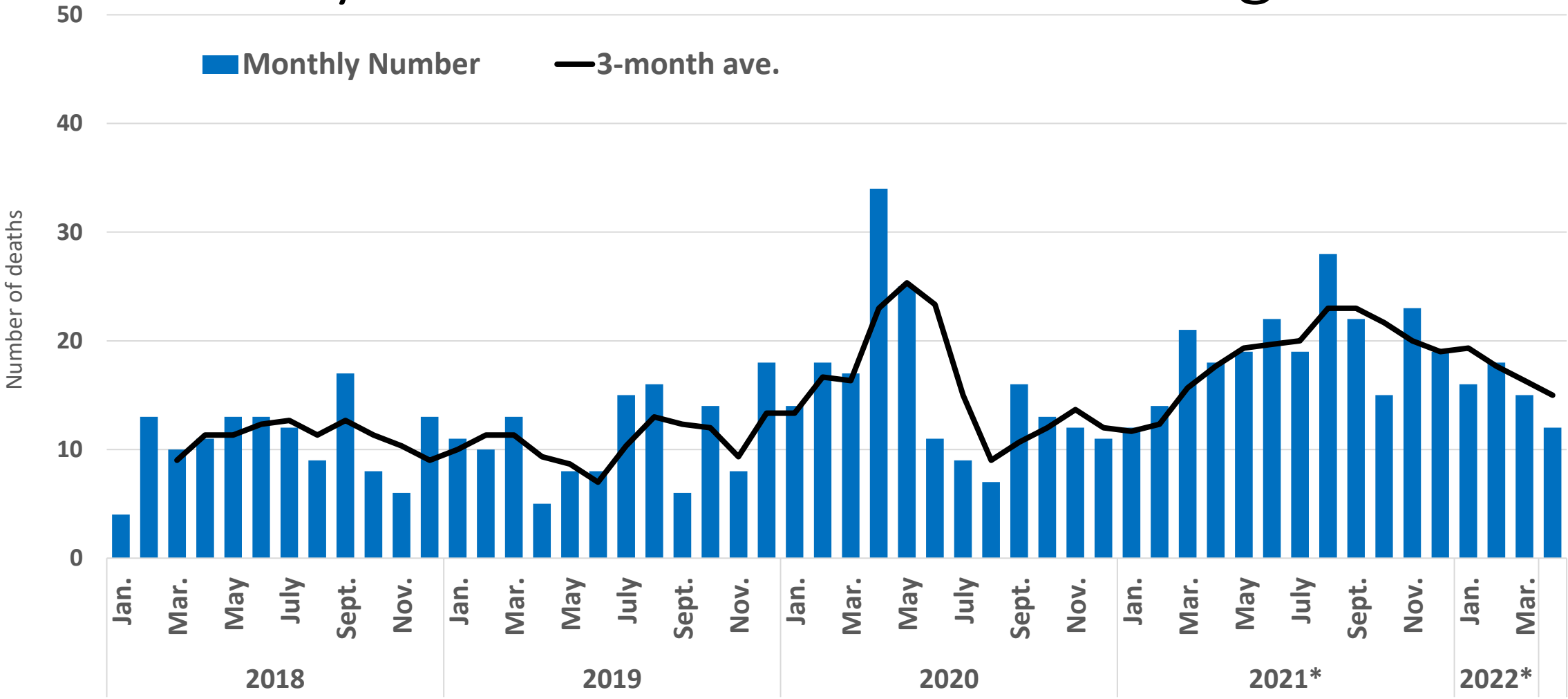
Number of overdose deaths involving non-methadone synthetic opioids by quarter



*2021 and 2022 data are preliminary and will change.

Data is as of 18July2022.
Source: WA DOH death certificates

Number of overdose deaths involving cocaine by month and 3-month average



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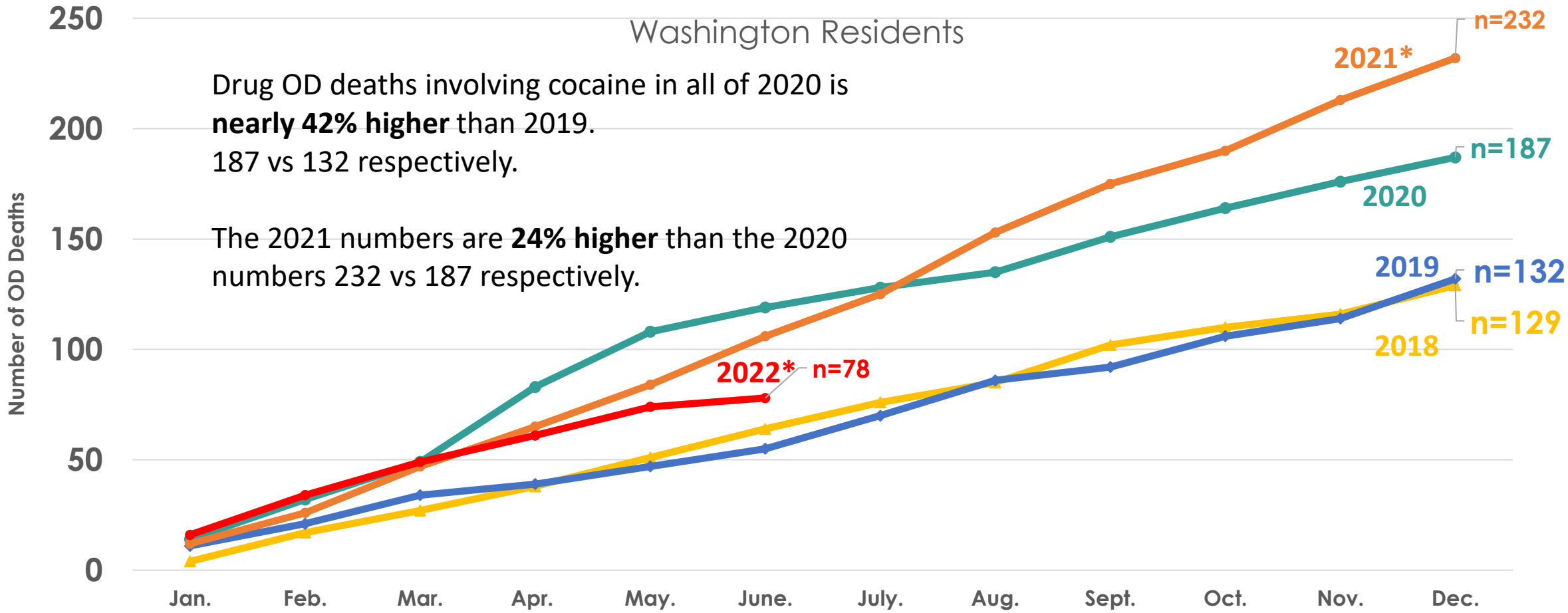
Data is as of 18July2022.
Source: WA DOH death certificates

Annual cumulative drug overdose deaths involving cocaine by month (2018-2022*)



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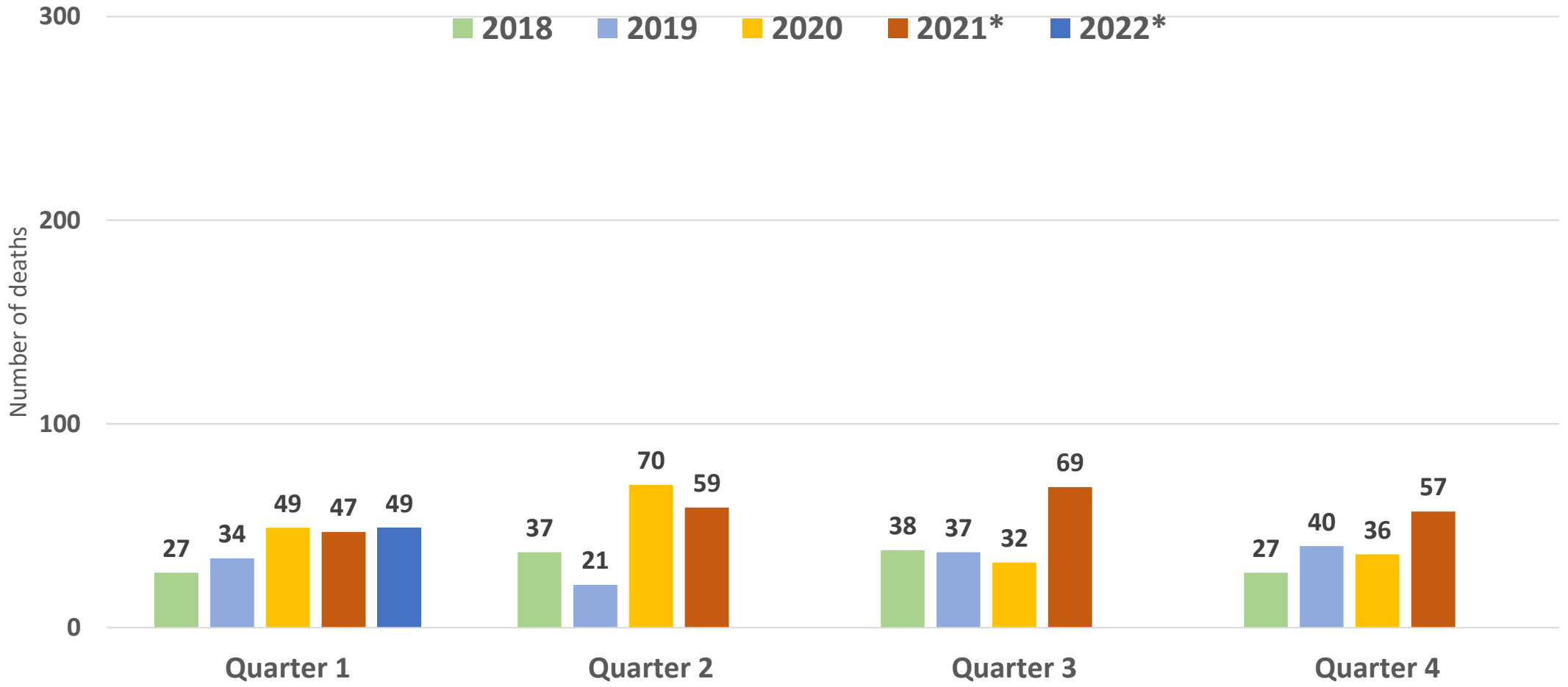
- Data run: 18July2022

Washington State Department of Health

Source: WA DOH death certificates

Number of overdose deaths involving cocaine by quarter



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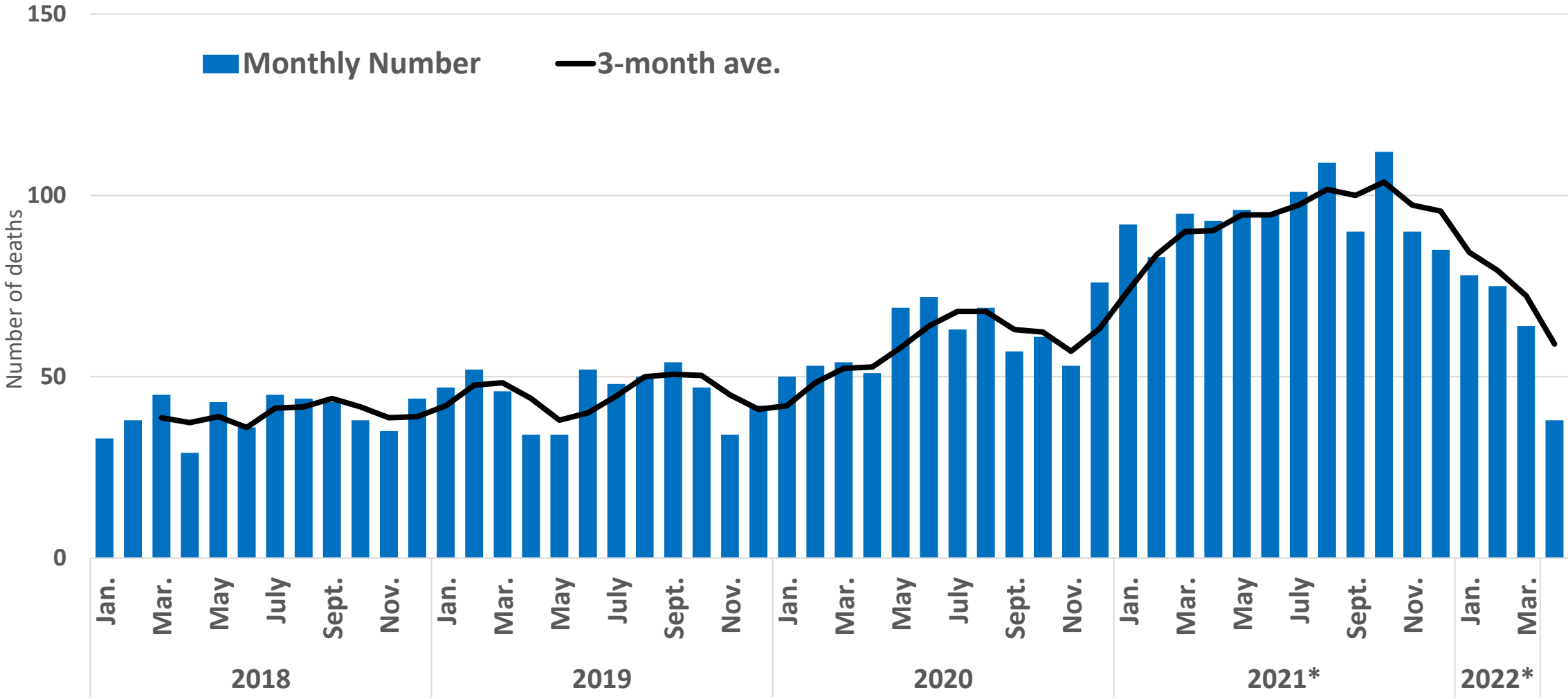
Data is as of 18July2022.
Source: WA DOH death certificates

Number of overdose deaths involving a psychostimulant by month and 3-month average



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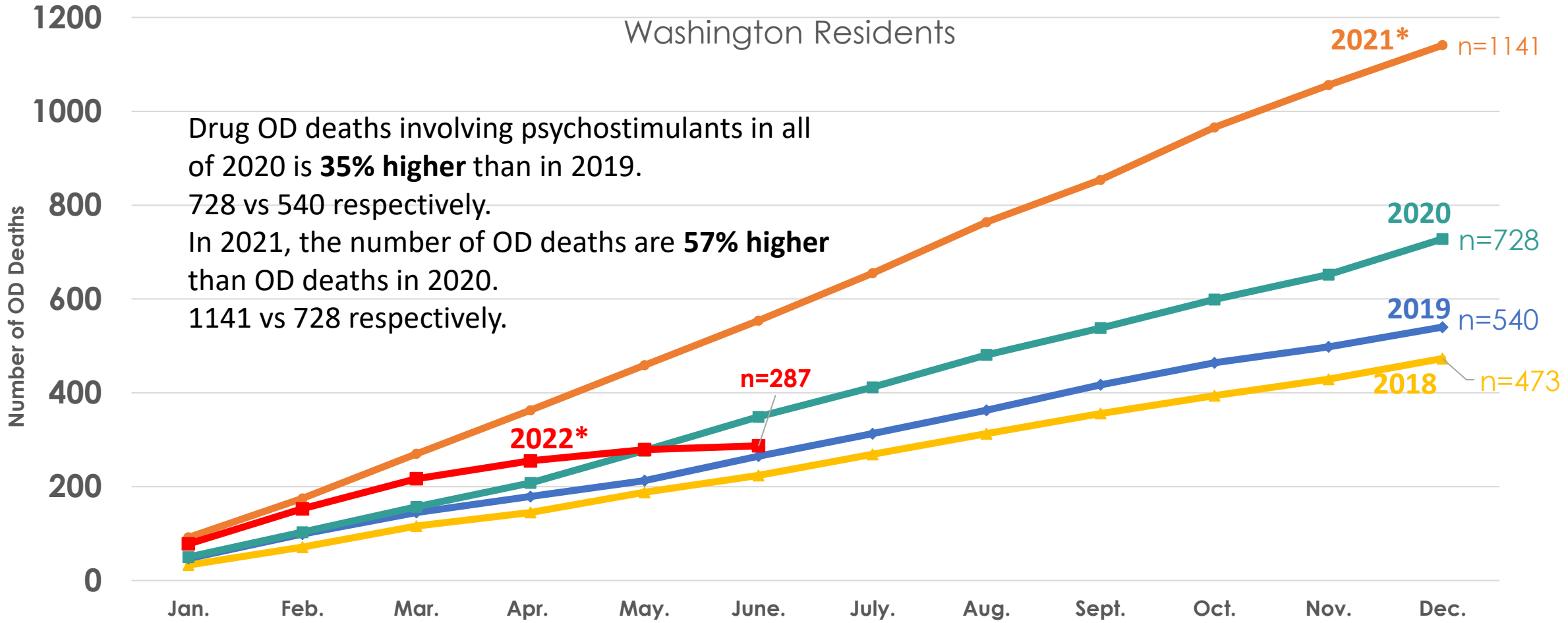
Source: WA DOH death certificates

Annual cumulative drug overdose deaths involving psychostimulants by month (2018-2022*)



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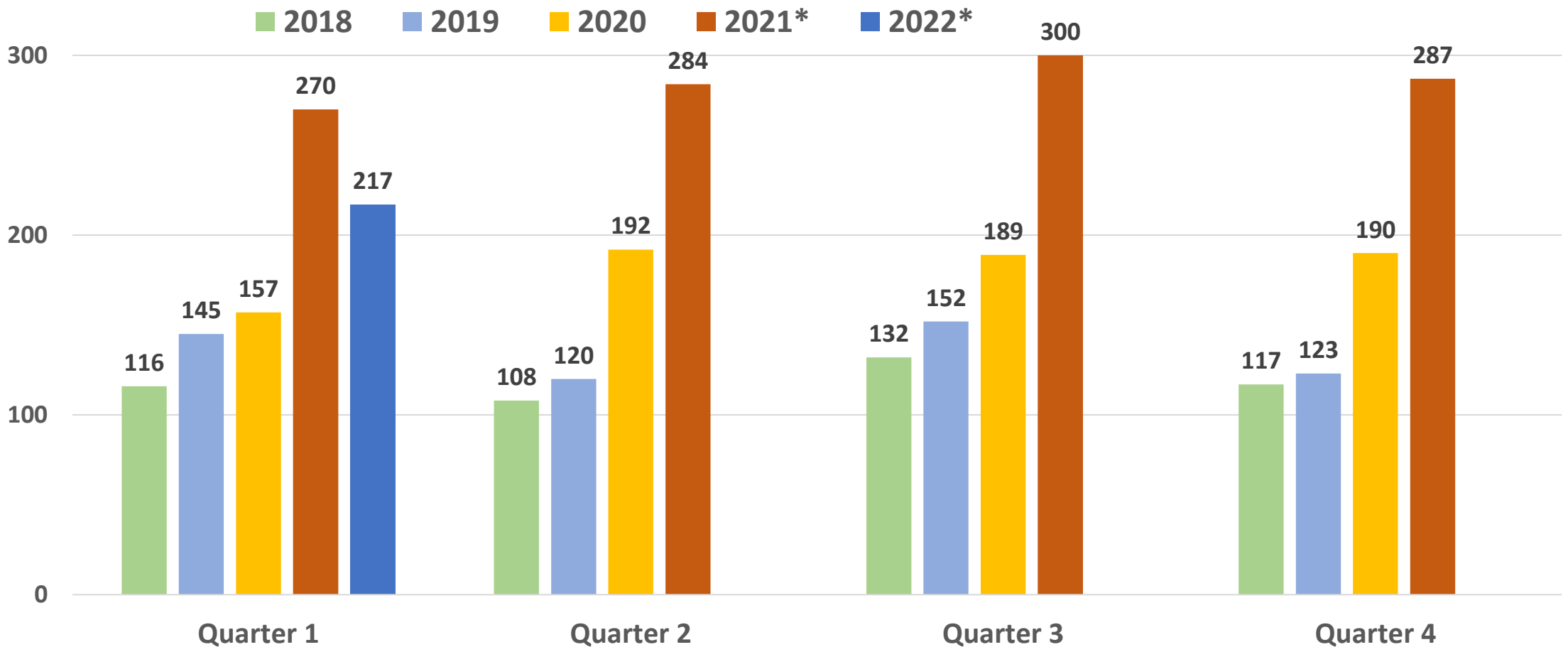
- Data run: 18July2022

Washington State Department of Health

Source: DOH death certificates

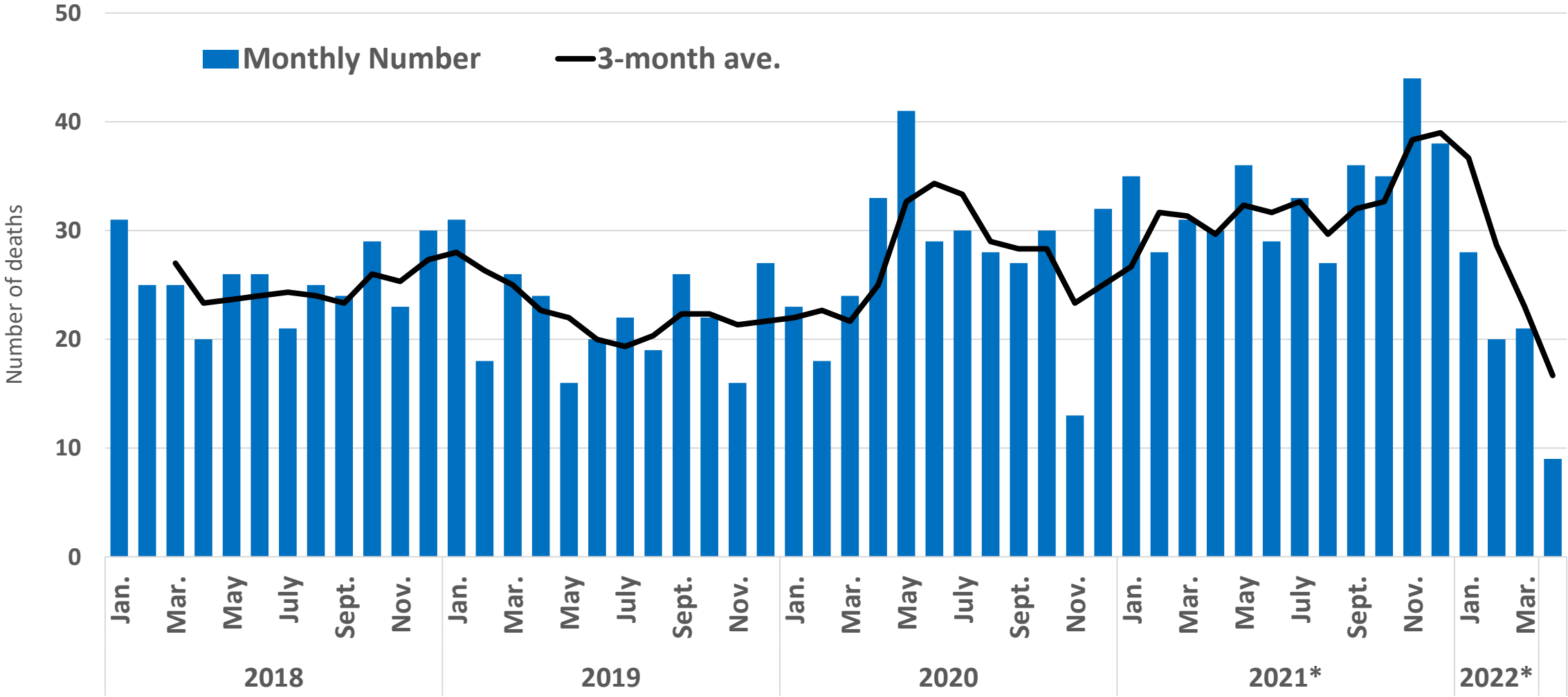
Number of overdose deaths involving a psychostimulant by quarter



*2021 and 2022 data are preliminary and will change.

Data is as of 18July2022
Source: WA DOH death certificates

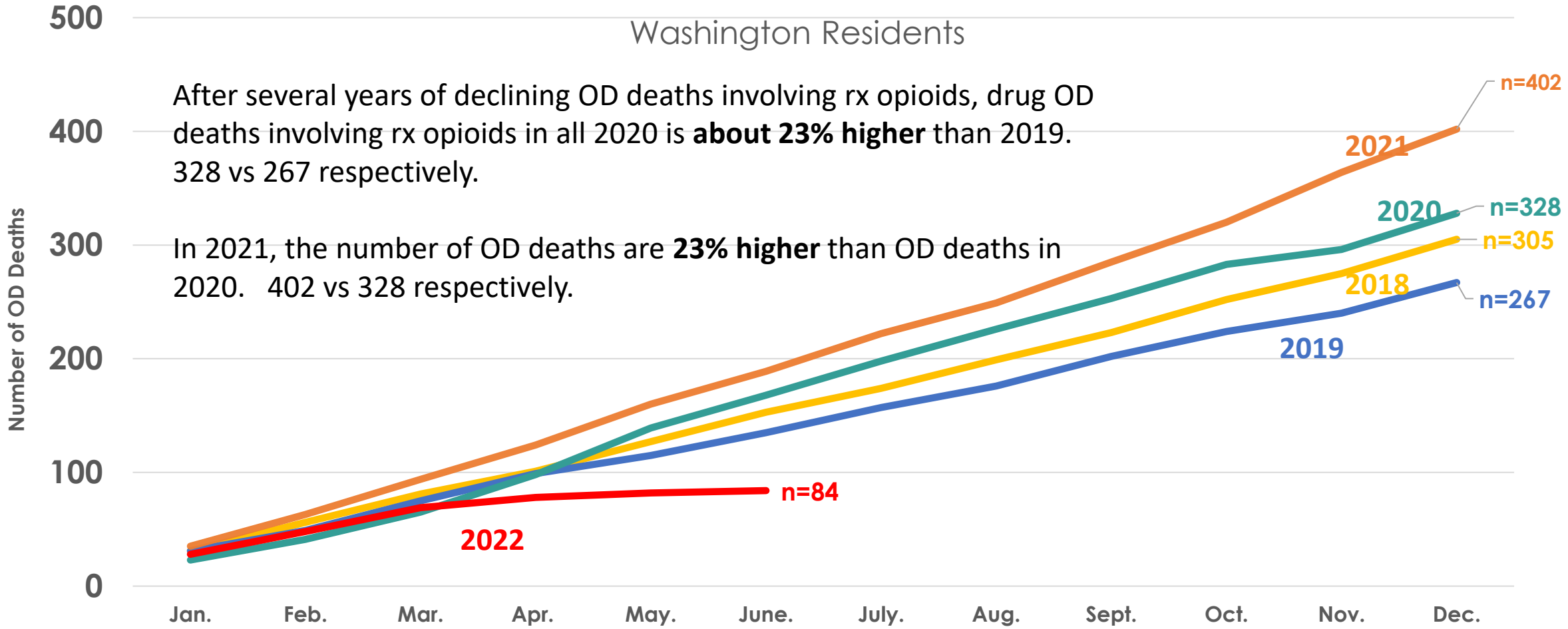
Number of overdose deaths involving a Rx opioid by month and 3-month average



* 2021 2022 data are preliminary and will change.
Rx opioid (T40.2, T40.3)

Data is as of 18July2022.
Source: WA DOH death certificates

Annual cumulative drug overdose deaths involving Rx opioids by month (2018-2022*)



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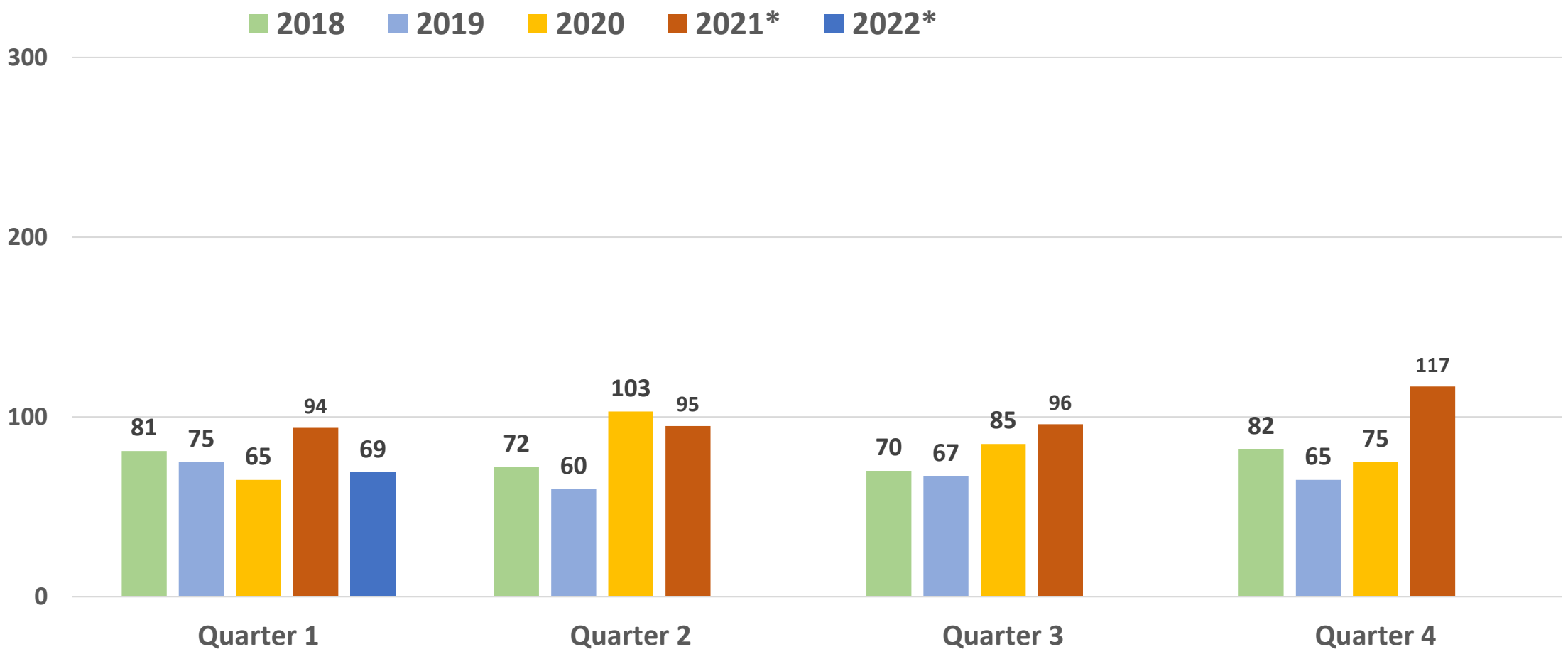
- Data run: 18July2022

Washington State Department of Health

Source: WA DOH death certificates
Rx opioid: T40.2, T40.3

Number of overdose deaths involving a Rx opioid by quarter



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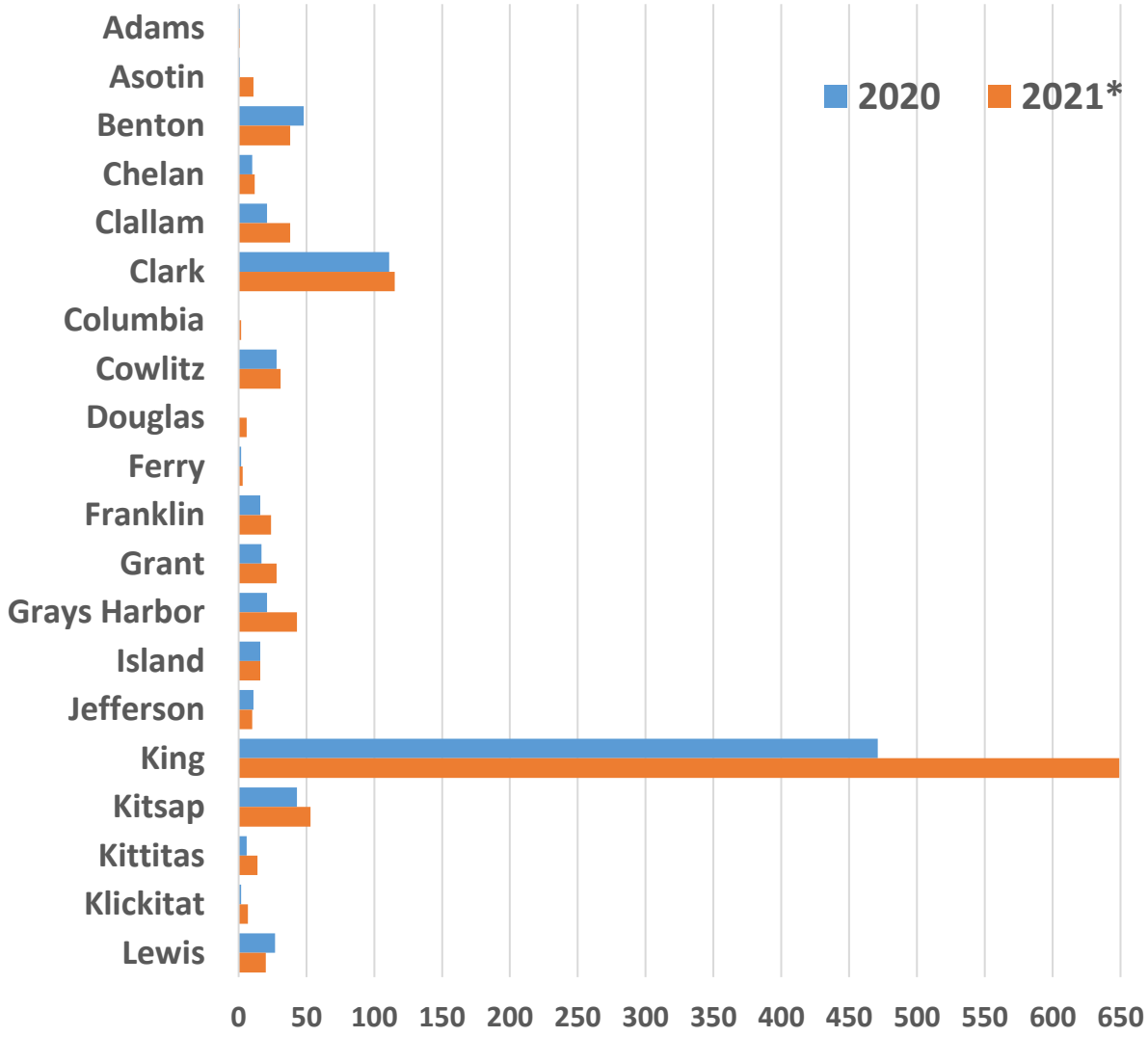
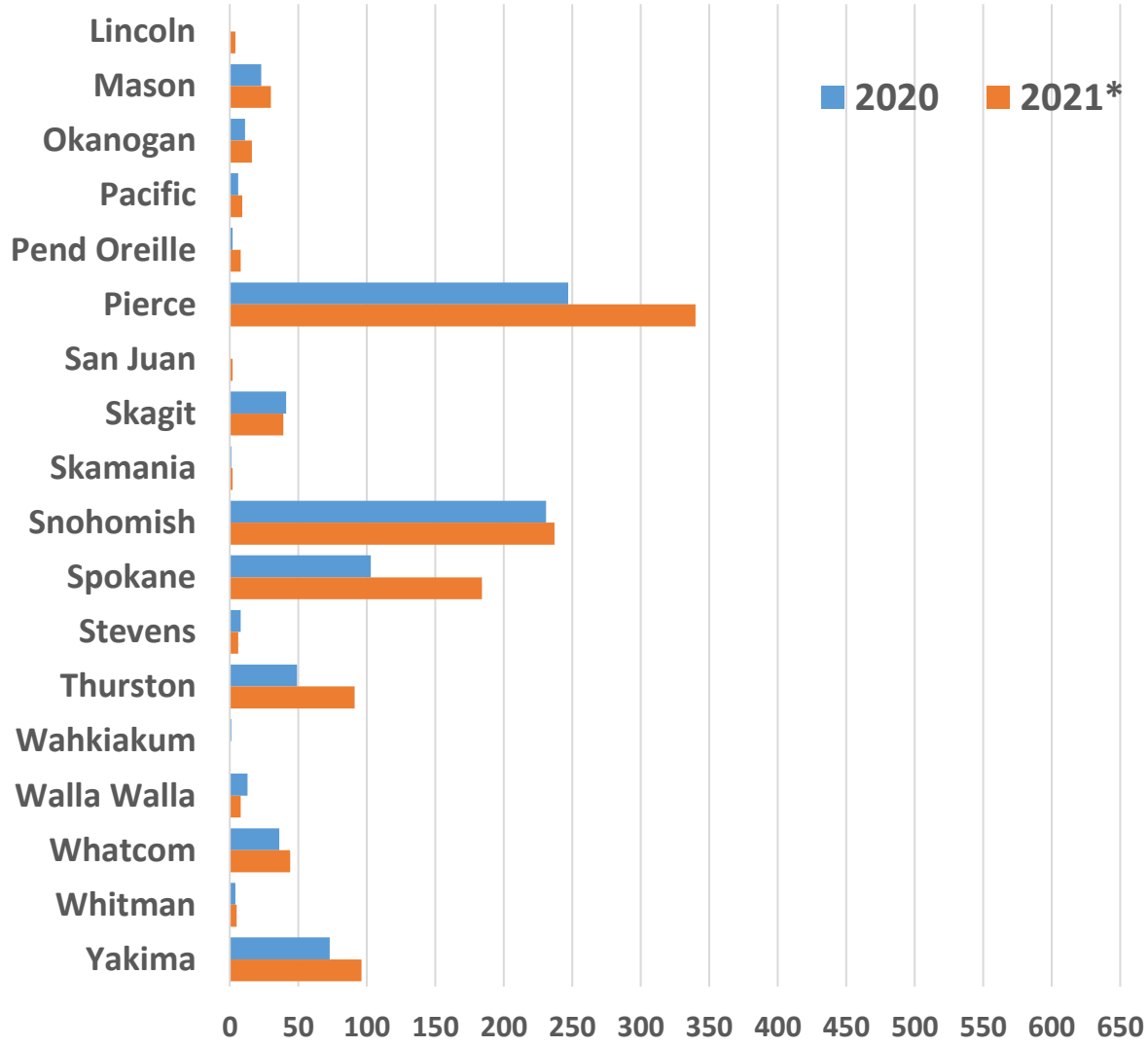
- Rx opioid: T40.2, T40.3

Data is as of 18July2022.
Source: WA DOH death certificates

Overall drug overdose death counts by county compare 2020 and 2021*

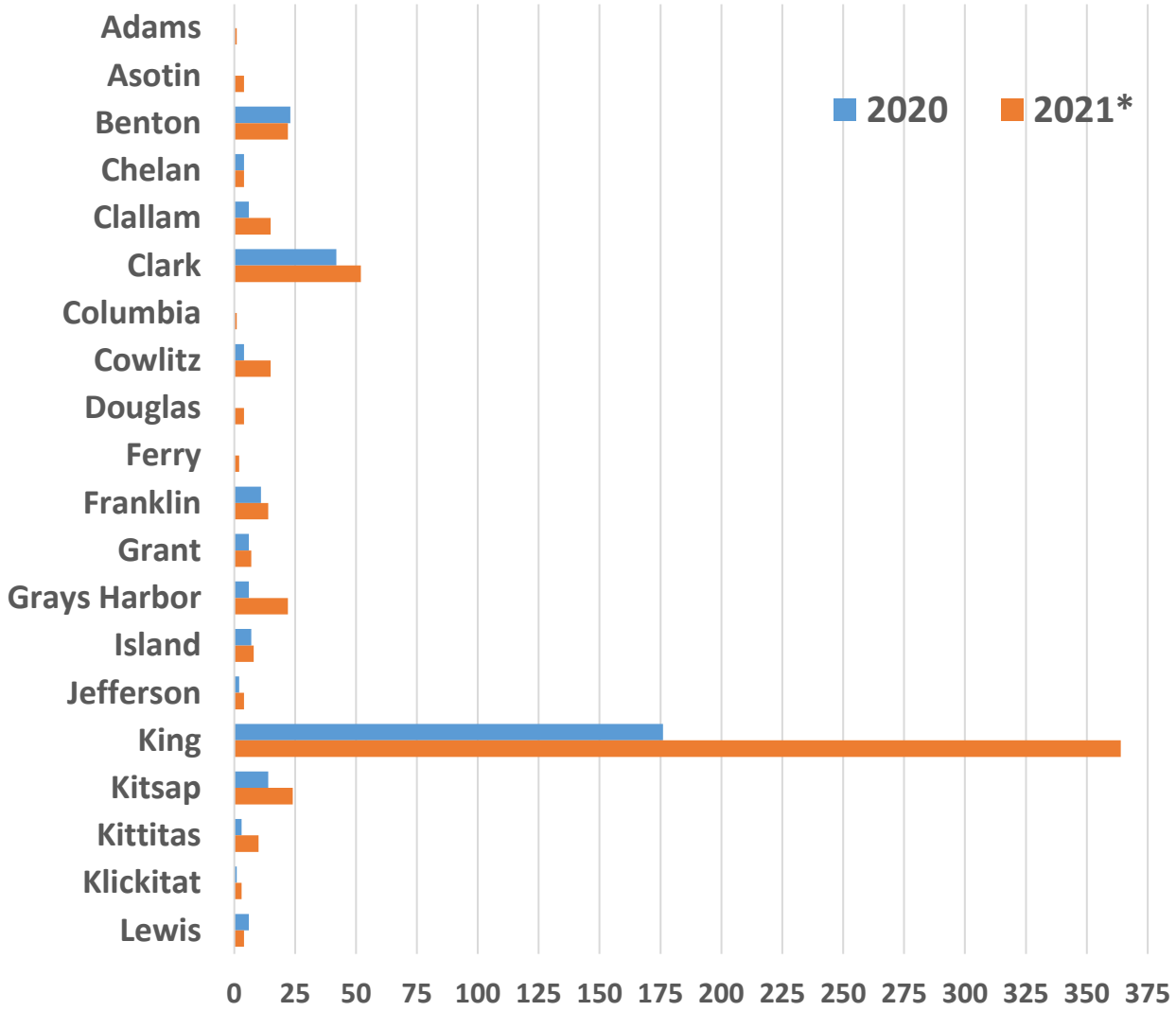


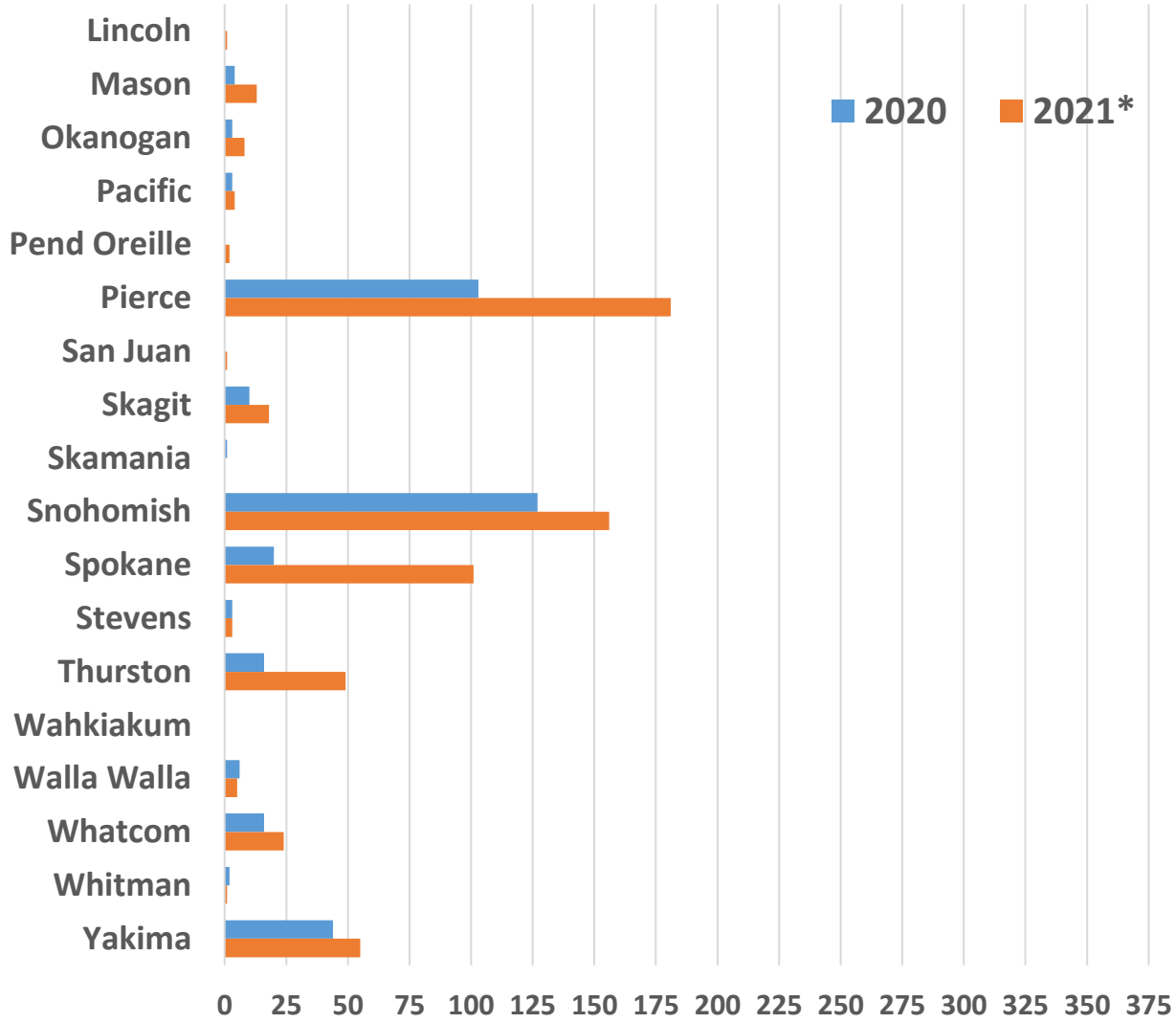


Source: WA DOH death certificates

Preliminary 2021 data, numbers will change.
Data as of 18July2022

Drug overdose death involving synthetic opioids counts by county compare 2020 and 2021*

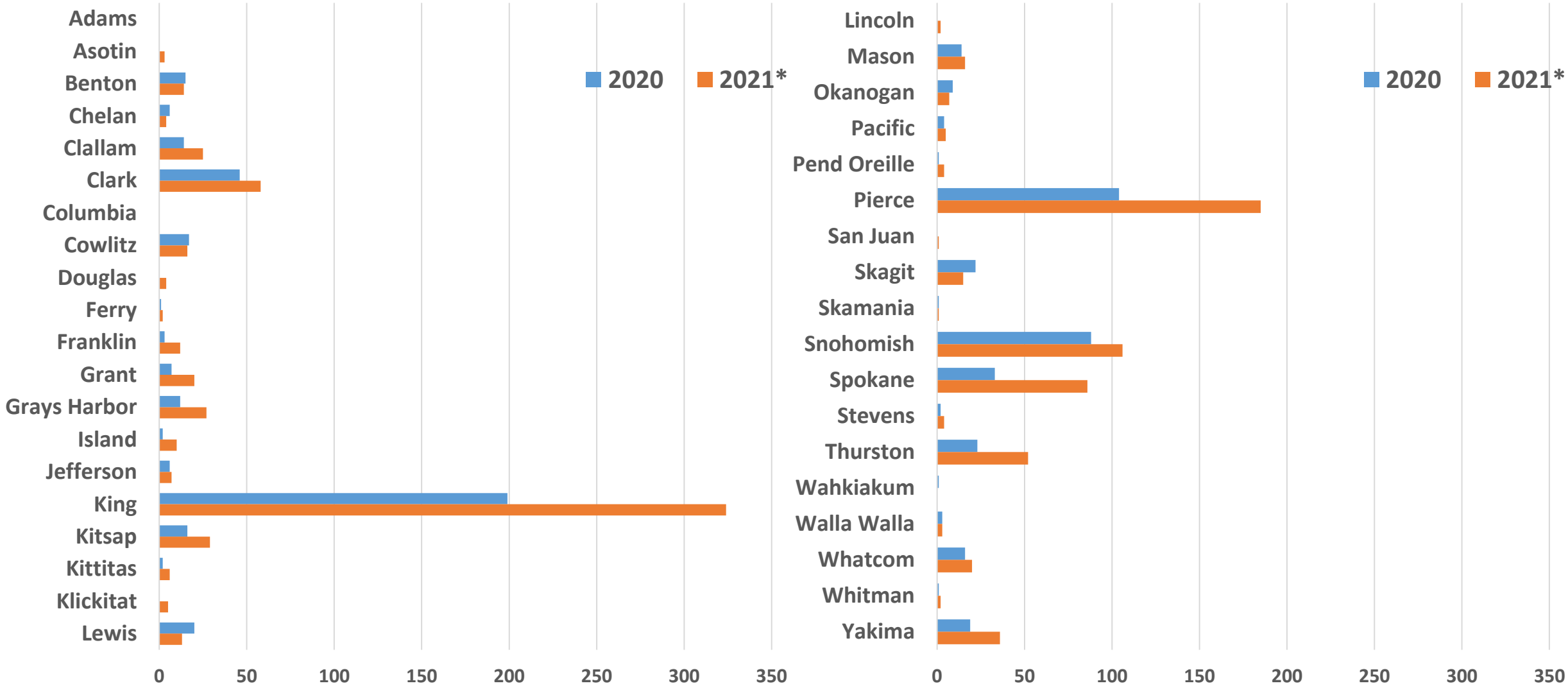




Source: WA DOH death certificates

Preliminary 2021 data, numbers will change.
Data as of 18July2022

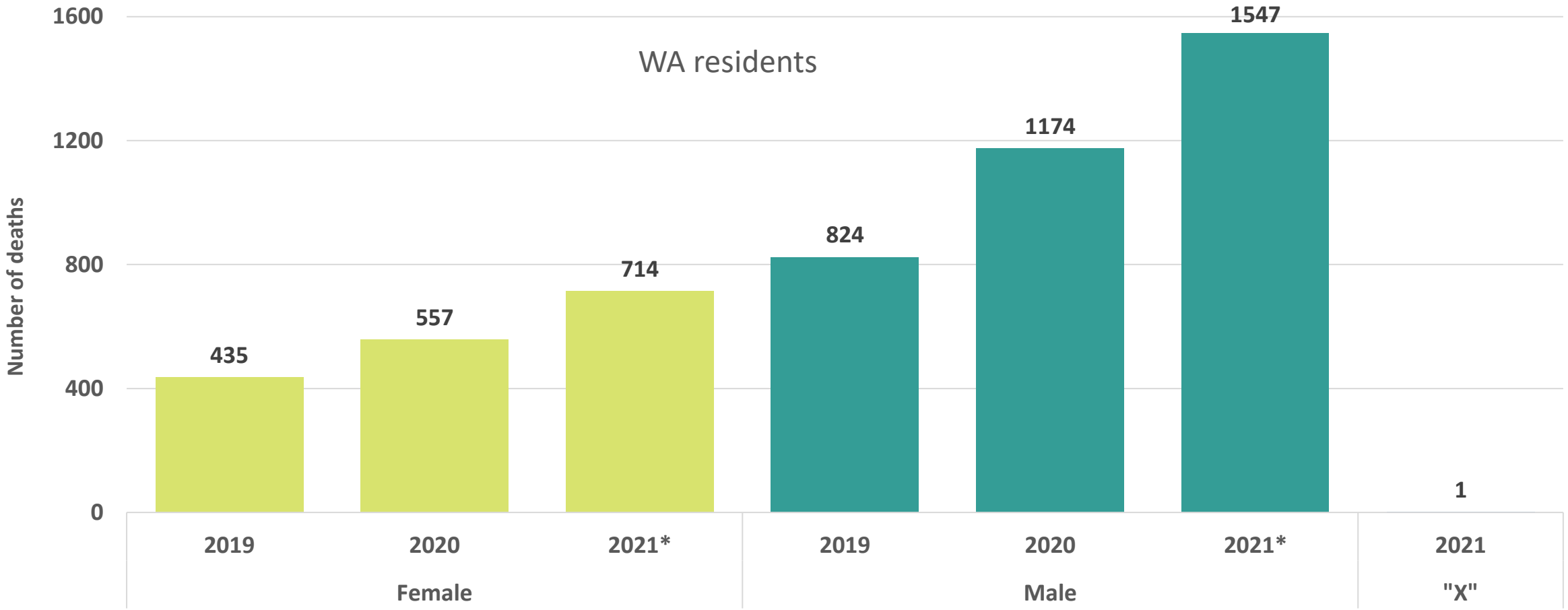
Drug overdose death involving psychostimulants counts by county compare 2020 and 2021*



Preliminary 2021 data, numbers will change.
Data as of 18July2022

Source: WA DOH death certificates

Overall drug overdose deaths by sex



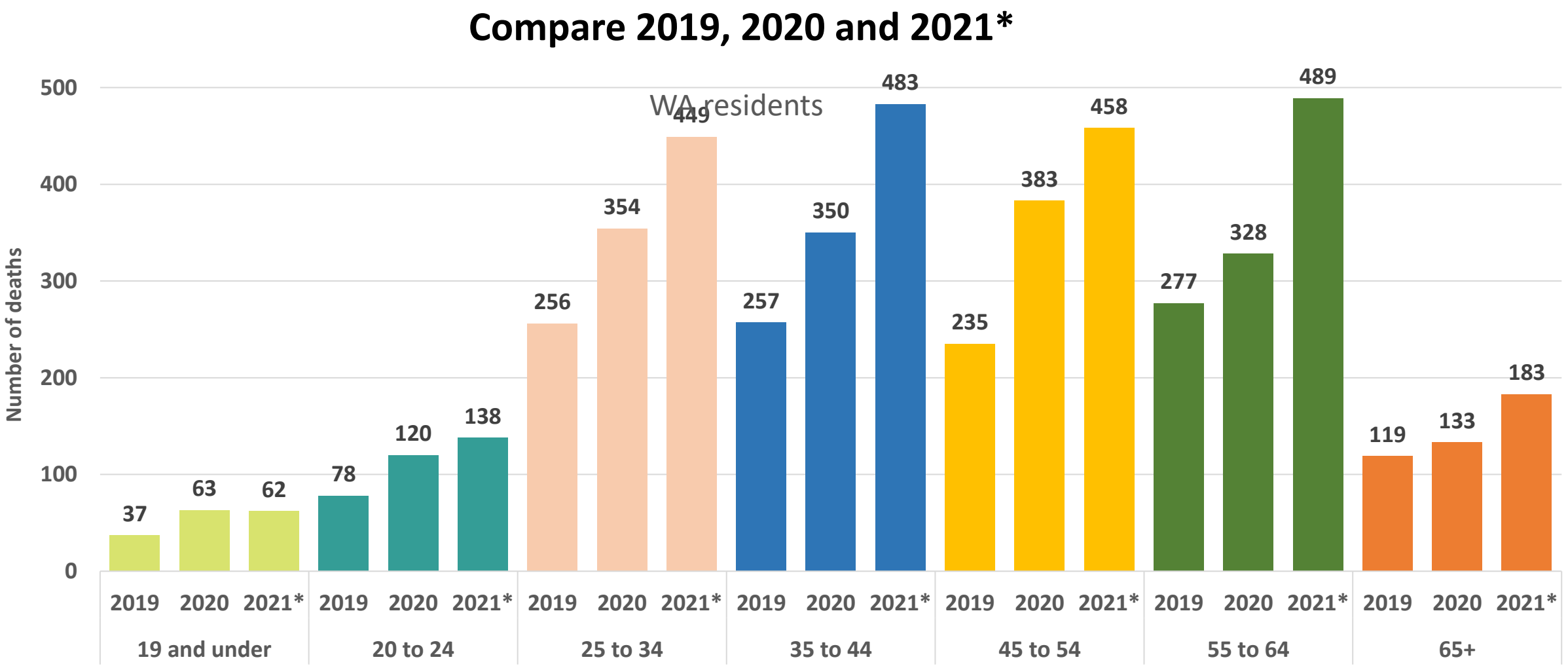
* 2021 data are preliminary and will change.

Source: DOH death certificates.

"X": Sex not exclusively male or female

* Data as of 18July2022

Overall drug overdose deaths by age



Source: DOH death certificates.

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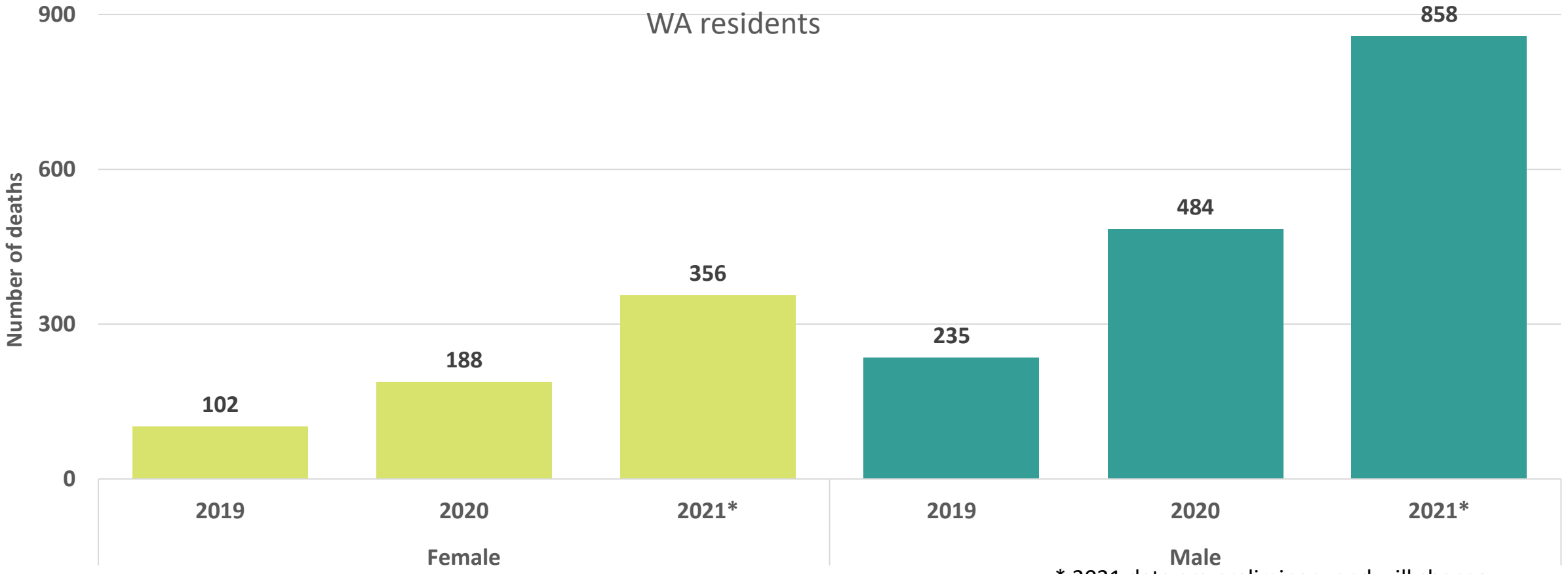
Data as of 18July2022

Drug overdose deaths involving synthetic opioids by sex

Compare 2019, 2020 and 2021*

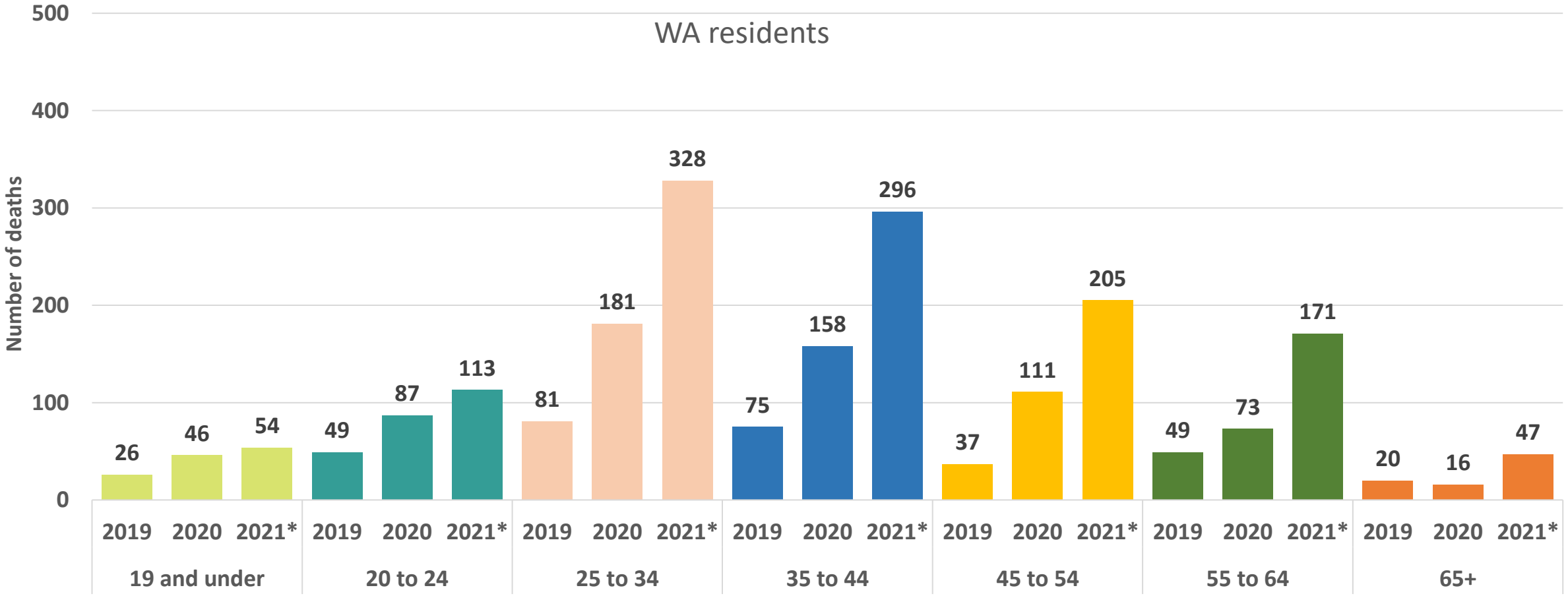


Source: DOH death certificates.

* 2021 data are preliminary and will change.
Data as of 18July2022

Drug overdose deaths involving synthetic opioids by age

Compare 2019, 2020 and 2021*

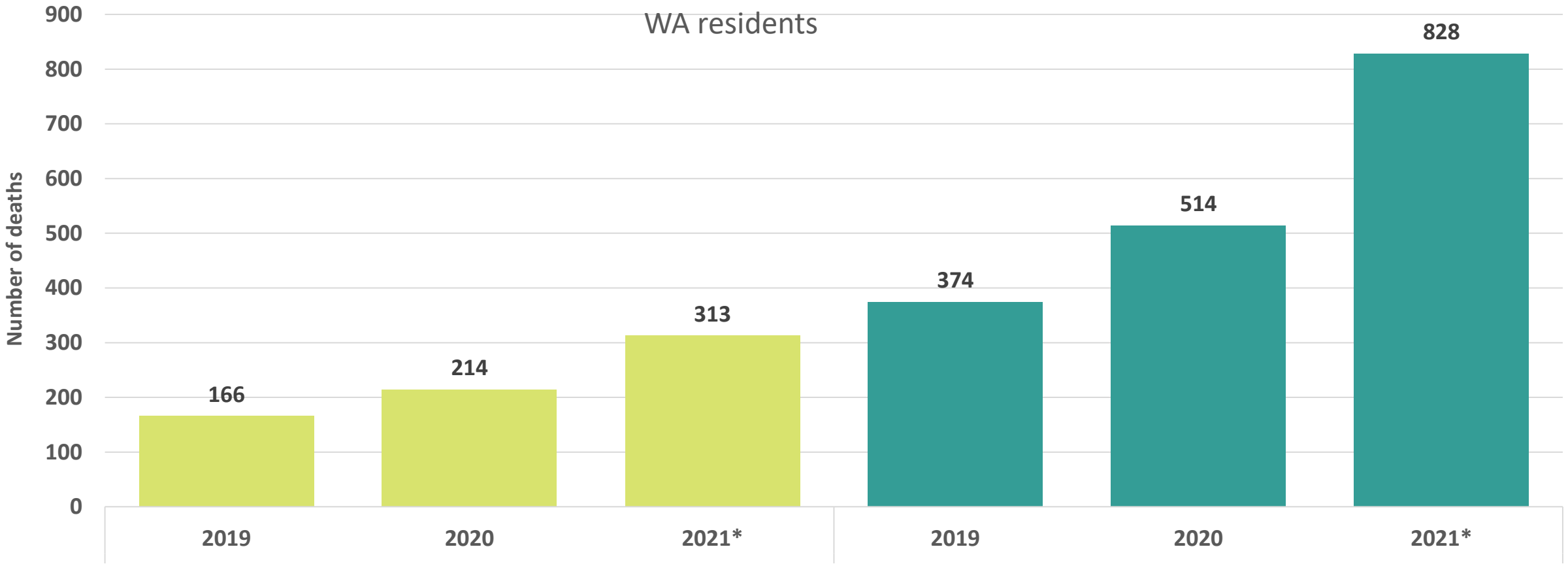


Source: DOH death certificates.

* 2021 data are preliminary and will change.
Data as of 18July2022

Drug overdose deaths involving psychostimulants by sex

Compare 2019, 2020 and 2021*

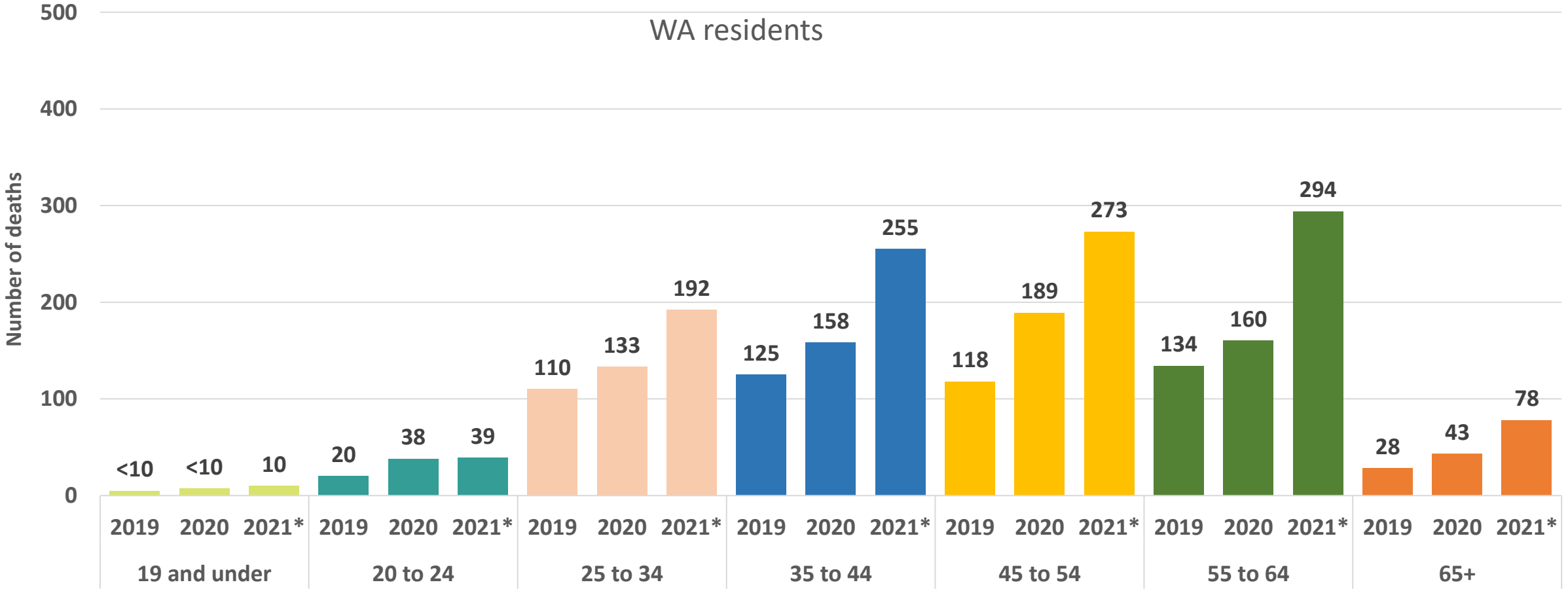


Source: DOH death certificates.

* 2021 data are preliminary and will change.
Data as of 18July2022

Drug overdose deaths involving psychostimulants by age

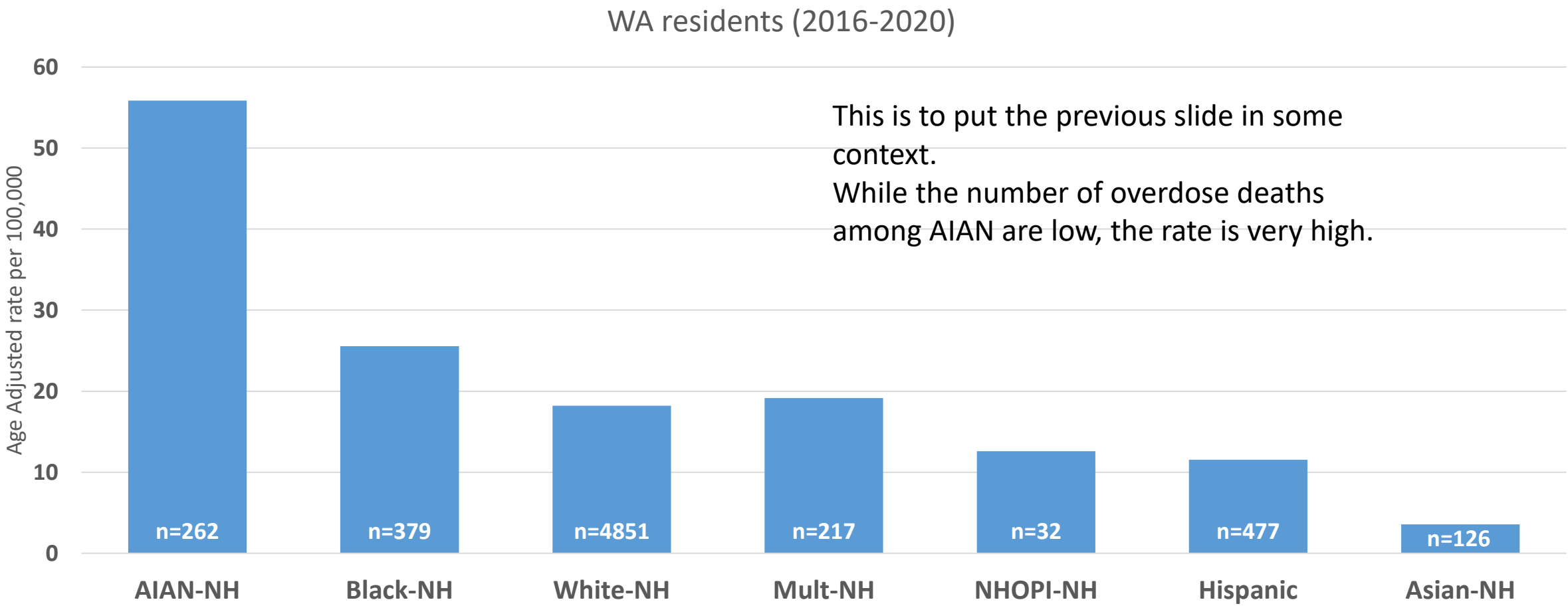
Compare 2019, 2020 and 2021*



Source: DOH death certificates.

* 2021 data are preliminary and will change.
Data as of 18July2022

Drug overdose deaths disproportionally affect American Indian and Alaskan Native populations



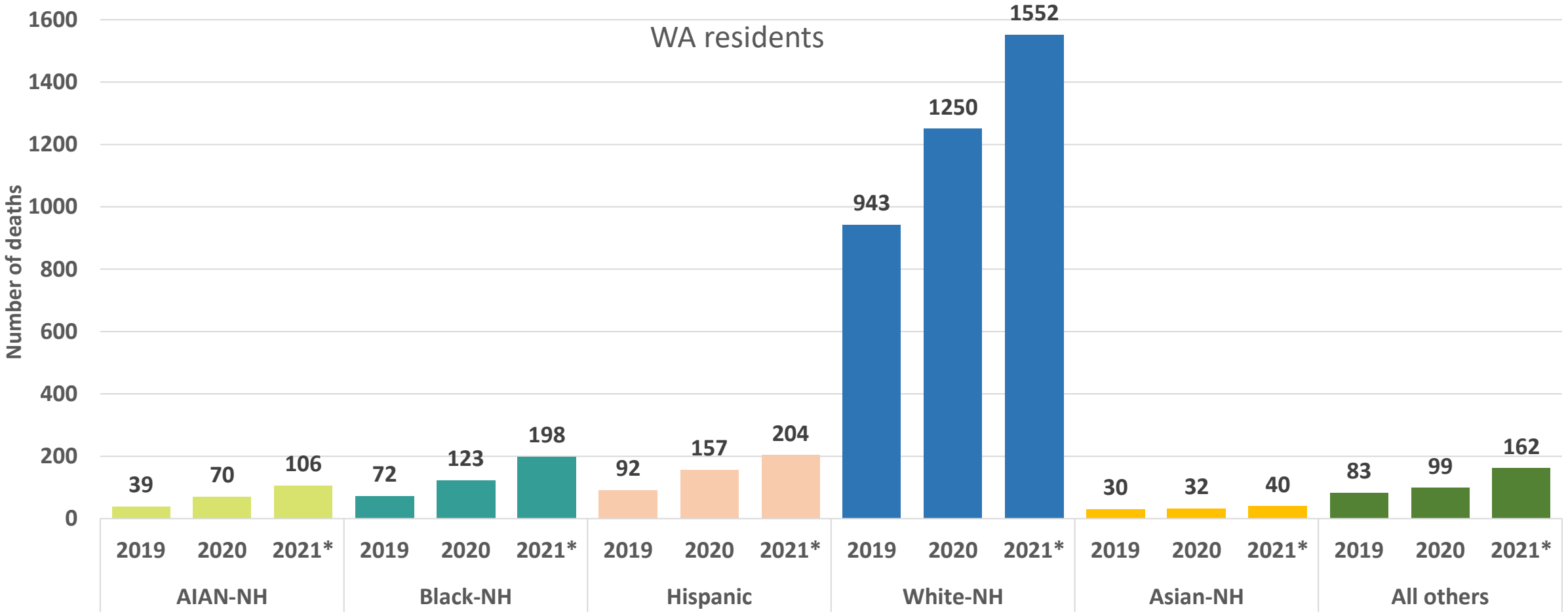
This is to put the previous slide in some context.
While the number of overdose deaths among AIAN are low, the rate is very high.

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

NHOPI: Native Hawaiian or Other Pacific Islander
Multi: Multi-racial

Overall drug overdose deaths by race/ethnicity

Compare 2019, 2020 and 2021*



Source:
DOH death certificates.

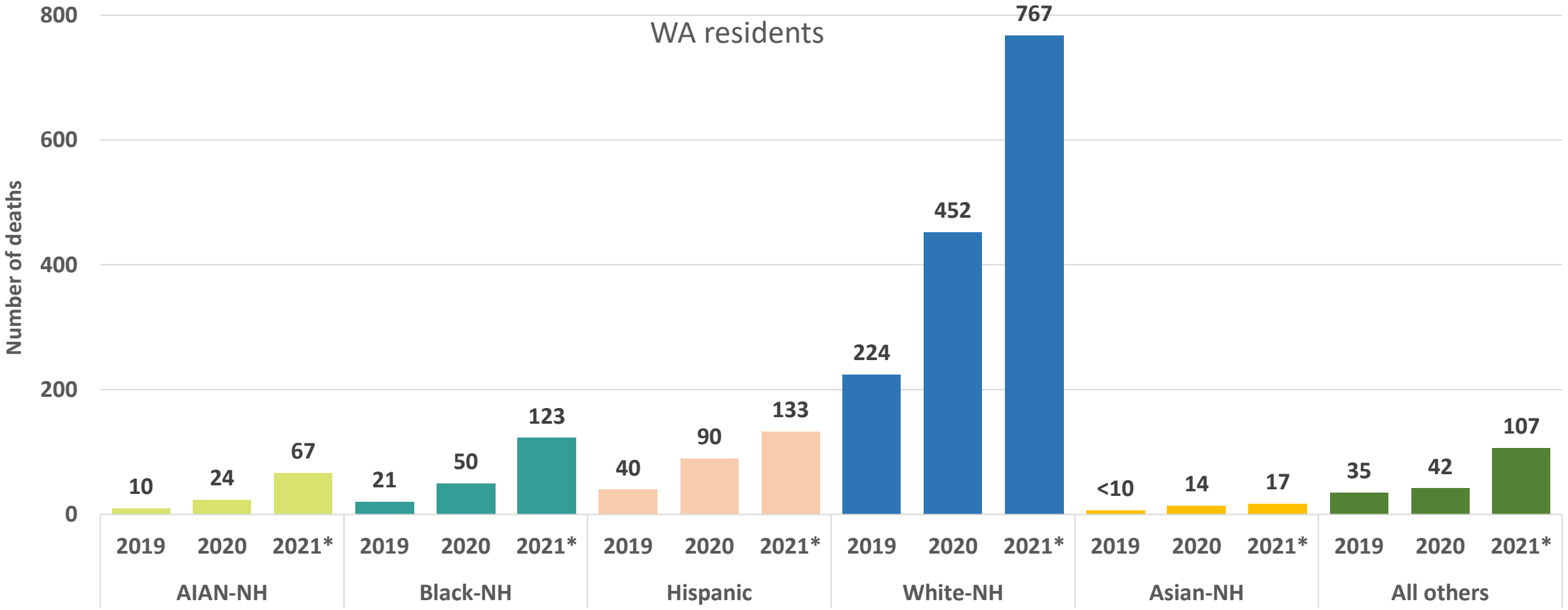
NH: Non-Hispanic
AIAN: American Indian/Alaskan Native

All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)

* 2021 data are preliminary and will change.
Data as of 18July2022

Drug overdose deaths involving synthetic opioids by race/ethnicity

Compare 2019, 2020 and 2021*



Source:
DOH death certificates.

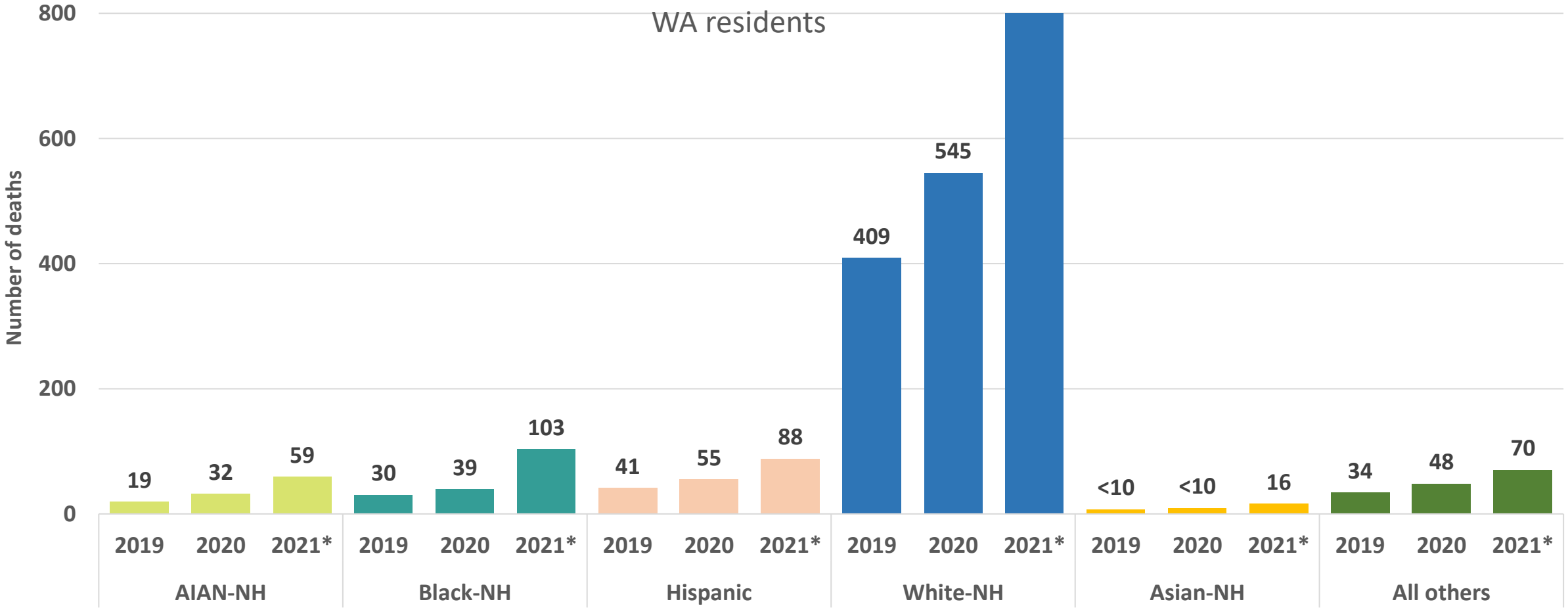
NH: Non-Hispanic
AIAN: American Indian/Alaskan Native

All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)

* 2021 data are preliminary and will change.
Data as of 18July2022

Drug overdose deaths involving psychostimulants by race/ethnicity

Compare 2019, 2020 and 2021*



Source:
DOH death certificates.

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

All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)

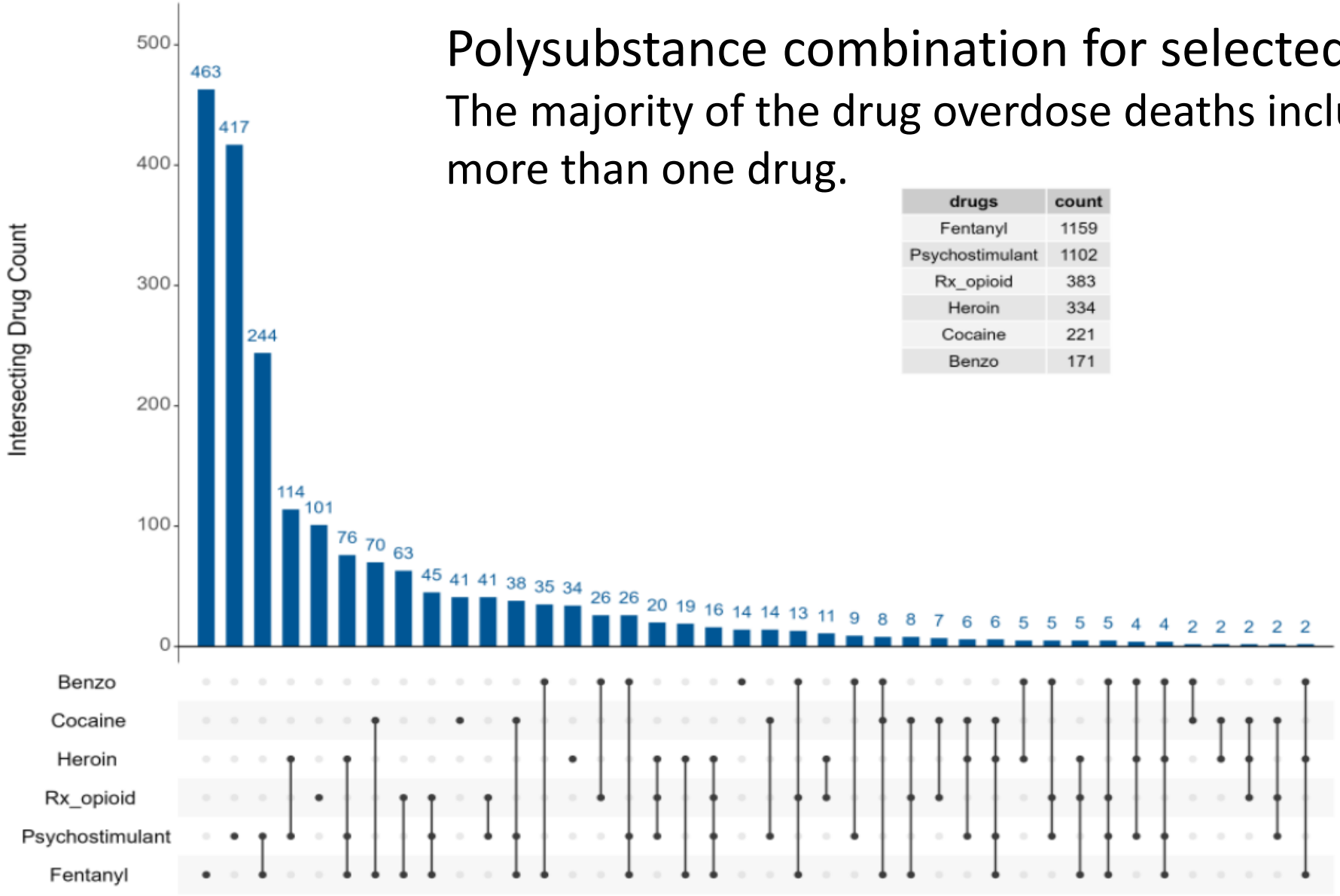
* 2021 data are preliminary and will change.
Data as of 18July2022

Polysubstance use (2021)

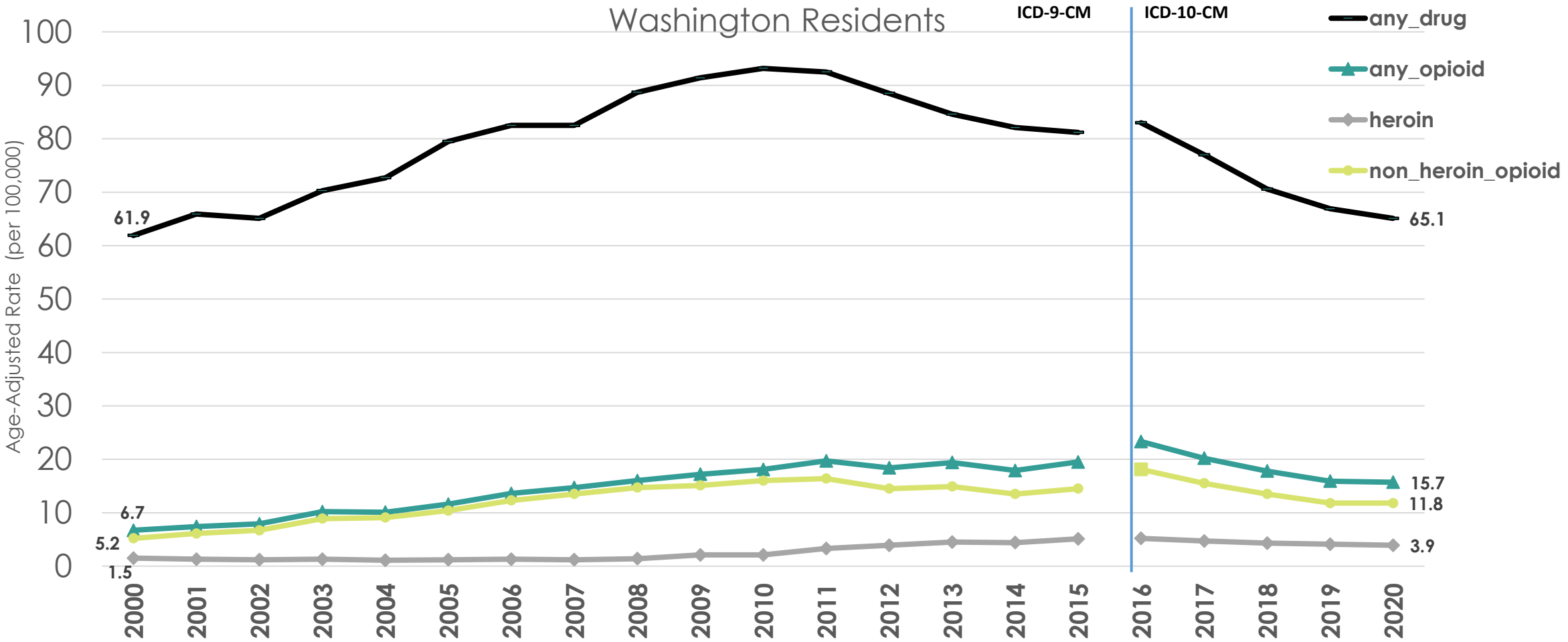
Polysubstance combination for selected drugs

The majority of the drug overdose deaths included more than one drug.

drugs	count
Fentanyl	1159
Psychostimulant	1102
Rx_opioid	383
Heroin	334
Cocaine	221
Benzo	171



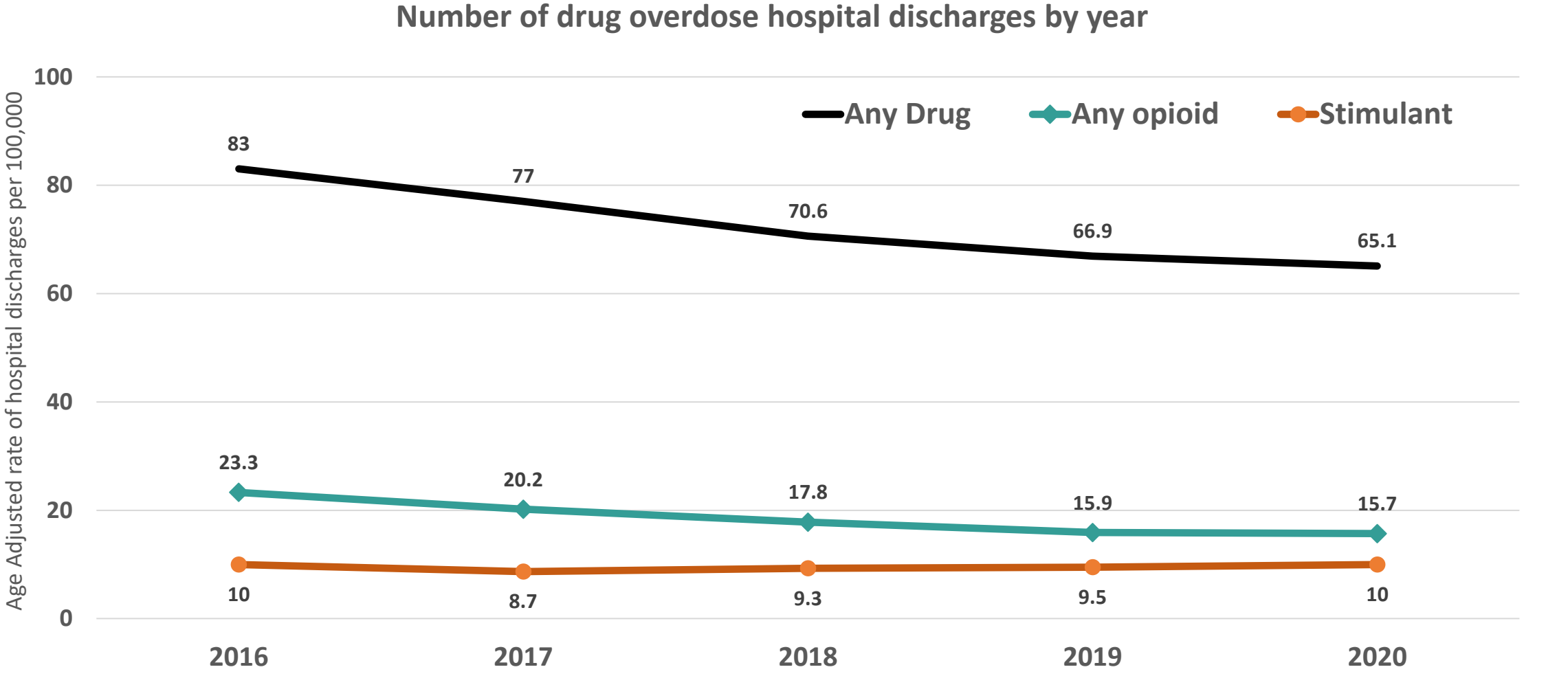
Overdose Hospitalization Rate by Drug Type (2000-2020)



Washington State Department of Health

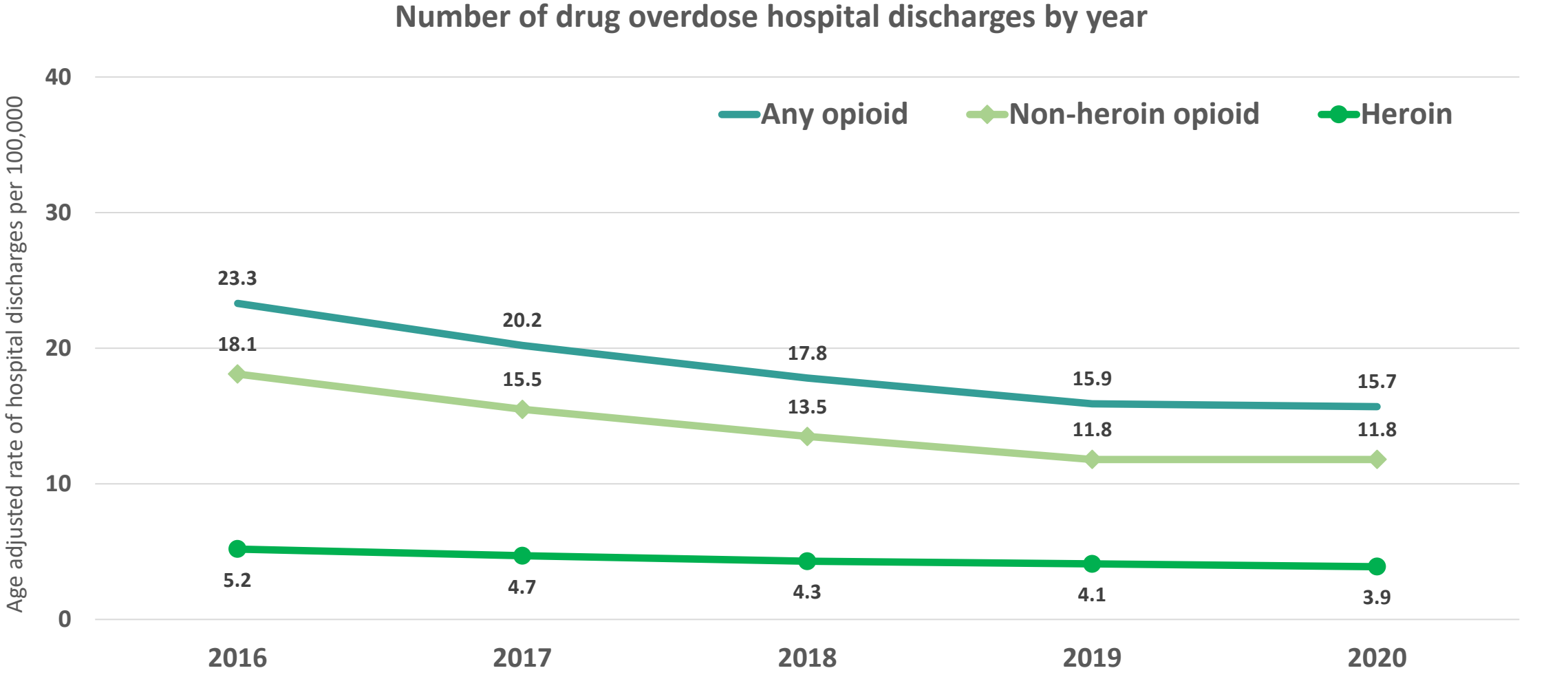
Source: DOH Comprehensive Hospital Abstract Reporting System (CHARS)

Overdose hospitalization rate by year and drug type



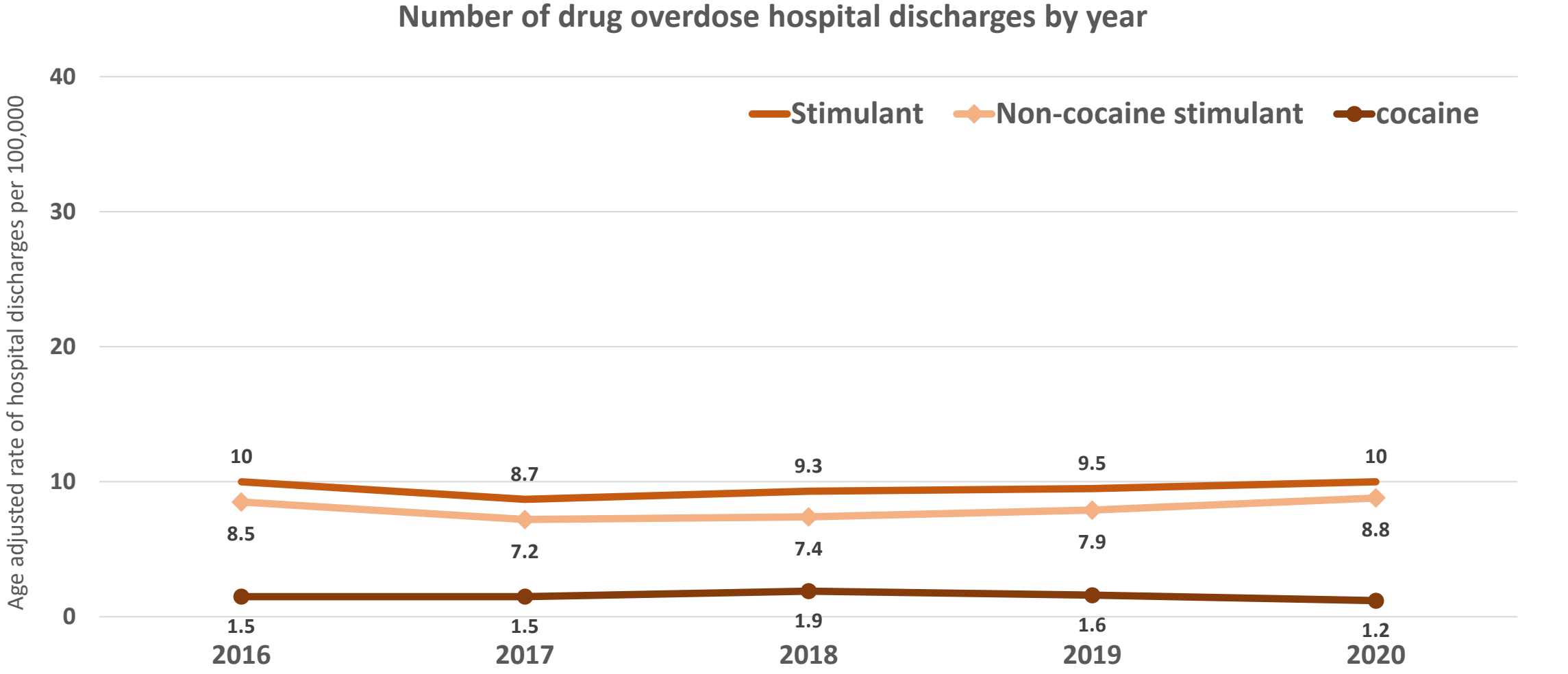
Source: Source: DOH Comprehensive Hospital Abstract Reporting System (CHARS)

Overdose hospitalization rate by year and opioid drug group



Source: Source: DOH Comprehensive Hospital Abstract Reporting System (CHARS)

Overdose hospitalization rate by year and stimulant drug group



Source: Source: DOH Comprehensive Hospital Abstract Reporting System (CHARS)

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.