Fact Sheet: SAMHSA 42 CFR Part 2 Revised Rule

The 42 CFR Part 2 regulations (Part 2) serve to protect patient records created by federally assisted programs for the treatment of substance use disorders (SUD). Part 2 has been revised to further facilitate better coordination of care in response to the opioid epidemic while maintaining its confidentiality protections against unauthorized disclosure and use.

What Has Not Changed Under the New Part 2 Rule: The revised rule does not alter the basic framework for confidentiality protection of substance use disorder (SUD) patient records created by federally assisted SUD treatment programs. Part 2 continues to prohibit law enforcement's use of SUD patient records in criminal prosecutions against patients, absent a court order. Part 2 also continues to restrict the disclosure of SUD treatment records without patient consent, other than as statutorily authorized in the context of a bona fide medical emergency; or for the purpose of scientific research, audit, or program evaluation; or based on an appropriate court order.

What Has Changed Under the New Part 2 Rule: The revised rule modifies several major sections of Part 2, as follows:

Provision	What Changed?	Why Was This Changed?
Applicability and Re-Disclosure	Treatment records created by non-Part 2 providers based on their own patient encounter(s) are explicitly not covered by Part 2, unless any SUD records previously received from a Part 2 program are incorporated into such records. Segmentation or holding a part of any Part 2 patient record previously received can be used to ensure that new records created by non-Part 2 providers will not become subject to Part 2.	To facilitate coordination of care activities by non-part-2 providers.
Disposition of Records	When an SUD patient sends an incidental message to the personal device of an employee of a Part 2 program, the employee will be able to fulfill the Part 2 requirement for "sanitizing" the device by deleting that message.	To ensure that the personal devices of employees will not need to be confiscated or destroyed, in order to sanitize in compliance with Part 2.
Consent Requirements	An SUD patient may consent to disclosure of the patient's Part 2 treatment records to an entity (e.g., the Social Security Administration), without naming a specific person as the recipient for the disclosure.	To allow patients to apply for benefits and resources more easily, for example, when using online applications that do not identify a specific person as the recipient for a disclosure of Part 2 records.
Disclosures Permitted w/ Written Consent	Disclosures for the purpose of "payment and health care operations" are permitted with written consent, in connection with an illustrative list of 18 activities	In order to resolve lingering confusion under Part 2 about what activities count as "payment and health care operations," the list of examples

Provision	What Changed?	Why Was This Changed?
	that constitute payment and health care operations now specified under the regulatory provision.	has been moved into the regulation text from the preamble, and expanded to include care coordination and case management activities.
Disclosures to Central Registries and PDMPs	Non-OTP (opioid treatment program) and non-central registry treating providers are now eligible to query a central registry, in order to determine whether their patients are already receiving opioid treatment through a member program. OTPs are permitted to enroll in a state prescription drug monitoring program (PDMP), and permitted to report data into the PDMP when prescribing or dispensing medications on Schedules II to V, consistent with applicable state law.	To prevent duplicative enrollments in SUD care, duplicative prescriptions for SUD treatment, and adverse drug events related to SUD treatment.
Medical Emergencies	Declared emergencies resulting from natural disasters (e.g., hurricanes) that disrupt treatment facilities and services are considered a “bona fide medical emergency,” for the purpose of disclosing SUD records without patient consent under Part 2.	To ensure clinically appropriate communications and access to SUD care, in the context of declared emergencies resulting from natural disasters.
Research	Disclosures for research under Part 2 are permitted by a HIPAA-covered entity or business associate to individuals and organizations who are neither HIPAA covered entities, nor subject to the Common Rule (re: Research on Human Subjects).	To facilitate appropriate disclosures for research, by streamlining overlapping requirements under Part 2, the HIPAA Privacy Rule and the Common Rule.
Audit and Evaluation	Clarifies specific situations that fall within the scope of permissible disclosures for audits and/or program evaluation purposes.	To resolve current ambiguity under Part 2 about what activities are covered by the audit and evaluation provision.
Undercover Agents and Informants	Court-ordered placement of an undercover agent or informant within a Part 2 program is extended to a period of 12 months, and courts are authorized to further extend the period of placement through a new court	To address law enforcement concerns that the current policy is overly restrictive to some ongoing investigations of Part 2 programs.

DRUG RESPONSE TEAM (DRT)

RCW 71.24.598

Drug overdose response team.

(1) The department, in coordination with the authority, must develop a strategy to rapidly deploy a response team to a local community identified as having a high number of fentanyl-related or other drug overdoses by the local emergency management system, hospital emergency department, local health jurisdiction, law enforcement agency, or surveillance data. The response team must provide technical assistance and other support to the local health jurisdiction, health care clinics, hospital emergency departments, substance use disorder treatment providers, and other community-based organizations, and are expected to increase the local capacity to provide medication-assisted treatment and overdose education.

(2) The department and the authority must reduce barriers and promote medication treatment therapies for opioid use disorder in emergency departments and same-day referrals to opioid treatment programs, substance use disorder treatment facilities, and community-based medication treatment prescribers for individuals experiencing an overdose.

DRT MISSION

- **Mission:**

The mission DRT is to provide urgent assistance to local communities in Washington State who experience a drug-related public health event that exceeds the local capacity to respond.

- **Vision:**

The vision of the DRT is to rapidly build capacity in local communities to identify and treat persons impacted by the drug-related public health event. The DRT will work collaboratively with local organizations to implement evidence-based programs appropriate for the event.

DRT MISSION

- **Scope of response:**
  - The DRT will respond to three different types of drug-related public health events:
  - Unusual, sustained surge in drug overdoses;
  - Pain clinic closure; or
  - Opioid Treatment Program closure or loss of an Office-based Opioid Treatment provider.
- **Triggers for activation:**

This team will be activated if the drug-related event exceeds or is expected to exceed the capacity of the local jurisdiction to respond. Local communities that need assistance should contact the DOH Duty Officer.

DRT Available Assistance

1. Epidemiology and surveillance
2. Communications
3. Clinical technical assistance
4. Outreach
5. Policy and partnerships
6. Local coalition building

Next Steps

1. Present to local health jurisdictions and tribal partners for feedback in August.
2. Continue to refine roles, duties and procedures.
3. Prepare volunteers for activation.

DRUG RESPONSE TEAM (DRT) CONTACTS

QUESTIONS???

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Washington State Health Care Authority

Washington State Opioid Response Workgroup (ORW)

Opioid Response Plan Sub-Workgroup Stakeholder Report Out

Goal 1 – Opioid Prevention Workgroup

Report Out July 2020

GOAL 1: Prevent opioid misuse and abuse

1.1	**STRATEGY 1.1: Implement strategies to prevent misuse of opioid and other substances in communities, particularly among youth.**	**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	SABG, STR, SOR
Report	There are 23 CPWI Coalitions funded in part by the SOR and STR grants. As the COVID-19 pandemic and its associated restrictions to daily life continue, we see many signs of hope and strength in communities, even while other factors are of growing concern. Overall, we are very proud of the fact that prevention services continue with minimal interruption. In many cases the format or delivery of those services has changed, sometimes significantly, but it's rare that efforts have been reduced overall. An important aspect of CPWI is the maintenance and growth of the coalition itself, and we have heard numerous examples of coalitions that have actually increased in size and engagement by switching to an all virtual format. Coalitions also worked quickly in response to the cancellation of the National Take Back Event. Coalitions found innovative ways to promote the Starts With One campaign and safe storage in the time of COVID-19, they distributed lock boxes and lock bags at school lunch distributions and promoted local mail-back programs. They also increased their social media boosts, wrote articles in their local papers, and promoted permanent take back locations that can be utilized when it's safe to.		
1.1.2	Continue work to implement the state Substance Abuse Prevention and Mental Health Promotion Five-Year Strategic Plan (http://www.theathenaforum.org/sites/default/files/SPE%20Strategic%20Plan%20-%20Final%20-%20Posted%20to%20Athena%2011.29.17.pdf).	HCA DBHR, DOH	In-kind
Report	The Goal 1 Workgroup is a subgroup of the State Opioid Workgroup, as well as the State Prevention Enhancement (SPE) Consortium. As an SPE workgroup, we work towards meeting the goals of the overall SPE Consortium, setting targets for our priority area with opioid prevention. This includes our goal to decrease the percentage of 10th graders who get high from prescription drugs to 2.2% by 2023. The Opioid Prevention Workgroup presented to the SPE Consortium in January 2020.		

Washington State Opioid Response Workgroup (ORW)

Opioid Response Plan Sub-Workgroup Stakeholder Report Out

Goal 1 – Opioid Prevention Workgroup

1.1.3	Provide presentations and training to school staff and administration about opioid prevention strategies.	ADAI	STR
1.1.4	Provide prevention grants to local health jurisdictions, community-based organizations, coalitions, local education partners and other partners to implement prevention strategies.	HCA DBHR	STR, SOR
Report	SOR and SOR Supplemental contracts have worked to continue programming through the disruptions of COVID-19 response, utilizing program developer guidance to do so. One example comes from the community-based organization of Boys and Girls Club of Washington State Association. They continue implementing Positive Action in their clubs that remain open across the state – seeing great success as they work to adjust to new attendees and maintain safe practices, as Boys and Girls Club works to provide care to children of essential employees working away from home during this time. The Boys and Girls Club of King County Wallingford Branch was featured in the club's national Connections magazine. See their story "Hope is Not Cancelled", about how they built resiliency, community, and provided safe spaces during the COVID-19 pandemic. https://issuu.com/bgca/docs/gf_connections_spring_2020		
1.1.5	Provide grants to federally recognized tribes for specific strategies to prevent youth opioid misuse and abuse.	HCA DBHR	SABG, SOR

Washington State Opioid Response Workgroup (ORW)

Opioid Response Plan Sub-Workgroup Stakeholder Report Out

Goal 1 – Opioid Prevention Workgroup

Report	Below is an overview of the Washington State Tribes that are implementing specific opioid-related prevention programs and cultural programs. Spokane Tribe • Cultural programming (regalia making, ribbon shirt/shirt workshops, beading, basket making, etc.) Kalispel Tribe • Not On My Rez - Overdose public awareness campaign • National Take Back Day Event Quileute Tribe • Canoe Journeys Muckleshoot Tribe • Muckleshoot Behavioral Health Program - Art and Movement Events where community youth through experiential practices will gain skills in emotional regulation and feeling identification. Samish Tribe • Samish Indian Nation – As a result of Covid-19, Samish has made adaptations to their White Bison and Traditional Tribal Cultural Activities & Healing of the Canoe programming. A Virtual Talking Circle was created and is designed to soften the impacts of historical trauma and foster healing and traditional cultural life skills to Samish citizens. Nooksack Tribe • Nooksack Way of Life - Providing prevention through the Healing of the Canoe Curriculum and adapt the curriculum to follow the Nooksack Way of Life Cultural Activities.

1.2	**STRATEGY 2: Promote use of best opioid prescribing practices among health care providers.**	**Lead Party**	**Funding Source***
1.2.1	Implement the provisions of 2017 HB 1427 by developing opioid prescribing rules. By January 1, 2019 the boards and commissions will revise existing non-cancer pain rules created in 2011, and develop and implement rules regarding opioid prescribing in the acute, subacute, and perioperative phases of care. Issues addressed include prescribing limits, counseling on the risk of opioids, Prescription Monitoring Program use and use of alternative non-opioid pain management strategies.	DOH	GSF

Commented [HAC(1]: Can you ask Jennifer and Carola if they have any highlights to share? Please cc Kasey. Due date: whenever we're trying to finalize before the July meeting

Commented [JE(2R1]: To be updated by July 9th, Jennifer provided Samish Tribe update 6/30

Washington State Opioid Response Workgroup (ORW)

Opioid Response Plan Sub-Workgroup Stakeholder Report Out

Goal 1 – Opioid Prevention Workgroup

Report	Boards and commissions implemented opioid prescribing rules as required by HB 1427 (2017). The last set of these rule sets to became effective January 28, 2019 (dental): Nursing Quality Assurance Commission Washington Medical Commission Podiatric Board Dental Quality Assurance Commission Board of Osteopathic Medicine		
1.2.2	Complete the Bree Collaborative/Agency Medical Directors' Group Supplemental Guidance on Prescribing Opioids for Postoperative Pain.	LNI, Bree, AMDG	In kind
Report	The Bree Collaborative adopted the Prescribing Opioids for Postoperative Pain – Supplemental on July 2018 and AMDG has developed a 1-page poster summarizing the opioid prescribing best practices for perioperative pain.		
1.2.3	Educate health care providers on the Agency Medical Directors' Group (http://www.agencymeddirectors.wa.gov/) and Center for Disease Control and Prevention (https://www.cdc.gov/drugoverdose/prescribing/guideline.html) opioid prescribing guidelines and new opioid prescribing rules to ensure appropriate opioid prescribing. Current and future focus areas include educating dental providers, surgeons, and primary care and sports medicine specialists.	L&I HCA DBHR	STR
Report	HCA created two online e-courses around the WA State Opioid Prescribing Guidelines, utilizing the conference information from the 2019 Prescribing Conferences, and the Dental Guidelines for Opioid Prescribing, based on the content and guidelines from the Bree Collaborative. This was geared for both providers and the general community. The goal is to show the general community how they can support prescriber education efforts in their area. Trainings and e-courses are available through the Learning Management System and are available for free to community members and providers. A 2021 conference is being planning in partnership with the Department of Labor and Industries.		
1.2.4	Provide technical assistance and coaching to providers and clinics on best opioid prescribing practices and non-opioid alternatives to improve outcomes for patients with pain, including those diagnosed with opioid use disorder. Current efforts include: • Providing academic detailing and practice coaching to healthcare practices (e.g., Six Building Blocks model). • Sustaining funding for UW TelePain and the University of Washington Opioid Consultation Hotline. • Exploring the use of telemedicine.	HCA, DOH, UW	STR, HCA, CDC-PFS
Report	• PMP continues to provide technical assistance and coaching from the PMP helpdesk at DOH as well as webinar presentations to healthcare provider and PMP user groups upon request. Requests for PMP presentations can be made by email to PrescriptionMonitoring@doh.wa.gov		

Washington State Opioid Response Workgroup (ORW)

Opioid Response Plan Sub-Workgroup Stakeholder Report Out

Goal 1 – Opioid Prevention Workgroup

1.2.5	Enhance all healthcare higher education curricula on pain management, Prescription Monitoring Program use, and treatment of opioid use disorder (e.g., medical, nursing, physician assistant, pharmacy, and dentist curricula).	DOH, UW, WSU	CDC-PDO
Report	We transitioned our HRSA funded IPE activities to all virtual event using Zoom for students in spring and are now seeking rural clinics for our free 2 hr CME event. We will use standardized patients for clinics to work together on interprofessional treatment planning focused on pain and opioid use. We also offer free Ballant groups to assist providers with compassion fatigue https://americanbalintsociety.org/ Please contact Marian Wilson if interested marian.wilson@wsu.edu		
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: • Implementing collaborative care models; • Evaluating evidence on the effectiveness of non-pharmacologic alternatives for pain and Medicaid coverage policies (not funded); • Encouraging commercial health plans to cover evidence-based non-opioid treatments for pain; and • Exploring the unique needs of those with co-existing pain and opioid use disorder.	HCA, L&I, Bree	In kind
Report	• L&I expanded coverage for non-opioid pharmacologic alternatives (effective January 1, 2019) as well as acupuncture for chronic low back pain (June 1, 2019). • HCA is working to identify non-pharmacologic alternatives for possible Medicaid policy implementation as part of a legislative report related to SSB 5380. • WSU is leading a group of complementary pain practitioners in a smaller project to work on inviting people on opioids to try non-pharmacological pain management options – funded by a private foundation grant and the Institute of Translational Health Science. Update: we are transitioning all study activities to virtual using Zoom and will see how beneficial pain consultations will be with massage, chiropractic, yoga and physical therapists.		
1.2.7	Implement and/or promote policies to reduce unnecessary opioid prescribing for acute pain conditions, especially in the adolescent population. Focus areas include: • Promoting partial fills per the Comprehensive Addiction Recovery Act and Pharmacy Commission; and • Promoting the Medicaid and Public Employees Benefits opioid prescribing policy.	L&I, Bree, DOH, HCA	In kind

Washington State Opioid Response Workgroup (ORW)

Opioid Response Plan Sub-Workgroup Stakeholder Report Out

Goal 1 – Opioid Prevention Workgroup

Report	• Federal (CARA) and state (SSB 5380) law authorizes partial fills of scheduled II controlled substance prescriptions. • HCA has adopted Opioid Prescribing Policy for Medicaid and PEB		
1.2.8	Develop guidelines to manage patients on high dose chronic opioids that might include identification of opioid use disorder, tapering strategies, use of non-opioid alternatives, and pain self-management education.	Bree	In kind
Report	• Bree Collaborative Opioid Workgroup is drafting guidance for providers on assessing and developing a patient-centered approach to pain management for patients on chronic opioid therapy. • Bree Collaborative co-sponsored the Patient-Centered Approach to Chronic Opioid Management conference on August 9, 2019 to bring together state and national experts to share emerging evidence on the assessment and management of patients on chronic opioid therapy and patient engagement in clinical pathways that support safe and effective pain treatment.		
1.3	**STRATEGY 3: Increase the use of the Prescription Drug Monitoring Program to encourage safe prescribing practices.**	**Lead Party**	**Funding Source***
1.3.1	Increase the use of the Prescription Drug Monitoring Program among health care providers to help identify opioid use patterns, opioid/sedative co-prescribing, and indicators of poorly coordinated care. Focus areas include: • Promoting use of delegate accounts; • Integrating Prescription Monitoring Program access through electronic medical record systems; • Improving web-based access to the Prescription Monitoring Program; and • Considering policies to require all prescribers to use the Prescription Monitoring Program before every opioid or sedative prescription.	DOH	SABG
Report	• The PMP team completed the PMP system upgrade in early May. The new system provides a new interface, easier use for core PMP functions, additional functionality, and greater capabilities for our PMP web portal users. • This fall the department held three public meetings in order to illicit stakeholder feedback on the integration options currently available and to determine if allowing 3rd party integrators to connect directly with the PMP will help to further increase integration. This fall the department held three public meetings in order to illicit stakeholder feedback on the EHR-PMP integration options currently available and to determine if allowing 3rd party integrators to connect directly with the PMP will help to further increase integration. PMP staff compiled feedback from these meetings and presented to DOH leadership. Leadership considered the options and decided to allow for a narrow carve out that would permit specific provider groups to use 3rd party integrators for integrating their EHRs with the PMP, rather than going through the state's Health Information Exchange (HIE). The carve out is for those provider groups who do not need to connect to the HIE for any other reasons than to query the PMP. Direct integration allows for a simpler process for providers to check the PMP and that ease of use has shown to increase the frequency at		

Washington State Opioid Response Workgroup (ORW)

Opioid Response Plan Sub-Workgroup Stakeholder Report Out

Goal 1 – Opioid Prevention Workgroup

	which providers check the PMP. Direct integration allows for a simpler process for providers to check the PMP and that ease of use has shown to increase the frequency at which providers check the PMP. • 57 Healthcare Organizations (HCO) have integrated the PMP transaction to their Electronic Health Records (EHR) systems via Washington's Health Information Exchange (HIE). Through vendor supported sharing programs the integrated PMP functionality is available in around 1000 healthcare outlets throughout the state and is servicing over 5 million PMP queries each month. Total PMP queries exceeded 20 million in CY2018, and exceeded 80 million in CY2019. • PMP continues to educate and encourage the use of delegate accounts when providing technical support from the PMP helpdesk at DOH and when providing presentations via webinar.		
1.3.2	Share data with prescribers so they can understand their prescribing practices. Focus areas include: • Disseminating quarterly opioid prescribing reports to providers at health systems and medical groups so they can understand their compliance with the new Medicaid and Public Employee Benefits opioid prescribing policy for acute pain and update practice as necessary (HCA, WSHA, WSMA). • Disseminating quarterly opioid prescribing reports to individual prescribers whose prescribing practices significantly differ from other prescribers in their specialty and quarterly reports to chief medical officer who want to understand the prescribing practices of their staff (DOH). • Encouraging providers to look at their prescribing report within the Prescription Monitoring Program system. • Encouraging facilities to have providers share their prescribing reports with clinical supervisors and medical directors on at least an annual basis. • Sharing a quarterly updated Prescription Monitoring Program file to WSHA for Coordinated Quality Improvement Program use.	HCA, WSMA, WSHA, DOH	SABG, GFS
Report	• PMP has joined the Better Prescribing, Better Treatment (BPBT) collaborative with WSHA, WSMA, and HCA. The collaborative developed new metrics for the revamped prescriber feedback report, the first of which went out in March of 2020 to over 8000 prescribers. The quarterly reports will go out to all prescribers and will contain a combination of BREE and non-BREE metrics.		

1.4	**STRATEGY 4: Educate the public about the risks of opioid use, including overdose.**	**Lead Party**	**Funding Source***

Washington State Opioid Response Workgroup (ORW)

Opioid Response Plan Sub-Workgroup Stakeholder Report Out

Goal 1 – Opioid Prevention Workgroup

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: https://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 materials (https://www.va.gov/PAINMANAGEMENT/Opioid_Safety/Patient_Education.asp).	DOH, HCA	SOR, other
Report	• Due to health and safety concerns for Summit attendees and presenters from COVID-19 and the pending travel restrictions the Region 10 Opioid Summit Planning Committee has accepted a staff recommendation to move the Summit from August 2020 to August 2021. The Planning Committee will reconvene in September 2020 to begin the planning for the 2021 Summit. • One e-learning course on the importance of student athletes and opioid prevention was developed and released on the Washington State Learning Management System (LMS) and is available for all state workers and contractors who have access to this. This is focused on primary prevention efforts for opioid prevention among this specific population.		
1.4.2	Implement targeted and culturally appropriate public education campaigns (both print and web-based media) on the potential harms of prescription medication misuse and abuse and secure home storage of medication. Campaigns underway include: • Starts with One (https://getthefactsrx.com/) (HCA DBHR) • One Tribal Opioid Campaign (http://www.watribalopioidsolutions.com/) (HCA DBHR) • Statewide Rx Awareness Campaign (http://doh.wa.gov/oop) (DOH). • Don't Hang on to Meds (www.kingcounty.gov/donthangontomeds) (King County)	HCA DBHR, DOH, ADAI	STR, SOR, CDC PFS
Report	The third year of the *Starts with One* campaign builds on years one and two, which were primarily educational and awareness campaigns informing young adults, their parents, and older adults about the dangers of prescription drug misuse and the importance of safe storage, use and disposal. In year three of *Starts with One,* Washingtonians will be encouraged and empowered to play an active role in keeping their community and state safe. The audiences, still young adults, parents of young adults and older adults, are now encouraged to take what they have learned in previous years and play their own role in prevention through specific positive behaviors. The Health Care Authority hopes to see the rate of opioid use disorder (OUD) decrease as a result of this prevention-focused campaign. The latest arm of the *Starts with One* campaign will rely on digital and broadcast advertisements, earned media efforts and social media to model actions that the target audiences can take to prevent opioid misuse in their own communities. Young adults will see videos that demonstrate how they can have a conversation with a friend about the dangers and risks of misusing opioids, and parents of young adults will see videos modeling how to have a conversation with their young adult children about the issue. Older adults will receive information in video format on safe storage and disposal, as well as easy ways to 'do better 'in terms of how and where to store medications in the home.		

Washington State Opioid Response Workgroup (ORW)

Opioid Response Plan Sub-Workgroup Stakeholder Report Out

Goal 1 – Opioid Prevention Workgroup

	King County continues its Don't Hang on to Meds campaign aimed at influencing multiple adult audiences regarding medicine safety in the home, including secure medicine storage and disposal. To further promote medicine safety messaging and address suicide risk for youth and adults, King County, in partnership with Forefront Suicide Prevention, Seattle Children's Hospital and Prevention Works in Seattle, produced three public service announcements(PSAs), two of which addressed risk of suicide tied to youth and adults in crisis who have access to medicines in the home. These PSAs are free for partners to use or place. Additionally, placement of these PSAs has been purchased on streaming and digital media in the King County region for a three month campaign that ends July 15, 2020. King County to release a behavior change communications research and creative messaging RFP to address new populations of youth using fake pills that appear real and powders known to potentially contain fentanyl. The RFP will purchase $85,000 of youth peer crowd research and creative prevention message development intended to address motivations of the highest risk youth peer crowds involved in risky pill taking behavior tied to youth fentanyl overdose.		
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 [https://www.getthefactsrx.com/], TakeBackYourMeds.org website, Safe Storage Interagency Workgroup).	HCA DBHR, WAPC	STR, SOR
Report	The Health Care Authority began an important partnership in launching Washington State's first pharmacy-based safe medication pilot program! The Washington State Health Care Authority is excited to partner with Kirk's Pharmacy to increase the number of people who lock up their medications. We have learned through our work on the Starts with One opioid misuse prevention campaign that although people know they should lock up their medications, only about 30% of people surveyed actually do. We have seen a 7% increase in the number of conversations being had about the safe storage program. We received preliminary cross-tab data from the surveys given out – noted highlights: • 61 total interviews conducted • 77% of people knew about the Pharmacy Safe Storage program because of a conversation with a pharmacist. • 93% of respondents are participating in the pledge to lock up their medications. • 79% of respondents pledged to lock up their meds because they personally feel it's important to lock up medication, 61% do so because of encouragement by a pharmacist, 45% do so to support their community and 13% do so because they have a loved one who is struggling with prescription medication abuse. • 60% of respondents felt the information or conversation they had at Kirk's Pharmacy had an impact on how they store their medications at home. • 60% of respondents normally store prescriptions in the kitchen, with 9% storing them in a bathroom cabinet, 9% storing them in a locking device, 4% on a high shelf, 14% storing them in another location and 24% not sure where they store them (no designated place). • 67% of respondents felt it was important to lock up medications to prevent young children from accidentally consuming them, 16% felt it was important to prevent loved ones from misusing or abusing medications, 14% to prevent theft and 1% to prevent selling them illegally.		

	• 75% of respondents said they take their prescriptions back to a designated take back program when they are done with their prescriptions. King County continues to educate the public about secure medicine storage and disposal via its campaign website www.kingcounty.gov/donthangontomeds and continues its partnership with the Washington Poison Center and its independent management of the www.TakeBackYourMeds.org website. King County has provided sustainability funding to WAPC for the purpose of updating the website for smartphone utility as well as language enhancements specifically focused on providing King County population access to home medicine safety and disposal information provided at the site. Additionally, site enhancements will also provide increased utility and population access statewide on all take back programs, regardless of program affiliation or location.		
1.5.2	Implement the WA Secure Drug Take-Back Act (HB 1047) (http://lawfilesext.leg.wa.gov/biennium/2017-18/Pdf/Bills/House%20Passed%20Legislature/1047-S.PL.pdf) to establish a statewide drug take back program and ensure drop boxes are accessible to communities across the state.	DOH, HCA DBHR	SABG
Report	DOH officially approved a proposal from MED-project to run the safe medication return program on May 25, 2020. MED-Project has 180 days to work on implementation for the program which means drug collection will start in late November of this year.		
1.5.3	Provide funding to community-based organizations and coalitions to promote safe storage products and community use of secure medicine disposal sites.	HCA DBHR	SOR
Report	All SOR and SOR Supplemental contractors continue to work creatively to ensure programming implementation has minimal disruptions due to COVID-19 response. Additionally, with Take Back events being canceled, CBO contractors found innovative ways to continue to raise awareness of local Take Back locations in the absence of Take Back events. United General District 304 along with the Foundation of District #304 promoted the concept of creating an Opioid Safe Home Month. Utilizing Starts with One Media Campaign with other messaging about safe medication storage, how to talk to your family about the risks of opioids, and options for safe disposal were shared via organizations Facebook page and local newspapers. The ads reached approximately 14,000 people over the various channels, and all ads included information about how locking medication bags and return envelopes are available to be mailed to people's homes. Combined more than 60 members of the community have requested and been sent envelopes and/or lock bags that include information about safe disposal.		
1.6	**Strategy 6: Decrease the supply of illegal opioids.**	**Lead Party**	**Funding Source**
1.6.1	Begin engaging stakeholders to discuss potential new policies to eliminate paper prescriptions.	AG with DOH (PQAC)	
Report	• Federal (SUPPORT Act) and state (SSB 5380) law require electronic transmission of controlled substance prescriptions by January 1, 2021. Filed the 101 with the code reviser's office week of 1/6/20.		

Washington State Opioid Response Workgroup (ORW)

Opioid Response Plan Sub-Workgroup Stakeholder Report Out

Goal 1 – Opioid Prevention Workgroup

1.6.2	Develop criteria for when opioid distributors should report suspicious orders to Pharmacy Quality Assurance Commission (PQAC).	AGO with DOH (PQAC)	
Report	• PQAC is planning to hold additional stakeholder meetings to discuss draft criteria and recommendation and working with distributor association to identify other potential actions.		
1.6.3	Enabled investigators in Washington's Medicaid Fraud Unit to be appointed as limited authority peace officers for Medicaid fraud investigations.	AGO with CJOW	
Report	• Medicaid Fraud Control Unit (MFCU) has the authority to investigate fraud cases through final CMS rule changes effective May 21, 2019. MFCU is working with law enforcement on suspicious cases.		
1.6.4	Disrupt and dismantle organizations responsible for trafficking narcotics by restoring resources for multi-jurisdictional drug-gang task forces.	AGO with CJOW	
Report	• CJOW is trying to galvanize stakeholders for a broad-based reliable funding support for the task force. Federal funding has been held up due to sanctuary cities issues.		
1.6.5	Adopt enhanced criminal penalties for trafficking of fentanyl and fentanyl analogues.	AGO with CJOW	
Report	• No activity at this time		