Washington State Health Care Authority

Our response to the opioid crisis in Washington State

Health Care Authority (HCA)

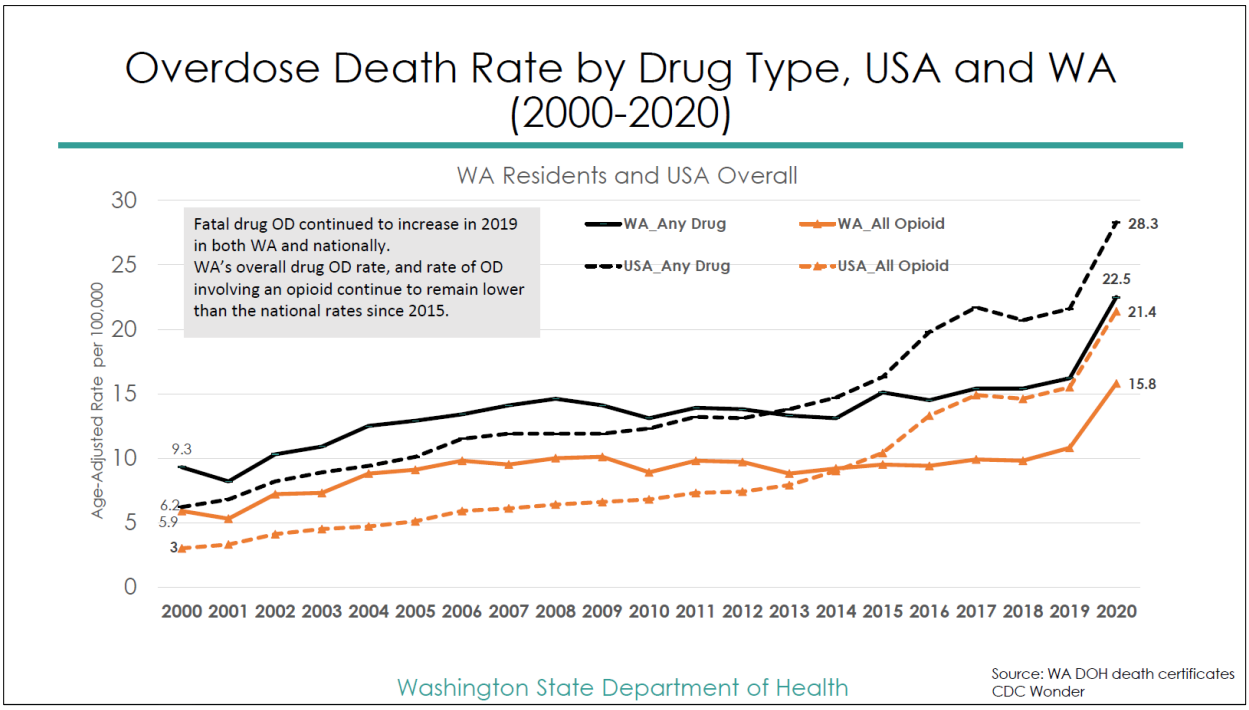
The opioid crisis is a decades-long public health emergency that continues to ravage communities across the country. As overdose deaths continue to rise—and amidst rapidly changing drug use trends—HCA is committed to working closely with Tribes, other partners, and communities across the state to address this epidemic.

Problem statement

Washington State continues to adapt to the ever-changing opioid and overdose epidemic. The overall drug overdose death rate accelerated during the COVID-19 pandemic and continues to climb, with increases in stimulant and fentanyl-related overdose deaths.

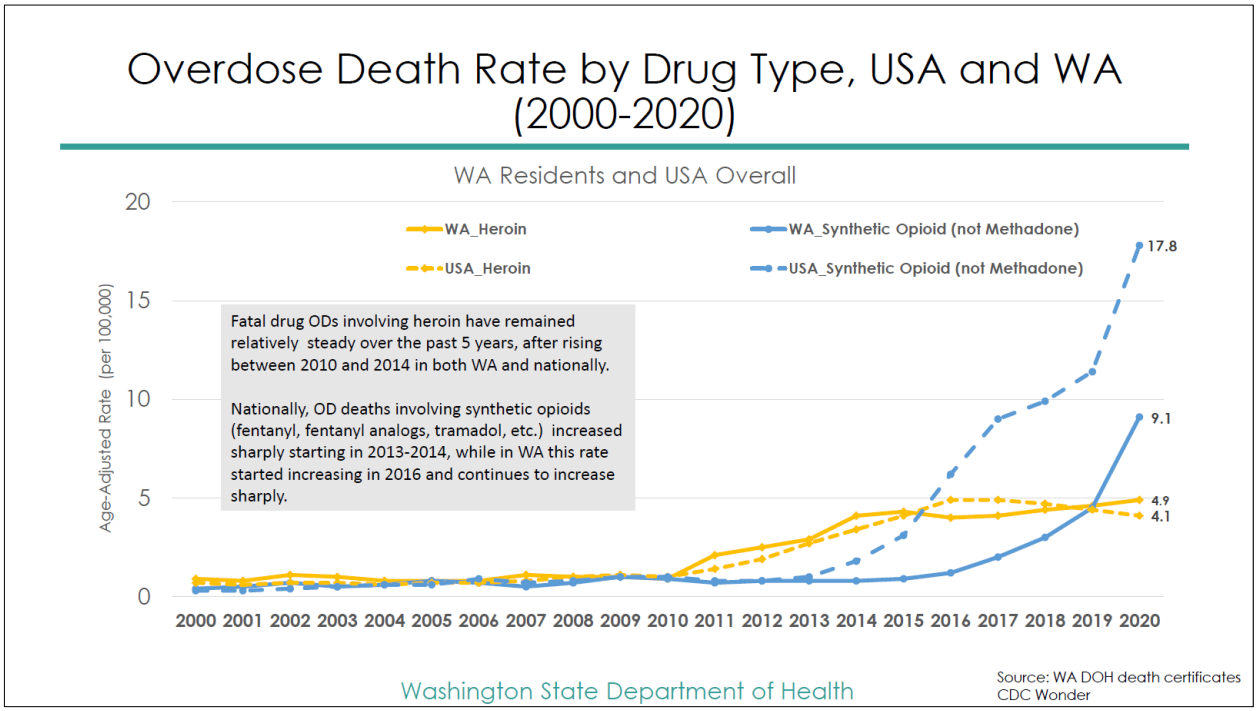
Most drug overdose deaths include more than one drug. This drives the need for a flexible and forward-thinking state planning process that addresses polysubstance (using more than one drug) use issues, behavioral health, physical health, and social determinants of health. Addressing these components helps HCA provide whole-person care and recovery support services.[1]

Figure 1: overdose death rate in Washington and U.S. in 2000 (all drugs vs. opioids)



[1] **Whole-person care** means a person receives care for their mind, body, and substance use disorder (SUD) in one system through a network of providers. **Recovery support services** are health-related social needs and services that help get people back on their feet, including supported employment, supportive housing, and more.

Figure 2: overdose death rate in Washington and U.S. from 2000–2022 (heroin vs. synthetic opioids)



Fentanyl and its high risks and unknowns

Fentanyl is an extraordinarily strong opioid—up to 100 times stronger than morphine. Illicit fentanyl, which is fentanyl that has not been prescribed by a provider, carries a higher overdose risk than heroin and other prescription opioids. Fentanyl shows up in powder, pill, and rock form in Washington State.

There is no way to know how much fentanyl is in something based on look, smell, or taste. Users have no way of knowing the amount of fentanyl that may be in the substances they take, or if fentanyl is even present. (**Note**: test strips can show the presence of fentanyl, just not the amount.) These unknowns create a high risk of overdose and death. Figure 3 below shows a **594 percent increase** in annual fentanyl-related overdose deaths from 2018 to 2022.

Recent research indicates that an increasing number of people are knowingly using and seeking out fentanyl as a drug of choice, and these individuals are increasingly using smoking as the method of administration (the way they take fentanyl).

HCA and the State Opioid and Overdose Response Plan's workgroups continue to work on strategies and solutions to these fentanyl trends. Potential mitigation efforts include:

- Increasing naloxone availability.
- Comprehensive drug-checking services with fentanyl test strips as a method of engagement.
- Changes to paraphernalia laws to protect organizations that deploy fentanyl test strips and/or safe smoking supplies.
- Increased access to medications for opioid use disorder (MOUD) and opioid use disorder (OUD) treatment services by implementing the Opioid Treatment Program vans.

Figure 3: annual drug overdose deaths from non-methadone synthetic opioids (fentanyl) from 2018–2022

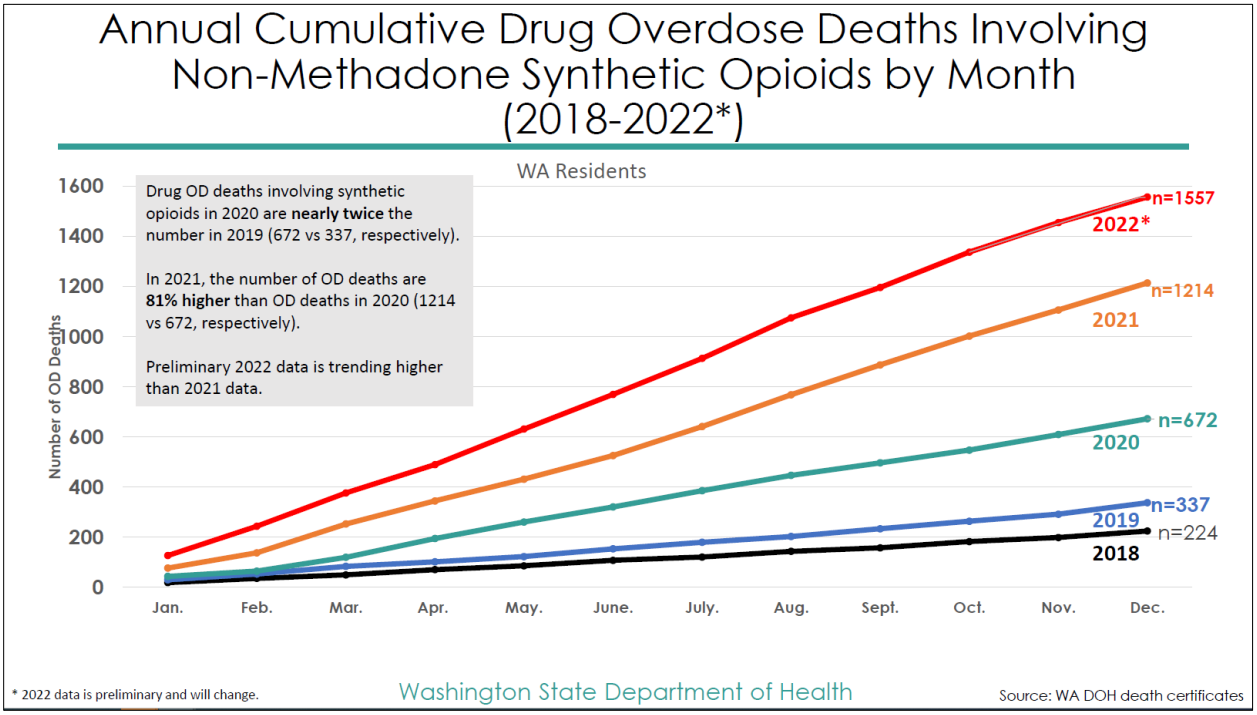
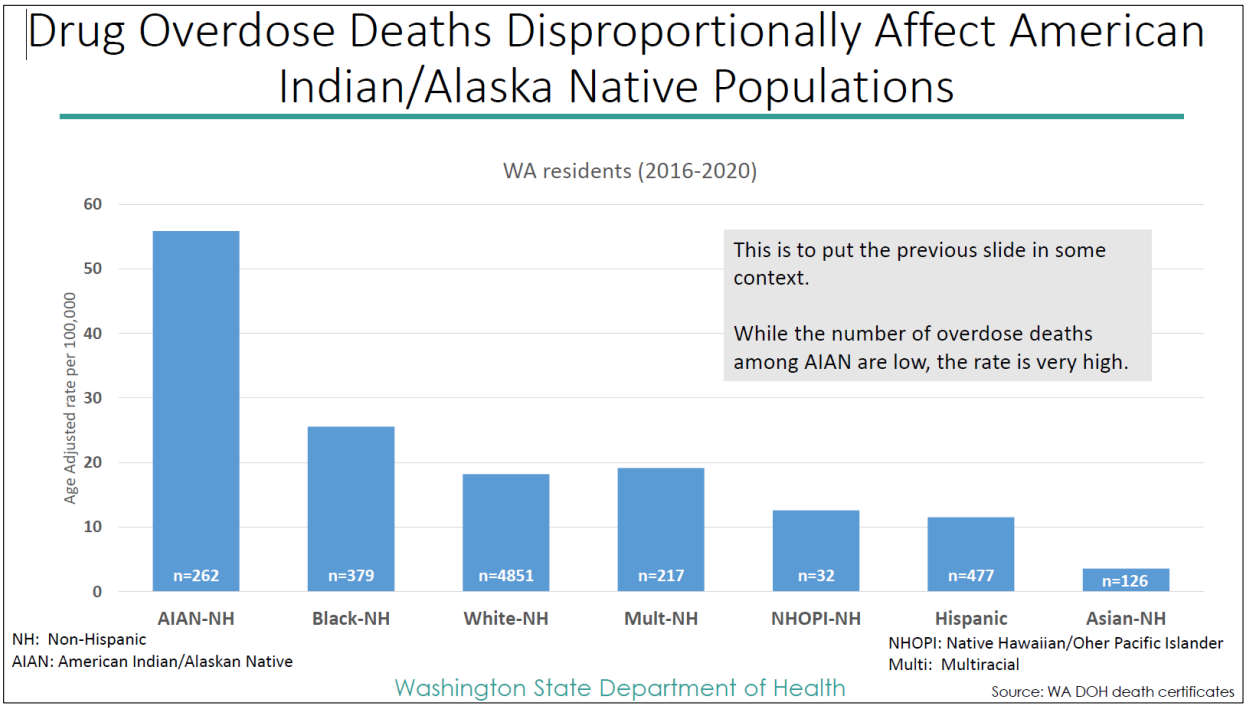


Figure 4: drug overdose deaths disproportionately affect American Indian (AI) and Alaska Native (AN) populations



Washington State Health Care Authority

Leadership – the State Opioid and Overdose Response (SOOR) Plan

Executive sponsors, listed below, are responsible for approving and overseeing the implementation of this plan:

- **Charissa Fotinos:** state Medicaid director and behavioral health medical director, HCA
- **Michael Langer:** deputy assistant director, Division of Behavioral Health and Recovery, HCA
- **Tao Kwan-Gett:** state science officer, Department of Health
- **Caleb Banta-Green:** University of Washington, Alcohol, Drugs, and Addictions Institute

The SOOR Plan contains the following five goals:

1. Prevent opioid misuse
2. Identify and treat opioid use
3. Ensure the health and wellness of people who use drugs
4. Use data to improve and inform interventions
5. Support individuals in recovery

This plan is the identified collaborative framework we will use to develop recommendations on the use of opioid settlement funds. By applying lessons learned from our first proposal development process and budget session, we can provide a much-needed update to the SOOR Plan. Updates include a renewed emphasis on meaningful community engagement and developing a plan that has a stronger impact on the allocation of available resources and efforts.

Workgroups associated with the plan—listed below—are made up of many diverse partners and stakeholders. Workgroup members provide a learning community and space for addressing opioid issues.

Workgroups

- Prevention
- Treatment
- Recovery
- Drug User Health
- American Indian/Alaskan Native
- Pregnant, Parenting, and Families with Children
- Criminal Justice
- Data
- Communications

For information on these workgroup activities, please contact state opioid administrator Kris Shera.

Program & policy highlights

Below are HCA's programs and policy highlights that are addressing the opioid epidemic.

Primary prevention

Activities, programs, and campaigns include:

- The State Prevention Enhancement (SPE) Policy Consortium is working to strengthen and support an integrated, statewide system of community driven SUD prevention, mental health promotion, and related issues.
- Community Prevention Wellness Initiatives (CPWI) is a community-focused approach to preventing substance use in nearly 100 high-need communities.

- The Better Prescribing, Better Treatment program is a peer-to-peer, clinician-driven quality improvement program that promotes safe, appropriate prescribing to curb opioid misuse and overdose. HCA developed this program in partnership with the Washington State Hospital Association.
- WA Tribal Opioid Solutions, now called For Our Lives, is a campaign that includes resources about fentanyl and naloxone. HCA developed content and materials through deep collaboration with Native individuals and Native-serving organizations, as well as Tribal prevention and treatment partners across the state.
- The Starts with One campaign informs and educates young adults, their parents, and older adults about the dangers of prescription drug misuse and the importance of safe storage, use, and disposal.
- The Friends For Life campaign recently launched and includes information about naloxone distribution and use, as well as information about harmful synthetic opioids, such as fentanyl, that are in the drug supply.

Outreach, engagement, and harm reduction

Activities include:

- Collaboration and support for naloxone distribution efforts through the Office of Education and Naloxone Distribution (OEND) and a statewide mail-order naloxone system operated by Department of Health, in collaboration with the People's Harm Reduction Alliance.
- HCA and the University of Washington Alcohol, Drug, and Addictions Institute are implementing a comprehensive drug-checking program with fentanyl testing strips.
- The Recovery Navigator Program, established by Senate Bill (SB) 5476 (also called the "Blake Bill"), provides behavioral health services to individuals who intersect with the criminal justice system because of simple drug possession.
- The Substance Use Recovery Services Advisory Committee (SURSAC), established by the Blake Bill (SB 5476), is responsible for developing a plan to implement measures to assist persons with substance use disorder in accessing outreach, treatment, and recovery support services.
    - SURSAC and the SOOR Plan executive sponsors recently recommended Health Engagement Hubs.
- Funding to support a Safe Supply Workgroup—another SURSAC recommendation—was included in the recently released conference budget support.

Treatment

Activities and networks include:

- MOUD is an approach to opioid use treatment that combines U.S. Food and Drug Administration- (FDA-) approved drugs with counseling and behavioral therapies for people diagnosed with OUD. HCA is currently working to promote the elimination of the DATA X Waiver, which will have a positive impact on access to office-based opioid treatment (OBOT) programs, as well as other OUD treatment models.
- The Washington State Hub and Spoke (H&S) Project is a part of the 21st Century Cures Act and connects a network of community providers around a central hub that offers MOUD.
- Opioid Treatment Networks focus on expanding access to MOUD in non-traditional settings, such as emergency departments, jails, syringe service programs, homeless shelters, and fire departments.
- Opioid Treatment Programs, in fixed and mobile units, are the only setting that can provide all forms of MOUD, which combines MOUD with counseling and behavioral therapies to treat individuals with OUD.
- The MOUD in Jails Program provides incarcerated individuals the opportunity for an OUD assessment, MOUD, sustained treatment throughout incarceration, and connection to services upon release.
- Secure Withdrawal Management and Stabilization Services provides care to individuals who are involuntarily detained and committed under RCW 71.05 or RCW 71.34 for whom there is a likelihood of serious harm due to an SUD.

Washington State Health Care Authority

Recovery support services

Activities and programs include:

- Foundational Community Supports (FCS) is Initiative 3 of HCA's Medicaid Transformation Program (MTP). FCS provides supportive housing and supported employment services to the state's most vulnerable Medicaid enrollees.
- Housing and Recovery through Peer Services (HARPS) program uses the Permanent Support Housing (PSH) model from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide supportive housing services and short-term housing bridge subsidies.
- HCA Supports 43 Clubhouse and/or peer-run organizations, such as Recovery Cafes, across the state. This includes 14 Clubhouse models, 28 peer-run models, and two alternative cultural practice models.
- Homeless Outreach Stabilization Teams (HOST)—established by the Blake Bill (SB 5476)—serves people who cannot access conventional physical and behavioral health services.
- The Peer Pathfinder Project builds on already established HCA projects for Assistance in Transition from homelessness (PATH) to provide SUD peer recovery support in emergency departments and homeless encampments.
- The Housing First expansion, Proviso 96 from the 2023 budget, directed HCA to expand access to no barrier and low-barrier programs using Housing First and harm reduction models. We added 10 Housing First providers in eight regions during 2022–2023.
- The Substance Using Pregnant People (SUPP) Program reduces harm to birthing parents by providing in-patient medical stabilization to birthing parents and their unborn.

Moving forward

We are at the crossroads of a horrifying increase in fentanyl-related overdose deaths and the continued impact of substance use on communities, while the nation endured a worldwide pandemic that further intensified these issues. Though the situation is dire, we find ourselves in a unique situation with opportunities to mitigate the harms caused by opioids.

The COVID-19 pandemic prompted increased interest in behavioral health issues as those effects of the pandemic became apparent. Through our efforts to hold opioid distributors, pharmacies, manufacturers, and others accountable for their role in the opioid crisis, the people and communities of Washington will soon have additional resources available to address the harms caused by the opioid crisis.

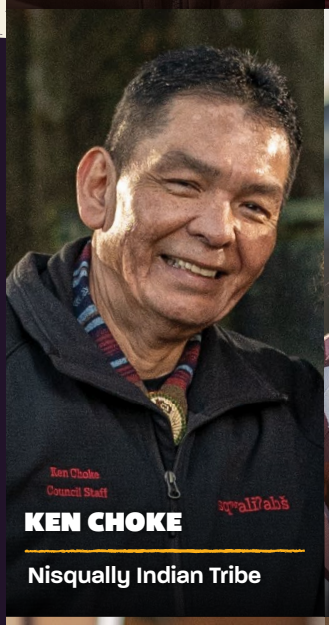
In late May 2023, Tribal and state leadership will come together for the first Washington State Tribal Opioid/Fentanyl Summit. During the summit, attendees will develop a plan to combat the opioid epidemic in Tribal communities. This summit is one of many solutions and actions we can take to overcome this crisis. We are honored to work with Tribes during the summit and beyond to solve problems associated with opioids.

TORI DENISON

Spokane Tribe of Indians

LEVI HORN

Northern Cheyenne Tribe



KEN CHOKE

Nisqually Indian Tribe

EVA JAMES

Muckleshoot Indian Tribe

MONICA TONASKET

Spokane Tribe of Indians

ISAAC TONASKET

Confederated Tribes of the Colville Reservation

FOR OUR LIVES

Acting now to end overdose

Through deep collaboration with Native individuals, tribal prevention and treatment partners, and the Washington State Health Care Authority (HCA), an update to the WA Tribal Opioid Solutions campaign has just been launched. The communications campaign is now entitled ***For Our Lives*** and is intended to support educational efforts around opioid misuse prevention and treatment for Native communities in Washington. In addition, the campaign now features **resources and information about fentanyl and preventing overdose.**

For Our Lives prioritizes story telling to more authentically connect with and support Native individuals and Native serving organizations throughout Washington. The campaign features a **toolkit of items** including print materials, videos, social media content and more. **These materials are provided at no cost** to any organization serving Native communities within the state and may be customized to best support the unique needs of each organization.

To learn more, please visit
ForNativeLives.org

Improving Public Safety by Positively Changing Lives

Fentanyl Task Force

Briefing Update
March 2023

Department of Corrections
WASHINGTON STATE

Mission

The mission of the Fentanyl Task Force is to design, develop, and implement multi-disciplinary strategies to combat the introduction and proliferation of fentanyl in the DOC population enterprise wide.

Goal

Save lives and reduce the availability and use of illicit deadly substances within our facilities. Create a safer and more humane correctional system that will promote a successful transition back into our communities.

For more information:

Danielle Armbruster
Assistant Secretary, Reentry
dearmbruster@doc1.wa.gov

Scott Russell
Deputy Assistant Secretary, Reentry
sjrussell@doc1.wa.gov

Buddy Anderson
Fentanyl Task Force Lead
mjanderson@doc1.wa.gov

Drug use is prolific in the United States correctional system, it increases violence, and has a negative impact on the health and well-being of those under the departments jurisdiction and correctional staff. More importantly, drug use undermines the opportunity for success in the community.

The Fentanyl Task Force (FTF) will be made up of members with diverse disciplinary backgrounds, including education, substance use treatment, and enforcement. A multilayered approach will be developed to combat the introduction and use of illicit controlled substances specifically synthetic opioids (fentanyl). The team will engage others working on these issues, outside the department, to find ways to will work together to support not only a safer correctional system, but safer communities.

"The United States has less than five percent of the world's population and we consume two-thirds of the world's illegal drugs and incarcerate almost a quarter of the world's prisoners, more than eight of ten of whom have some substance involvement." - Joseph Califano Jr.

Education:

- Deliver trainings for staff and incarcerated individuals about the prevalence and dangers of fentanyl.
- Include information about importance of reducing drug use stigma and supporting treatment and for those under our jurisdiction, in staff training.
- Train staff to work safely and confidently in situations where they may encounter suspected fentanyl.

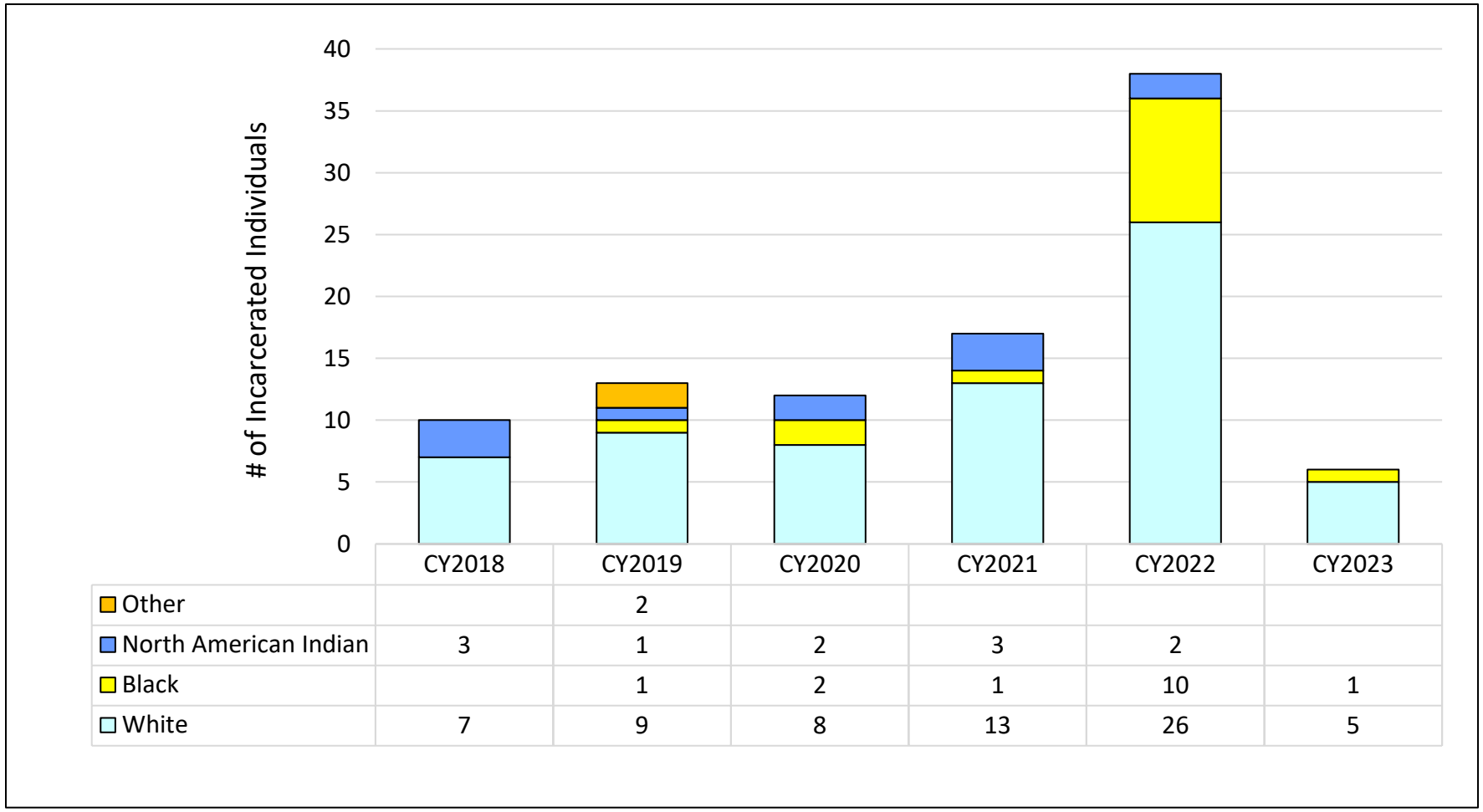
Treatment:

- Qualified Staff will support treatment and recovery using substance use treatment based on evidence-based practices.
- Explore options to increase awareness and innovation in our treatment options.

Enforcement:

- Develop agency initiatives to combat the introduction and use of fentanyl and other synthetic opioids.
- Collect information to identify vulnerable populations and the Data collection identifying vulnerable populations and opportunities to intercept illicit controlled substances.

Number of Overdose Fatalities by Calendar Year



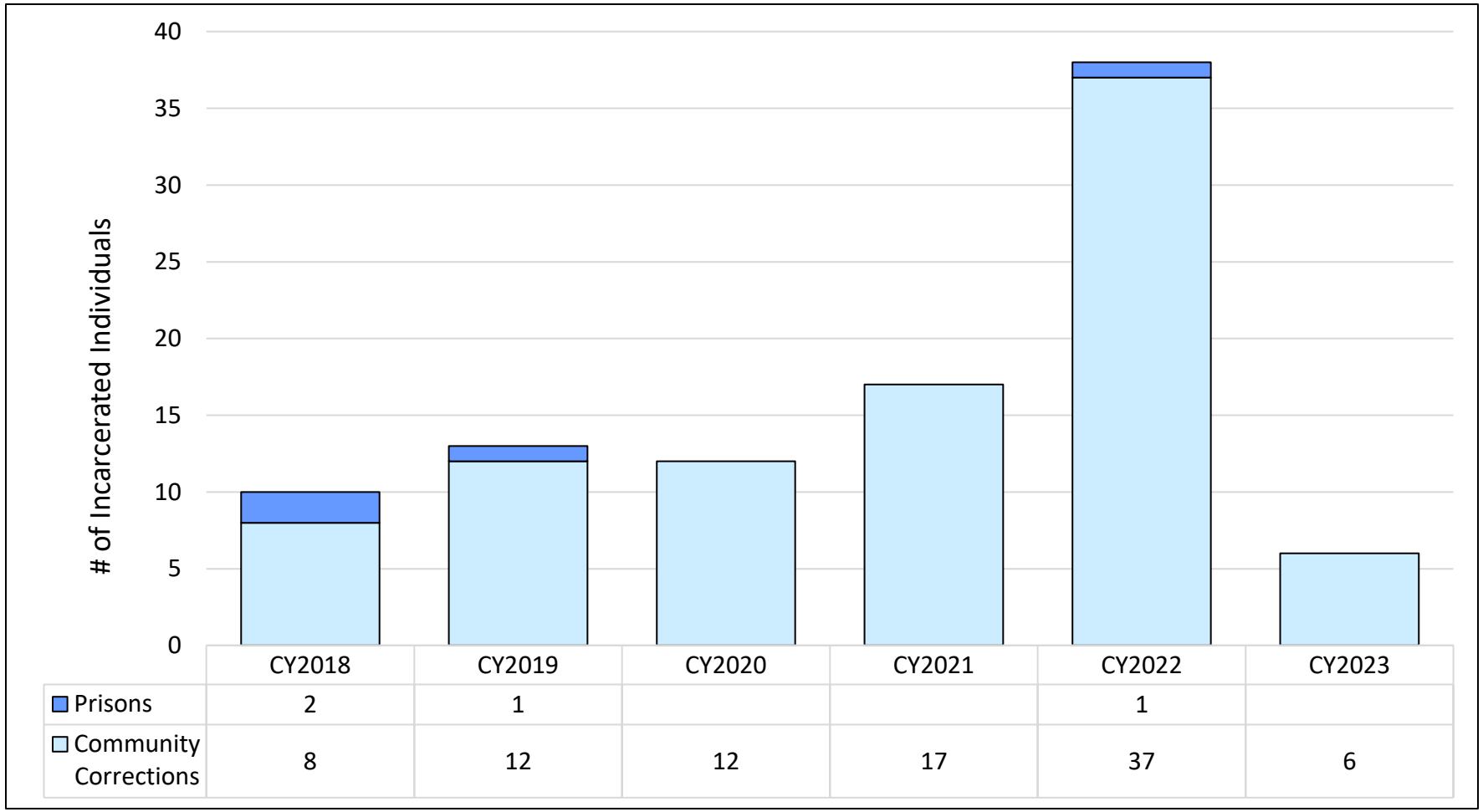
	CY2018	CY2019	CY2020	CY2021	CY2022	CY2023
Other		2				
North American Indian	3	1	2	3	2	
Black		1	2	1	10	1
White	7	9	8	13	26	5

- 42% increase in overdose fatalities between CY20 & CY21
- 124% increase in overdose fatalities between CY21 & CY22

Data Source: DOC Incident Management Reporting System (IMRS) as of 4/30/2023

Department of Corrections
WASHINGTON STATE

Number of Overdose Fatalities by DOC Setting



	CY2018	CY2019	CY2020	CY2021	CY2022	CY2023
Prisons	2	1			1	
Community Corrections	8	12	12	17	37	6

- 118% increase of overdose fatalities between CY20 & CY21 in Community Corrections

Data Source: DOC Incident Management Reporting System (IMRS) as of 4/30/2023

Department of Corrections
WASHINGTON STATE

The Jamestown Healing Clinic

About Us

The Jamestown Healing Clinic Since 2021.

The Jamestown Healing Clinic (JHC) is a new integrated care clinic who will provide comprehensive patient care including an opioid treatment program, primary care, dental, substance abuse disorder counseling, and behavioral health. We believe a holistic service delivery approach is most effective at providing sustained recovery for those struggling with addiction. That's why in addition to offering chemical dependency treatment, we will also be offering a robust group of wrap-around services to best address the total needs of our patient population, such as child-watch, transportation and individualized care coordination.

We are offering:

- ☑ Treatment for Opioid Use disorder
- ☑ Primary Care
- ☑ Behavioral Health Counseling
- ☑ Childcare Assistance
- ☑ Counseling for all Substance Use Disorder
- ☑ Dental Care
- ☑ Transportation

The Story of Changing the Course of the River

A Grandfather took his Grandson fishing with a plan to teach him a life lesson. After completing their fishing, he asked if his Grandson wanted to see him change the course of the river.

Not believing this to be possible, the Grandson watched as his Grandfather reached out along the sandy bank of the river and removed a rock the size of his fist. Pretty soon a small stream from the river broke away from the fast-moving river and filled the hole where the rock had once been.

The Grandfather said, "You see, Grandson, there may be things that happen in your life that are not what you had hoped. But realize that if you make one small, positive change — you can change the entire course of your life or another person's life."

An excerpt from a traditional native story as told by Jamestown S'Klallam Storyteller Elaine Grinnell, adapted by Loni (Grinnell) Greninger.

Lummi Nation Opioid Summit, May 22 – 23, 2023
Washington State Patrol

- The Washington State Patrol participates in multi-agency drug task forces around the State
    - Sergeants and Detectives are assigned to federal and local drug task forces
    - Opioid and fentanyl investigations and seizures of both substances remain prevalent throughout the state

- All agencies, local, state, and federal are experiencing staffing shortages which impact capabilities of large-scale operations targeting Transcontinental Organizations.

- The Washington State Patrol has been a member of the Criminal Justice Opioid Workgroup since 2017
    - The workgroup is a sub-committee to the Washington State Opioid task force. The task force was created to work on the goals set forth in the Washington State Interagency Opioid Working Plan.

- In 2017, the Washington State Patrol issued Naloxone to commissioned officers to protect against employee exposures and respond to civilian overdoses.
    - Since 2017, WSP has administered naloxone 166 times
    - **2017=** 4 **2018=** 23 **2019=** 35 **2020=** 30 **2021=** 22 **2022=** 41 **2023(YTD)=** 11

- Fentanyl accounted for nearly half of all seizures in Washington in 2022.

- Counterfeit pills containing fentanyl remain the most common seizure but powdered form fentanyl is increasing in prevalence.

- Washington has begun to see the introduction of pill press facilities that transform powdered fentanyl into counterfeit pills. Pill press facilities have been identified along the length of the I5 corridor and in Eastern Washington.

- In 2022, the first identified clandestine laboratory utilized to mix xylazine and fentanyl was discovered in Marysville, Washington. While this drug combination has received national attention for its prevalence on the east coast it had remained rare in Washington.

- The Blake ruling and resulting legislative changes have had a direct impact on drug investigations. The number of human sources of information developed from simple possession drug contacts has decreased entries into criminal organizations. A lack of statewide diversion tracking database, along with individual agency policies on steps required to record a diversion, have been cited as primary challenges to drug enforcement efforts.

- Some agencies (Federal and Oregon) have begun to train narcotics detection canines to alert the presence of Fentanyl. This is a shift from past practice where training canines to alert on a substance that could legally be prescribed was discouraged.

Current Tribally Operated Opioid Treatment Programs in Washington State

Tribes learn from one another; we can learn how we each serve the holistic person, our families, tribal communities, and/or the greater surrounding communities.

Quinault Wellness Center
511 Heron St.
Aberdeen, WA 98520
(564) 544-1950; (883) 311-0114

Jamestown Healing Clinic
526 South 9th Ave
Sequim, WA 98382
(360) 681-7755

We Care Daily Clinic (Muckleshoot Tribe)
3320 Auburn Way North
Auburn, WA 98002
(253) 999-5750

Didgwálič Wellness Center (Swinomish Tribe)
8212 S. March Point Road
Anacortes, WA 98221
(360) 588-2800

Stillaguamish Tribe Island Crossing
Counseling Services
5700 172nd ST NE
Arlington, WA 98223
(360) 652-9640

Lummi Tribal Health Center
2616 Kwina Road
Bellingham, WA 98226
(360) 380-6945

Quil Ceda Creek Counseling Company (Tulalip Tribe)
6330 31st Avenue NE Ste 101
Tulalip, WA 98271
(360) 716-2200

Additional Helpful Links:

- U.S. Department of Health & Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Opioid Treatment Program Directory (search WA State): https://dpt2.samhsa.gov/treatment/directory.aspx

- WA Department of Health (DOH) Behavioral Health Agencies Directory (as of May 2022): https://doh.wa.gov/sites/default/files/2022-02/606019-BHADirectory.pdf?uid=6455259746e94

Turn this page over for examples of tribal specific best practices, promising practices, and evidence-based programs in behavioral health.

Tribal Specific Best Practices, Promising Practices, and Evidence-Based Programs in Behavioral Health.

Culturally relevant programs serve our families and communities holistically.

Examples of Tribal Practices Used in WA & OR

Information provided by the NW Portland Area Indian Health Board (NPAIHB) and the WA Health Care Authority

Washington (not an exhaustive list):
Healing of the Canoe
Positive Indian Parenting
Family Spirit
Gathering of Native Americans
Pulling Together for Wellness
Wellbriety treatment
Wellbriety Mending Broken Hearts
Wellbriety Warrior Down
Culturally Adapted Mentoring
American Indian Life Skills Development
Families & Schools Together (FAST)
Cherokee Talking Circle
Project Venture
Native FACETS

Oregon (not an exhaustive list):
Cultural Camp
Dom. Violence Group Treatment for Men
Family Unity
Healthy Relationship Curriculum
Horse Program
Native American Community Mobilization
Native American Story-Telling
Positive Indian Parenting
Pow-Wows
Round Dance
Sweat Lodge
Talking Circle
Tribal Crafts
Tribal Family Activities

Additional Helpful Links & Information:

For Washington State EBPs: https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/evidence-based-and-research-based-practices

See Excel spreadsheet in Summit packet provided by the American Indian Health Commission for EBPs/BPs/PPs used in WA State.

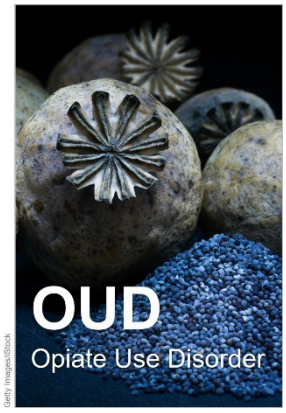
For Oregon State EBPs: https://www.oregon.gov/oha/HSD/AMH/Pages/EBP-Practices.aspx

OR Health Authority Tribal Affairs Dir.: Julie Johnson, Julie.A.Johnson@dhsoha.state.or.us

Oregon statute supporting tribal EBPs: https://oregon.public.law/statutes/ors_414.672

Paper on Oregon tribal EBPs: https://digital.osl.state.or.us/islandora/object/osl:30283

The One Sky Center, OR: http://www.oneskycenter.org/osc/health-care-issues/evidence-based-practices-and-best-practices/



Opiate Use Disorder Prevalence and Outcomes for DSHS Clients in Washington State

David Mancuso, PhD • Matthew Pavelle, MS • Barbara E.M. Felver, MES, MPA

DRUG OVERDOSE deaths have surged in the United States since 2019, driven primarily by an increase in overdoses associated with synthetic opioids such as fentanyl.[i] The risk that an individual develops an opioid use disorder (OUD) that would increase their risk of overdose is related to biological, environmental, genetic, and psychosocial factors.[ii] Although OUD occurs in individuals from all socioeconomic backgrounds, OUD risk is related to poverty, and therefore related to factors that affect the distribution of income and wealth across communities, including but not limited to the impact of structural and interpersonal racism on socioeconomic outcomes.

This report examines OUD prevalence rates and the association between OUD and key social outcomes for Department of Social and Health Services (DSHS) clients aged 18 to 64 in State Fiscal Year (SFY) 2022. Outcomes are presented for persons served by the DSHS Aging and Long-term Support Administration (ALTSA), Behavioral Health Administration (BHA), Developmental Disabilities Administration (DDA), Economic Services Administration (ESA), and Division of Vocational Rehabilitation (DVR).

Key Findings

1. **OUD prevalence is relatively high among adults receiving BHA, ALTSA, or ESA services.** Compared to an overall OUD prevalence of 7 percent among Medicaid beneficiaries aged 18 to 64 in SFY 2022, OUD prevalence rates were 12 percent for ESA clients, 15 percent for ALTSA clients, and 23 percent for BHA clients.

2. **OUD prevalence rates are elevated among American Indian and Alaska Native DSHS clients.** In SFY 2022, OUD prevalence rates were 20 percent for American Indian and Alaska Native ESA clients aged 18 to 64, 23 percent for American Indian and Alaska Native ALTSA clients aged 18 to 64, and 36 percent for American Indian and Alaska Native BHA clients aged 18 to 64.

3. **Persons with OUD are more likely to be homeless or involved in the criminal legal system.** Rates of homelessness were very high for BHA and ESA clients with OUD, and arrest rates were particularly high for BHA clients with OUD.

4. **DSHS programs are taking a number of actions to mitigate the impact of OUD.** These actions include providing overdose rescue medications (Narcan) and screening, assessment, and referral to substance use disorder (SUD) treatment services delivered by community behavioral health providers funded through the Health Care Authority.

Study Design

This report examines the experiences of DSHS clients aged 18 to 64 in SFY 2022. Analyses are limited to persons meeting specific Medicaid coverage criteria to ensure sufficient data were available to identify OUD. These study inclusion criteria include:

- At least six months of full-benefit Medicaid coverage in SFY 2022, and
- No third-party or Medicare Advantage coverage in SFY 2022.

Persons with third-party coverage (e.g., commercial health insurance provided through their employer) or dually enrolled in Medicaid and a Medicare Advantage managed care plan were excluded due to the lack of access to complete health service data for those individuals.

Study populations were identified using the RDA Client Services Database. Note that data reported for the ESA client population includes persons receiving food or cash assistance or participating in the Housing and Essential Needs program and excludes adults receiving child support services only. Compared to ESA food and cash assistance program participants, a large proportion of persons receiving child support services only did not meet the health insurance coverage criteria for inclusion.

The BHA population included in this study reflects persons served at Eastern State Hospital (ESH), Western State Hospital (WSH), or the Child Study and Treatment Center (CSTC) who met the health insurance coverage inclusion criteria. Due federal law which prohibits states from using Medicaid to pay for care provided in "institutions for mental disease" (IMDs), which are psychiatric hospitals or other residential treatment facilities with more than 16 beds, it is important to note that the BHA study population includes only the subset of the ESH, WSH, and CSTC populations meeting our Medicaid coverage criterion.

OUD Prevalence Among DSHS Clients

OUD prevalence is measured using diagnosis information from health service encounters and long-term care assessment data over the 24-month period spanning SFY 2021 and SFY 2022. A two-year identification window is used to mitigate the underreporting that would be present in estimating OUD prevalence using only a single year of health service experience. OUD prevalence rates are reported in Figure 1 for both the overall adult population aged 18 to 64 and the subset of the population who are American Indian or Alaska Native, including persons identified as American Indian and Alaska Native alone or in combination with any other race or ethnicity.

OUD prevalence is relatively high among adults receiving BHA, ALTSA, or ESA services. Compared to an overall OUD prevalence rate of 7 percent among Medicaid beneficiaries aged 18 to 64 in SFY 2022, OUD prevalence rates were:

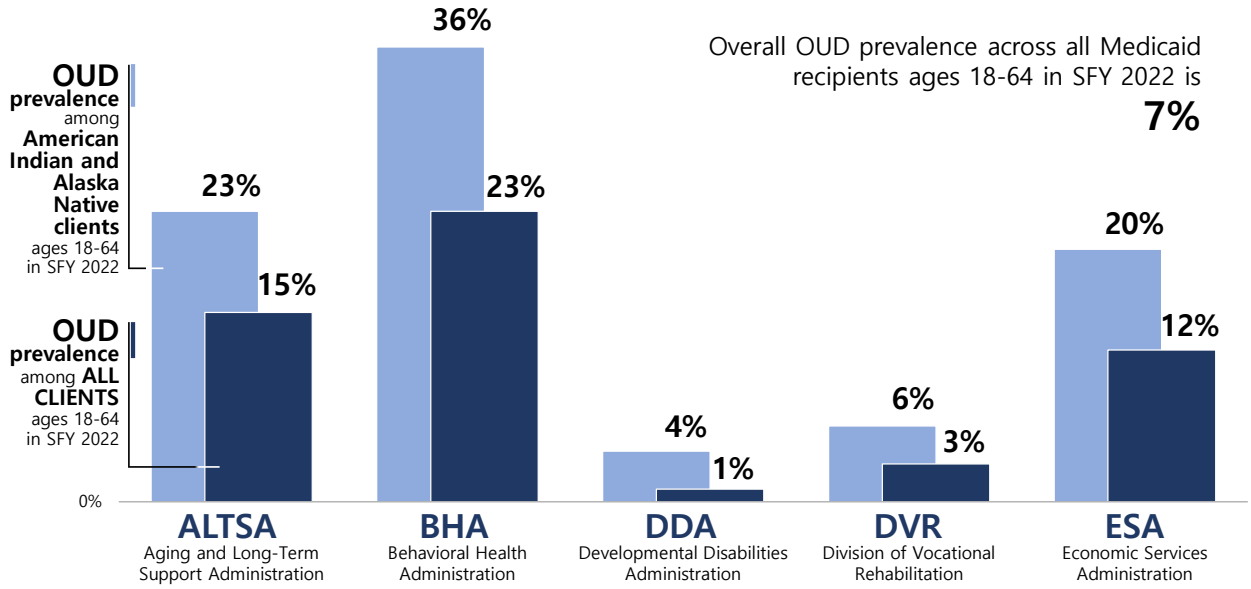
- 12 percent for ESA clients aged 18 to 64,
- 15 percent for ALTSA clients aged 18 to 64, and
- 23 percent for BHA clients aged 18 to 64.

Figure 1 also indicates that OUD prevalence rates are even more elevated among American Indian and Alaska native DSHS clients. In SFY 2022, OUD prevalence rates were:

- 20 percent for American Indian and Alaska Native ESA clients aged 18 to 64.
- 23 percent for American Indian and Alaska Native ALTSA clients aged 18 to 64.
- 36 percent for American Indian and Alaska Native BHA clients aged 18 to 64.

FIGURE 1.

OUD Prevalence Among Clients Ages 18–64 Served in SFY 2022, with Detail for American Indian and Alaska Natives



NOTES: Prevalence estimates are based on persons with at least 6 months of full-benefit Medicaid coverage in SFY 2022, excluding persons with third-party or Medicare Advantage coverage. ESA services exclude adults receiving child support services only. BHA clients include persons receiving civil or forensic inpatient services at Eastern State Hospital or Western State Hospital or Child Study and Treatment Center services. American Indian and Alaska Native population includes persons identified as American Indian and Alaska Native alone or in combination with any other race or ethnicity.

Homelessness and Criminal Legal System Involvement

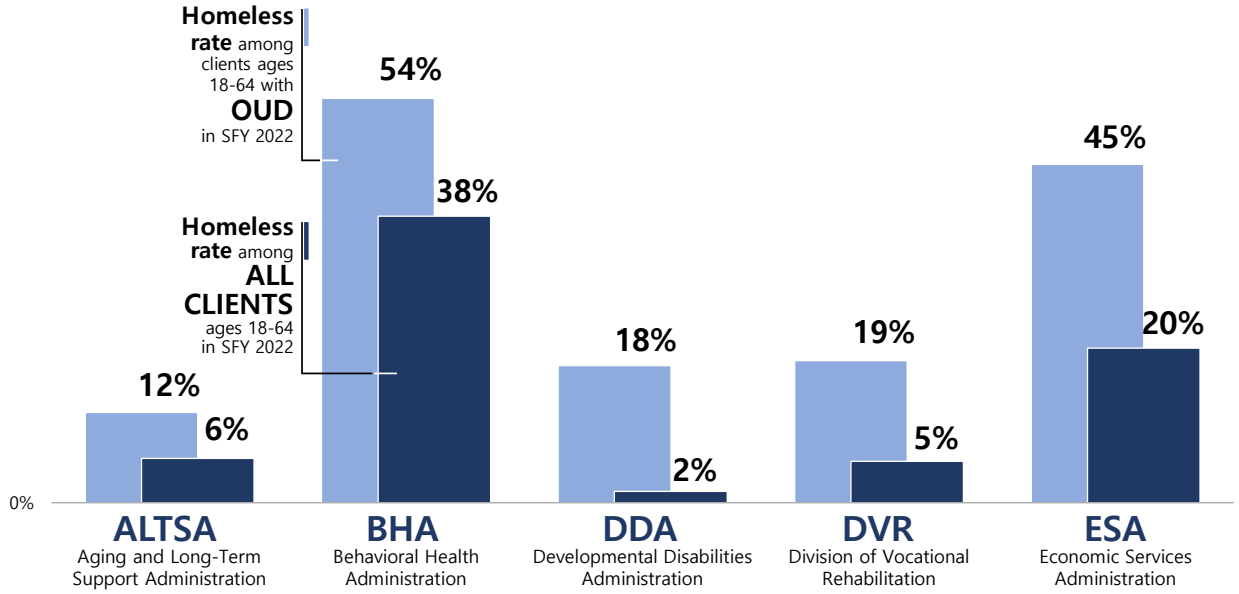
OUD is associated with increased risk of many adverse outcomes beyond the risk of overdose. Here we examine the relationship between OUD and the risk of homelessness or arrest. The performance metrics reported here were originally developed as required by the Washington State Legislature under Engrossed House Bill 1519 (Chapter 320, Laws of 2013) and Second Substitute Senate Bill 5732 (Chapter 338, Laws of 2013).[iii]

The numerator of the homeless rate includes persons who were homeless without housing for any part of SFY 2022, identified primarily based on data from address and living arrangement information contained in the Automated Client Eligibility (ACES) data system. The arrest rate reflects the proportion of the study population with at least one arrest in SFY 2022 as recorded in the Washington State Identification System (WASIS) arrest database maintained by the Washington State Patrol. The database is comprised of arrest charges for offenses resulting in fingerprint identification. The database provides a relatively complete record of felony and gross misdemeanor charges but excludes some arrest charges for misdemeanor offenses that are not required to be reported.

Figure 2 indicates that DSHS clients with OUD are at increased risk of experiencing homelessness. Rates of homelessness were particularly elevated for adults with OUD served by BHA (54 percent) and ESA (45 percent). Figure 3 shows that across all DSHS program areas persons with OUD are at increased risk of experiencing an arrest. A significant proportion of the BHA study population consists of persons receiving forensic inpatient competency restoration services, so it is not surprising that we see elevated arrest rates for adults with OUD served by BHA (63 percent).

FIGURE 2.

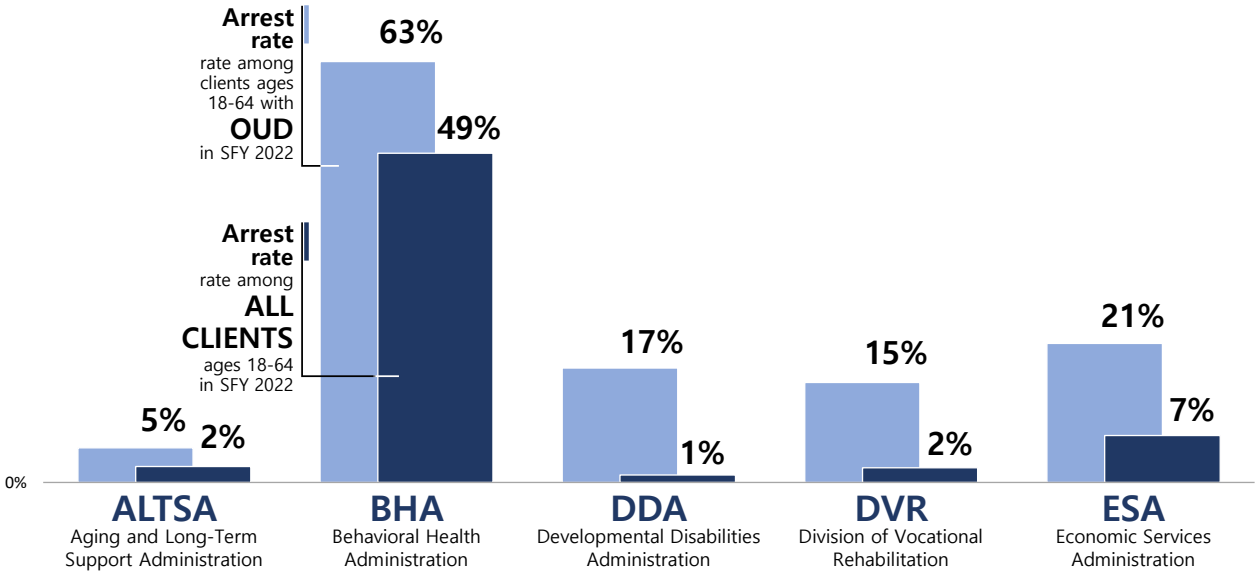
Homeless Rates Among Persons Ages 18-64 Receiving Services from ALTSA, BHA, DDA, DVR, or ESA in SFY 2022



NOTES: The homeless rate includes persons who were homeless without housing for any part of SFY 2022. OUD Prevalence estimates are based on persons with at least 6 months of full-benefit Medicaid coverage in SFY 2022, excluding persons with third-party or Medicare Advantage coverage. ESA services exclude adults receiving child support services only. BHA clients include persons receiving civil or forensic inpatient services at Eastern State Hospital or Western State Hospital or Child Study and Treatment Center services.

FIGURE 3.

Arrest Rate Among Persons Aged 18-64 Receiving Services from ALTSA, BHA, DDA, DVR, or ESA in SFY 2022



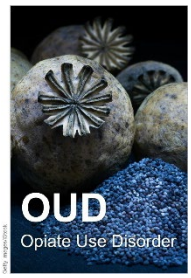
NOTES: Arrest rate numerator includes persons who were arrested at least once in SFY 2022 as recorded in the Washington State Identification System (WASIS) arrest database maintained by the Washington State Patrol. OUD Prevalence estimates are based on persons with at least 6 months of full-benefit Medicaid coverage in SFY 2022, excluding persons with third-party or Medicare Advantage coverage. ESA services exclude adults receiving child support services only. BHA clients include persons receiving civil or forensic inpatient services at Eastern State Hospital or Western State Hospital or Child Study and Treatment Center services.

DSHS Initiatives to Mitigate the Impact of OUD

DSHS programs have taken a number of actions to reduce the adverse effects OUD. The Economic Services Administration has made the opioid overdose rescue medication naloxone (Narcan) available in local community service offices (CSOs), and is partnering with law enforcement agencies to reduce substance use and overdose risk in CSO settings. CSO staff work to link clients with SUD to treatment resources. For TANF recipients, engagement in SUD treatment may be part of a person's individual responsibility plan. For participants in the Aged, Blind, or Disabled (ABD) program, screening for substance use is part of the program's intake criteria. If there is an indication of a substance use disorder, staff provide a referral for assistance. ABD recipients may be required to complete an SUD assessment or participate in treatment services as a condition of continued eligibility.

The Aging and Long-Term Support Administration screens and assesses care recipients for substance use. Case managers engage in person-centered discussions with care recipients regarding potential treatment options, and then work with other Medicaid delivery system partners, including managed care organizations, to assist individuals in accessing treatment. ALTSA administers the Fostering Well-Being (FWB) Program, a collaboration between DSHS, DCYF, and Tribal Governments. The FWB team screens foster children enrolled in fee-for-service coverage for physical and behavioral health needs, including screening for OUD. FWB makes culturally and community sensitive recommendations to DCYF and Tribal Courts for children in dependency proceedings. ALTSA administers the Kinship Caregiver Program, which provides support to children who may be in out-of-home placement due to issues arising from parental substance use.

The Behavioral Health Administration provides treatment for opioid use disorders for persons admitted to a state psychiatric hospital, including suboxone and methadone treatment modalities. The hospitals provide naloxone kits to at-risk patients at discharge, and refer discharged patients to SUD treatment programs in the community. In addition, Eastern State Hospital has developed a pain management program to mitigate risks associated with overuse of prescription opioids.



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We want to acknowledge the work of our colleagues throughout the research and data analysis division and our partner programs for all the work they do in serving Washington's vulnerable populations.

[i] For recent national data, see https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm.
[ii] Brat GA, Agniel D, Beam A, Yorkgitis B, Bicket M, Homer M, Fox KP, Knecht DB, McMahill-Walraven CN, Palmer N, Kohane I. Postsurgical prescriptions for opioid naive patients and association with overdose and misuse: retrospective cohort study. BMJ. 2018 Jan 17;360:j5790.
[iii] For more detail, see https://www.dshs.wa.gov/ffa/research-and-data-analysis/cross-system-outcome-measures-adults-enrolled-medicaid.

PROGRAMS ADDRESSING THE FENTANYL/OPIOID CRISIS MAY 2023

State Opioid and Overdose Response Plan Stewardship

- Coordinate statewide plan and Opioid Settlement Recommendations with Health Care Authority, Executive Sponsors and Workgroups. DOH Staff co-lead the Treatment, Drug User Health, Pregnant and Parenting People, Surveillance/Data/Evaluation and Communication Workgroups
- Internal Opioid Emergent Task Force to mobilize DOH work to address the fentanyl/opioid emergency.
- Convening capacity: DOH convenes LHJs, EMS Councils, Syringe Service Programs, Critical Access Hospitals and other key partners. In addition, the Office of Strategic Partnerships also tracks public health engagement with K-12, higher educations and our new Regional Health Offices and Regional Medial Officers. These partnerships can be tapped to support Opioid/Fentanyl Response.

Data into Action: Surveillance, Epidemiology and Dashboards

- Opioid/Overdose Dashboard: created in partnership with Tribes and LHJs
    - Opioid and Drug Overdose Data | Washington State Department of Health
    - Opioid and Drug Overdose Data - Mobile Friendly | Washington State Department of Health
- Track overdose clusters in communities with notification to LHJs and Tribes.
- Maternal Mortality Review: use data to address needs of pregnant persons who use drugs.
- Prescription Monitoring Program: can track rate of prescribing buprenorphine for substance use disorder (does not track methadone).

- Tracking the changing drug supply: limited data but some insight into drugs present at the time of overdose in coroner reports through the SUDORS program.
- Participate in the Healthy Youth Survey that will ask about Fentanyl use among high school students in 2023.
- Track EMS data related to overdoses and suspected overdoses.

Harm Reduction: TA and support for People who Use Drugs

- Overdose Education and Naloxone Distribution Program (OEND) including a mail order program. Prioritized to reach high impact settings/populations. Limited supply of naloxone.
- Funds and supports Syringe Service Programs: Lummi Tribal Health is the only Tribal entity receiving SSP supplies from DOH.
- Support for Care Navigation at SSPs.
- Provides TA on harm reduction to HCA partners, consultant to workgroups and communications campaigns.
- RFA out for partners including Tribes to address drug user health through a syndemic approach:). *OID has a new request for applications out and seeks to partner with individuals and communities impacted by overlapping and intersecting burdens of HIV, sexually transmitted infections, viral hepatitis, and other related conditions, such as overdose. We refer to this work as a syndemic approach. A syndemic is a clustering and interaction of two or more diseases or conditions, resulting from social and structural determinants of health, which leads to an excess burden of the diseases or conditions and ongoing health disparities in affected populations.*
- Tribal Focus: Recognizing significant opioid overdose disparities impacting American Indian and Alaska Native communities, starting in FY23 the Program allocated a portion of resources to provide free naloxone for Tribes, Tribal Clinics, and Urban Indian Organizations. This support will be ongoing. During the first year, the program has provided **5,832 naloxone kits to 20 tribal and Urban Indian partners.**
- Two federal SAMHSA grants and General Fund State dollars support the OEND Program. This funding comes to DOH via interagency agreements with HCA.
  - FY23 Proviso, state funds (FY23 – Ongoing): $3,551,000
  - SAMHSA Substance Abuse Block Grant (FY19—Ongoing): $864,000

- SAMHSA Prevent Drug Overdose (FY22—FY27): $693,093

Workforce Credentialing and Facility Regulation (not OTPs)

- Provide licensing and credential review.
- Support policy agenda to expand workforce and access to care.
- Provide technical assistance to navigate processes, procedures and regulations.
- Adding a resource to provide TA to jails to facilitate offering MOUD in coordination with HCA.

Health Promotion and Education: Fentanyl Campaign

- Releasing a general harm reduction campaign in fall 2023.
- Capacity to address stigma, trauma informed care and other health promotion topics with additional resources.
- Social Media campaign to support pregnant persons who use drugs with a non-judgmental harm reduction set of messages.

Pregnant, Parenting, Children and Families Work

- DOH convenes the PPCF workgroup connected to the opioid taskforce.
    - Pregnant, Parenting, Children, Families and Substance Use Workgroup | WaPortal.org
- DOH lead a communication campaign for overdose awareness during pregnancy.
    - HELP FOR SUBSTANCE USE DURING PREGNANCY | WaPortal.org
- DOH is releasing (Hopefully May 2023) lactation with substance use guidance documents for providers and parents.
    - Link to come when they are published.
- DOH and WSHA are providing technical assistance to birthing hospitals, supporting them in transitioning birth care to keep mothers/birth parents

and their babies together for care. 43 of Washington's 55 non-military hospitals are participating in the SUD quality improvement initiative.
    - Care at Birthing Hospitals | WaPortal.org
    - Perinatal Substance Use Disorder Learning Collaborative - Washington State Hospital Association (wsha.org)
- DOH has partnered with HCA and WSHA and is offering a Certificate of Excellence, for birthing hospitals that meet specific requirements. We've heard from 7 hospitals that they are almost ready to apply.
    - Centers of Excellence for Perinatal Substance Use | Washington State Department of Health
- DOH reviews maternal deaths and releases a report with recommendations for improving maternal outcomes. In 2022, The American Indian Health Commission convened
  listening sessions with AI/AN leaders and community to partner in addressing maternal mortality in Native communities.
    - Maternal Mortality Review Panel | Washington State Department of Health
- DOH has partnered with WA211 to create a resource finder to help people connect to prenatal and substance use services.
    - Washington State Department of Health
- DOH releases neonatal withdrawal prevalence data and is working on a gap analysis, looking at perinatal substance use services and maternal/infant outcomes.
- DOH is investing in Birth Equity.
    - Nisqually Tribe: New perinatal mental health program linking mental health and perinatal care.
    - Spokane Tribal Network: Embedding traditional and ceremonial birth practices in their support services.