

PUBLIC PERFORMANCE REVIEW

Goal 4 – Opioid and Overdose Crisis in Washington State
January 24, 2024



WELCOME

PRESENTED BY:

- MANDEEP KAUNDAL, DIRECTOR, RESULTS WASHINGTON

Building Logistics


- **Emergency exits** are located through the conference room doors directly ahead
- **Restrooms** are located outside of the conference room next to the elevators
- Please take **side conversations** outside the room
- Attendees will find a QR code and a physical **survey** located on conference room tables
- Our meeting is being **live-streamed** by TVW
- Meeting **materials** are located at www.results.wa.gov

Topic Selection

- Opioid and Overdose Crisis in Washington State is tied to the Governor's goal 4: **Healthy and Safe Communities**
- Recommended by leaders across the state to **review progress on opioid use disorder, services, and programs for our community**
- Progress and initiatives presented by:
 - Department of Health
 - Health Care Authority
- Next steps presented by leaders from:
 - Department of Health, Health Care Authority & Department of Social and Health Services

A large, faint, circular seal of the State of Washington is visible in the background. It features a portrait of George Washington in the center, surrounded by the text "THE STATE OF WASHINGTON" and the year "1889".

Governor's Opening Remarks



OPIOID AND OVERDOSE CRISIS IN WASHINGTON STATE INTRODUCTION

PRESENTED BY:

- TAO SHENG KWAN-GETT, MD, MPH, CHIEF SCIENCE OFFICER, WASHINGTON STATE DEPARTMENT OF HEALTH

State Opioid and Overdose Response Plan

Served as the state's collaborative framework for addressing opioid and SUD related issues

Led by Executive Sponsors from DOH, HCA, and UW

Organized around five goals

Goal 1:
Prevention opioid
misuse

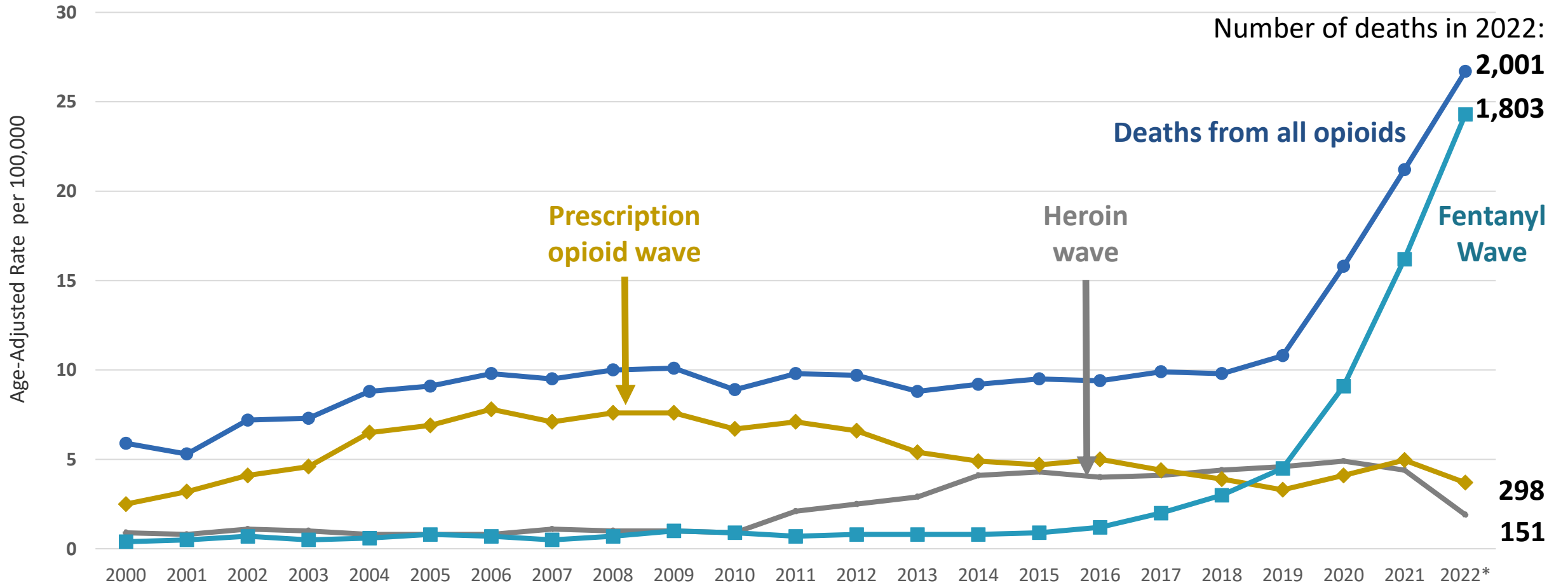
Goal 2:
Detect and treat
opioid use
disorders

Goal 3:
Ensure health and
wellness of people
who use drugs
(PWUD)

Goal 4:
Use data to
inform process

Goal 5:
Support people in
Recovery

Opioid overdose death rates in all ages have steeply risen in recent years



Number of deaths in 2022:

2,001

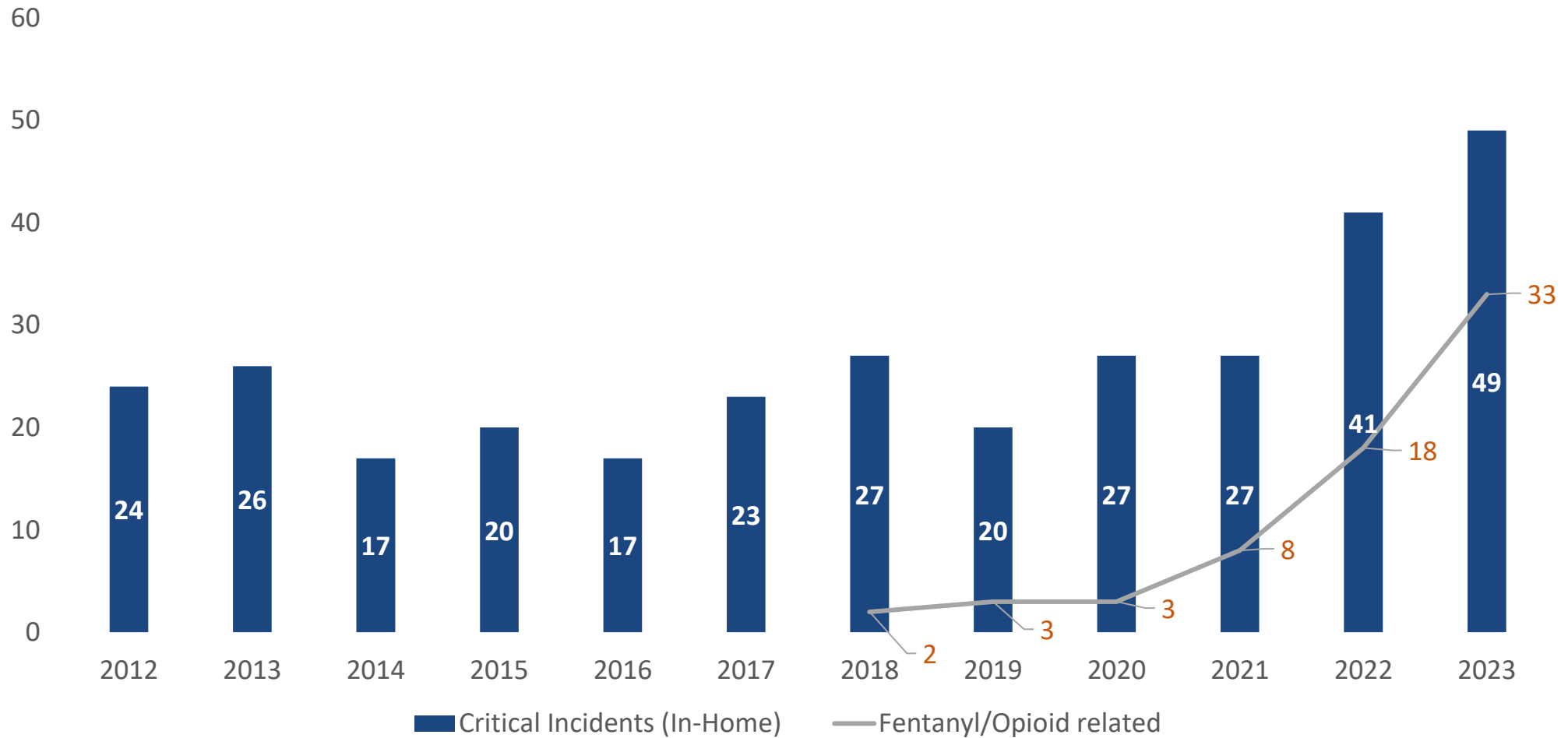
1,803

298

151

Fentanyl-related critical incidents are increasing among children in Washington State

88% - (29 of the 33) fentanyl related critical incidents in 2023 involved children age 2 and under

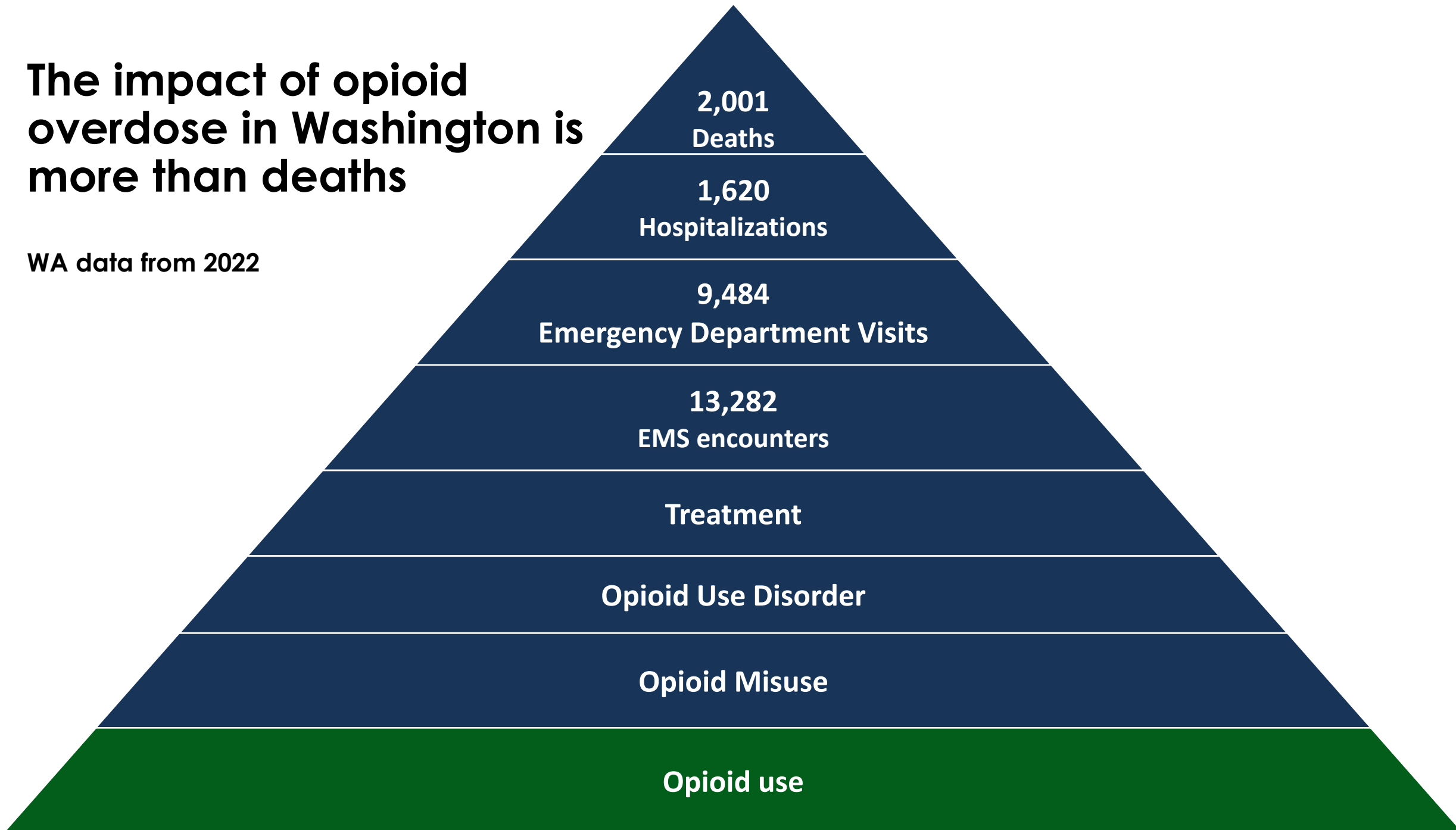


Several characteristics of fentanyl make it more lethal

- Extremely potent and addictive - 50 to 100 times more potent than heroin or morphine, a single pill can cause overdose and death.
- Needs larger amounts more frequently to avoid withdrawal symptoms.
- Withdrawal symptoms and cravings tend to be much worse.
- Causes moderate to severe opioid use disorder much faster
- Inexpensive and easily accessible on the illicit drug market

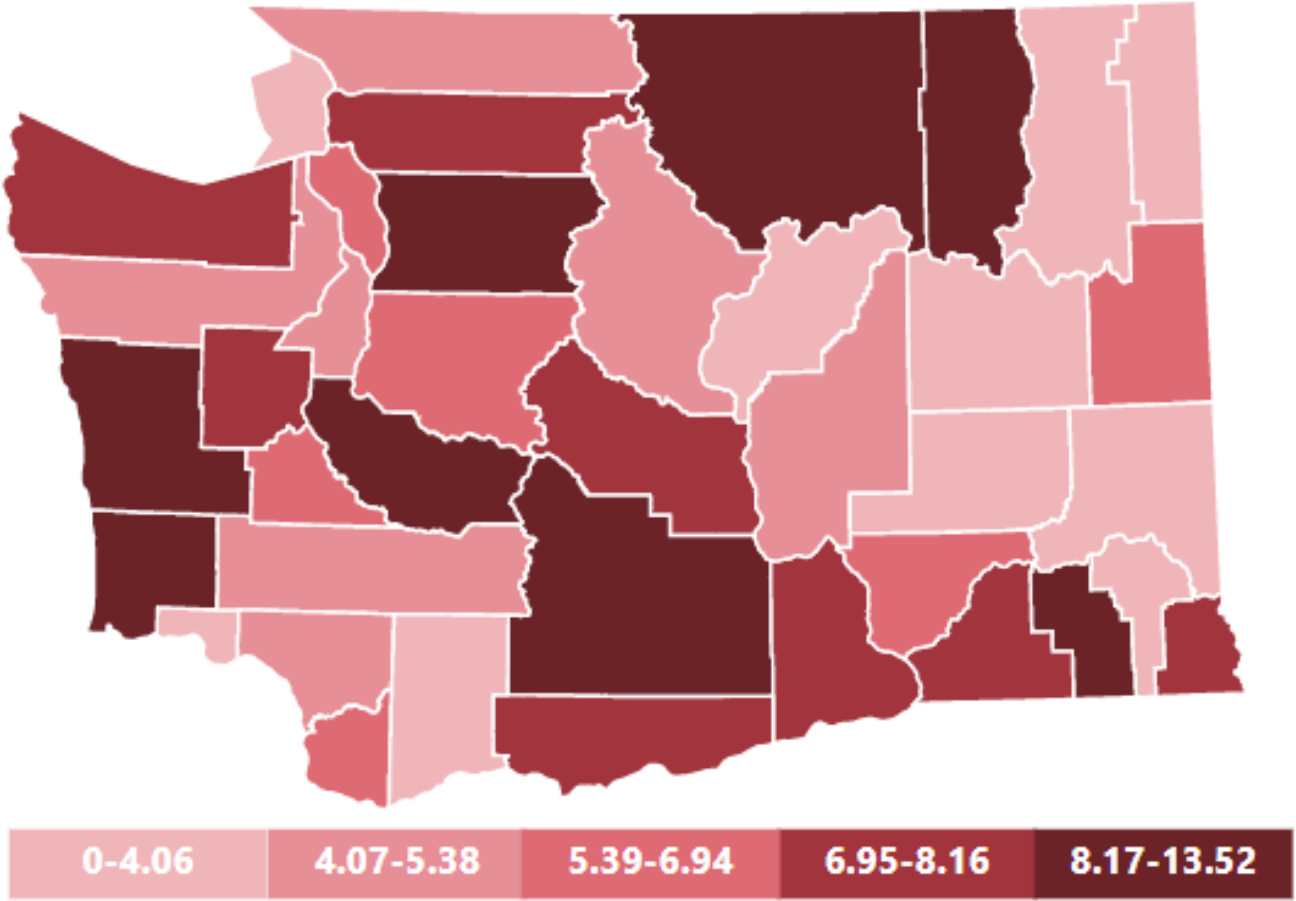
The impact of opioid overdose in Washington is more than deaths

WA data from 2022



The crisis affects both rural and urban communities

Rate of Synthetic Opioid Overdose Deaths by County per 100,000 Population, 2017-2021



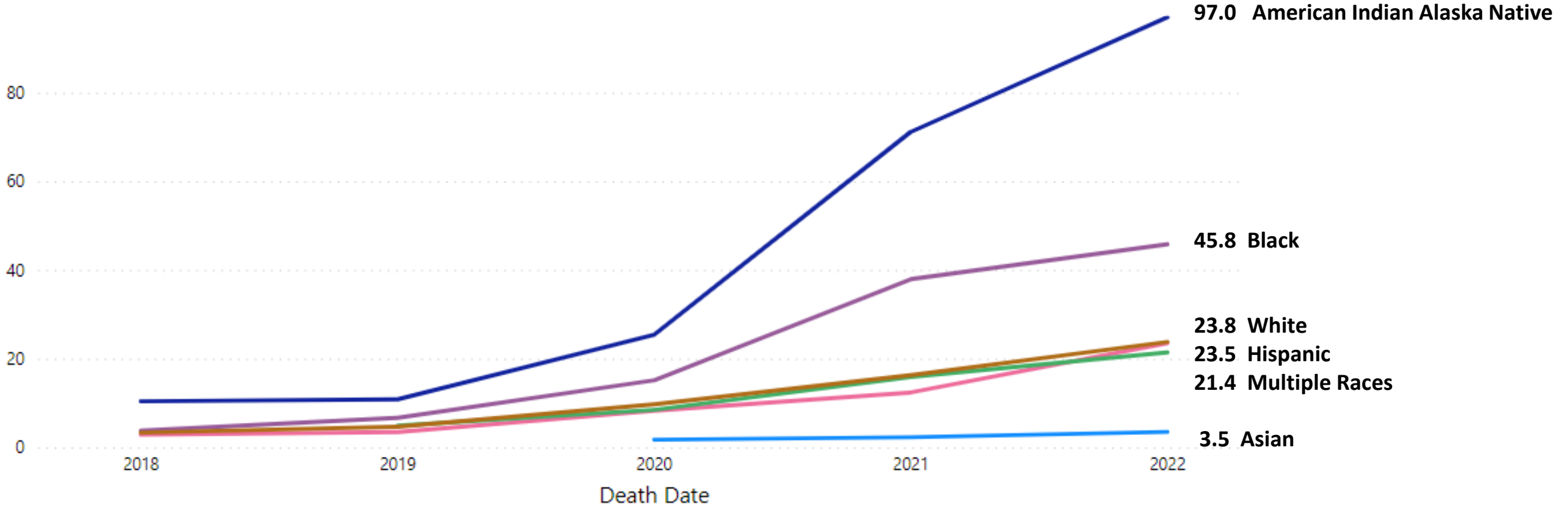
[Washington state opioid trends: Deaths](#)

Source: WA DOH death certificates

Fentanyl disproportionately affects tribal communities

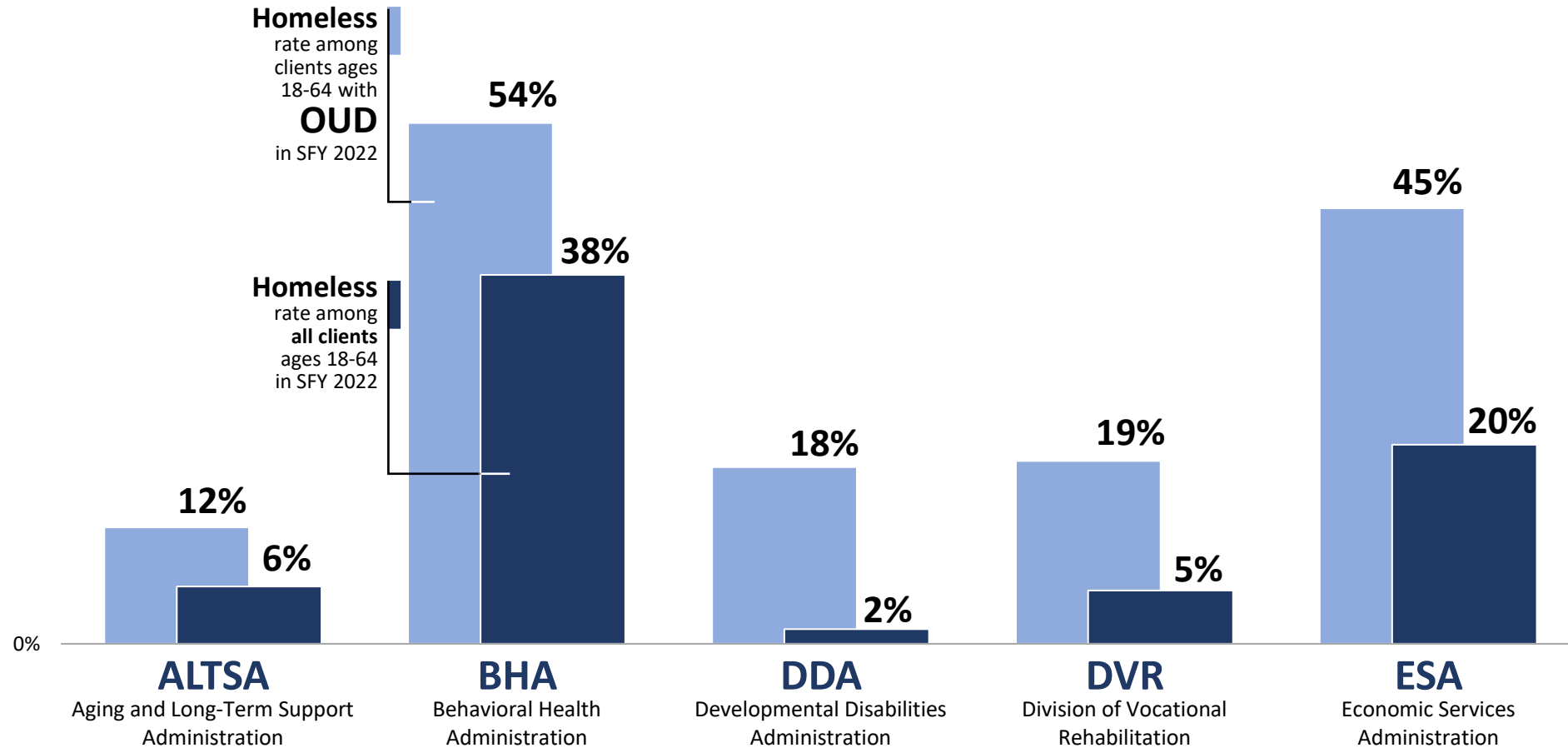
Washington Synthetic Opioid Overdose Deaths per 100,000 by Race and Ethnicity

Statewide Rate of Synthetic Opioid Overdose Deaths per 100,000 Population by Race and Ethnicity



Persons with Opioid Use Disorder are more likely to be homeless

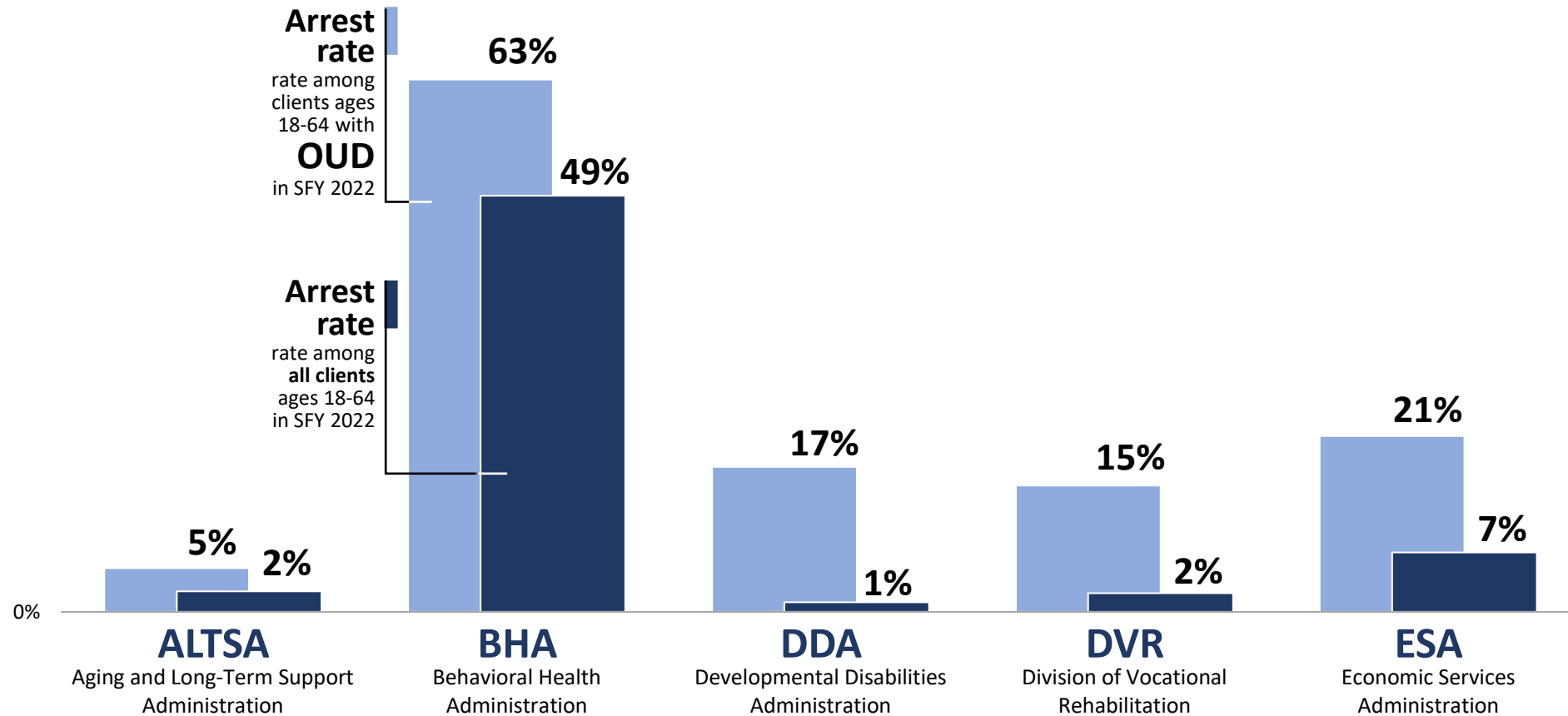
Persons Ages 18-64 Receiving Services from AL TSA, BHA, DDA, DVR, or ESA in SFY 2022



NOTES: "Homeless" definition 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.

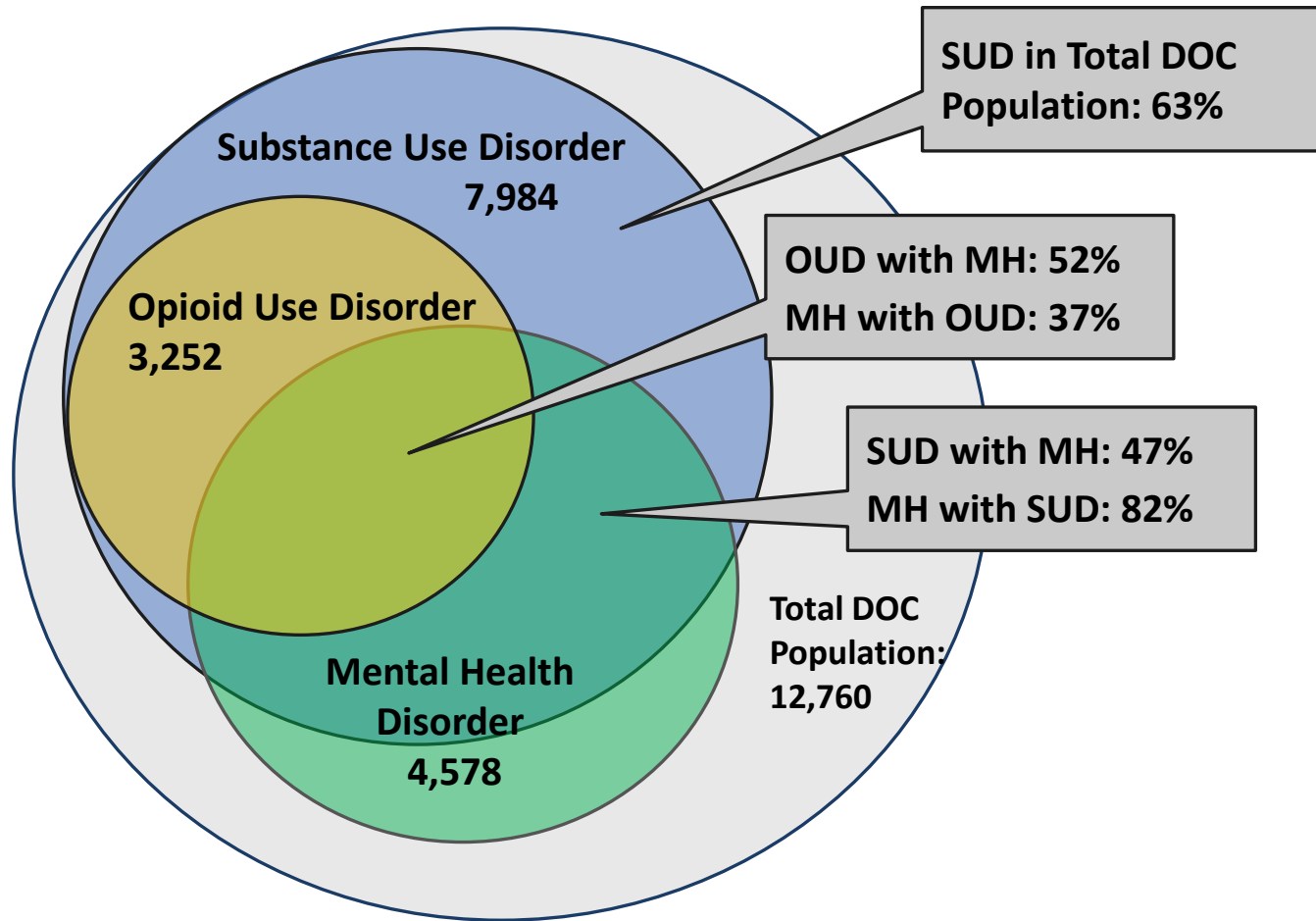
Persons with Opioid Use Disorder are more likely to be arrested

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

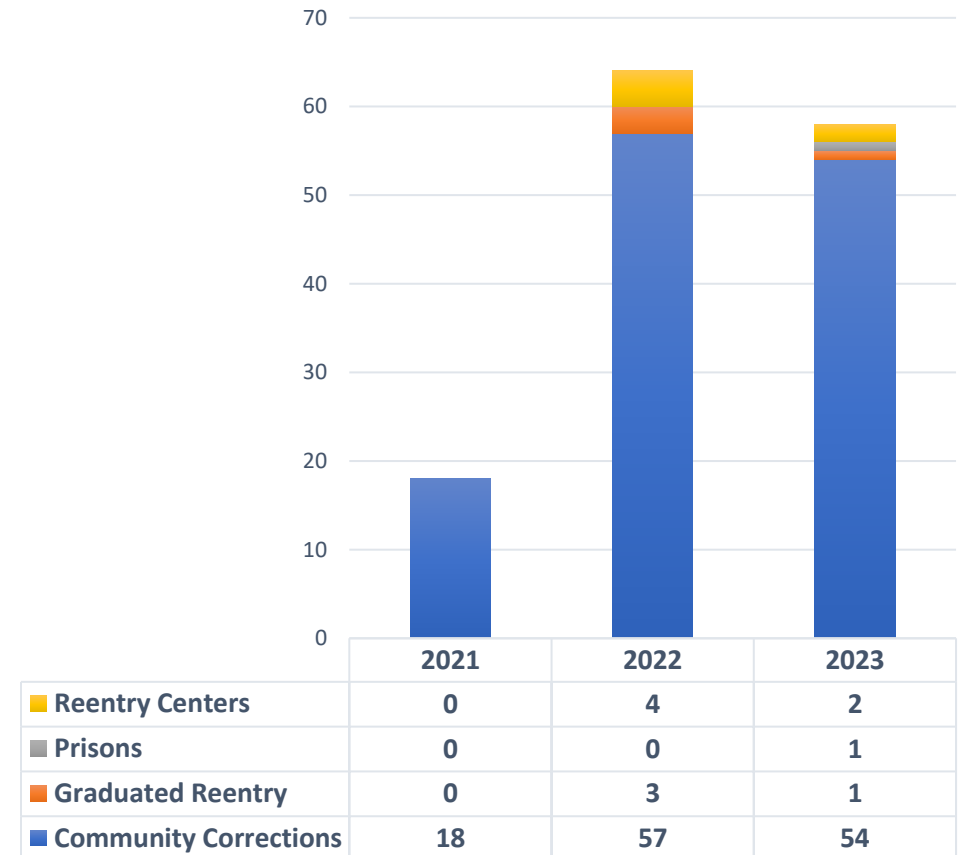


NOTES: Arrest rate numerator includes persons who were arrested at least once in SFY 2022. OUD prevalence estimates are based on persons with at least 6 months of full-benefit Medicaid coverage in SFY 2022, excluding persons with third-party or Medicare Advantage coverage. ESA services exclude adults 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.

Department of Corrections & Opioid Use Disorder



Fentanyl Overdose Deaths Per Calendar Year



*SUD percentages and Fentanyl Death numbers are underestimates
 Left Image Data from 12/27/23

Protective factors are associated with lower rates of substance use in youth

Family protective factors

- Can ask parent for help
- Does fun things with parents
- Involved in decisions
- Parents let know when doing a good job
- Parents proud of something done
- Enjoy spending time with parents

School Protective Factors:

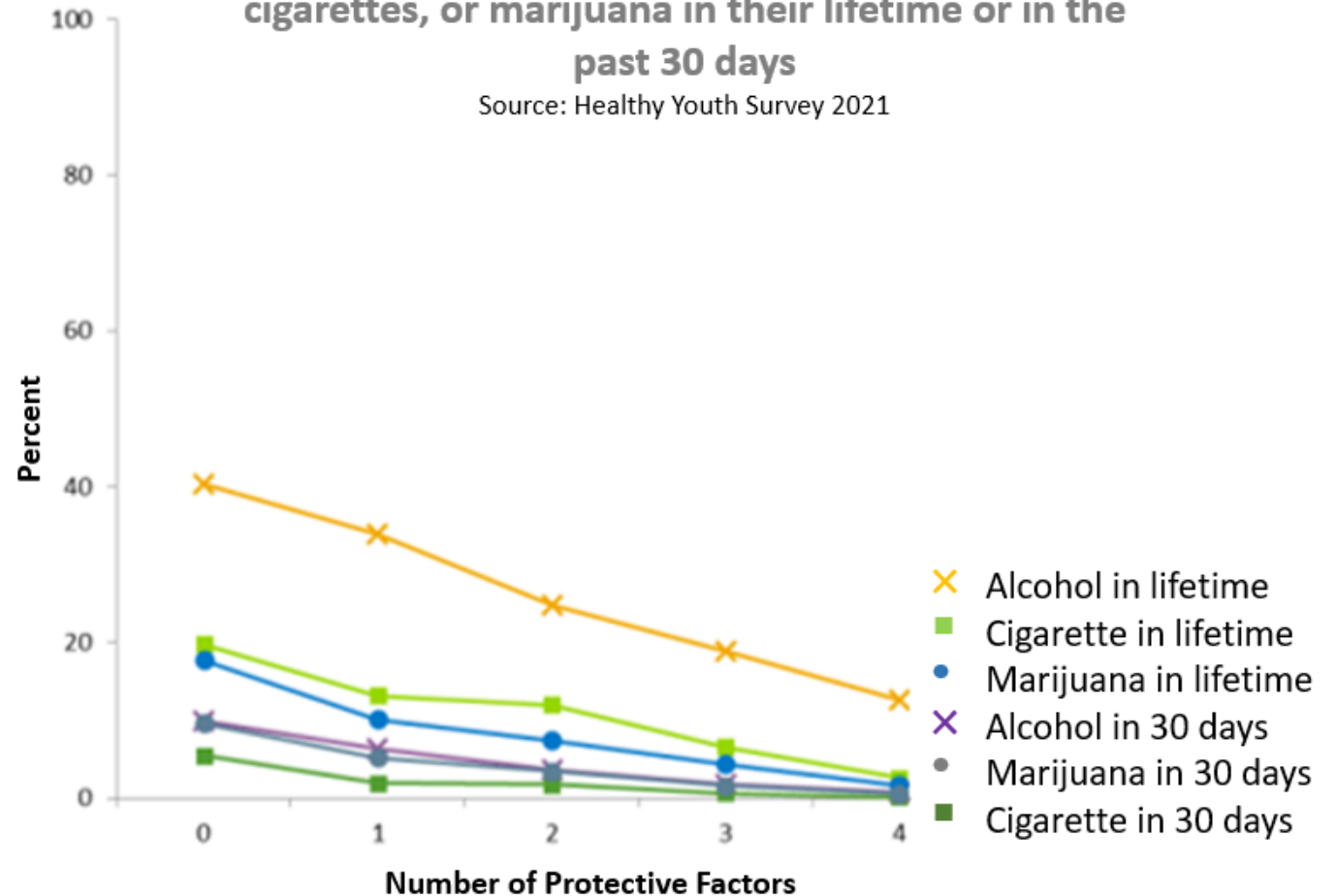
- Can make class decisions
- Can talk to teacher
- Can be in a class discussion
- Teachers tell me when doing good work
- Teachers praise me for hard work

Community Protective Factors:

- Sports and service opportunities
- Adult to talk to

Percentage of students who reported using alcohol, cigarettes, or marijuana in their lifetime or in the past 30 days

Source: Healthy Youth Survey 2021





Governor Q&A



AN OVERVIEW OF EDUCATION AND AWARENESS, PREVENTION, AND HARM REDUCTION

PRESENTED BY (IN ORDER OF PRESENTATION):

- TRAVIS SUGARMAN, DIRECTOR OF BEHAVIORAL HEALTH, WASHINGTON STATE DEPARTMENT OF HEALTH
- MIKE GILMAN, JUVENILE PROBATION COUNSELOR, THURSTON COUNTY JUVENILE AND FAMILY COURT



Washington Office of Superintendent of
PUBLIC INSTRUCTION



Transforming lives

Agencies Involved



State Opioid and Overdose Response Plan

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who use drugs
(PWUD)

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Goal 5:
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Recovery

Goal 1: Preventing Opioid and Other Drug Misuse

Working with communities, including tribal communities, to implement strategies to prevent opioid misuse, especially among youth.



Strategies include:

Provide community- based prevention efforts	Promote responsible prescribing practices	Prescription monitoring program	Public education and awareness	Safe storage medications	Decreasing supply of illicit opioids
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**FOR OUR
LIVES**

+

FRIENDS FOR LIFE

PREVENT OVERDOSE

Education & Awareness: Campaigns

- ▶ Naloxone Saves Lives
 - ▶ Carry and know how to use naloxone
 - ▶ preventoverdosewa.org
- ▶ Starts With One
 - ▶ Educate young adults, their parents, and older adults on locking up medications.
 - ▶ getthefactorsrx.com
- ▶ Friends for Life
 - ▶ Educate and normalize carrying naloxone
 - ▶ wafriendsforlife.com
- ▶ For Our Lives
 - ▶ Illicit fentanyl education for tribes
 - ▶ fornativelives.org



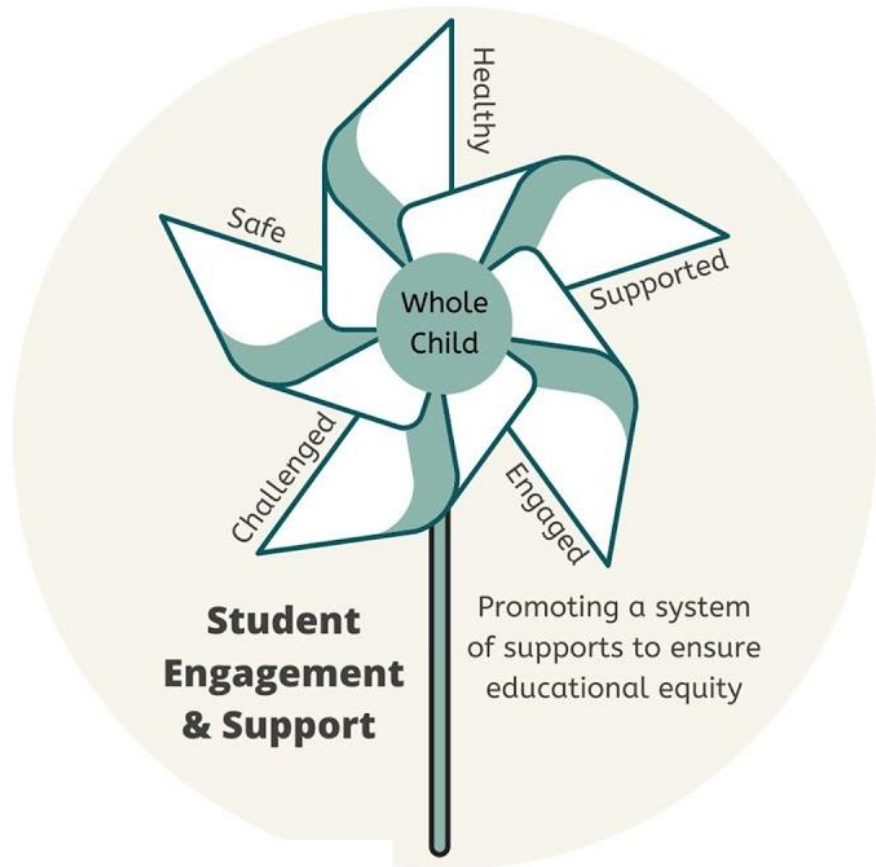
State Agencies are Training Employees on Opioid Education

WA DOC Fentanyl Safety and Awareness Training

[START COURSE](#)



Education and Awareness: OSPI Opioid Education Efforts



▶ 1. Learning Standards

- ▶ Health Curriculum
- ▶ Substance Use Prevention Briefs
- ▶ Student Well-being Plan Template

▶ 2. K-12 Behavioral Health Systems Work

- ▶ Project AWARE Network
- ▶ Behavioral Health ESD Project
- ▶ Behavioral Health Navigators

Public Health Invests in Upstream Prevention Measures

▶ **Upstream investments**

- ▶ Integrated school-based health centers.
- ▶ School-based behavioral health screening and referrals.
- ▶ Withdrawal treatment and transition to medication assisted treatment for pregnant individuals with opioid use disorder.
- ▶ Plans for safe care for the birth parent/infant in the case of opioid use disorder.
- ▶ Suicide prevention initiatives.
- ▶ Community resiliency building efforts and child abuse/neglect prevention.
- ▶ Investments for parenting supports for families with young children.



Prevention, Education, Awareness: DCYF Efforts

Child Welfare

Increasing **safety planning** efforts and training for child welfare caseworkers on fentanyl related risks, especially for families with the youngest, most vulnerable children

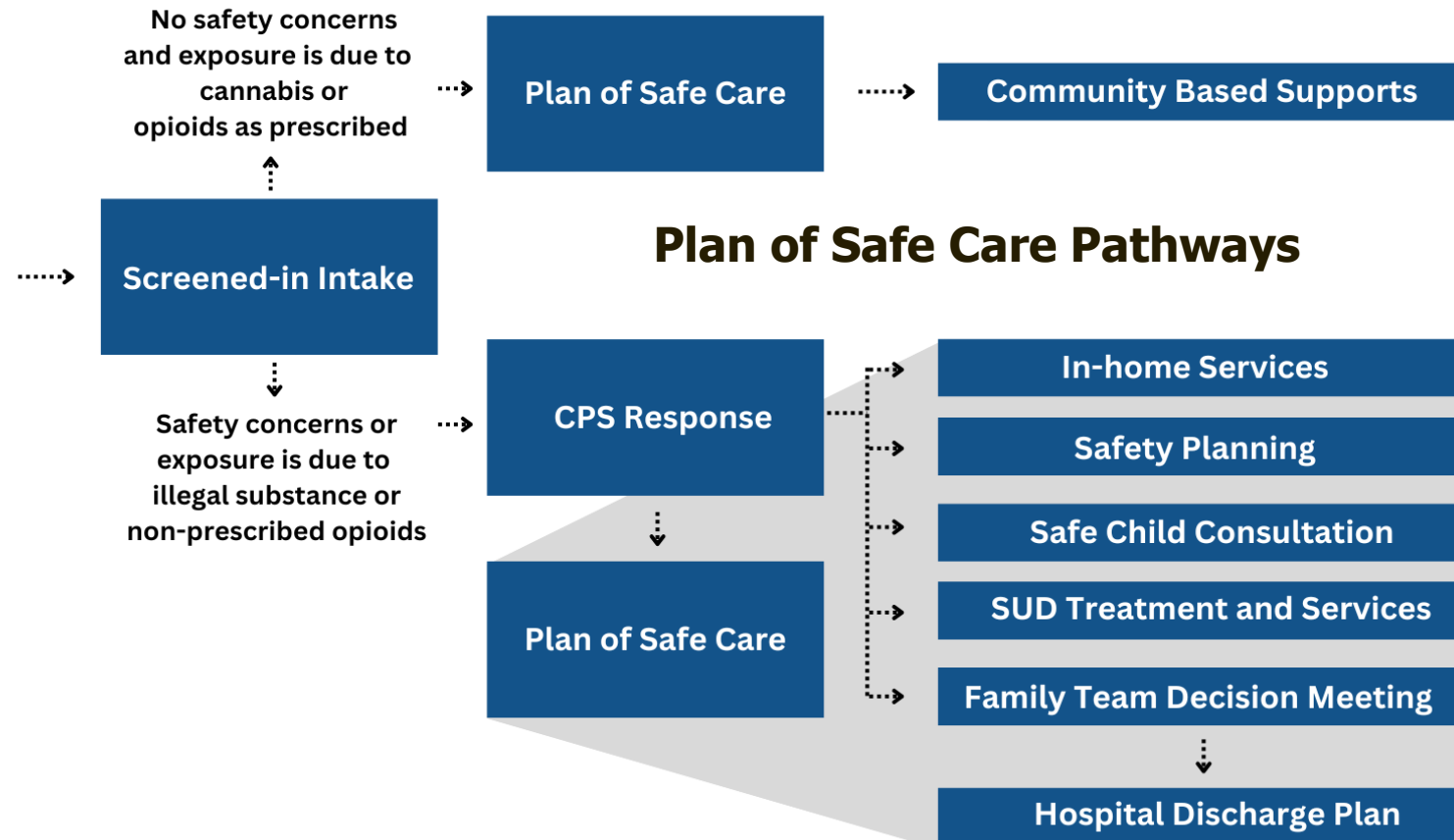
Juvenile Rehabilitation

Staff training and youth education on dangers of opioids. Implemented statewide opioid prevention program in 2021 with UW and Seattle Childrens Hosp.



Substance Exposed Newborn

Implementing **Plan of Safe Care** to provide connection to supports for families of infants with prenatal substance exposure.



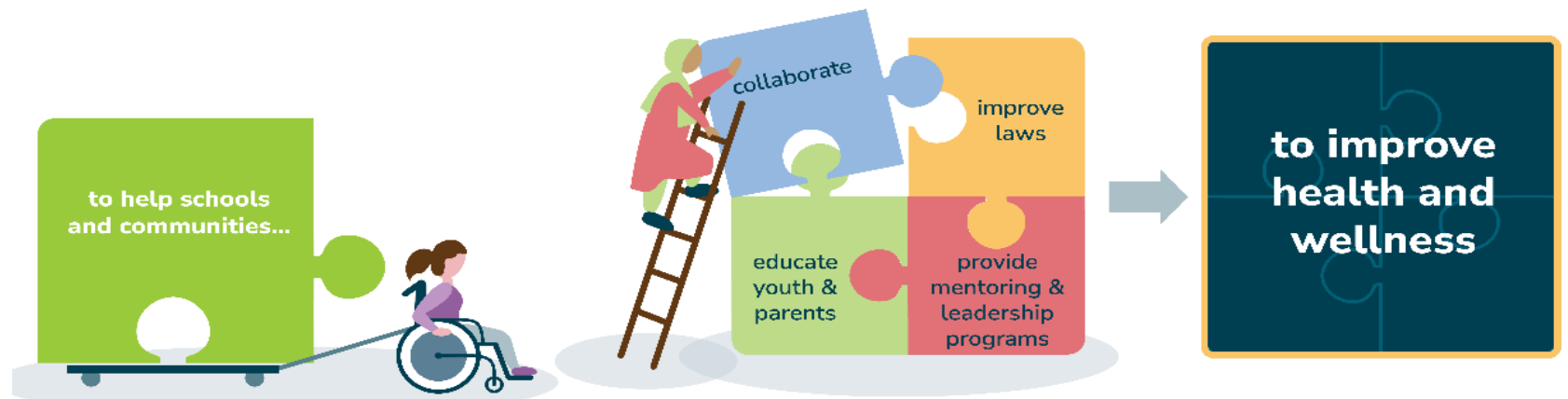
HCA Promotion and Prevention Services

Prevention Evidence Based Programs

- ▶ Youth education/skill building
 - ▶ Good Behavior Game, LifeSkills Training, Positive Action
- ▶ Parenting education
 - ▶ Strengthening Families, Strengthening African American Families, Guiding Good Choices
- ▶ Mentoring
- ▶ Youth leadership
- ▶ Community engagement
- ▶ School Policy
- ▶ Public education/media

School and community-based services delivered through:

- ▶ Tribal Prevention Programming
- ▶ The Community Prevention and Wellness Initiative (CPWI)
- ▶ Community-Based Organizations grants
- ▶ Young Adults Services grants



Goal 3: Ensure Health and Wellness of People Who use Drugs (PWUD)

Looking at practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Strategies include:

Distribute Naloxone

Support for Syringe
Support Services
Programs

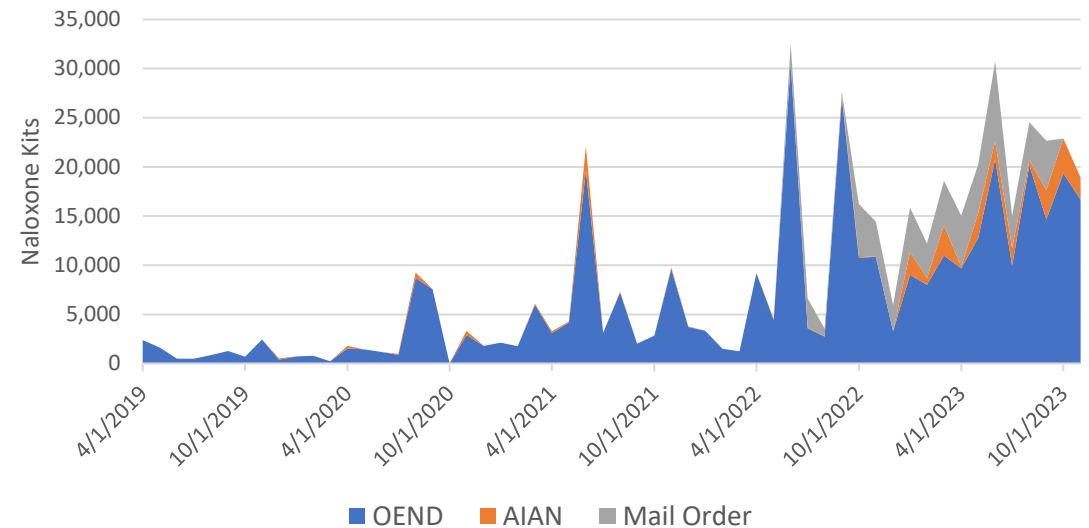
**Prevention and
Treatment**
of Infectious Disease

Engage clients in health
and support services

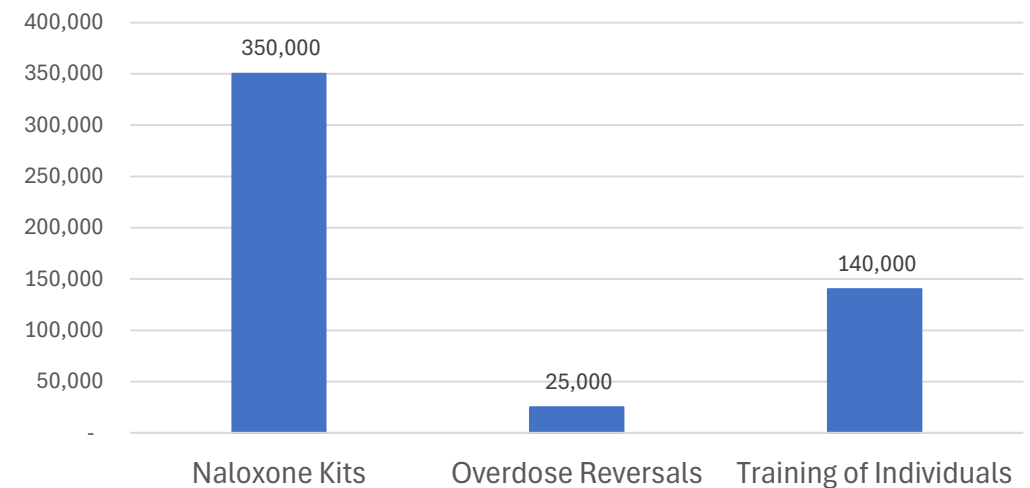
Overdose Education and Naloxone Distribution Program (OEND) Focuses On:

- **Providing free naloxone** to organizations that cannot bill insurance (safety net) that can distribute to people most likely to overdose or witness an overdose (e.g., Syringe Service Programs, jails, street outreach, supportive housing providers).
- **Providing technical assistance and training** around the distribution and use of naloxone.
- **Resourcing statewide naloxone mail-order service** (for individuals concerned about stigma and privacy and those in rural communities without convenient access points)

WA DOH Naloxone Distribution Program
4/1/2019 – 10/1/2023



OEND Program from 4/1/2019 – 10/1/2023



Syringe Service Programs (SSPs)



SSPs are community-based public health programs that provide critical services in nonjudgmental environments to people who use substances.

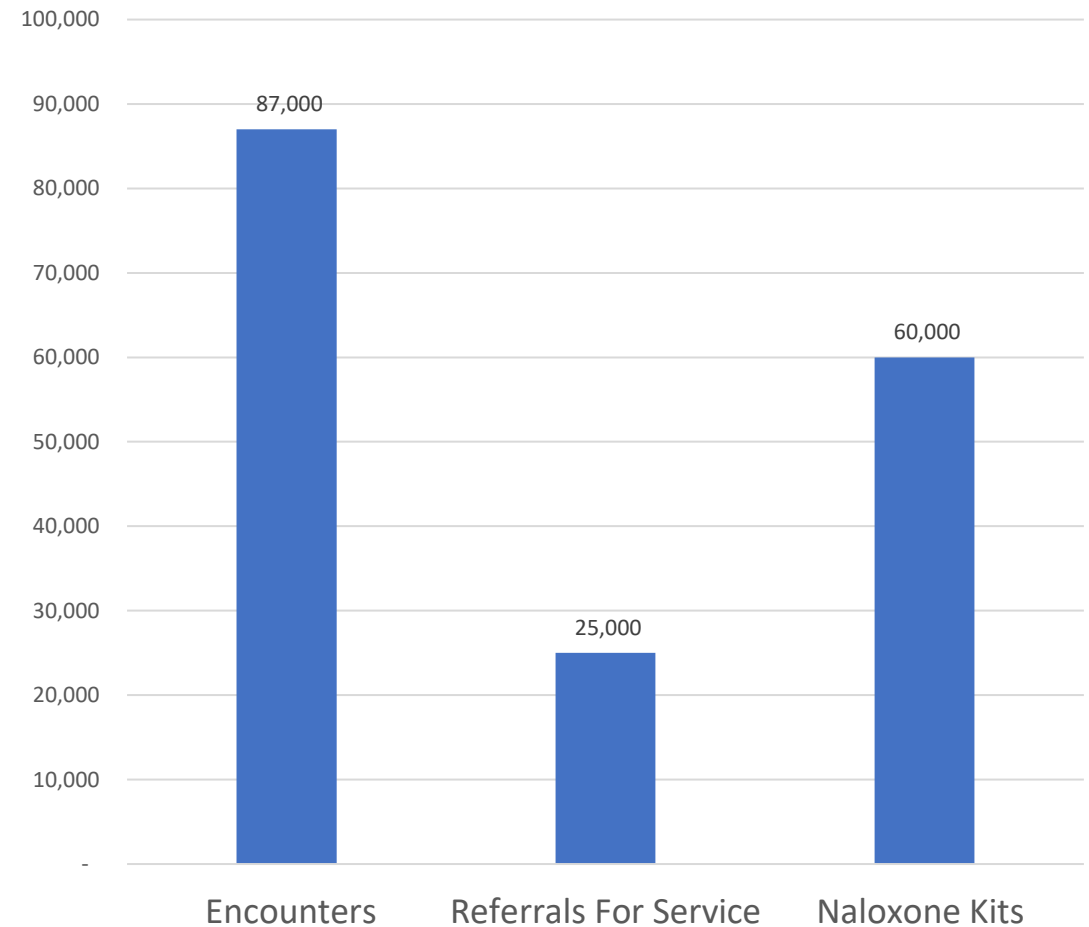
All programs provide:

- Sterile injecting and hygiene supplies
- Safe syringe disposal
- Overdose education and naloxone distribution
- Social support and linkage to healthcare and treatment services
- **Some programs also provide** low-barrier buprenorphine treatment, infectious disease testing and treatment, wound care, vaccinations, smoking cessation supports, sexual and reproductive health care supplies, and other health services.



Programs are run by a variety of organizations, including local health jurisdictions, community-based organizations, federally qualified health centers, faith-based organizations, and tribes.

Syringe Services Programs in 2023



Mike Gilman

Juvenile Probation Counselor
Thurston County Juvenile and Family Court





Governor Q&A

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OPIOID TREATMENT ACCESS AND RECOVERY SERVICES

PRESENTED BY (IN ORDER OF PRESENTATION):

- MICHAEL LANGER, ACTING DIVISION DIRECTOR OF THE DIVISION OF BEHAVIORAL HEALTH AND RECOVERY, WASHINGTON STATE HEALTH CARE AUTHORITY
- AUSTIN HOBERG, OXFORD HOUSE RESIDENT

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Treatment

Expanding access to Medications for Opioid Use Disorder (MOUD)

- Buprenorphine (Suboxone and Sublocade), naltrexone, methadone
- Hub and Spoke – linking prescribers to community behavioral health resources
- Expanding OTPs – now 37 OTPs across the state serving over 14,000 individuals
- MOUD access in jails and prisons

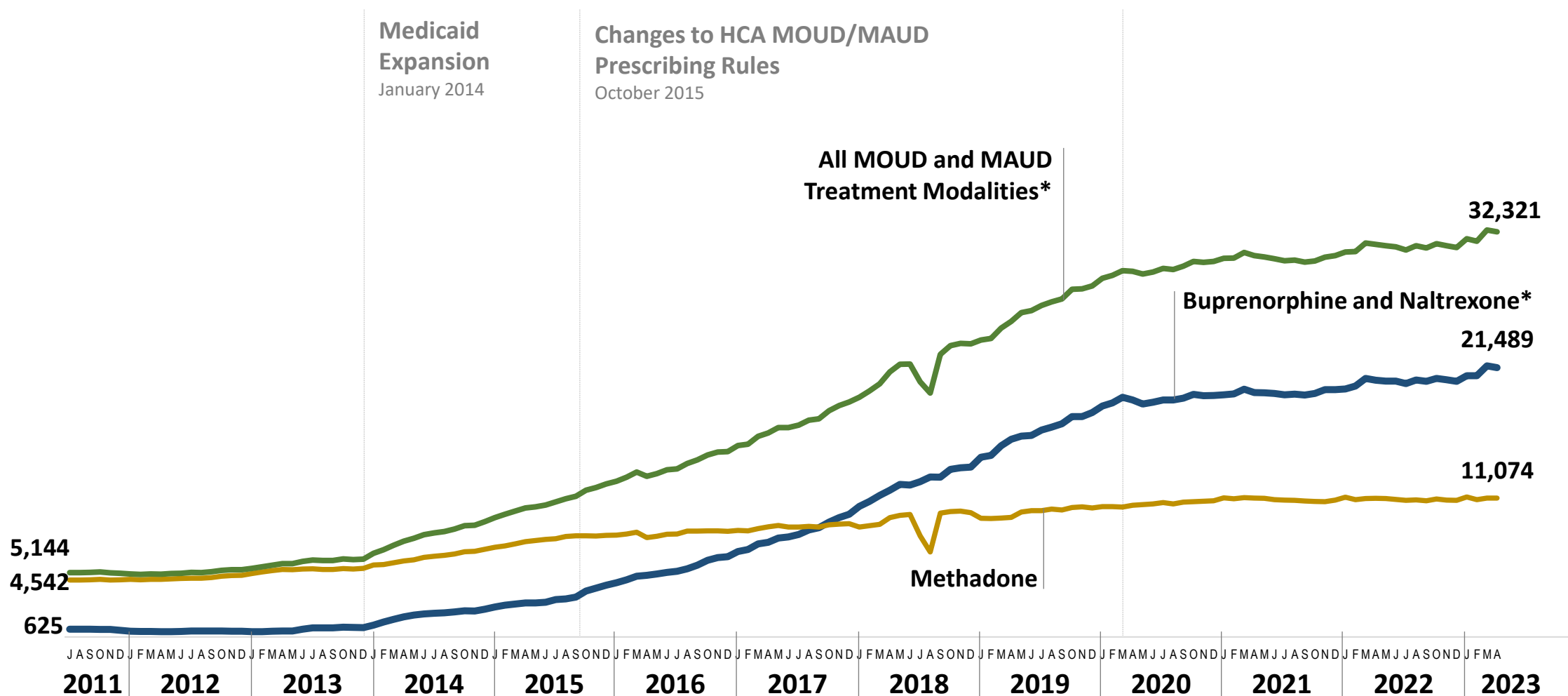
Outpatient Opioid Use Disorder Treatment

Residential Opioid Use Disorder Treatment

Health Engagement Hubs - 2 new sites in 2024 with more coming in the future

Monthly Count of Persons Receiving Medication To Treat Opioid or Alcohol Use Disorder

July 2011 through April 2023



* Also includes a limited volume of utilization of disulfiram and acamprosate.
SOURCE: DSHS Executive Management Information Services (EMIS) Report, December 2023.

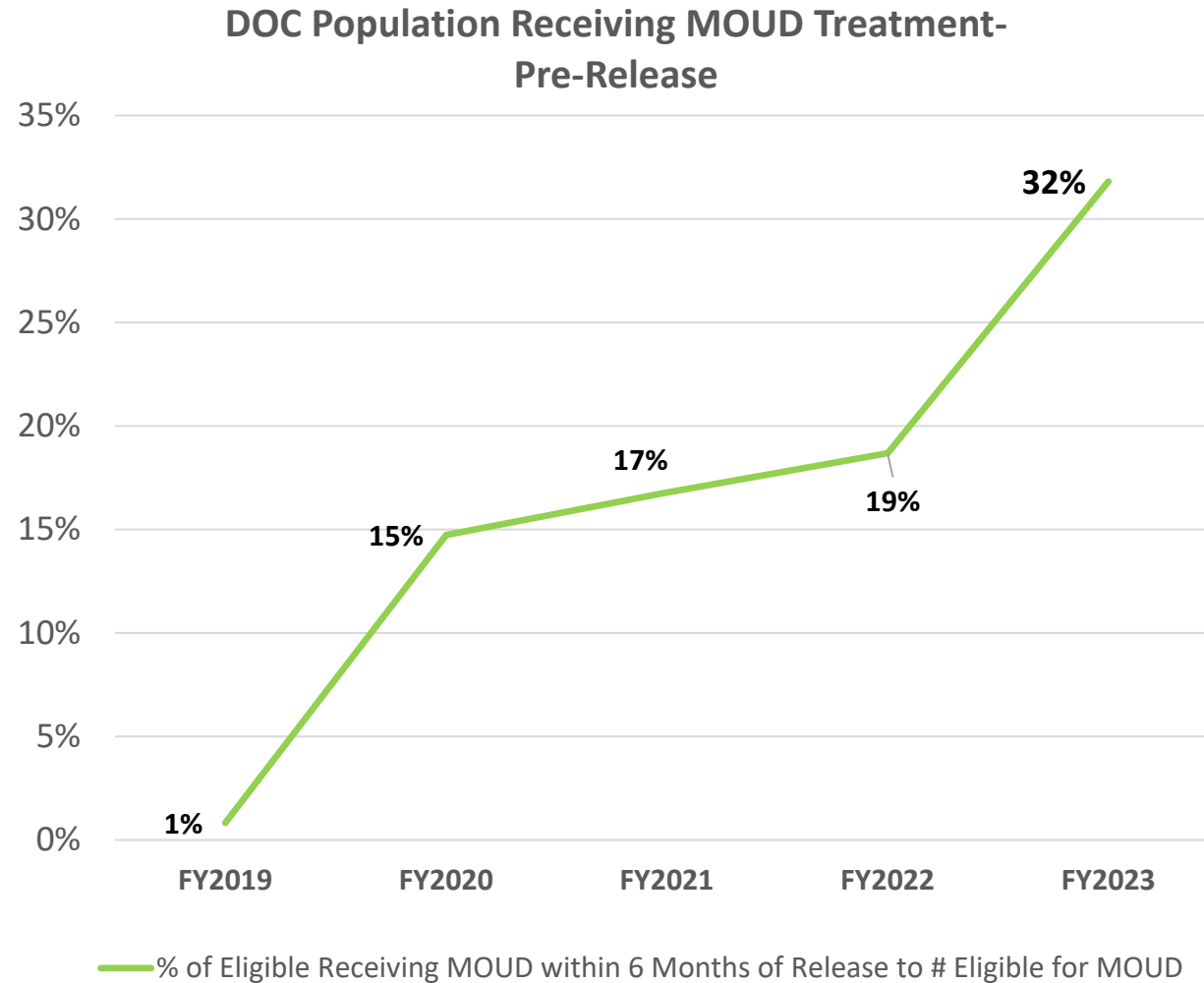
Treatment Enhancement Strategies for Addressing the Opioid/Fentanyl Crisis

Capacity – we need to ensure we have capacity to provide a variety of services across the continuum – prevention, outreach & engagement, treatment, recovery supports

Workforce – critical for treatment and recovery support services access

Collaboration- necessary to address multi-state system impacts

Treatment for Opioid Use Disorder at DOC



Increase in Jail MOUD

Continuation on MOUD at intake has increased 25% following increased access in jails

32% of eligible pre-release population received MOUD which is limited by resources

Pilot Residential Substance Use Disorder Treatment at Reentry Centers starting 2024

Universal Opioid Use Disorder Screening at Arrival to Prison

*Formerly Work Release

Tribal Engagement

- \$15.5 Tribal Distribution appropriated from Opioid Abatement Account
- [WA Tribal Fentanyl/Opioid Summit](#) – Strengthening Pathways to Healing
- [National Tribal Opioid Summit](#) – Resource Hub
- 7 OTPs with 2 coming on board this year, 3 Tribal Mobile Medication Units, and the 5 Tribal Pilot Tribal Prevention System (Icelandic Prevention Model).



Treatment and Recovery: DCYF Efforts

Child Welfare

- Facilitating access to treatment and SUD services for adolescents and parents involved in our system that need access to treatment

Juvenile Rehabilitation

- Providing MOUD and other behavioral health supports while youth are in DCYF facilities
- Providing increased transition supports so that youth can effectively transition to community-based services

Across DCYF Systems

Seeing an increased need for community-based treatment services for child welfare and juvenile rehabilitation clients. Successful prevention efforts, as well as reunification and re-entry, depend on access to treatment.

Recovery Support Services



Certified Peer Counselors providing SUD peer services

7900 individuals trained



Housing

Oxford Houses – 347 homes with over 3000 beds
WAQRR Recovery Residences – 171 homes
Housing First with Supports



Foundational Community Supports

Over 6000 individuals have been provided with employment services
Over 9,000 individuals served with housing services



Peer Run Organizations and Clubhouses

11 Recovery Cafes;
14 Community Organizations;
12 Clubhouses

Austin Hoberg

Oxford House Resident





Governor Q&A

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FUTURE COMMITMENTS AND NEXT STEPS

PRESENTED BY (IN ORDER OF PRESENTATION):

- UMAIR SHAH, MD, MPH, SECRETARY OF HEALTH,
WASHINGTON STATE DEPARTMENT OF HEALTH
- SUE BIRCH, DIRECTOR, WASHINGTON STATE HEALTH
CARE AUTHORITY
- JILMA MENESES, SECRETARY, WASHINGTON STATE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Next steps

- ▶ We must work together across agencies with urgency
- ▶ It is important to continue focusing on upstream prevention as we are addressing the current crisis
- ▶ Strengthening treatment efforts and elevating the recovery journey will require statewide collaboration.
- ▶ Fentanyl awareness and education must be taken to the people of Washington, especially our adolescent and other disproportionately impacted communities.
- ▶ We must address the Social Determinants of Health as an inseparable driver of substance use disorders.



Governor Q&A



Governor's Closing Remarks

Join us March 27th
10:30 a.m. – 11:45 a.m.

Topic:
Homelessness in
Washington State

THANK YOU FOR ATTENDING TODAY!

PLEASE TAKE A MOMENT TO COMPLETE
OUR BRIEF SURVEY USING THE QR CODE
BELOW:



YOU CAN VIEW THE RECORDING OF
TODAY'S MEETING
AT: [HTTPS://RESULTS.WA.GOV/MEASURING-](https://results.wa.gov/measuring-progress/public-performance-reviews)
[PROGRESS/PUBLIC-PERFORMANCE-REVIEWS](https://results.wa.gov/measuring-progress/public-performance-reviews)