

# **State Targeted Response to the Opioid Crisis Grants Short Title: Opioid STR**

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Behavioral Health Conference

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# Outcomes – Learning

- Details regarding the WA State Targeted Response (STR) to the Opioid Crisis Grant.
- Information about the 18 different projects of the STR grant, including Prevention, Treatment, and Recovery Support Services.
- The status of the various projects and where they have been implemented.
- How to operationalize a Hub and Spoke Network.

# SAMHSA STR Grant

- Part of the 21st Century Cures Act, signed December 13, 2016, by President Obama:
  - Promotes and funds the acceleration of research into preventing and curing serious illnesses; accelerates drug and medical device development.
  - Addresses the opioid abuse crisis; and tries to improve mental health service delivery.
  - **STR State award allocations based on need: \$485 million in grants to help states and territories combat opioid addiction.**
- May 1, 2018, year two of the STR Grant began.

# State Opioid Response Plan

## Priority Goals

**Goal 1:**

**Prevent opioid  
misuse & abuse**



**Goal 2:**

**Treat opioid  
use disorder**



**Goal 3:**

**Reduce  
morbidity &  
mortality**



**Goal 4:**

**Use data to  
monitor &  
evaluate**



## Priority Goals

**Goal 1:**

**Prevent opioid  
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**Goal 2:**

**Treat opioid  
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**Goal 3:**

**Reduce  
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**Goal 4:**

**Use data to  
monitor &  
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# Washington Opioid STR

**All 18 projects are linked to Washington State Interagency Opioid Working Plan, comprised of four goals:**

- (1) Prevent opioid misuse and abuse,
- (2) Link individuals with opioid use disorders to treatment/support services,
- (3) Intervene in opioid overdoses to prevent death,
- (4) Use data and information to detect opioid misuse/abuse, monitor mortality, and evaluate interventions.

# Prevention Projects - Overview

- 1. Prescriber/Provider Education (\$80,000)**
- 2. UW TelePain (\$40,619)**
- 3. Public Education Campaign (\$868,149)**
- 4. Safe Storage Curricula and Training (\$20,000)**
- 5. Prevention Workforce Enhancements (\$60,000)**
- 6. Community Prevention and Wellness Initiative (CPWI) Expansion (\$752,000)**
- 7. Analysis of Evidence-Based Practices (\$35,000)**
- 8. Community Enhancement Grants (\$300,000)**

# Prevention #1

- **Prescriber/Provider Education (\$80,000)**
  - **Goal #1 Prevent opioid misuse and abuse; Strategy 1:**  
*Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.*
- Description: Host two (one east side and one west side of the State) symposium events for Washington State dental prescribers and oral health care providers who commonly treat youth and adults with injuries and acute pain. The events will focus on opioid prescribing practices and guidelines. Washington State Labor and Industries (L&I) is providing planning support for symposium content and speakers.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes

## Prevention #2

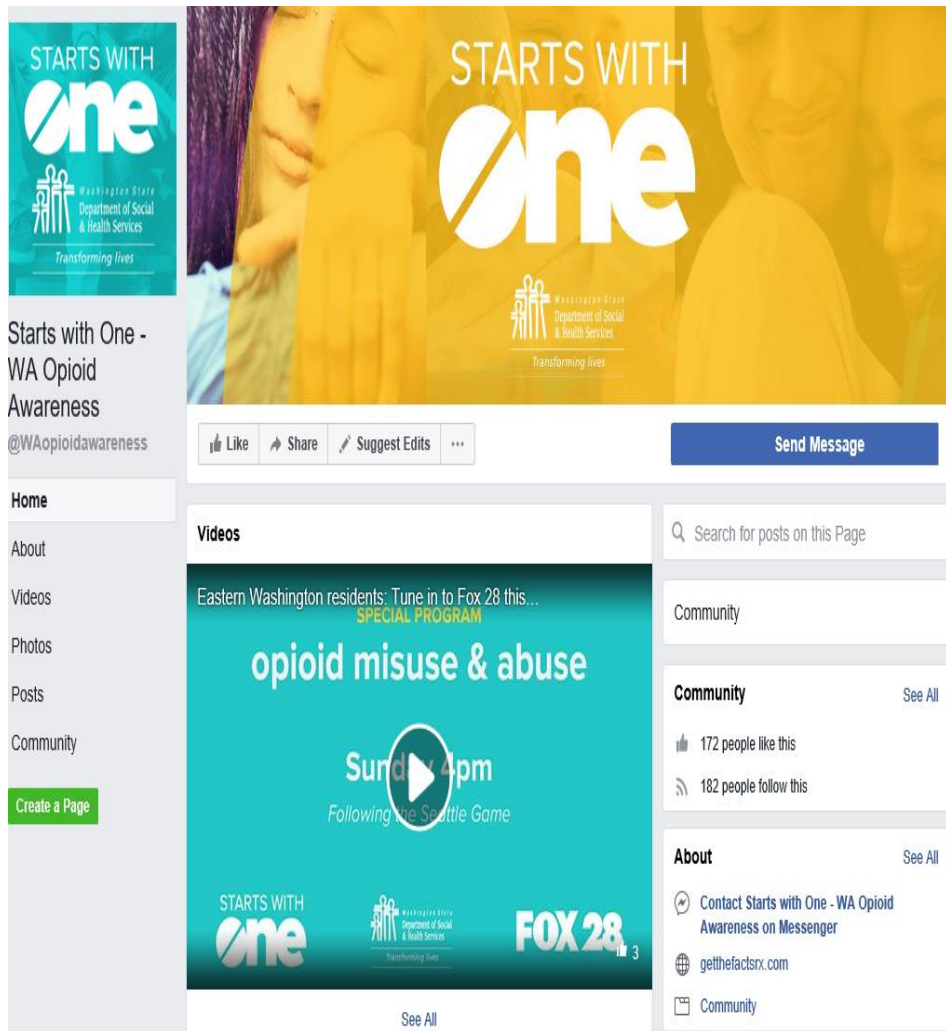
- **UW TelePain (\$40,619)**
  - Goal #1 **Prevent opioid misuse and abuse**; *Strategy 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.*
- Description: Provide partial funding to the University of Washington (UW) for a weekly TelePain program that provides access to a multidisciplinary panel of experts that provide didactic teaching and case consultation to primary care providers to reduce overdose related deaths by improving the knowledge and prescribing practices of primary care providers.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes



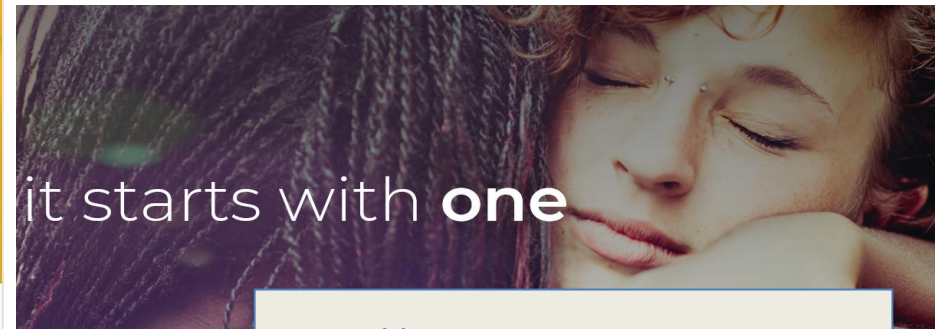
## Prevention #3

- **Public Education Campaign (\$868,149)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.*
- Description: Work with Desautel Hege to design, test and disseminate various public education (cable, radio, newsprint, and social media) messages for targeted audiences, as well as with the DSHS Communications Office to work with tribes to develop a tribal-specific campaign to meet community needs.
- DBHR Lead Manager(s): Mallory Peak & Tina Anderson

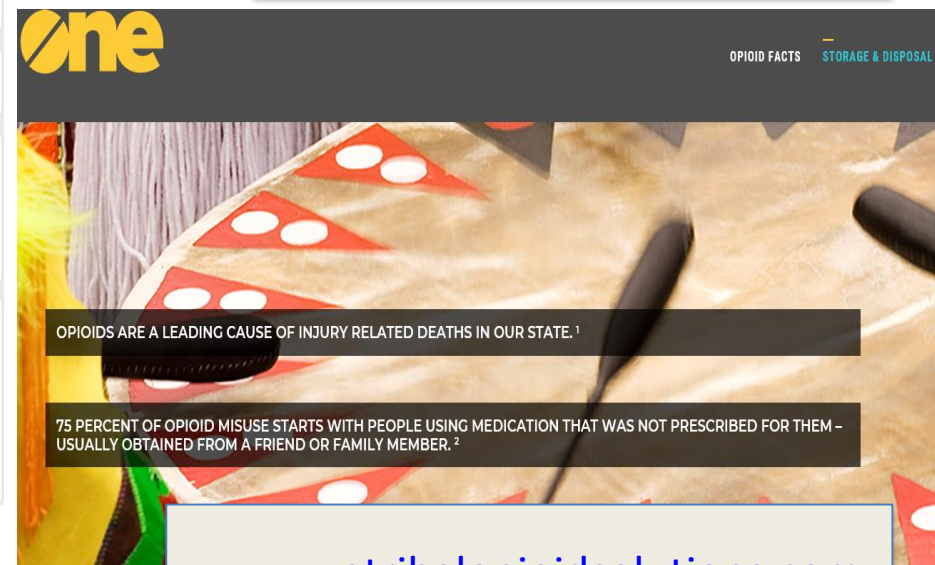
# Prevention Websites



<https://www.facebook.com/WAopioidawareness/>



<http://getthefactsrx.com>



[www.watribalopioidsolutions.com](http://www.watribalopioidsolutions.com)

## Prevention #4

- **Safe Storage Curricula and Training (\$20,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.*
- Description: Engage partnering agencies with front-line workers that meet with parents, children, and caregivers to integrate and disseminate prescription drug misuse and abuse prevention education.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes

## Prevention #5

- **Prevention Workforce Enhancements (\$60,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.*

Description: Enhance funding support to Annual Washington State Prevention Summit and Spring Youth Forum. This support will increase the availability of educational opportunities for youth and prevention professionals (and related fields) by providing presentations and workshops geared toward opioid misuse and abuse prevention.

- DBHR Lead Manager: Angie Funairole

## Prevention #6

- **Community Prevention and Wellness Initiative (CPWI) Expansion (\$752,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 3: Prevention opioid misuse in communities, particularly amongst youth.*
- Description: Using an evidence-based school and community process, DBHR has expanded CPWI to five additional high-need communities. These CPWI sites will conduct local strategic planning and decision-making to focus on addressing local needs by implementation of evidence-based strategies and programs, as well as, initiating educational events/activities to increase community awareness about prescription drug and opioid misuse/abuse.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes

# Prevention #7

- **Analysis of Evidence-Based Practices (\$35,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 3: Prevention opioid misuse in communities, particularly amongst youth.*
- Description: Contract with Washington State University (WSU) to conduct analysis of current selection of evidence-based practice with outcomes in the most salient factors related to youth misuse/abuse of prescriptions drugs.
- DBHR Lead Manager: Angie Funaiole & Rebecca Grady

## Prevention #8

- **Community Enhancement Grants (\$300,000)**
  - *Goal #1 Prevent opioid misuse and abuse; Strategy 4: Promote safe home storage and appropriate disposal of prescription pain medication to prevention misuse.*
- Description: Utilize application process to fund services to 10-15 communities in Washington State to implement evidence-based programs and drug take back and educational strategies over the course of one-year with the goal of reducing or preventing prescription medicine and opiate misuse and abuse.
- DBHR Lead Manager: STR Prevention Manager Alicia Hughes

# Treatment Projects - Overview

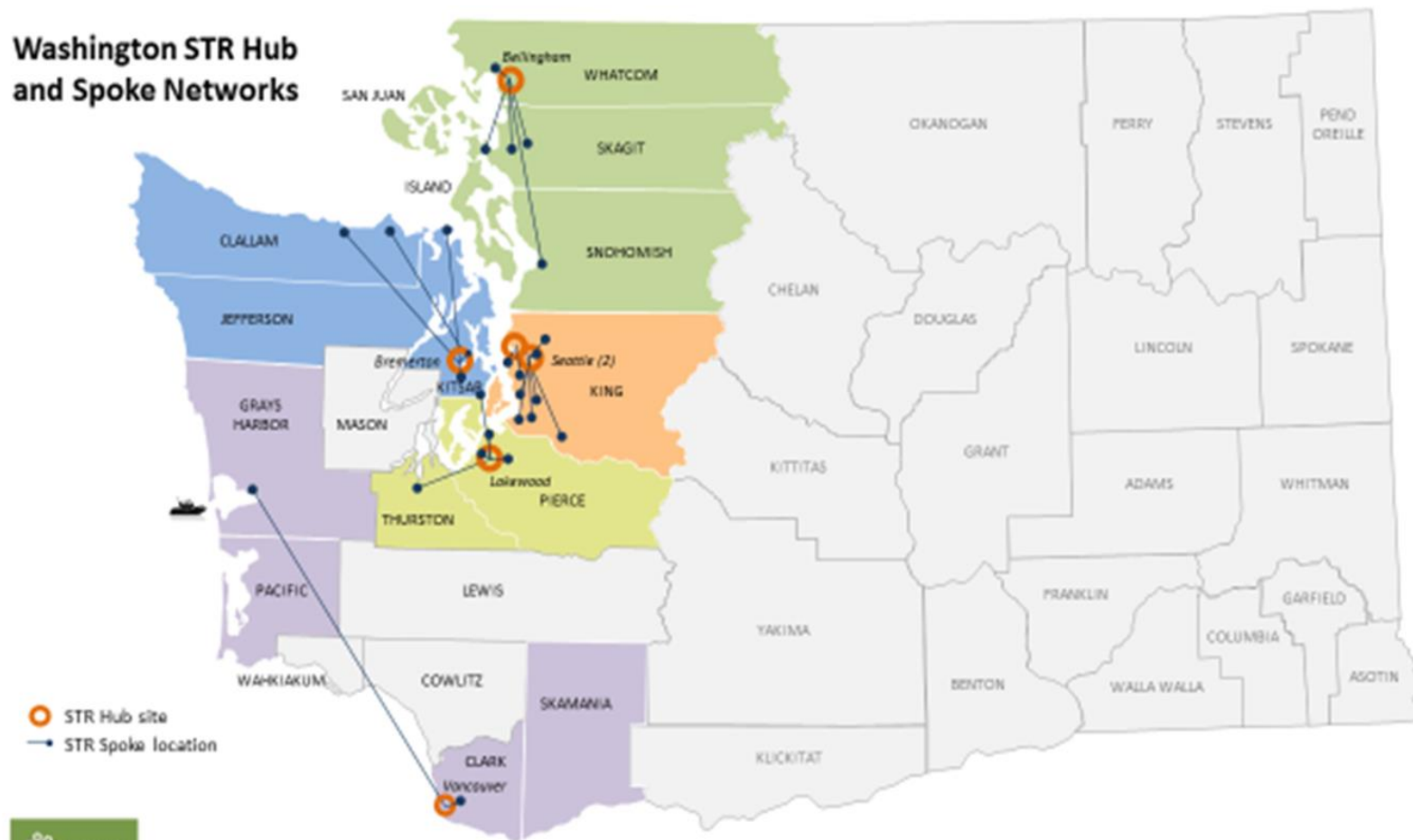
1. **Hub and Spoke (\$4,995,951)**
2. **Mobile OTP Van (\$400,000)**
3. **Low-Barrier Buprenorphine Pilot (\$130,000)**
4. **PathFinder Peer Project (\$1,660,000)**
5. **Tribal Treatment (\$275,000)**
6. **Treatment Payment Assistance (\$242,524)**
7. **DOC Treatment Decision Re-entry Services & COORP (\$690,500)**
8. **Bridge to Recovery (JRA) (\$201,000)**
9. **Naloxone Distribution (\$200,000)**
10. **Prescription Monitoring Program (\$250,000)**



# Treatment #1

- **Hub and Spoke (\$4,995,951)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities.*
- Description: DBHR will expand access for statewide access to Medication Assisted Treatment (MAT) and reduce unmet need by developing and implementing six (6) hub and spoke models. Hubs are regional centers serving a defined geographical area that will support spokes. Hubs will be responsible for ensuring that at least two of the three Federal Drug Administration approved MAT are available. Spokes (five per hub) are facilities that will provide behavioral health treatment and/or primary healthcare services, wrap around services, and referrals to patients referred to them by the hub.
- DBHR Lead Manager: STR Treatment Manager Deb Cummins

# Hub and Spoke Locations



DATA SOURCE: Division of Behavioral Health and Recovery.

NOTES: STR Spoke locations may represent more than one clinic or agency providing MAT services or referrals to the STR Hub site.

## Hub and Spokes

## All Sites

### STR Monthly Summary Report

Total Treatment Events **2,466**

Unduplicated Patients **2,426**

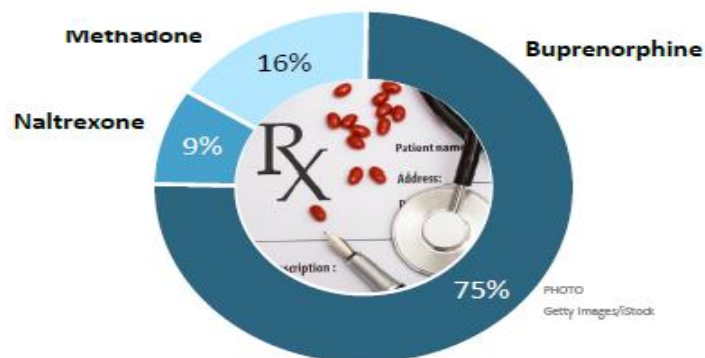


### ALL SITES TARGET

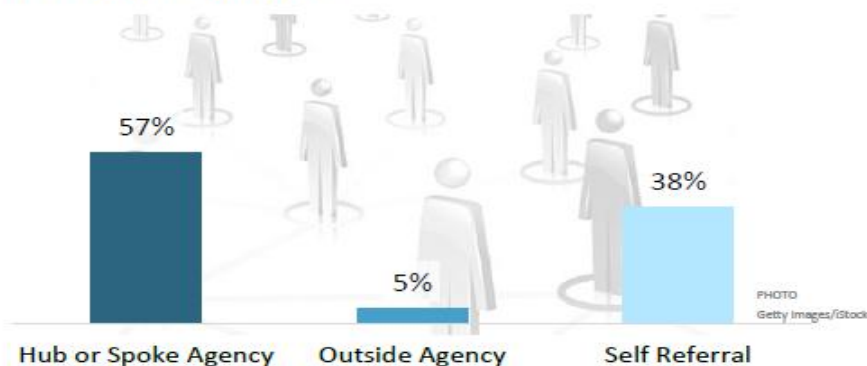
Transfers = 96



### MEDICATIONS



### REFERRAL SOURCE



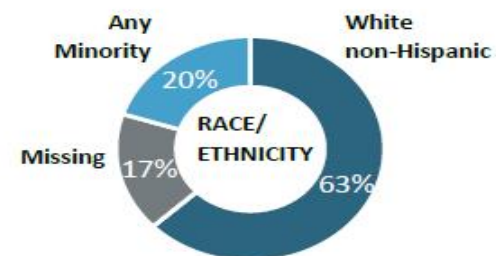
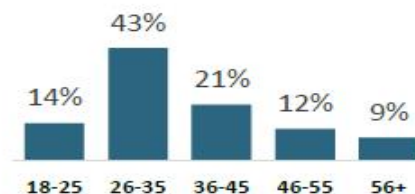
### DEMOGRAPHICS

#### GENDER

Male 54% Female 46%



#### AGE DISTRIBUTION



## Treatment #2

- **Mobile OTP Vans (\$400,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities.*
- Description: Funding will be provided to Evergreen Treatment Services to purchase, customize, and deploy a Opiate Treatment Program (OTP) mobile van to expand services in urban areas.
- DBHR Lead Manager: STR Treatment Manager Deb Cummins

## Mobile Vans

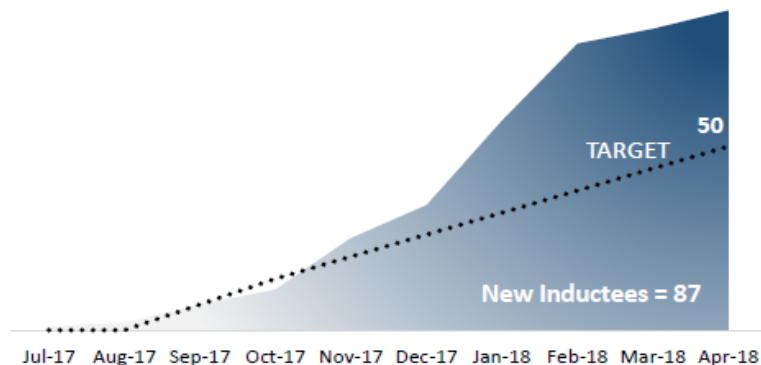
### Evergreen Treatment Services: Seattle Mobile Van

#### STR Monthly Summary Report

Total Treatment Events	93
Unduplicated Patients	87

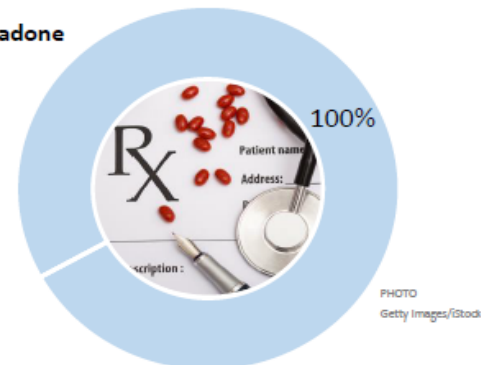


## ETS: Seattle Mobile Van



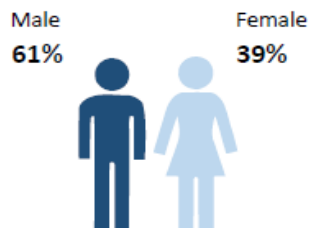
## MEDICATIONS

### Methadone

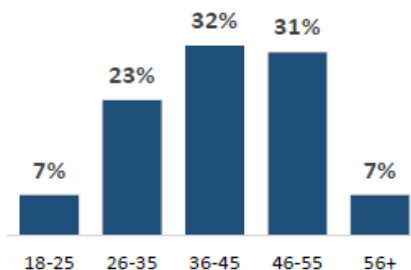


## DEMOGRAPHICS

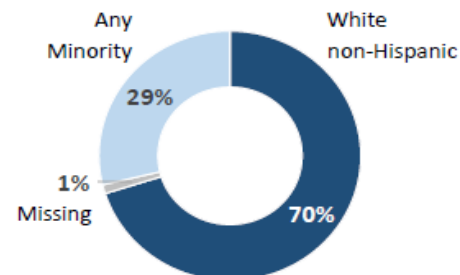
### GENDER



### AGE DISTRIBUTION



### RACE/ETHNICITY



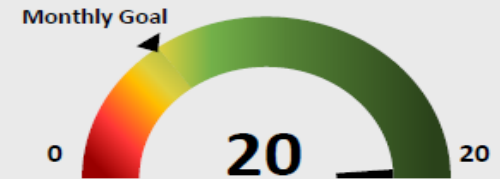
# Treatment #3

- **Low-Barrier Buprenorphine Pilot (\$130,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities.*
- Description: WA-Opioid STR together with ADAI will develop a low-barrier buprenorphine model at the Seattle Indian Health Board to induce and stabilize highly vulnerable people with OUD on buprenorphine in a community based setting. People will be provided buprenorphine quickly, typically within 1-48 hours, then will receive flexible dosing/prescribing so that they are able to stabilize over 30-60 days. They will be provided ongoing support of a nurse care manager and transitioned to maintenance at a community based health clinic.
- DBHR Lead Manager: STR Treatment Manager Deb Cummins

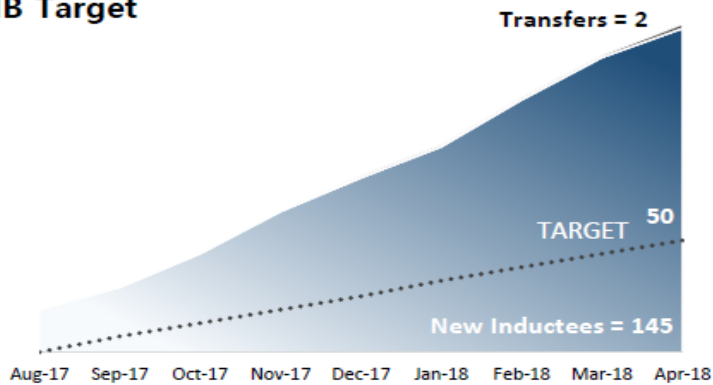
## Low Barrier Buprenorphine Seattle Indian Health Board

### STR Monthly Summary Report

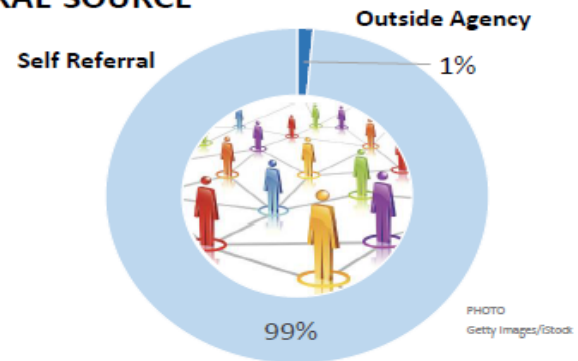
Total Treatment Events **171**  
Unduplicated Patients **147**



### SIHB Target

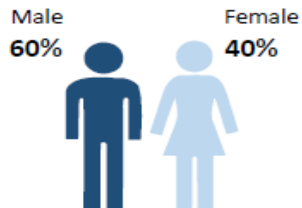


### REFERRAL SOURCE

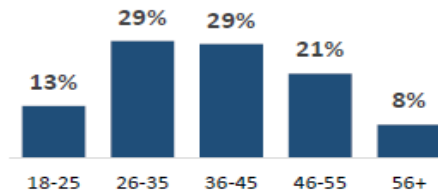


### DEMOGRAPHICS

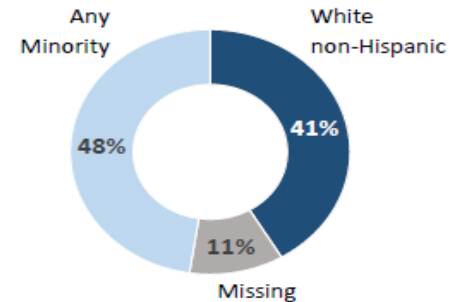
#### GENDER



#### AGE DISTRIBUTION



#### RACE/ETHNICITY





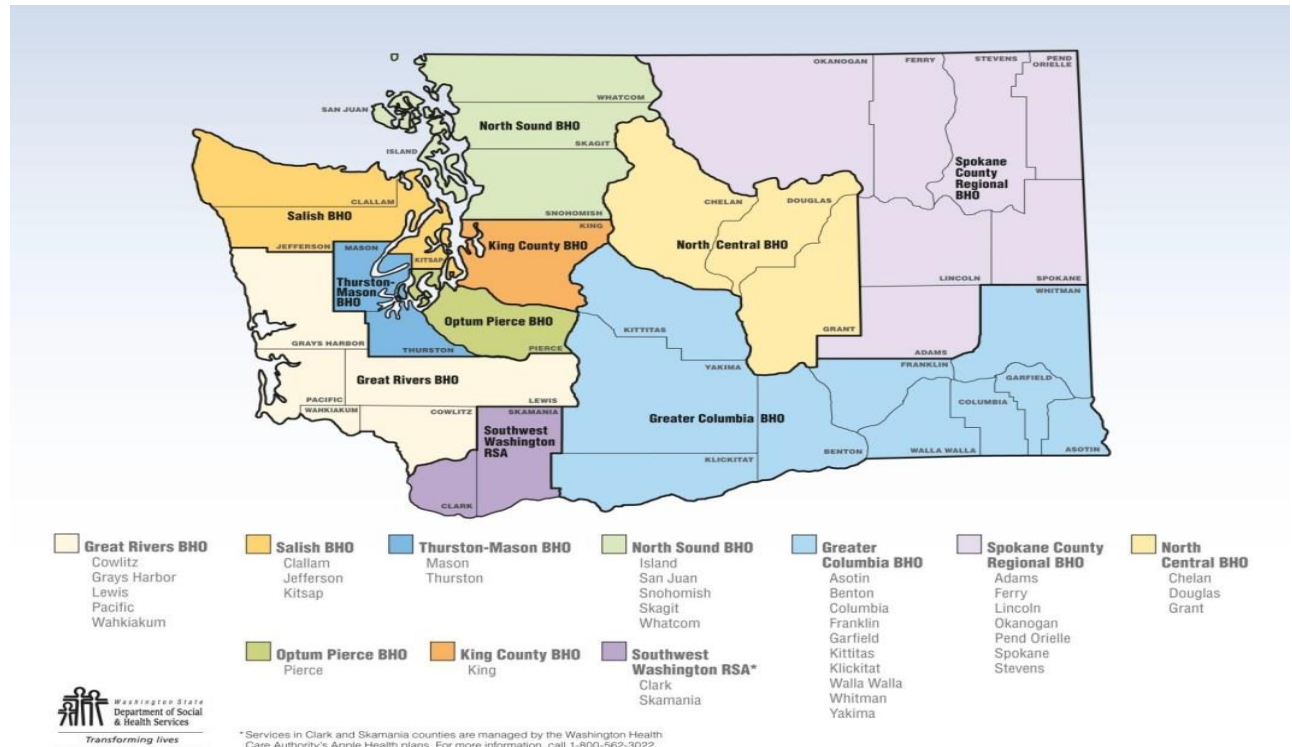
# Treatment #4

- **PathFinder Peer Project (\$1,660,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities.*
- Description: PathFinder Peer Project will build on the already established DBHR Projects for Assistance in Transition from Homelessness (PATH) program to provide SUD peers recovery support in two environments, emergency rooms and homeless encampments. The project will link the individuals to needed MAT services and assist in navigating systems and addressing barriers to independence and recovery.
- DBHR Lead Manager(s): Melodie Pazolt and Teesha Kirschbaum



# Peer PathFinder Sites

- Great Rivers BHO – Columbia Wellness \*
- Greater Columbia BHO – Central WA Comprehensive Mental Health
- Greater Columbia BHO – Lourdes Counseling
- King County BHO – DESC
- King County BHO – Sound (Seattle) Mental Health
- North Sound BHO – Compass Health – Snohomish
- North Sound BHO – Compass Health – Whatcom
- Salish BHO – Peninsula Behavioral Health
- Pierce – Comprehensive Mental Health \*
- Pierce – Greater Lakes Mental Health\*
- Spokane BHO – Spokane (Frontier) Mental Health
- Early Adopter Region – Community Services Northwest\*
- Thurston/Mason BHO – Capital Recovery Center



## Treatment #5

- **Tribal Treatment (\$275,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities.*
  - Description: WA-Opioid STR funding will be used to add treatment training tracks to currently established tribal conferences, provide funding for tribal participants to attend the conferences. Funding will also be used to create and distribute media campaigns for tribes to build awareness related to MAT/OD treatment options for Native Americans.
  - DBHR Lead Manager: STR Program Manager Tina Anderson



Opioid

# Prevention



journey to

# recovery





OPIOIDS ARE A LEADING CAUSE OF INJURY RELATED DEATHS IN OUR STATE. <sup>1</sup>

75 PERCENT OF OPIOID MISUSE STARTS WITH PEOPLE USING MEDICATION THAT WAS NOT PRESCRIBED FOR THEM - USUALLY TAKEN FROM A FRIEND OR FAMILY MEMBER. <sup>2</sup>

## MEDICATION ASSISTED TREATMENT CAN PROVIDE THE ASSISTANCE YOU NEED TO RECOVER FROM OPIOID MISUSE.

- No single treatment is right for everyone
- Medication assisted treatment can help you stabilize your life
- Talk to your Doctor before starting any medication

[GET HELP NOW](#)[RESOURCES](#)

<sup>1</sup> Source: Washington State Department of Health

<sup>2</sup> Source: Substance Abuse and Mental Health Services Administration

## Treatment #6

- **Treatment Payment Assistance (\$242,524)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in communities.*
- Description: Each of the 10 Regional Service Areas will receive funding to off-set the cost of providing treatment services to opioid use disorder patients who have financial barriers to treatment access. This funding is intended to offset deductible and co-pays for patients seeking treatment for OUD services but are unable to meet co-pay requirements.
- DBHR Lead Manager: STR Treatment Manager Deb Cummins

# Treatment #7

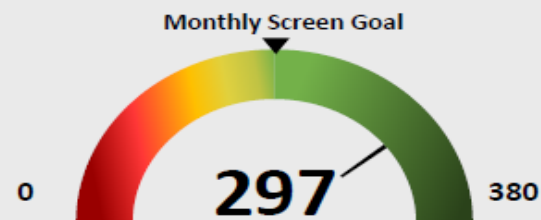
- **ODU Treatment Decision Re-entry Services & COORP (\$690,500)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in the criminal justice system.*
- Description: WA-Opioid STR together with the Department of Corrections (DOC) will develop and operate two programs. The **Reentry** work-release and violator programs will be located in five communities across Washington State and provide re-entry services for discharging work-release and parole violators who have been identified as having OUD. The second program; **Care for Offenders with OUD Releasing from Prison** (COORP) will identify incarcerated individuals with OUD, expected to be released, and connect individuals to MAT services in the county of their release, and expedite their enrollment in a Medicaid health plan. Individuals with OUD will receive Naloxone upon release from incarceration.
- DBHR Lead Manager: STR Treatment Manager Deb Cummins

## DOC Treatment Decision Making

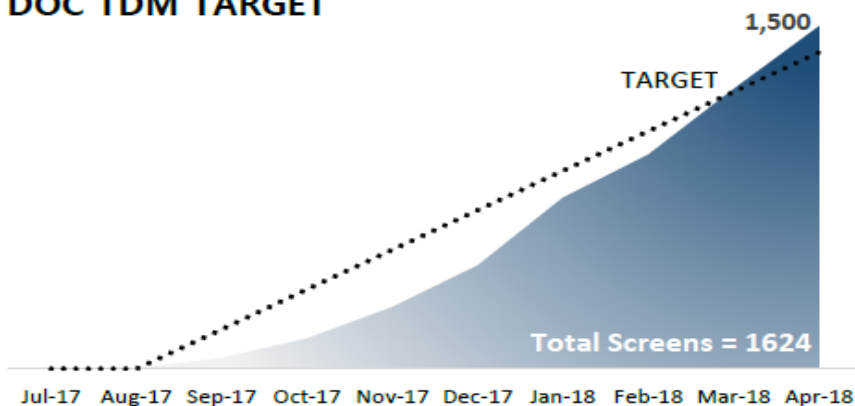
## Department of Corrections: All Sites

### STR Monthly Summary Report

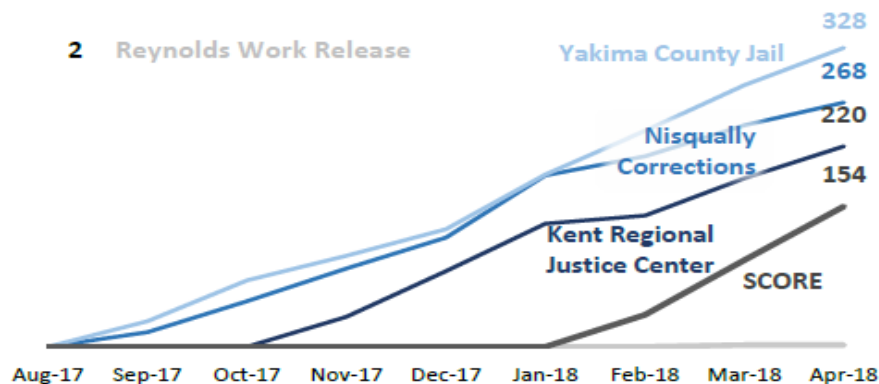
Total Screens **1,624**  
Unduplicated Enrolled Offenders **941**



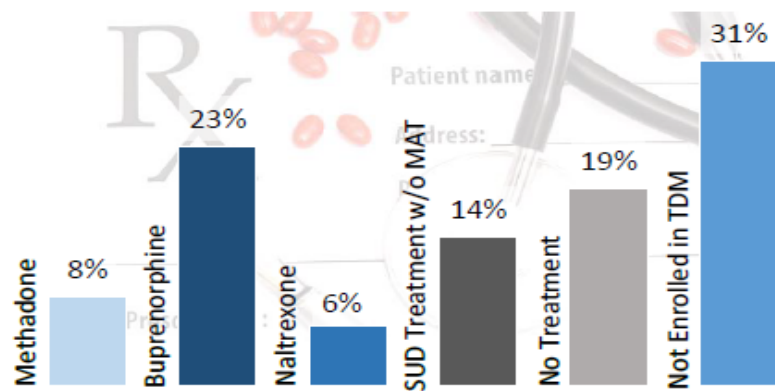
### DOC TDM TARGET



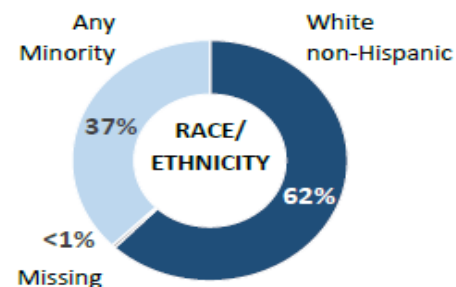
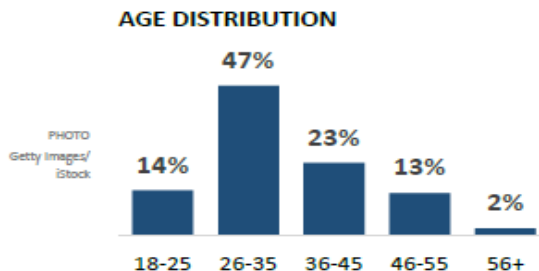
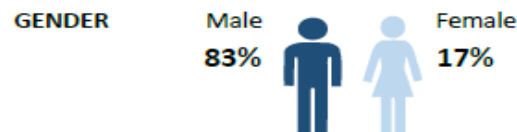
### UNDUPLICATED ENROLLED OFFENDERS BY SITE



### TREATMENT OPTION



### DEMOGRAPHICS (Unduplicated Offenders = 1,363)





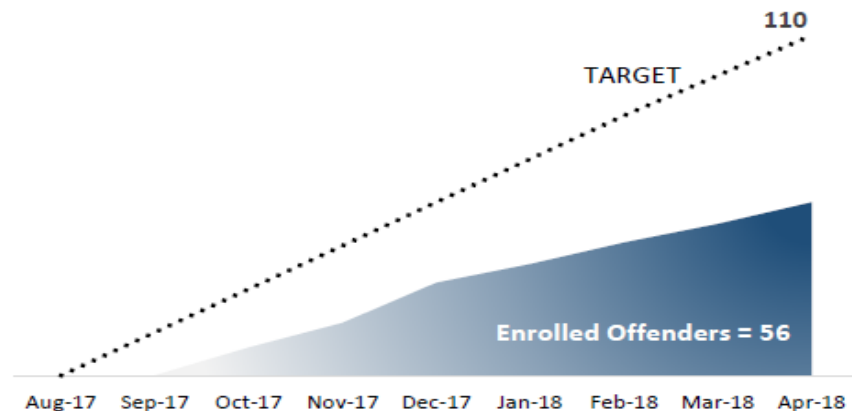
## DOC Care for Offenders with OUD Releasing from Prison Department of Corrections: All Sites

### STR Monthly Summary Report

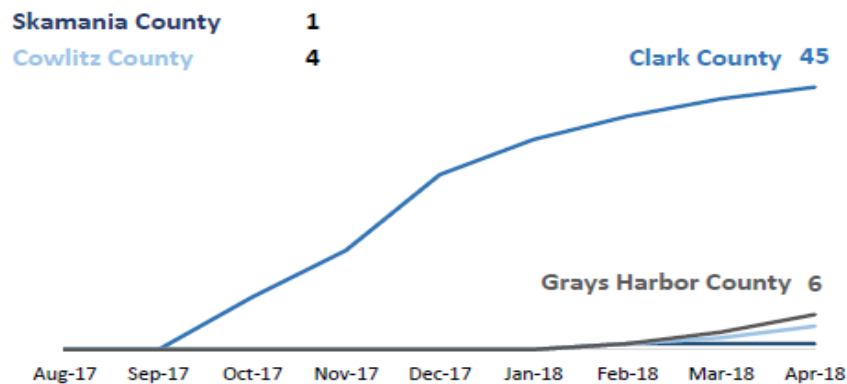
Total Events **141**  
Unduplicated Enrolled Offenders **56**



### DOC COORP TARGET

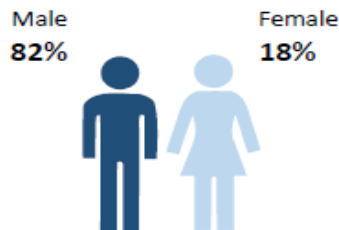


### UNDUPLICATED OFFENDERS BY SITE

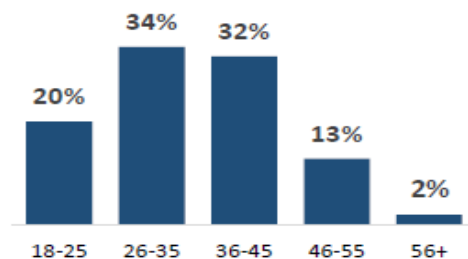


### DEMOGRAPHICS

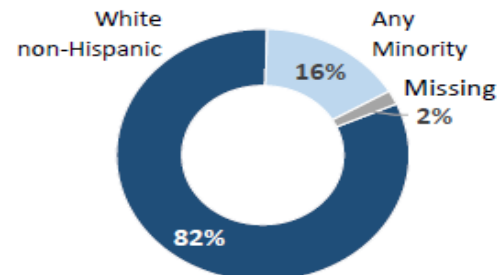
#### GENDER



#### AGE DISTRIBUTION



#### RACE/ETHNICITY





## Treatment #8

- **Bridge to Recovery (JRA) (\$201,000)**
  - **Goal 2: Link individuals with opioid use disorder to treatment support services.** *Strategy 2: Expand access to and utilization of opioid use disorder medications in the criminal justice system.*
- Description: Develop an evidenced-based Juvenile Rehabilitation model that reduces substance abuse disorders, increases education and employment opportunities for youth and addresses systemic barriers that perpetuate the cycle, and implement ACRA reentry transition activities that link youth to mainstream services.
- DBHR Lead Manager: STR Treatment Manager Deb Cummins

## JR Bridges to Recovery

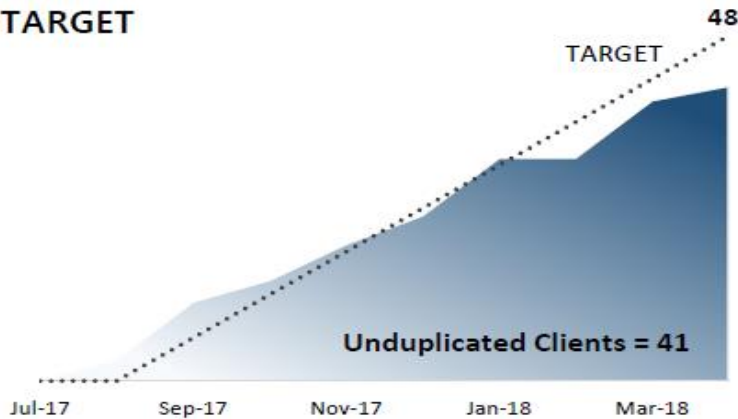
### Juvenile Rehabilitation: All Sites

#### STR Monthly Summary Report

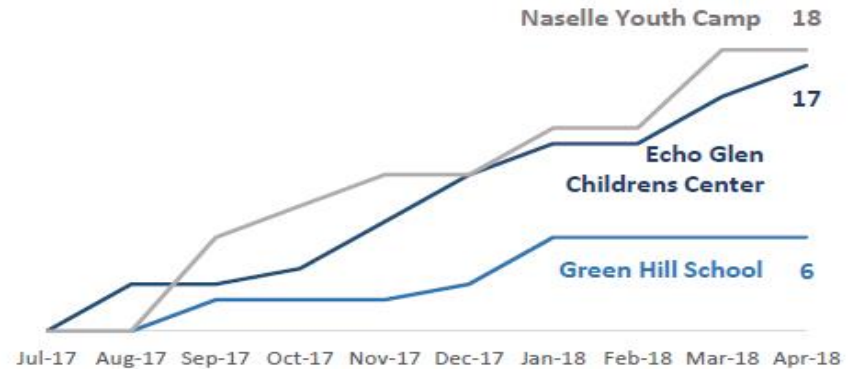
Total Events **41**  
Unduplicated Clients **41**



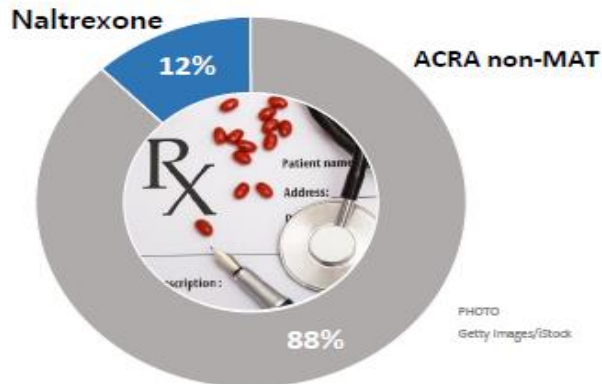
#### JR TARGET



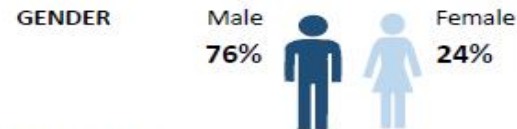
#### UNDUPLICATED CLIENTS BY SITE



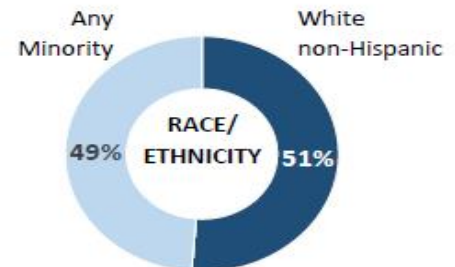
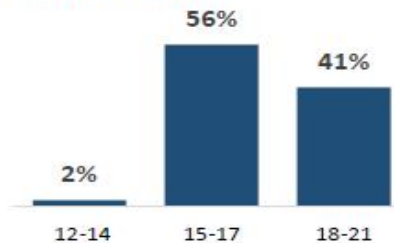
#### TREATMENT OPTION



#### DEMOGRAPHICS



#### AGE DISTRIBUTION



# Treatment #9

- **Naloxone Distribution (\$200,000)**
  - **Goal 3: Intervene in opioid overdoses to prevent death**  
*Strategy 2: Make system-level improvements to increase availability and use of naloxone.*
- Description: WA-Opioid STR funding will provide naloxone to vulnerable and underserved populations in partnership with ADAI. This program will help meet the need by providing naloxone to places at both high relative risk (in terms of the local opioid overdose mortality rate) and high absolute risk (in terms of the total number of fatal overdoses and estimated heroin using population).
- DBHR Lead Manager: Earl Long

# Treatment #10

- **Prescription Monitoring Program (\$250,000)**
  - **Goal 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions** *Strategy 1: Improve Prescription Monitoring Program functionality to document and summarize patient and prescriber patterns to inform clinical decision making. Strategy 2: Utilize the PMP for public health surveillance and evaluation.*
- Description: WA-Opioid STR funding together with the Department of Health (DOH) will support PMP staffing in creating prescriber feedback reports to assist individual providers and provider groups in reviewing their prescribing practices. PMP data will also be provided to DBHR prevention data as an integral part of the developing data books in the development of the CPWI sites and other local substance use disorder planning efforts.
- DBHR Lead Manager: Melissa Clarey

# Opioid State Target Response

Regina Bonnevie Rogers, MD

Medical Director

Peninsula Community Health Services

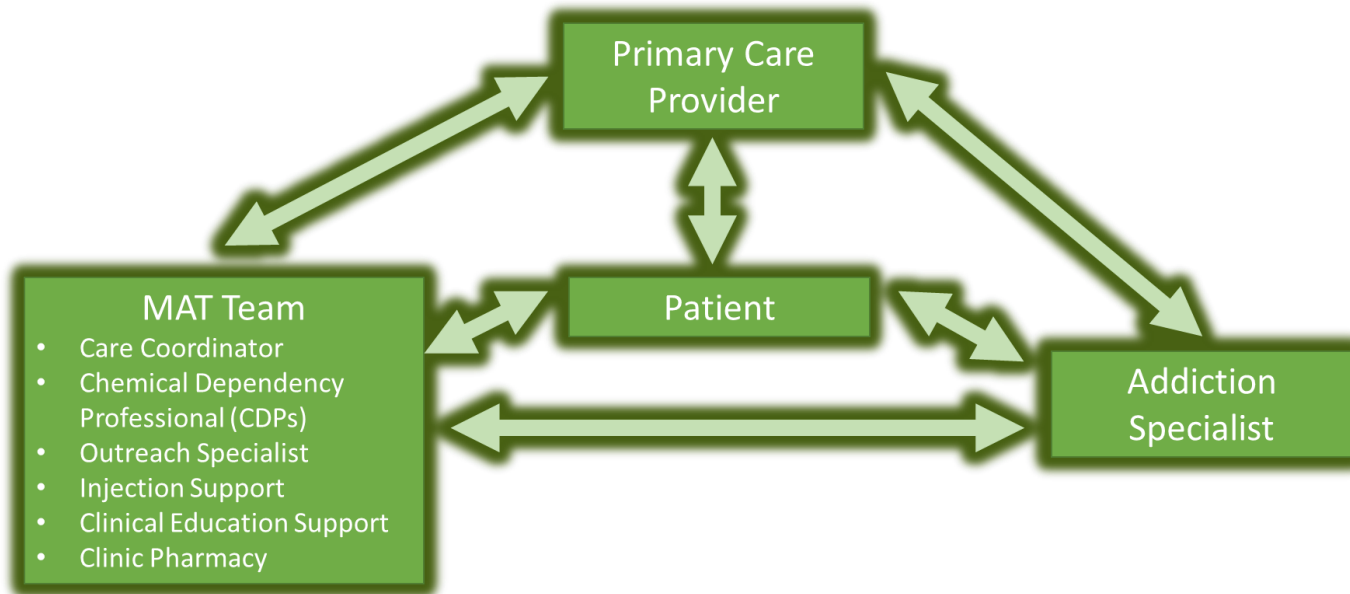
# Background

- ▶ History and commitment to the importance of the “patient voice” as an FQHC
- ▶ Experience with Integrated Behavioral Health program in primary care
- ▶ Expand the network of waived providers and referral network in our regional Accountable Communities of Health (Kitsap, Jefferson, and Clallam counties)
- ▶ Expand access to Medication Assisted Treatment with a “low barrier” approach to impact overdose and treatment rates in the community

# Integrating MAT Program

- ▶ Build the foundation through education and training of staff
- ▶ Expand the MAT team (Care Manager, CDP, MAT pharmacy, Community Health Workers)
- ▶ Leverage Collaborative Care Model
- ▶ Create Policies and Procedures
- ▶ Develop Workflows

# Collaborative Care Model of MAT





# Lessons Learned

- ▶ Importance of provider buy-in and clinical confidence - MAT Champion
- ▶ Emphasize chronic disease state and harm reduction model
- ▶ Continued education and mentoring
- ▶ Importance of team based care and support
- ▶ Expand bi-directional referral resources

# Barriers

- ▶ Abstinence vs MAT for treatment of OUD
- ▶ Time and scheduling
- ▶ External outreach
- ▶ Care coordination and 42 CFR Part 2

# Future Directions

- ▶ Expansion of case management
- ▶ Transition planning
- ▶ Treatment of complex populations (pregnancy and adolescents)

Transforming  
Lives

# Questions



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