





**North Sound Behavioral Health Organization
OPIOID REDUCTION PLAN
REGIONAL ACTIVITIES DETAIL
GOAL 1:**

PREVENT OPIOID MISUSE AND ABUSE

ACTIVITIES KEY

-  North Sound BHO
-  Partner-Driven
-  Expand Existing
-  Requires Start-up

Strategy 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.



1.1 Promote cross-training to help health care workers better understand OUD treatment and how to access those resources for their patients, and help treatment agency staff better understand how to effectively coordinate with primary health.

LEAD: HEALTH CARE

KEY PARTNERS: BHO, COUNTIES

STATUS:



Strategy 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users.



2.1 The BHO will work with contracted treatment agencies, to distribute information about the potential harms of opioid use, including overdose, to individuals served there. Strategically targeting key access points like treatment agency waiting rooms to distribute information about the potential harms of opioid use, including overdose, could be an easy and inexpensive way to reach those at risk with information that could save their lives.

LEAD: BHO

KEY PARTNERS: PUBLIC HEALTH

STATUS:



STRATEGY 3: Prevent opioid misuse in communities, particularly among youth.



3.1 The BHO will strengthen and coordinate efforts to leverage supportive services for youth by brokering meetings with local coalitions, schools, ESD 189, child welfare/foster care, juvenile justice and health care partners to facilitate collaborations and increase youth services to catch problems early. The objectives are to expand comprehensive screening, case management and early intervention with counselors and/or youth advocates in schools and youth shelters, and implement new evidence-based youth SBIRT programs.

LEAD: BHO

KEY PARTNERS: COUNTIES, SCHOOLS AND YOUTH-SERVING PARTNERS

STATUS:



3.2 The BHO will partner with the North Sound Accountable Communities of Health (ACH) to conduct a regional resource assessment and gaps analysis of evidence-based primary prevention services in elementary and middle schools as a first step toward strategically filling the gaps.

LEAD: BHO

KEY PARTNERS: ACH, COUNTIES, SCHOOL PARTNERS

STATUS:



3.3 The BHO will facilitate regional coordination between the BHO, county human services, public health, local schools and other partners to implement evidence-based services to fill identified primary prevention gaps. North Sound partners could significantly impact the trajectory of the region's young people by identifying gaps in prevention and intervention services, and collaborating to implement new programs for schools seeking new resources. No individual system (Counties, the BHO or schools) would have the resources to accomplish this alone but success is possible with coordinated efforts and blended funding.

LEAD: BHO

KEY PARTNERS: COUNTIES, SCHOOL PARTNERS, PUBLIC HEALTH

STATUS:





3.4 The BHO will create intergenerational services for the family members and significant partners of OUD-affected individuals to promote healing and family wellness (starting with therapeutic child care for the children of parents in treatment, adding parent education in treatment agencies and exploring new innovative strategies). The first step will be convening a regional workgroup consisting of key stakeholders with expertise in family programming to develop a workplan.

LEAD: BHO

KEY PARTNERS: ACH, TRIBAL PARTNERS, COUNTIES

STATUS:



3.5 Support local and regional social marketing and public awareness campaigns with evidence-based primary prevention messaging for children and parents.

LEAD: PUBLIC HEALTH

KEY PARTNERS: COUNTIES, BHO, LOCAL COALITIONS

STATUS:



3.6 Support the development of a central online portal for the public to access information about prevention, intervention, treatment and recovery support resources/services. Family members often do not understand the disease of addiction, how to prevent it, when or how to get help when they become concerned. Create an information hub for the general public with resources from “how to talk to your kids about drugs” to how to access treatment and what recovery supports are available.

LEAD: PUBLIC HEALTH

KEY PARTNERS: BHO, COUNTIES, VOA

STATUS:



STRATEGY 4: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse.



4.1 Support local efforts to promote safe storage and disposal options. Communities can make significant progress in reducing the availability of prescription opioids by working together to educate the public about how to safely store and dispose of medications. There are several projects underway across the region bringing partners to the table to develop safe storage messaging, acquire lock boxes for families to secure their medications at home, and to increase the number of options available for turning in medication when it’s no longer needed.

LEAD: COUNTIES

KEY PARTNERS: LAW ENFORCEMENT, HEALTH CARE, PUBLIC HEALTH, BHO

STATUS:



**GOAL 2:
LINK INDIVIDUALS WITH OPIOID USE DISORDER TO
TREATMENT SUPPORT SERVICES**

STRATEGY 1: Build capacity of health care providers to recognize signs of possible opioid misuse, effectively screen for opioid use disorder, and link patients to appropriate treatment resources.



1.1 Facilitate coordination between primary health care and OUD treatment systems to expand medication-assisted treatment capacity and promote system improvements, such as collaborative treatment and integrated pain management services. (The current system would benefit by addressing chronic pain in a proactive holistic manner to coordinate traditional and alternative therapies, offering options such as acupuncture and massage therapy.)

LEAD: ACH

KEY PARTNERS: MCOs, HEALTH CARE, BHO.

STATUS:



STRATEGY 2: Expand access to and utilization of opioid use disorder medications in communities.



2.1 Partner with key stakeholders to expand medication-assisted treatment prescribers, including offering trainings for “mid-level” health professionals to prescribe buprenorphine. The recent federal changes allowing Nurse Practitioners and Physician Assistants to prescribe holds great promise in relieving chronic gridlocks.

LEAD: ACH

KEY PARTNERS: MCOS, HEALTH CARE, BHO, COUNTIES

STATUS:



2.2 The BHO will work toward treatment on demand for all OUD services and promote a strengths-based culture throughout the system. Activities will include coordinating trainings for providers to expand low-barrier services, encouraging a palliative care service model, exploring the concept of “walking” detox and implementing innovative pilots such as the self-directed “treatment decision-making” model of care.

LEAD: BHO

KEY PARTNERS: COUNTIES, UW, PROVIDERS

STATUS:



2.3 The BHO will partner with Counties and other stakeholders to expand treatment capacity with new Opioid Treatment Programs, withdrawal management, various residential and other services, and create system incentives for the colocation of services. These might include centralized campuses with multiple services along the continuum (for example, outpatient, detox, residential, long-term and transitional housing on one campus), colocation of multiple services within one facility (such as adding mental health services, primary care and vocational training at OUD treatment sites, or student health centers in schools with primary and behavioral health care).

LEAD: BHO

KEY PARTNERS: ACH, COUNTIES, PROVIDERS

STATUS:



2.4 The BHO will expand access to medication-assisted treatment and other treatment services by supporting outreach and case management in a variety of community locations, taking treatment to those who need it with mobile or off-site services in strategic locations (such as mobile outreach and liaisons who offer brief screening, intervention and brief treatment at community service organizations or child welfare offices).

LEAD: BHO

KEY PARTNERS: COUNTIES

STATUS:



2.5 The BHO will work with partners to enhance service system infrastructure to create a comprehensive service system, including the establishment of local "hub and spoke" models: “Hubs are specialty substance abuse centers that provide treatment to complex patients with opioid addiction and serve as a regional coordinating and integrating arm of the system. Spokes are teams of providers who serve less medically complex patients.”¹⁵

LEAD: BHO

KEY PARTNERS: ACH, COUNTIES, HEALTH CARE, PROVIDERS

STATUS:



2.6 Partner with the health care community to find resources to subsidize the costs to physicians for becoming certified to prescribe buprenorphine to help break down a significant barrier for doctors to become prescribers.

LEAD: HEALTH CARE

KEY PARTNERS: BHO, ACH

STATUS:



2.7 Support statewide efforts to reform the current model of "bundled" rates for methadone which inhibits the provision of other needed services, such as intensive outpatient treatment, while the individual is dosing.

LEAD: STATE PARTNERS

KEY PARTNERS: BHO, PROVIDERS

STATUS:



STRATEGY 3: Expand access to and utilization of opioid use disorder medications in the criminal justice system.



3.1 Support local efforts to provide medication-assisted treatment to individuals impacted by OUD while incarcerated or being released from jail. Providing MAT to inmates during lockup would be the best investment to help them stabilize and begin treatment before release; but immediate access to MAT upon release is still a good strategy if the former is not possible. In all cases, anyone at risk for opioid overdose should receive naloxone when returning to the community from incarceration.

LEAD: COUNTIES

KEY PARTNERS: CRIMINAL JUSTICE, BHO

STATUS:



3.2 Participate in the development of comprehensive transitional services for Department of Corrections parolees and other individuals with OUD being released from jail. In addition to stabilizing them with MAT, investments in housing, case management and other support services show long-term returns, saving lives and money.

LEAD: CRIMINAL JUSTICE

KEY PARTNERS: BHO, COUNTIES

STATUS:



3.3 Educate therapeutic and specialty courts about medication-assisted treatment as an evidence-based practice and the accepted standard of care for OUD-affected persons. A growing number of courts in the region have integrated MAT into their service options and are seeing impressive increases in participant success rates. Criminal justice partners are eager to share information about what is working so well for them with other courts that still have concerns.

LEAD: CRIMINAL JUSTICE

KEY PARTNERS: BHO, COUNTIES

STATUS:



STRATEGY 4: Increase capacity of syringe exchange programs (SEP) to effectively provide overdose prevention and engage clients in support services, including housing.



4.1 The BHO will Support efforts to establish or enhance care coordination services as part of syringe exchange program services. Increased outreach, engagement, case management and recovery coaching for this high-risk population are wise investments with potential for great returns.

LEAD: BHO

KEY PARTNERS: PUBLIC HEALTH, COUNTIES

STATUS:



4.2 The BHO will support efforts to offer a range of services onsite at SEPs, such as treatment outreach, buprenorphine prescribing, primary health care and housing case management by funding more outreach and leveraging partnerships for other services.

LEAD: BHO

KEY PARTNERS: PUBLIC HEALTH, HEALTH CARE, OTHER HUMAN SERVICES PARTNERS

STATUS:



STRATEGY 5: Identify and treat opioid abuse during pregnancy to reduce withdrawal symptoms in newborns.



5.1 The North Sound BHO will continue to support the small number of specialized programs that currently exist in the region for this especially vulnerable population, hopefully expanding as resources and opportunities allow.

LEAD: BHO

KEY PARTNERS: ACH, STATE PARTNERS

STATUS:



STRATEGY 6: Facilitate the development or enhancement of regional treatment support services



6.1 The BHO will convene a Regional Opioid Summit to engage and mobilize key partners to reduce opioid misuse and Opioid Use Disorder in the North Sound Region. This plan is intentionally ambitious because there is much work to be done, but there is also a strong culture of partnership in the region to build on and many partners contributed to the ideas in this plan. We will make the most progress through collective coordinated efforts.

LEAD: BHO

KEY PARTNERS: COUNTIES, SCHOOLS AND YOUTH-SERVING PARTNERS

STATUS:



6.2 Participate in collaborative efforts to expand housing for individuals with OUD in all stages of their recovery, including interim, transitional, sober support, permanent supported and recovery housing. The BHO will support new recovery houses as funding permits and work with state partners to identify resources to expand Oxford Houses.

LEAD: COUNTIES

KEY PARTNERS: BHO, ACH, OTHER HUMAN SERVICES PARTNERS

STATUS:



6.3 The BHO will collaborate with stakeholders to develop a more robust workforce of Chemical Dependency Professionals (CDPs), by offering cross-training for CDPs and Mental Health Professionals to become dually licensed, and promoting educational supports such as tuition waivers and distance learning options for CDPs working toward advanced degrees. There is great potential in working with community colleges and universities to develop education tracks that give credit for years of experience in the field, and to create programs that waive high tuition costs in exchange for professionals working in underserved areas.

LEAD: BHO

KEY PARTNERS: COMMUNITY COLLEGES, COUNTIES, STATE PARTNERS

STATUS:



6.4 The BHO will advocate for the certification of Recovery Coaches and Behavioral Health Aides to expand the treatment system workforce. Adding Recovery Coaches, Behavioral Health Aides, Peer Counselors and other paraprofessionals to the system will help mitigate workforce shortages. With rigorous training and close supervision, Recovery Coaches, Peer Counselors, Behavioral or Community Health Aides, Embedded Social Workers, Nurse Care Managers and Outreach Workers can expand the workforce and improve the system by connecting individuals with services and supporting them through the recovery process. Ideally, everyone thinking about, engaged in or graduated from treatment would have a trusted relationship with a paraprofessional to encourage them along the way or help redirect them if needed.

LEAD: BHO

KEY PARTNERS: STATE PARTNERS, TRIBAL PARTNERS, COUNTIES

STATUS:



6.5 The BHO will pursue innovative strategies to expand access to clinical supervision for CDP trainees to obtain their full CDP credential, including supporting clinical supervision and related trainings and advocating for statewide reforms to WACs that inhibit innovative solutions.

LEAD: BHO

KEY PARTNERS: COUNTIES, PROVIDERS

STATUS:



6.6 The BHO will develop and implement strategies to raise awareness of MAT as an essential tool in OUD treatment and help change the residual culture that continues to consider medication as “non-abstinent” treatment. Strategies will include trainings for treatment agency staff and working with stakeholders from local colleges to integrate more information about MAT into CDP program curricula.

LEAD: BHO

KEY PARTNERS: COMMUNITY COLLEGES, PROVIDERS

STATUS:





6.7 The BHO will create a “concierge” service system by expanding local outreach and engagement efforts to connect OUD-affected persons with services. Thanks to the leadership of the counties, a regional network has already begun to form and treatment supports will be greatly enhanced by developing a network of outreach workers to help people access services.

LEAD: BHO

KEY PARTNERS: COUNTIES

STATUS:



6.8 The BHO will collaborate with partners to increase services for youth in schools, youth shelters, juvenile court and other venues where youth are found for improved treatment attendance, completion and long-term wellness. The continuum must be strengthened to include more proactive outreach, case management, early intervention, brief and more intensive treatment, and recovery support in schools and other locations convenient to them. There is also a need for youth detox services in the region. Many counties have already started by embedding CDPs and case managers in schools, shelters and youth detention but the system would benefit by making these resources consistent across the region.

LEAD: BHO

KEY PARTNERS: COUNTIES, SCHOOLS, JUVENILE JUSTICE, YOUTH SERVICES

STATUS:



6.9 The BHO will work with Counties and treatment providers to expand clinical outpatient Evidence-Based Programs (EBPs) available for treating OUD. Medication-assisted treatment has already become an accepted best practice but treatment agencies could benefit from having more counseling tools available to them, including programs and practices that have proven effective for treating trauma such as DBT and EMDR. BHO support could include trainings and/or providing the necessary materials.

LEAD: BHO

KEY PARTNERS: COUNTIES, PROVIDERS

STATUS:



6.10 The BHO will promote regional coordination and cross-county collaborations by establishing a fund to support such projects. The counties have led the way in developing innovative strategies to better address the epidemic but these strategies vary from one county to the next. Counties could apply for funding to support the expansion of a strategy, such as Snohomish County’s Student Support Advocate Program or Island County’s Outreach Team, into a new county by covering costs for training and technical assistance. Also, each county also has a set of identified activities included in this plan and there is potential for efficiencies by considering cross-county coordination for shared strategies.

LEAD: BHO

KEY PARTNERS: COUNTIES

STATUS:



6.11 The BHO will explore the feasibility of funding staff to escort people traveling to residential treatment to ensure a “warm hand off” into services. Sometimes people must ride public transportation to residential services outside the region. Treatment agencies purchase a ticket and put the person on a bus but they may never arrive. A staff escort could help allay fears and provide support during the trip, and ensure the client makes it to their appointment.

LEAD: BHO

KEY PARTNERS: PROVIDERS

STATUS:



6.12 The BHO will facilitate conversations between regional stakeholders and supported employment resources to explore the feasibility of offering vocational and other skill development services on-site at treatment facilities and other strategic venues. The long-term goal of OUD treatment is client wellness, recovery and reintegration into “society.” Preparing treatment graduates to resume conventional productivity through meaningful employment will reinforce their recovery and self-esteem.

LEAD: BHO

KEY PARTNERS: STATE PARTNERS, TRIBAL PARTNERS, COUNTIES

STATUS:





6.13 The BHO will facilitate enhanced connections between treatment stakeholders and the larger recovery community, including 12 Step groups, recovery supports and faith-based recovery programs. Narcotics Anonymous, faith-based “Celebrate Recovery” programs, “Recovery Cafes” and Oxford Houses are working toward the same goals as the treatment system but there are few coordinated efforts between them.

LEAD: BHO

KEY PARTNERS: COMMUNITY COLLEGES, PROVIDERS

STATUS:



6.14 The BHO will ensure access to treatment for people who are uninsured or underinsured, regardless of their ability to pay, and promote public awareness of this resource. Someone who is in the country without authorization is not eligible for Medicaid and may not realize help for OUD is available for them. And individuals who have insurance but cannot afford high deductibles and copays may assume they have no options and not seek help. It is short-sighted that someone in such circumstances might not be able to get help. . . until they lose their job and become eligible for Medicaid!

LEAD: BHO

KEY PARTNERS: COUNTIES, STATE

STATUS:



6.15 The BHO will support professional development by offering other regional trainings for providers and partners to stakeholders to expand the knowledge base, increase capacity and implement innovative system enhancements. Recommended improvements are more likely to be adopted if the BHO is proactive in offering supports to make them happen. The BHO will continue to solicit ideas for relevant training content.

LEAD: BHO

KEY PARTNERS: COUNTIES, PROVIDERS

STATUS:



GOAL 3:

INTERVENE IN OPIOID OVERDOSES TO PREVENT DEATH.

STRATEGY 1: Educate individuals who use heroin and/or prescription opioids, and those who may witness an overdose, on how to recognize and appropriately respond to an overdose.



1.1 The BHO will utilize service networks, such as treatment providers, syringe exchange and outreach programs, to disseminate preventive information to support networks of people impacted by OUD. Many people are not aware of opioid overdose risks or the availability of naloxone. Treatment providers and others who encounter individuals affected by OUD could expand their current education strategies to spread the word, especially to the families and friends of those who are struggling with the disease.

LEAD: BHO

KEY PARTNERS: PUBLIC HEALTH, COUNTIES, PROVIDERS, COMMUNITIES

STATUS:



1.2 Support, and facilitate as needed, partnerships between hospitals, EMS and other first responders to connect persons who experience overdose with naloxone kits, outreach and engagement services. A new pilot program in Snohomish County is beginning to connect hospital emergency overdose patients with naloxone and outreach services via the Syringe Exchange Program. This intervention has the potential to redirect them at an important time when they may be more open to considering changes in their lives. The project should be monitored to assess its effectiveness and replicated elsewhere if it is successful.

LEAD: HEALTH CARE

KEY PARTNERS: PUBLIC HEALTH, BHO

STATUS:



STRATEGY 2: Make system-level improvements to increase availability and use of naloxone.



2.1 The BHO will collaborate with Counties, Tribes, housing providers, hospitals, emergency services, syringe exchange programs and other stakeholders to access new funding to expand the availability and use of naloxone, especially for high risk populations.

LEAD: BHO

KEY PARTNERS: COUNTIES, UW, TRIBAL PARTNERS, PUBLIC HEALTH

STATUS:



2.2 The BHO will research how safe consumption sites are working in other areas and share information with local decision-makers and other stakeholders. These sites allow people to use drugs safely with sterile supplies and staff available to help if an overdose occurs; they can also serve as strategic intervention points for outreach workers to engage participants in treatment.

LEAD: BHO

KEY PARTNERS: COUNTIES, PROVIDERS, DECISION-MAKERS

STATUS:



STRATEGY 3: Improve public health and safety conditions related to the opioid epidemic.



3.1 Support local efforts to address public health and safety issues resulting from the opioid epidemic. Used syringes are extremely dangerous but have become common in some public spaces because of the volume of people affected by OUD. County partners are developing strategies to keep public areas free from this hazardous waste.

LEAD: COUNTIES

KEY PARTNERS: PUBLIC HEALTH, BHO

STATUS:



GOAL 4:

USE DATA AND INFORMATION TO DETECT OPIOID MISUSE/ABUSE, MONITOR MORBIDITY AND MORTALITY, AND EVALUATE INTERVENTIONS.

STRATEGY 2: Utilize the PMP for public health surveillance and evaluation.



2.1 The North Sound BHO supports state efforts to expand public health access for local departments to monitor PMP data for a better understanding of local opioid prescribing patterns to help inform surveillance, program planning and outcome-based evaluation.

LEAD: STATE PARTNERS

KEY PARTNERS: PUBLIC HEALTH, BHO

STATUS:



STRATEGY 3: Continue and enhance efforts to monitor opioid use and opioid-related morbidity and mortality.



3.1 Partner with local Health Officers and other key stakeholders to create regional capacity to collectively monitor data related to OUD, such as encouraging EMS and law enforcement to provide overdose data to public health. An inherent challenge with the opioid epidemic is that it exists in the shadows; people battling OUD hide their use due to the related legal and social consequences, but using resources strategically calls for designing programs sensitive to the unique ways the epidemic manifests in each community.

LEAD: PUBLIC HEALTH

KEY PARTNERS: BHO, COUNTIES, FIRST RESPONDERS, HEALTH CARE, UW

STATUS:





3.2 Discover and utilize multiple data sources to investigate and enhance our collective ability to understand the scope of the opioid epidemic in the youth population. The challenges in understanding the scope of the opioid epidemic in the adult population are exponentially more difficult with children and young people. Yet the need to tailor responsive programs may be even greater in this population.

LEAD: UW

KEY PARTNERS: BHO, COUNTIES, HEALTH CARE SYSTEM, FIRST RESPONDERS

STATUS:



3.3 Explore and implement other strategies for regional surveillance of opioid use and related morbidity and mortality, such as having overdoses declared a “reportable condition” like the mumps or whooping cough. We don’t know how many people have overdosed from opioids and survived, or where the overdose occurred. This is all vital information for tactical program planning.

LEAD: UW

KEY PARTNERS: BHO, COUNTIES, PUBLIC HEALTH, HEALTH CARE

STATUS:



STRATEGY 4: Monitor progress towards goals and strategies and evaluate the effectiveness of our interventions.



4.1 The BHO will access and analyze internal and other data to track the impacts of regional efforts, considering the feasibility of identifying a common data set of 5-10 key indicators to monitor progress in mitigating the epidemic. This may require engaging community partners to help advise about how to collect the right data in the right way. Having a standardized “data infrastructure” would shed light on the impacts and outcomes of programs in the North Sound region.

LEAD: BHO

KEY PARTNERS: COUNTIES, PUBLIC HEALTH, UW

STATUS:



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