

2018 Washington State Opioid Response Plan Progress Report

Activity updates for July 1, 2017 through December 31, 2017

Introduction

Since the introduction of the 2016 Washington State Opioid Response Plan, four workgroups have met regularly to implement activities in the plan, assess progress, and identify emerging issues related to opioid abuse and opioid overdose in Washington. As activities change, workgroups have modified and added pieces to the work plan. This progress report highlights completed tasks and identifies areas where work is pending, ongoing, or completed. In addition, this iteration of the progress report combines updates from the Opioid Response Plan and Governor Jay Inslee's [Executive Order \(EO\) 16-09, Addressing the Opioid Use Public Health Crisis](#).

Plan Overview

The Washington State Opioid Working Plan includes five priority goals:

1. Prevent opioid misuse and abuse.
2. Treat opioid abuse and dependence.
3. Prevent deaths from overdose.
4. Use data to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.
5. Work with law enforcement to prevent illicit opioid use.

Collectively, the focused strategies and specific actions to achieve these goals are targeted at special populations including American Indian/ Alaskan Native, recently released persons from jails, youth, pregnant women, Medicaid, Workers Compensation, and rural populations.

Workgroups communicate and meet regularly to assess progress and identify emerging issues that require new actions. The lead contacts for each workgroup are:

- **Prevention Workgroup** (Goal 1):
Sarah Mariani, Division of Behavioral Health and Recovery mariase@dshs.wa.gov
Jaymie Mai, Department of Labor & Industries majj235@lni.wa.gov
- **Treatment Workgroup** (Goal 2):
Jessica Blöse, Division of Behavioral Health and Recovery blösejk@dshs.wa.gov
- **Naloxone Workgroup** (Goal 3):
Alison Newman, Alcohol and Drug Abuse Institute alison26@uw.edu
- **Data Workgroup** (Goal 4):
Cathy Wasserman, Department of Health cathy.wasserman@doh.wa.gov

- **Criminal Justice Workgroup** (Goal 5):

Ahney King, Division of Behavioral Health and Recovery ahney.king@dshs.wa.gov

GOAL 1: Prevent inappropriate opioid prescribing and prevent opioid misuse and abuse.

STRATEGY 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Educate health care providers on the 2015 Agency Medical Directors' Group <i>Interagency Guideline for Prescribing Opioids for Pain</i> , the <i>Washington Emergency Department Opioid Prescribing Guidelines</i> and the <i>CDC Guideline for Prescribing Opioids for Chronic Pain</i> to ensure appropriate opioid prescribing.	Ongoing	<p>Bree has adopted the Bree/AMDG Dental Guidelines on Prescribing Opioids for Acute Pain Management in September 2017. L&I has developed one-page summary of the guideline as a resource for providers. As part of the STR grant, L&I is leading the planning and development of the dental conferences with DSHS, AMDG and Bree to promote the new AMDG/Bree dental guideline. The Evidence-based Dental Pain Care: A New Opioid Prescribing Guideline from Washington State will take place on April 19, 2018 in Spokane and April 20, 2018 in Seattle. Registration is opened and more information can be found here.</p> <p>AMDG members continue to educate health care providers on the guideline through presentations, conferences and meetings. Between July 1 and September 30, 2017, there were 159,909 new and returning visitors to the AMDG website. The top five pages visited include the Opioid Dose Calculator, Other Resources, AMDG Home Page, 2015 AMDG Opioid Guideline and CME Activities. L&I is working on an opioid taper calculator to help providers develop a taper plan for their patients when opioids are no longer indicated.</p> <p>DOH and UW began offering 8 month long practice coaching to facilities with quality assurance goals of instituting systems to oversee safe treatment of chronic pain and to improve treatment of opioid use disorder. The Rural Health Program helped Federally Qualified Health Centers in Stevens and Pend Oreille County be among the first to sign up. DOH also provided site visits for technical assistance to facilities and providers on safe prescribing in Mason County, Clallam, Island, Ferry, Whatcom, Snohomish and King County.</p> <p>DOH co-funds the University of Washington's (UW) TelePain series to provide weekly interactive case-based mentoring specialist to</p>		

STRATEGY 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		through Provider to Provider Telehealth session, promoting use of PMP, the use of CDC and AMDG opioid guidelines and treatment of opioid use disorder.		
Promote the use of the Prescription Drug Monitoring Program (PMP), including use of delegate accounts, among health care providers to help identify opioid use patterns, sedative co-prescribing, and indicators of poorly coordinated care/access.	Ongoing	DOH has provided education and outreach to increase provider use of the PMP at 26 events since January 1, 2017 reaching over 1,300 attendees. In addition, DOH worked with the PMP vendor to provide access for prescribers of legend drugs and for ancillary pharmacy staff to have delegate account access to assist pharmacists. PMP access for healthcare facilities, as authorized in HB 2730, went live on June 1, 2017. DOH continues to monitor and follow up with dispensers with regard to daily reporting. The Bree Collaborative Opioid Prescribing Implementation workgroup has developed a set of statewide opioid prescribing metrics critical in tracking state and individual hospital progress. Metrics are meant to identify inappropriate prescribing practices, providing guidance for health plans, health systems, and individual providers to improve quality of care through intervention. The metrics were adopted by the Bree Collaborative in July 2017. The workgroup is collaborating with Oregon Health Authority for possible adoption of the metrics, has presented to the Performance Measures Coordinating Committee for inclusion of three metrics in the Common Measure Set and is also in discussion with the Centers for Disease Control and Prevention about adoption.	4.3	Collaborate with partners to explore policies and processes to enhance functionality and increase the use of the Prescription Drug Monitoring Program among health care providers.
Train, coach and offer consultation with providers on guideline-adherent opioid prescribing and non-opioid alternatives for pain management (e.g., TelePain video conferencing and opioid consultation hotline).	Ongoing	UW and HCA continue to offer pain management resources for community-practice providers such as TelePain and Opioid Consult Hotline. The TelePain Program continues to provide weekly interactive case-based community provider mentoring through tele-video with current financial support from DOH, HCA, the Governor's office and the State Targeted Response (STR) grant to the Opioid Crisis Grant. Unfortunately, UW has encountered obstacles to developing a sustainable funding model that would	1.3	Develop tele-mentoring prescriber education programs, such as the UW TelePain, to be a fiscally sustainable telehealth service. Establish support programs for providers, like an opioid prescribing consultation hotline.

STRATEGY 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		enable enhancement and wide promotion of this service. TelePain webinar series participation ranges from 194-245 attendees per month. The Opioid Consult Hotline provides “just in time” advice for providers caring for patients with complex chronic pain problems. HCA is working with partners to promote these services for increased provider utilization.		
Partner with professional associations, teaching institutions, boards and commissions and insurers to reduce unnecessary opioid prescribing for acute pain conditions especially in the adolescent population.	Ongoing	DOH presented on use of the PMP to the Osteopathic School at Pacific NW University and to the Nursing Schools at Washington State University and St. Martins University. Under House Bill 1427, the 5 boards and commissions tasked with creating opioid prescribing rules have formed a task force and have now had 4 of their 7 meetings to create rules for each board and commission to consider. A working draft and other documents can be found online at www.doh.wa.gov/opioidprescribing .	1.1	Consider amendments to the state pain guidelines and other training and policy materials, consistent with the 2015 AMDG and the 2016 CDC opioid guidelines, to reduce unnecessary prescribing for acute pain conditions for the general population, and especially for adolescents.
Enhance medical, nursing, and physician assistant school curricula on pain management, PMP, and treatment of opioid use disorder.	Ongoing	DOH led an interdisciplinary group, which include Whatcom Community College and Yakima Valley College of the Allied Health Center of Excellence, to develop a training module for health care students from different educational backgrounds in caring for patients with pain and addiction. Supported by a grant from SAMHSA, WSU is teaching Screening, Brief Intervention, and Referral to Treatment (SBIRT) to students across health professions (nursing – DNP and BSN, medicine – UW WWAMI, PA, pharmacy, nutrition & exercise physiology graduate students, OT, social work). Students are required to complete 2 hours of online preparation, then attend a required inter-professional workshop that is entirely practice based. First, through small group role playing and then interacting with standardized patients. It has been very successful and hundreds of students have been trained in the past 2 years. WSU is also teaching NIH evidence-based pain assessment framework (PROMIS), and complementary, alternative and		

STRATEGY 1: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		integrated medicine approaches to pain as well as opioid use disorder to second year medical students.		
Build enhancements in the electronic medical record systems to default to recommended dosages, pill counts, etc.	Ongoing	Bree will be working with health systems, health plans, and advocacy organizations on limiting acute opioid prescribing to adolescents and teenagers.		
Require health plans contracted with the Health Care Authority to follow best practice guidelines on opioid prescribing.	Ongoing	HCA implemented its opioid clinical policy on November 1, 2017 for Medicaid and January 2, 2018 for Uniform Medical Plan (UMP). This policy applies to both Medicaid managed care and fee-for-service. The HCA clinical policy aligns with best practices from local, state, and national guidelines (Bree, CDC guidelines, and AMDG guidelines). In Q4 2017, opioid feedback reports were launched to track provider alignment with the new opioid prescribing policy. The Bree Collaborative convened a workgroup to develop recommendations to build a health care system that identifies people with opioid use disorder and facilitates access to comprehensive, evidence-based treatment with the patient at the center of care. The Opioid Use Disorder Treatment met from December 2016 to November 2017. Recommendations were adopted by the Bree Collaborative in November 2017 focusing on: access to evidence-based treatment (e.g., medication-assisted treatment, reduce stigma); referral information (e.g., inventory of medication treatment prescribers, supportive referrals and infrastructure); and integrated behavioral and physical health to support whole-person care (e.g., treatment of comorbid conditions) and alignment with Medicaid Waiver/Transformation project requirements of Accountable Communities of Health.	2.4	Determine if access issues exist and explore and recommend solutions on how insurance payment mechanisms, formularies, and other administrative processes can ensure appropriate availability of medication-assisted services and evidence-based services for treatment of pain and overdoses. Assess whether current payment and coverage decisions support these treatments consistent with evidence-based practices and implement, as soon as feasible, value-based purchasing methods to improve results.
Advocate for reimbursement of non-opioid pain therapies.	Ongoing	L&I continues to work on developing a Collaborative Care Management Model for chronic pain and behavioral health. In addition, L&I currently invests in Structured Intensive Multi-	1.3	Explore innovative methods and tools to deliver evidence-based alternatives and other promising practices, such as physical, occupational and cognitive behavioral therapy, to reduce overreliance on opioids

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

Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		disciplinary Programs (SIMP) for chronic pain and is working with experts, including leading state providers, to: (1) ensure requirements and services offered include current best practices, and (2) identify additional evidence based interventions that use the skills of these multi-disciplinary teams in less intensive ways to improve access in workers' compensation. L&I is also expanding access to alternative evidence-based therapies. After completing an evidence review and working with advisory committees, L&I began an acupuncture pilot for the treatment of low back pain in October 2017. The Bree Collaborative is convening a workgroup to develop evidence-based standards around Collaborative Care Management for Chronic Pain that will start meeting in January 2018.		while improving access to care and health outcomes with regard to the treatment of pain.
Encourage licensing boards of authorized prescribers to mandate continuing education units (CEU) on opiate prescribing and pain management guidelines.	Ongoing	Under House Bill 1427 the 5 boards and commissions tasked with creating opioid prescribing rules have formed a task force and have now had 5 of their 7 meetings to create rules for each board and commission to consider. A working draft and other documents can be found online at www.doh.wa.gov/opioidprescribing .		

STRATEGY 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, and focus on reducing the stigma of opiate use disorder.

Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Distribute counseling guidelines and other tools to pharmacists, chemical dependency professionals, and health care providers and encourage them to educate patients on prescription opioid safety (storage, disposal, overdose prevention and response).	Ongoing and Inactive	Bree Collaborative finalized fact sheet on Opioid Medication. DSHS/DBHR promotes this on the page for parents on StartTalknigNow.org website www.starttalkingnow.org/sites/default/files/Opioid-Medication-Pain-Fact-Sheet-revised.pdf . Information from this sheet was used in the social media campaign message development.	1.2	Agencies shall also work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs.

STRATEGY 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, and focus on reducing the stigma of opiate use disorder.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
stopoverdose.org/docs/Naloxone_PRO_brochure.pdf doh.wa.gov/YouandYourFamily/PoisoningandDrugOverdose/TakeAsDirected/ForPainPatients.aspx		DBHR, L&I and partners with the Dr. Robert Bree Collaborative began planning for two dental/oral healthcare professional and provider education symposiums on opiate prescribing guidelines, funded by the STR grant. Symposiums will be held in January 2018 in Seattle and Spokane.		
Provide targeted and culturally appropriate health education to opioid users and their social networks through print and web-based media.	Ongoing	DBHR added new opioid misuse and abuse prevention resources and links to the landing page for parents at www.starttalkingnow.org/rx .		
Promote accurate and consistent messaging about opioid safety and addiction.	Ongoing	In August 2017, DBHR conducted a process with stakeholders and providers to gather input for the statewide media campaign development. Ensured message testing with focus groups. The “Starts with one” media campaign’s Facebook launched in November 2017: https://www.facebook.com/WAopioidawareness/ . A media presentation was conducted at the November’s WA State Prevention Summit and media tools were distributed to attendees in preparation for the full campaign and tool kit launch in January 2018. DOH has allocated funds under the PfS grant to promote the CDC Rx Awareness Campaign. The goal is to increase awareness and knowledge among WA population about the risk of prescription opioids. Launch is scheduled for April 2018. Tag line “It only takes a little to lose a lot”.	1.2	Agencies shall also work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs.
As available, promote national social marketing campaigns on the potential harms of prescription medication misuse and abuse and secure home storage for local application.	Ongoing	DOH has allocated funds under the PfS grant to promote the CDC Rx Awareness Campaign. The goal is to increase awareness and knowledge among WA population about the risk of prescription opioids. Launch is scheduled for April 2018.		

STRATEGY 2: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose, and focus on reducing the stigma of opiate use disorder.

Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		<p>DBHR continued to promote the use of the social media campaign in Washington State at www.StartTalkingNowToolkit.org/. The campaign was modeled after the CADCA National Medicine Abuse Awareness Month - www.preventrxabuse.org/. DBHR Promoted the National DEA Take-Back Day In October 2017 www.deadiversion.usdoj.gov/drug_disposal/takeback/. The “Starts with one” media campaign’s Facebook launched in November 2017: https://www.facebook.com/WAopioidawareness/. A media presentation was conducted at the November’s WA State Prevention Summit and media tools were distributed to attendees in preparation for the full campaign and tool kit launch in January 2018.</p> <p>DSHS/DBHR was awarded the State Targeted Response to Address the Opioid Crisis federal funds. A state-wide media campaign will be launched in the late summer/ fall 2017. Efforts currently underway to develop campaign.</p>		
<p>Conduct an inventory of existing patient materials on medication safety for families and children. Develop new materials as needed as tools for health care providers and parents.</p>	<p>Ongoing</p>	<p>The “Starts with one” media campaign’s Facebook launched in November 2017: https://www.facebook.com/WAopioidawareness/. A media presentation was conducted at the November’s WA State Prevention Summit and media tools were distributed to attendees in preparation for the full campaign and tool kit launch in January 2018.</p>	<p>1.2</p>	<p>This communication strategy shall promote safe home storage and appropriate prescription pain medication disposal to prevent misuse.</p>

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

Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
<p>Work with community coalitions to implement strategies to prevent youth prescription drug misuse from the</p>	<p>Ongoing</p>	<p>In August 2017, DBHR funded 5 high need communities with the STR federal funds to develop community coalitions and Strategic Plans to implement and monitor outcomes on comprehensive</p>	<p>1.2</p>	<p>This communication strategy shall promote safe home storage and appropriate prescription pain medication disposal to prevent misuse.</p>

STRATEGY 3: Prevent opioid misuse in communities, particularly among youth.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Substance Abuse Prevention and Mental Health Promotion Five-Year Strategic Plan. (theathenaforum.org/sites/default/files/SPE%20Strategic%20Plan%20Update%20FINAL-%20v03%2028%2013%20printed.pdf)		strategies and programs to focus on reducing risk and enhancing protective factors to prevent opioid misuse and abuse in communities, particularly among youth. Extensive training and technical assistance provided and contracted by DBHR to support the coordination of new efforts in these high need communities. DBHR contracted with Washington State University (WSU) to identify underlying risk and protective factors most closely associated with youth opioid misuse and heroin use. This information informed a process to identify preliminary evidence-based programs and strategies. This deliverable was completed by WSU in October 2017. Preliminary list distributed to new CPWI communities supported with STR funds for their Strategic Planning process.		
Provide prevention funds from which mini grants can be awarded to organizations and coalitions to implement key actions of the State Opioid Response Plan.	Ongoing	DBHR awarded 5 Targeted Enhancement Projects to existing Community Prevention and Wellness Initiative (CPWI) coalitions with Partnerships For Success federal funds. The projects are focused on implementing and maintaining secure medicine disposal projects in their communities. RFA conducted and completed STR Community-based Organization and new CPWI selection process. Resulting in 4 new Community-based Organizations receiving funding to implement programs and strategies. DBHR began MOU process with 6 other state divisions/agencies to incorporate safe use, storage and disposal information into their unique provider training and resources.	1.2	Agencies shall also work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs.

STRATEGY 4: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Educate patients and the public on the importance and ways to properly store and dispose of prescription pain medication.	Ongoing	Results of April 2017 National DEA Take-Back Day: 15,148 pounds were collected in Washington State in partnership with 56 law enforcements agencies in a total of 67 Take-Back sites. DBHR continued to promote the use of the social media campaign in Washington State www.StartTalkingNowToolkit.org/ . Opioid Misuse / Abuse Prevention Media Campaign development efforts began with STR grant funds to reach teens, young adults, parents, older adults and elders to raise awareness about opioid crisis and educate on safe use, safe storage and safe disposal. Recovery Help Line also will be promoted. 30 Minute Opioid Special, with Governor Inslee providing the introduction, was recorded and aired 3 times in December 2017.	1.2	Agencies shall also work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs.
Promote the use of home lock boxes to prevent unintended access to medication.	Ongoing	DBHR supported 5 Targeted Enhancement Projects in existing Community Prevention and Wellness Initiative (CPWI) coalitions with Partnerships For Success federal funds. The projects are focused on implementing and maintaining secure medicine disposal projects in their communities.		
Explore funding and regulatory enhancements to sustain and evaluate Drug Take Back programs.	Ongoing	Goal 1 workgroup promoted National DEA Take-Back Day in meetings and via email blasts. Several CPWI coalitions took part in the October 28, 2017 DEA Take Back event. DBHR included Take-Back partnership strategies in requirements of 5 new CPWI communities, and 4 new STR Community-based organization RFA's supported with STR funding.	1.2	Agencies shall also work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs.

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.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Educate providers on the effectiveness of Medicaid Assisted Treatment as a tool to reduce the misuse of opioid by offering six MAT presentation in locations across the state of Washington.	Ongoing	Provided buprenorphine waiver training for residents and faculty at Valley Family Medicine Residency and provided ongoing email and telephone support. Developing conference agenda for fall 2018 for all Family Medicine programs in Washington State that will focus on opioid mortality epidemic and how to develop MAT within residency programs. This is actually a five state conference utilizing resources from the UW Family Medicine Residency Network.		
Educate providers across all health professions on how to recognize signs of opioid misuse among patients and how to use appropriate tools to screen for opioid use disorder.	Ongoing	The UW Psychiatry and Addictions Case Conference series (UW PACC) began in July 2016 and is a free, weekly teleconference that connects community providers with UW Medicine psychiatrists and addictions experts. This series occurs weekly and includes both an educational presentation on an addictions and psychiatry topic and case presentations where providers who participate receive feedback and recommendations for their patients.		
Strengthen addiction education in all health teaching institutions and residency programs.	Ongoing	As part of the DSHS DBHR WA-Opioid STR grant, the University of Washington Division of Pain Medicine together with WA-Opioid STR will continue to offer weekly UW TelePain sessions, an audio and videoconference-based consultative knowledge network of inter-professional specialists with expertise in the management of chronic pain patients, opiate prescribing, and increasing understanding of OUD/MAT services.		
Give pharmacists tools on where to refer patients who may be misusing prescription pain medication.	Ongoing	HCA has run a list of all opioids prescribed to patients on Medicaid. The MCO plans will be informed of high utilizers and over-prescribers. A CDC grant is helping to fund a position at HCA to better analyze opioid usage from the PMP and Medicaid claims files and do outreach to providers and the MCOs based on the results. Need to develop a plan for PEB employees. This will allow targeted outreach.	4.2	Identify persons at high risk for prescription opioid overdose and intervene when appropriate with outreach efforts to provide necessary medical care, including treatment of pain and/or opioid use disorder.
Build skills of health care providers to have supportive patient conversations	Ongoing	The Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DSHS) WA-Opioid (STR) grant		

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.

Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
about problematic opioid use and treatment options.		funding, together with the Department of Health (DOH) will support expanding the current capacity of the Prescription Monitoring Program (PMP) through the implementation of enhanced system analytics, system enhancements, increased data sharing statewide which will include prescribing data that compares prescribing habits to other prescribers in similar areas of medicine, as well as their personal prescribing data.		

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

Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Separate buprenorphine from existing daily reimbursement rate for opioid treatment program providers and create a differential reimbursement rate for buprenorphine.	Completed	HCA and DBHR collaborated on “unbundling” from the daily reimbursement rate, for opiate substitution treatment (OST) program allowing for the utilization of Buprenorphine daily dosing.		
Identify policy gaps and barriers that limit availability and utilization of buprenorphine, methadone, and naltrexone and develop policy solutions to expand capacity.	Ongoing	HCA has removed the Prior Authorization for Naltrexone, consistent with the other MAT FDA approved medications. The change is intended to reduce barriers to utilization of MAT. Five additional OTP programs are in the application process.		
Provide technical assistance to county health officers to advocate for expanded local access to opioid use disorder medications.	Ongoing	Under the CDC Prevention for States grant a DOH public health nurse has coordinated technical assistance on OBOTs, has provided education on buprenorphine wavier for clinics, provided expertise on opiate project planning and has developed resources for counties across the state. Nurse care managers are beginning to be utilized in MAT facilities to increase access.		

STRATEGY 2: Expand access to and utilization of opioid use disorder medications in communities.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
<p>Build up supports (e.g., case management capacity) to help medical providers and staff implement and sustain buprenorphine treatment.</p> <ul style="list-style-type: none"> Consider use of “hub and spoke” and Center of Excellence models. Leverage funding and human resources for telemedicine support. 	Ongoing	<p>The Health Care Authority (HCA) in partnership with the Division of Behavioral Health and Recovery (DBHR) received funds as part of the 2018-19 Washington state budget to deploy ten Nurse Care Managers to providers in order to increase access to Medication Assisted Treatment (MAT) Services. The nurse care manager (NCM) serves as the point of contact for patients determining, in collaboration with waived medical teams to manage patient care. In particular, NCMs will provide the day-to-day complex care management of patients, making it possible for physicians to manage the complexities of substance use disorders in their busy primary care practices.</p> <p>Organizations agreeing to participate agree to expand patient capacity by an additional 100 patients (average monthly census) through the utilization of the NCM model. Six western and four eastern Washington providers have been selected and are in final stages of contracting with services to be initiated in February 2018.</p>	2.2	Expand availability of evidence-based medication-assisted treatment
Increase the number of opioid treatment programs (existing or new) that offer methadone and/or buprenorphine.	Ongoing	Didg ^w álič Wellness Center, Swinomish Wellness Program (Skagit County) has completed the licensure process including DEA certification for the operation of an Opioid Treatment Center and is accepting clients.	2.2	Expand availability of evidence-based medication-assisted treatment
Pilot new models of community-based buprenorphine to prevent overdose (e.g., stabilizing individuals on buprenorphine without mandates counseling, urinalysis, etc.).	Ongoing	DSHS, DBHR WA-Opioid STR grant, together with ADAI have teamed up with Seattle Indian Health board to pilot a Low-barrier Buprenorphine project. The project is currently exceeding the goals of the grant, serving three times more clients than expected.	2.2	Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs.
Encourage family medicine, internal medicine, OB/GYN residency programs to train residents on standards of care and medications to treat opioid use disorder.	Ongoing	Goal is hold a presentation to the 29 Family Medicine Residency Program Directors will occur by the end of December 2017. Purpose of presentation will be an introduction on the buprenorphine training in the residency curriculum.		

STRATEGY 2: Expand access to and utilization of opioid use disorder medications in communities.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Develop and pilot a model to stabilize individuals on buprenorphine while in residential substance use treatment.	Inactive	Currently no progress on this strategy.		
Expand peer-based recovery support/coach programs within medication-assisted treatment programs.	Ongoing	DSHS/ DBHR WA-Opioid STR project to implement on the already established Projects for Assistance in Transition from Homelessness (PATH) program to provide SUD peers recovery support in two environments. Two Peer Recovery Specialists will be paired to each of the 14 PATH teams in the 10 BHO/MCO regions. Offering an expansion of services in SUD services in the state, peers will work in emergency rooms and homeless encampments to provide peer support to individuals identified with an Opiate Use Disorders. The project will link individuals to services and assist in navigating systems and addressing barriers to independence and recovery.		
Identify critical workforce gaps in the substance use treatment system and develop new initiatives to attract and retain skilled professionals in the field.	Inactive	No Update for this reporting period.		

STRATEGY 3: Expand access to and utilization of opioid use disorder medications in the criminal justice system.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Train and provide technical assistance to criminal justice professionals to endorse and promote opioid agonist therapies for people under criminal sanctions.	Ongoing	DBHR provided two trainings of the benefits of MAT with the criminal justice population at the Washington State Association of Drug Court Professionals Conference 1. Medication Assisted Treatment – presenter Tom Fuchs, the Division of Behavioral Health and Recovery. 2. Vivitrol – presenters Dr. Asif Kahn, Northwest Integrated Health, Judge Pho; Sorensen Pierce County Superior Court.		

STRATEGY 3: Expand access to and utilization of opioid use disorder medications in the criminal justice system.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Optimize access to chemical dependency treatment services for offenders who have been released from prison into the community and for offenders living in the community under correctional supervision.	Ongoing	DSHS, DBHR WA-Opioid STR grant 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. They will provide a treatment plan, connections to MAT/OD services, and naloxone overdose prevention kits.	2.3	Improve processes to identify offenders with opioid use disorder and develop evidence-based interventions to ensure offenders will receive timely and effective treatment in the community upon release, concentrating in areas that have achieved behavioral and physical health integration.
Work with jails and prisons to initiate and/or maintain incarcerated persons on medications for opioid use disorder.	Ongoing	Washington State implemented the plan developed with the assistance of technical support received from National Governor's Association (NGA) Learning Lab on strategic planning for alternatives to treating offenders with opioid use disorders (OUD). The accomplishments of this project include: <ul style="list-style-type: none"> •Request by Governor's Office of funding for medication assisted treatment (MAT) and Naloxone in the 2018 supplemental budget. •As part of the Governor's proposed legislation to respond the opioid crisis, the state's Medicaid program will seek an 1115 waiver to offer Medicaid paid MAT services in jail, for at least a certain period of time as determined by the budget neutrality calculation required by the waiver process. •Development of local partnerships between prison, jail, transition staff, and local treatment providers to coordinate services for incarcerated individuals when they are released. This includes the Department of Corrections and North Sound Behavioral Health Organization to explore post-DOC release linkages and to begin or start MAT. •The implementation if a Medication Assisted Treatment (MAT) Program in the Snohomish County Jail. Snohomish County Human Services is under contract with a licensed Substance Use Disorder treatment provider who deploys a Chemical Dependency Professional to work within Snohomish County Jail conducting assessments and providing opioid educational groups. The process 	2.3	Improve processes to identify offenders with opioid use disorder and develop evidence-based interventions to ensure offenders will receive timely and effective treatment in the community upon release, concentrating in areas that have achieved behavioral and physical health integration.

STRATEGY 3: Expand access to and utilization of opioid use disorder medications in the criminal justice system.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		also includes direct engagement in medication assisted treatment immediately upon release; The CJTA Panel is funding a MAT study, to provide a context related to jails that are allowing MAT. The studies purpose is to organize, identify barriers and propose further work to assist and train jail environments to allow MAT. DBHR is providing funding through a Legislative proviso to Snohomish County Jail to implement their jail MAT project, they will begin inducting individuals on MAT in 2018.		
Incentivize state-funded drug and other therapeutic courts to provide access to a full range of medications for opioid use disorder.	Ongoing	CJTA together with DBHR/HCA Medical Director provided two MAT webinars for legal personal in the state of Washington, including judges, attorneys and court coordinators. The webinar gave an overview of addiction, as well as, how MAT can aide in recovery.		

STRATEGY 4: Increase capacity of syringe exchange programs (SEP) to effectively provide overdose prevention and engage clients in support services, including housing.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Regularly collect primary data to document current health needs of individuals who inject heroin.	Ongoing	The 2015 WA State Drug Injector Survey was completed in February 2016 and is available at: http://adai.uw.edu/pubs/infobriefs/2015DrugInjectorHealthSurvey.pdf . Both DOH's CDC Grant, DBHR's WA-PDO Grant have components that utilize and augment the survey capabilities.		
Frequently map SEP services and funding levels to determine critical gaps and unmet levels of need among people who inject drugs.	Ongoing	Washington State Department of Health has been developing partnerships with local Accountable Communities of Health to provide technical assistance around integration of syringe service programs (SSPs) to bill for services. Currently providing technical		

		assistance to 3 jurisdictions to bill for services provided within an SSP.		
Identify and leverage diversified funding for SEPS to adequately provide supplies, case management, health engagement services, and comprehensive overdose prevention education.	Ongoing	Washington State Department of Health purchased \$75,000 in naloxone to distribute to SSPs and non-traditional partners. Washington State Department of Health did identify a funding partner during the noted time period to increase hepatitis C screening and linkage to care for SSPs in SW Washington. DSHS, DBHR WA-Opioid STR funding will provide additional naloxone (nasal spray) to vulnerable and underserved populations in partnership with ADAI. Despite the resources provided by the 2016 Preventing Death from Opioids (PDO) grant, across much of Washington State there remains a substantial gap between need and availability of take-home-naloxone provided to those at highest risk for witnessing an overdose.	2.2	Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs.
Provide technical assistance to local health jurisdictions and community-based organizations to organize or expand syringe exchange and drug user health services.	Ongoing	WA-DOH Office of Infectious Disease applied for funding via the CDC HIV Prevention grant that would support an FTE to provide linkage to care for infectious disease and address social determinants of health. The funding would provide 1 FTE for a high burden jurisdiction (infectious disease). The function of the FTE would be needs-based case management, with a primary focus on linking people to care for infectious disease treatment. The FTE will be housed within a Syringe Service Program mile.	2.2	Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs.

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

Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Educate maternity care providers to identify and refer for treatment those women with opioid use disorders who are pregnant or parenting. Disseminate the <i>Substance Use during Pregnancy: Guidelines for Screening and Management best practice guide</i> .	Completed	The work group disseminated <i>Substance Use Disorders during Pregnancy: Guidelines for Screening and Management</i> best practice guide. DOH participated the <i>Washington State Hospital Association (WSHA) Safe Deliveries Roadmap</i> standards/QI project. This project includes recommended evidence-based standards for primary care for child-bearing age and pregnancy care. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is included in these care recommendations. The purpose of the Roadmap		

STRATEGY 5: Identify and treat opioid abuse during pregnancy to reduce withdrawal symptoms in newborns.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		standards is to improve care and insure comprehensive care including screening and referring for substance use/abuse. Substance use is addressed in pre-pregnancy, pregnancy, and postpartum care bundles. Now available on-line http://here.doh.wa.gov/materials/guidelines-substance-abuse-pregnancy		
Offer pregnant and parenting women overdose education and take-home naloxone training.	Completed	DBHR added overdose education, including information on how to obtain a Naloxone kit and Naloxone training, to the <i>Substance Use during Pregnancy: Guidelines for Screening and Management</i> best practice guide and to Washington State Parent-Child Assistance Program (PCAP) website.		
Educate pediatric and family medicine providers to recognize and appropriately refer newborns with Neonatal Abstinence Syndrome.	Completed Ongoing	Provided hospital neonatal level of care map to Opioid Workgroup: http://www.doh.wa.gov/Portals/1/Documents/Pubs/950154.pdf DOH continues to educate providers on contacting and referring newborns withdrawing with NAS symptoms to levels 2, 3, and 4 facilities. http://www.doh.wa.gov/Portals/1/Documents/Pubs/950154.pdf		
Disseminate the <i>WA State Hospital Association Safe Deliveries Roadmap</i> standards to health care providers to improve screening and referral of substance use disorders in pre-pregnancy, pregnancy, and post-partum care.	Inactive	No update this report period.		
Create a DBHR/WSHA partnership to provide SBIRT training to obstetric and primary care clinicians.	Closed	DBHR completed and closed the SAMHSA Screening Brief Intervention and Referral to Treatment-Primary Care Integration (SBIRT-PCI) no-cost extension grant. Currently there are no federal SBIRT grant opportunities, which include parent, child Neonatal Abstinence Syndrome components.		

STRATEGY 5: Identify and treat opioid abuse during pregnancy to reduce withdrawal symptoms in newborns.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Add overdose education (including how and where to obtain naloxone) to the Parent-Child Assistance Program and Safe Babies Safe Moms websites and websites of host agencies.	Completed	All Safe Babies safe Moms (SBSM) programs have completed the merger with the Parent Child Assistance Program and are utilizing the PCAC model of services.		

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.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Provide technical assistance to opioid treatment programs to develop protocols to implement overdose education and naloxone access for clients.	Ongoing	Technical assistance on naloxone for opioid treatment programs (OTPs) is ongoing. Three OTPs currently have naloxone distribution programs. More information at stopoverdose.org .	3.2	Ensure that covered individuals with opioid use disorder receive overdose education and access to naloxone.
Provide technical assistance to jails, prisons, and drug courts to implement overdose education and naloxone for people under criminal sanctions.	Ongoing	WA-PDO Project provides technical assistance to jails on naloxone programs. Two jails are known to either give naloxone directly to inmates upon release or distribute voucher/referrals cards for naloxone at local syringe exchanges.		
Provide technical assistance to first responders/law enforcement on opioid overdose response training and naloxone programs.	Ongoing	Naloxone is now carried by: <ul style="list-style-type: none"> • Washington State Patrol • 11 tribal police departments • 71 police and sheriffs departments in 22 counties A current list is at: http://stopoverdose.org/section/first-responders/	3.2	Ensure that covered individuals with opioid use disorder receive overdose education and access to naloxone.

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.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Educate law enforcement, prosecutors and the public about the Good Samaritan Law.	Ongoing	Over 5,000 copies of the Good Samaritan wallet card were distributed by the WA-PDO Project.		
Collaborate with the BHOs to provide residential, outpatient and withdrawal management programs with guidelines, training and tools to provide overdose prevention education to all clients.	Ongoing	ADAI provided ongoing technical assistance to interested substance use treatment providers.		
Assist emergency departments to develop and implement protocols on providing overdose education and take-home naloxone to individuals seen for opioid overdose.	Ongoing	A number of EDs in WA State have naloxone distribution or on-site naloxone prescription programs.		
Mandate overdose education in all state-contracted detox, residential and outpatient treatment programs.	Inactive	Due to the changeover to the new BHO system for drug treatment services, this action is infeasible at this time.		

STRATEGY 2: Make system-level improvements to increase availability and use of naloxone.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Allocate SAMHSA block grant or other funding to scale up and sustain naloxone distribution at syringe exchange programs.	Completed	Every syringe exchange in Washington State (20 in 19 counties) now have active naloxone distribution programs supported through a number of funding sources.	2.2	Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs.
Ensure Medicaid contracts require naloxone with no prior authorization.	Completed	Prior authorization requirement was removed as of May 1, 2016.		

STRATEGY 2: Make system-level improvements to increase availability and use of naloxone.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Establish standing orders in counties to authorize community-based naloxone distribution and lay administration.	Ongoing	20 of the 39 counties have either a standing order for local naloxone distribution written by a health officer or private prescriber.		
Create a centralized naloxone procurement and distribution process at the state level.	Inactive	Centralizing naloxone distribution at this point would be impractical because of the multiple funding sources for naloxone, and the multiple types of organizations receiving naloxone, i.e. law enforcement, public health, social service, etc.	3.3	Consider a centralized naloxone procurement process. Report recommended solutions when practicable.
Increase access to naloxone through pharmacies. Encourage pharmacies distributing naloxone to post signs regarding its availability.	Ongoing	Three independent pharmacies began new naloxone programs.		
Evaluate the utilization and health impacts of naloxone administered by police, fire department, and emergency medical technicians.	ongoing	ADAI collected 431 baseline surveys and 6 naloxone administration surveys from law enforcement units who were supplied naloxone through the WA-PDO grant. A summary report is expected in February, 2018.		
Promote co-prescribing of naloxone for pain patients as best practice per AMDG guidelines. Add prompts to PMP to encourage providers to prescribe naloxone to patients on high doses of opioids.	Inactive	No update this reporting period.		

GOAL 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

STRATEGY 1: Improve PMP functionality to document and summarize patient and prescriber patterns to inform clinical decision making.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Increase PMP reporting frequency by pharmacies from weekly to daily to reduce the lag between opioid dispensing and viewing the prescription in the PMP from 10 to 4 business days.	Complete	<p>WA PDMP receives compliance reports on pharmacies that have not submitted data in the required time frame. Currently, WA PDMP alerts pharmacies who are out of compliance. Most of the time pharmacies submit the data that was missing after an alert without the need for filing a complaint. No complaints have been filed in the past 6 months.</p> <p>DOH is working with the PDMP data vendor to improve data timeliness, prescriber queries and key data quality indicators, which will help health care providers make more informed prescribing decisions.</p>		
Provide easy access to the PMP data for providers through electronic medical record systems.	Ongoing	Three health care systems have an active electronic connection between the PMP and their EMR through the Health Information Exchange, another 3 facilities are currently in testing. As of December 1, 2017 118 organizations have registered an intent to use this integration.		
Reduce current policy and technical barriers to enable sharing of PMP data with border states.	Ongoing	A contract with Appriss (PMP vendor) is in progress to establish a memorandum of understanding between DOH and PMPi (interstate data sharing hub). It is anticipated that interstate data sharing could begin by mid-2018.		
Consider providing MED calculations within the PMP for chronic opioid patients with automated program alerts for providers.	Ongoing	On December 19, 2017 DOH and the PA PMP had a call with Appriss to discuss a buprenorphine concern. Appriss is revising their interface and report to not include buprenorphine in the MED calculation based on new guidance from the CDC. Appriss plans to send the revisions over for review and hopes to have the updates in place by February 2018.		
Explore methods and possibilities for further increasing reporting frequency towards 'real-time' from dispensers.	Completed	It was determined that this is financially unobtainable for the PMP and dispensers. DOH will continue to explore new options if they become available.		

STRATEGY 2: Utilize the PMP for public health surveillance and evaluation.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Develop measures using PMP data to monitor prescribing trends.	Ongoing	Six opioid prescribing metrics using 2012-2016 data have been added at the state level to the Washington Tracking Network (WTN) public query portal and were shared with partners on November 27, 2017. Data at the county and accountable community of health (ACH) level cannot be shared in the current portal and were shared via email. Drafts of county and ACH Tableau dashboards are under development.		
Link PMP data to overdose death data to determine relationships between prescribing, patient risk behavior, and overdoses.	Ongoing	DOH linked PMP data to death record data and analyzed these linked data. DOH is in the process of writing up the results of the analyses for dissemination.		
Explore options to aggregate and analyze PMP data by health plan/payer.	Ongoing	EHSB 1427 (2017) authorized release of prescribing reports by facility or group practice for those that request this from DOH and provide DOH with a list of their providers. PMP is working with stakeholders to establish report format and content.		

STRATEGY 3: Continue and enhance efforts to monitor opioid use and opioid-related morbidity and mortality.				
Activity	Complete, Ongoing or Pending	Progress	EO Goal	Related EO Activity
Monitor and publish data on opioid-related hospitalizations and deaths, including neonatal abstinence syndrome (DOH); treatment admissions (DBHR) and police evidence data (UW ADAI).	Ongoing	On September 7, 2017 quarterly opioid overdose reports were released to local health jurisdictions and accountable communities of health data contacts with preliminary quarter 1 (January-March) 2017 data on overdose and drug related deaths, hospitalizations and emergency department visits. The anticipated timeline for release of quarter 2 and 3 data is the end of December. The state interagency workgroup has settled on a standard definition to measure the prevalence of neonatal abstinence syndrome in infants using the comprehensive hospital abstract reporting system (CHARS) data, and DOH has analyzed the data through 2016. UW ADAI have opiate data online at: http://adai.uw.edu/wadata/		

STRATEGY 3: Continue and enhance efforts to monitor opioid use and opioid-related morbidity and mortality.				
Activity	Complete, Ongoing or Pending	Progress	EO Goal	Related EO Activity
Improve the quality of data on death certificates.	Ongoing	DOH has been working to improve the quality of death certificate data since 2010 by sending back queries to medical examiners and coroners when unspecific drug information is listed on the death certificate. This work is done at DOH by the Center for Health Statistics staff. DOH Center for Health Statistics staff are continuing this work in 2017.		
Develop a plan to use new data sources (e.g., statewide ER and EMS data) to support public health surveillance and impact assessment.	Ongoing	Aggregated emergency department opioid overdose related visit data by hospital are being submitted to DOH from the Emergency Department Information Exchange and are being released by county and accountable communities of health geographies in the quarterly data releases.		
Publish Information Briefs to promote evidence-based policymaking and service planning.	Ongoing	UW ADAI produced a brief, supported by DBHR, which included an adolescent and young adult opioid use disorder treatment needs assessment and current treatment practices.		

STRATEGY 4: Monitor progress towards goals and strategies and evaluate the effectiveness of our interventions.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Evaluate policy interventions for effectiveness and impact (e.g., pain management rules).	Ongoing	DOH is working on a data sharing agreement to share PMP data and evaluation plan with UW, and an evaluation plan with HCA to evaluate the effectiveness and impact of the pain management rules among Medicaid clients.	4.4	Explore methods to notify health care providers of opioid overdose event. Include how the Emergency Department Information Exchange electronic health information system used by hospitals might use prescription drug monitoring program data to identify health care providers who recently prescribed opioids to an overdose victim and notify them of that overdose event.
Develop and track performance measures to monitor progress towards work plan goals and strategies.	Inactive	Many of the opioid response plan measures were compiled, and some were released publically. Quarterly overdose death counts (total, prescription opioid and heroin), overall Opioid Response Plan measures, were released by DOH to LHJs and ACH data		

STRATEGY 4: Monitor progress towards goals and strategies and evaluate the effectiveness of our interventions.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		contacts on September 7, 2017. Quarterly opioid prescribing measures, Goal 1 measures, were added to the DOH Washington Tracking Network at the state level and released to the public on November 27. Buprenorphine prescriptions to Medicaid enrollees, a Goal 2 measure, was compiled by HCA annually from 2014-2016 and shared in a Results WA presentation. The number of naloxone providers, kits distributed and opioid overdose reversals reported, Goal 3 measures, were compiled by ADAI for 2016 and shared in a Results WA presentation.		

GOAL 5: Prevent the use of illegal opioids.

STRATEGY 1: Decrease the supply of illegal opioids.				
Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
Partner with law enforcement to decrease illicit distribution of opioids.	Inactive	No update this report period.		
Educate local law enforcement about how to handle reports of illegal prescribing. If necessary, develop and monitor an anonymous tip line for health providers, pharmacists and the public to report unlawful prescribing practices.	Inactive	No update this report period.		
Increase the number of investigations on unlawful prescribing practices.	Inactive	No update this report period.		

Coordinate with law enforcement if prescribers are arrested so that patients can be adequately treated.				
Educate law enforcement on the PMP and how it works.	Inactive	No update this report period.		

Appendix I: EO-Specific Updates

While the Washington State Opioid Response Plan incorporates updates related to Executive Order 16-09, the below updates are unique to Executive Order 16-09. See the Washington State Opioid Response Plan for Executive Order requirements and activities that are integrated in the Plan. See Appendix II for a listing of all EO requirements and where they can be found in the State Plan.

Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
See also: State Plan Goal 1		<p>In August 2017, DBHR conducted a process with stakeholders and providers to gather input for the statewide media campaign development. Ensured message testing with focus groups. The “Starts with one” media campaign’s Facebook launched in November 2017: https://www.facebook.com/WAopioidawareness/. A media presentation was conducted at the November’s WA State Prevention Summit and media tools were distributed to attendees in preparation for the full campaign and tool kit launch in January 2018.</p> <p>DOH has allocated funds under the Pfs grant to promote the CDC Rx Awareness Campaign. The goal is to increase awareness and knowledge among WA population about the risk of prescription opioids. Launch is scheduled for April 2018. Tag line “It only takes a little to lose a lot”.</p> <p>Leads: Jennifer Alvisurez, Steve Smothers (DOH), Julia Havens & Danny Highley (DBHR)</p>	1.2	<ul style="list-style-type: none"> • Develop a communications strategy geared toward preventing opioid misuse in communities, particularly among youth, to raise awareness about the risks of opioid use and focus on reducing the stigma of opioid use disorder. • This communication strategy shall promote safe home storage and appropriate prescription pain medication disposal to prevent misuse.
See also: State Plan Goal 1	Completed	<p>The Attorney General’s Office, in partnership with the Washington State Patrol and the Washington Association of Prosecuting Attorneys, convened law enforcement, public health experts, prosecutors and medical professionals on June 15 and 16, 2017 at the University of Washington. This event was open to the public and approximately 400 people attended. A follow-up report with recommendations for Washington policymakers is available at http://agportal-s3bucket.s3.amazonaws.com/uploadedfiles/Another/News/Press_Releases/OpioidSummitReport.pdf</p> <p>Lead: Kelly Richburg</p>	1.4	<ul style="list-style-type: none"> • Convene local, state, and federal law enforcement agencies and community partners to develop and recommend strategies to reduce the supply of illegal opioids.
See also: State Plan Goal 2		<p><i>From December 2016:</i></p> <p><i>HCA will begin to review and determine what programmatic and financial changes would need to occur to allow for brief interventions/behavioral health counseling visits to be reimbursed similar to</i></p>	2.1	<ul style="list-style-type: none"> • Support and implement behavioral health integration strategies in primary care, to include screening for opioid use disorder and increased

Activity	Completed, Ongoing or Inactive	Progress	EO Goal	Related EO Activity
		<p><i>other services provided in primary care. Currently payment only occurs for these codes in settings that are certified as behavioral health specialty providers.</i></p> <p>Leads: Charissa Fotinos (HCA), Thomas Fuchs (DBHR)</p>		<p>management of medication-assisted and other treatments, like recovery support services.</p> <ul style="list-style-type: none"> • Implement these strategies in a culturally appropriate and accessible manner, especially among historically marginalized communities such as American Indian and Alaska Native populations
See also: State Plan Goal 2	Ongoing	<ul style="list-style-type: none"> • DOC has recently merged the Substance Abuse Recovery Unit into the larger Health Services Division of the agency. As a result, we are working on sharing information between the various treatment providers (medical, mental health, substance abuse) and we are updating our electronic reports to help identify OUD patients. • We are also in the final stages of planning to be able to support some Medication Assisted Treatment options within DOC. • DOC is participating in the STR grant administered though DSHS/DBHR. As a part of the grant we are piloting a process to connect releasing inmates diagnosed with OUD with community treatment providers. Our pilot work is targeted in Clark & Skamania counties to take advantage of the integrated managed care there. <p>Lead: Kevin Bovenkamp (DOC)</p>	2.3	<ul style="list-style-type: none"> • Improve processes to identify offenders with opioid use disorder and develop evidence-based interventions to ensure offenders will receive timely and effective treatment in the community upon release, concentrating in areas that have achieved behavioral and physical health integration.

Appendix II: Executive Order 16-09 “Addressing the Opioid Use Public Health Crisis”

EO Goal	Executive Order Description	Lead Agency(s)	Agency POC(s)	Partner(s)	In State Plan, Goal
1.1	<ul style="list-style-type: none"> Consider amendments to the state pain guidelines and other training and policy materials, consistent with the 2015 AMDG and the 2016 U.S. Centers for Disease Control and Prevention opioid guidelines, to reduce unnecessary prescribing for acute pain conditions for the general population, especially for adolescents. 	AMDG	Blake Maresh Kathy Lofy, M.D. (DOH) Jaymie Mai, PharmD (L&I) Charissa Fotinos (HCA) David Tauben (UW)	Bree Collaborative, Tribal governments, boards and commissions, professional associations, health care systems, insurers, teaching institutions, and others	1
1.2	<ul style="list-style-type: none"> Develop a communications strategy geared toward preventing opioid misuse in communities, particularly among youth, to raise awareness about the risks of opioid use and focus on reducing the stigma of opioid use disorder. This communication strategy shall promote safe home storage and appropriate prescription pain medication disposal to prevent misuse. 	DOH DSHS	Jennifer Alvisurez, Steve Smothers (DOH) Julia Havens & Danny Highley (DBHR)	Governor’s Office, other agencies including OSPI, schools, public and private partners	1
1.2	<ul style="list-style-type: none"> Agencies shall work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs. 	DOH DSHS	Jennifer Alvisurez (DOH) Julia Havens & Danny Highley (DBHR)		1
1.3	<ul style="list-style-type: none"> Explore innovative methods and tools to deliver evidence-based alternatives and other promising practices to reduce overreliance on opioids while improving access to care and health outcomes with regard to the treatment of pain. 	HCA L&I	Jaymie Mai, Gary Franklin (L&I) Charissa Fotinos (HCA)	Bree Collaborative	1

EO Goal	Executive Order Description	Lead Agency(s)	Agency POC(s)	Partner(s)	In State Plan, Goal
1.3	<ul style="list-style-type: none"> Utilize and make tele-mentoring prescriber education programs, such as UW Telepain, a fiscally sustainable telehealth service. Establish support programs for providers, like an opioid prescribing consultation hotline. 	HCA	Daniel Lessler (HCA)	University of Washington and other providers	1
1.4	<ul style="list-style-type: none"> Convene local, state, and federal law enforcement agencies and community partners to develop and recommend strategies to reduce the supply of illegal opioids. 	Attorney General's Office		Washington State Patrol, WA Association of Prosecuting Attorneys	See Appendix I
2.1	<ul style="list-style-type: none"> Support and implement behavioral health integration strategies in primary care, to include screening for opioid use disorder and increased management of medication-assisted and other treatments, like recovery support services. Implement these strategies in a culturally appropriate and accessible manner, especially among historically marginalized communities such as American Indian and Alaska Native populations. 	HCA	Charissa Fotinos (HCA) Thomas Fuchs (DBHR)	Governor's Office	See Appendix I and Goal 2
2.2	<p>Expand availability of evidence-based medication-assisted treatment</p> <ul style="list-style-type: none"> Identify policy gaps and barriers that limit availability and utilization of MAT. Consider "spoke and hub" and other excellence models. Ensure availability of access to treatment medications for people with opioid use disorder, especially for pregnant women, people who inject drugs, and homeless. Pilot and evaluate low barrier models to buprenorphine. 	State Agencies	Harvey Funai, Thomas Fuchs (DBHR) Charissa Fotinos (HCA) Caleb Banta-Green (UW ADAI)	Partner agencies; UW ADAI	2
2.2	<ul style="list-style-type: none"> Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs. 	State Agencies	Thomas Fuchs (DBHR) Tim Candela (DOH)	Partner agencies	2

EO Goal	Executive Order Description	Lead Agency(s)	Agency POC(s)	Partner(s)	In State Plan, Goal
			Susan Kingston (UW ADAI)		
2.3	<ul style="list-style-type: none"> Improve processes to identify offenders with opioid use disorder and develop evidence-based interventions to ensure offenders will receive timely and effective treatment in the community upon release, concentrating in areas that have achieved behavioral and physical health integration. 	DOC	Steve Hammond, Kevin Bovenkamp (DOC)	HCA, DSHS, Caleb Banta-Green (ADAI)	See Appendix I and Goal 2
2.4	<ul style="list-style-type: none"> Determine if access issues exist and explore and recommend solutions on how insurance payment mechanisms, formularies, and other administrative processes can ensure appropriate availability of medication-assisted services and evidence-based services for treatment of pain and overdoses. Assess whether current payment and coverage decisions support these treatments consistent with evidence-based practices and implement, as soon as feasible, value-based purchasing methods to improve results. 	Insurance Commissioner	Jayme Mai, Gary Franklin (L&I) Daniel Lessler, Charissa Fotinos (HCA) AnnaLisa Gellermann (OIC)	State health care purchasing agencies; Private insurers, providers	1
3.1	<ul style="list-style-type: none"> Educate heroin and/or prescription opioid users and those who may witness an overdose, on how to recognize and appropriately respond to an overdose. State and local data systems will be enhanced to document opioid overdose occurrence and response. 	DOH DSHS	Tim Candela/ Therese Hanson, Mamadou Ndiaye (DOH) Thomas Fuchs, Earl Long (DBHR)	UW ADAI and other partners, including local public health officials	3
3.2	<ul style="list-style-type: none"> Ensure that covered individuals with opioid use disorder receive overdose education and access to naloxone. 	State agency health care purchasers	Charissa Fotinos (HCA)		3
3.3	<ul style="list-style-type: none"> Consider a centralized naloxone procurement process. <i>Report recommended solutions when practicable.</i> 	AMDG	Kathy Lofy with AMDG	Partners, including the Centers for Disease Control and Prevention (CDC)	3

EO Goal	Executive Order Description	Lead Agency(s)	Agency POC(s)	Partner(s)	In State Plan, Goal
4.1	<ul style="list-style-type: none"> Develop statewide measures to monitor prescribing practices and access to high quality and necessary pain care, focusing on metrics with a statewide and regional view. Using these measures, DOH will identify regional variations in prescribing practices and encourage health systems and insurers to use these measures to identify and intervene with health care providers who engage in unsafe prescribing practices. 	DOH AMDG Bree Collaborative UW	Chris Baumgartner, Mamadou Ndiaye, Jen Sabel, Neal Traven (DOH) Jaymie Mai, Gary Franklin (L&I) Ginny Weir (Bree)	Providers and other partners	4
4.2	<ul style="list-style-type: none"> Identify persons at high risk for prescription opioid overdose and intervene when appropriate with outreach efforts to provide necessary medical care, including treatment of pain and/or opioid use disorder. 	State agency health care purchasers	Charissa Fotinos, Rick Ries (HCA) Chris Baumgartner, Jennifer Alvisurez (DOH) Michael Langer, Harvey Funai (DBHR) Jaymie Mai, Gary Franklin (L&I)	DOH	2
4.3	<ul style="list-style-type: none"> Collaborate with partners to explore policies and processes to enhance functionality and increase the use of the Prescription Drug Monitoring Program among health care providers. 	DOH	Gary Garrety, Chris Baumgartner (DOH)		1 & 4
4.4	<ul style="list-style-type: none"> Explore methods to notify health care providers of opioid overdose event. Include how the Emergency Department Information Exchange electronic health information system used by hospitals might use prescription drug monitoring program data to identify health care providers who recently prescribed 	DOH	Gary Garrety, Chris Baumgartner (DOH)	HCA, L&I	4

EO Goal	Executive Order Description	Lead Agency(s)	Agency POC(s)	Partner(s)	In State Plan, Goal
	opioids to an overdose victim and notify them of that overdose event.				