

# OPIOID WORKGROUP LEADERSHIP TEAM

This brief summary of the Opioid Action Plan presented to the Skagit County Board of Health on December 13, 2016 provides the basis for community partnership and collaboration around the opioid crisis that is gripping our nation and local community. Please join the fight to improve health and wellness of all our citizens.

*Community-wide  
Action Plan and  
Call to Action*



## Introduction

The Opioid Workgroup Leadership Team (OWLT) formed under the initial guidance of the Population Health Trust in July of 2016 with the charge to:

1. Understand the scope of the Opioid problem in Skagit County
2. Understand what was being done throughout the community to address the problem
3. Identify opportunities to do more
4. Develop an action plan

A committed group of partner organizations and individuals met diligently for six months to carve out a coordinated and multifaceted approach to dealing with the opioid crisis in Skagit County. The work group included representatives from the following agencies and organizations.

### 2016 OWLT membership included

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Pioneer Human Services	MIN-NS
Skagit County Public Defender	Island Hospital Pain Clinic
Bridget Collins	CCS Recovery Centers
Skagit County Jail	Skagit County Coroner
North Sound Behavioral Health Organization	Peace Health United General
Skagit County Public Health	Skagit County Superior & Juvenile Courts
Skagit Regional Health	Ideal Option
Sedro-Woolley Police Department	Phoenix Recovery Services
The Follman Agency	OHANA
Mira Vista Care Center	

The process utilized in the development of the plan was data-driven. Participants used national, state and local data to determine the scope of the problem; to understand what was being done locally to prevent, treat, and prevent opioid deaths; and to seek solutions that would work locally to minimize the impact of opioids on our community.

The plan follows the outline of the Washington State Interagency Opioid Working Plan and creates opportunities to fill the gaps in our local service system.

### How to use this document

This summary of the action plan developed by the OWLT group is a condensed version of the Opioid Workgroup Leadership Team 2016 Summary Report and Recommendations. Readers who wish to see the full report should go to the Population Health Trust website at:

<https://www.skagitcounty.net/PHTAC> for a more complete view of the data and analysis process used to determine these priorities.

This plan should be seen as a community-wide call to action in order to prevent misuse and abuse of opioids, to create a better treatment system, and to ultimately prevent unnecessary death.

## Agencies and Organizations

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Skagit County needs human service agencies, social service organizations and the medical community to engage with this plan in whatever ways they can. Aligning agency goals to meet needs illustrated in the plan, seeking funding to conduct activities outlined, creating new partnerships for collaboration on the goals, and staffing to the needs highlighted are all critical ways to positively impact the success of this plan.

Agencies interested in this work can contact Public Health for further information:

Kristen Ekstran, Community Health Planner  
Skagit County Public Health  
360-416-1524

## Individuals

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Individuals, too, can make a huge impact on turning the tide of the opioid crisis. Here are a few ways you can help:

### CALL TO ACTION

- 1 Share this plan with others in the community to help reduce the stigma of individuals suffering from Opioid Use Disorder.
- 2 Lock up medications in the home to prevent unintentional use by those not prescribed that medication.
- 3 Use the community's Drug Take-Back-Programs for unused medications.
- 4 Attend a community training on stigma reduction.
- 5 Share information with your staff about community resources.
- 6 Support the Needle Exchange and other harm reduction strategies.
- 7 Ask your local First Responders if they are trained in the use of Narcan.
- 8 Join the Opioid coalition in their monthly meeting (contact Kristen Ekstran for time and location).
- 9 Join OHANA for parent-parent support and advocacy within this community and at the state level: [www.facebook.com/ohana.skagit](http://www.facebook.com/ohana.skagit)

## Goal 1: Prevent Opioid Misuse & Abuse

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### Strategy A - Prevent Opioid misuse in the community, particularly among youth

*In 2013, over 249,000,000 prescriptions for opioids were written - enough for every adult in America to have a bottle of pills. According to the results from the 2014 Healthy Youth Survey (HYS), students in Skagit County indicated that in the past 30 days 3% of 8<sup>th</sup> graders, 5 % of 10<sup>th</sup> graders and 5 % of 12<sup>th</sup> graders used a pain killer to get high. Of these, 5%, 10% and 8% of students said that the drugs were not prescribed to them.*

### Strategy B - Community-wide Awareness and Stigma-reduction Training

*In the 2015 Washington State Drug Injector Health Survey, 57% of respondents reported using prescription-type opiates prior to using heroin, and a large number of those did so in their 30s. In Skagit County, 53% reported that they were “hooked on” prescription opiates before they began using heroin. Focus group respondents said “once a medical practitioner knew I had a drug problem, I did not get the same kind of care.”*

## Action Steps

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1. Increase visibility of campaign for safe home storage and appropriate disposal of prescription pain medication to prevent opioid misuse
2. Convene take-back program partners to strategize the expansion of use and locations
3. Support the state effort to create statewide drug take-back program
4. Create media campaign for encouraging take-back programs
5. Support and promote Adverse Childhood Experience’s (ACES) prevention/mitigation activities to reduce risk factors and later opioid use

1. Plan and coordinate accurate and consistent messages about opioid safety and addiction
2. Promote stigma reduction training programs for different constituents (schools, law enforcement, community, medical)



## Goal 2: Treat Opioid Dependence

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### Strategy A - Improve the transition between types and levels of care

*Focus group meetings with users of our treatment systems, advocates and personnel involved in treatment overwhelmingly cite the fractures within the system as barriers keeping those needing services from engaging with treatment or maintaining a path to recovery even when the will is present.*



### Strategy B - Link those leaving the Emergency Department to treatment options

*Complexities in coding for opioid related visits in the Emergency Department mean that opioid concerns are underrepresented. Still, the Emergency Department data at Skagit Regional Health shows a dramatic increase in ER visits for overdose between 2013 and 2015.*

## Action Steps

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1. Develop resource hub for consolidating services and resources for those needing treatment and their support networks
  2. Create a paper and/or electronic guide to services and how to access them
  3. Coordinate use of resource guide with system partners to ensure that those transitioning from any treatment and recovery setting are provided help
  4. Develop mobile website for agencies working in the field that provides up-to-date resources such as crisis bed availability
  5. Investigate models and programs for transportation that support access to treatment
  6. Investigate and explore probability of developing Peer Support, Recovery Coach, or Care Manager Program to assist clients with transitions between care & services
  7. Collaborate with housing workgroup to ensure that the housing needs of those in treatment for OUD are considered in system planning
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1. Complete placement of a CDP (Chemical Dependency Professionals) in Emergency Department at Skagit Regional Health and assure they are prepared to provide naloxone training/education and link people to other needed services
  2. Design services and process for integrating additional CDP into Emergency Department setting
  3. Share integrated CDP outcomes with other hospitals and the community
  4. Support the use of the evidence-based practice known as Screening Brief Intervention and Referral to Treatment (SBIRT) that is designed to screen people for SUD and to appropriately motivate and link with the right level of care. SBIRT can be implemented in schools, ED's and medical practice settings.

## Goal 3: Expand Access to and Utilization of Medication-Assisted Treatment (MAT)

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## Action Steps

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### Strategy A- Increase Capacity

*Through the focus group process, wait time for entering into services was identified as a serious problem for those who find themselves ready to initiate detox and/or other recovery services.*

1. Document and monitor wait times for stabilization crisis beds to identify opportunities to serve more clients
2. Consult with hospitals and other medical providers about increasing the use of MAT
3. Support the Swinomish Indian Tribe in the opening of their new Full-Services Outpatient Treatment Program which includes a full range of MAT

### Strategy B- Expand Access to and Utilization of MAT in the Criminal Justice System

*According to a Washington State Behavioral Health report of inmates booked into jails in 2013, 66% of Skagit bookings were Medicaid clients with substance use disorder treatment needs and 43% had co-occurring disorders. This is higher than the state levels of 61% and 43% respectively.*

1. Initiate discussion with key leaders in criminal justice system regarding evidence base for utilizing MAT
2. Identify policy gaps and barriers that limit availability and utilization of MAT and develop policy solutions to expand capacity
3. Begin conversations with key leaders for planning access to MAT in the new jail and in drug court in order to reduce re-admissions



## Goal 4: prevent Deaths from Overdose

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### Strategy A - Ensure First Responders and all law enforcement has overdose response training

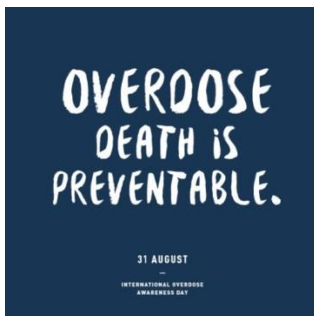
*The 2015 Washington State Drug Injector Health Survey indicated that 55% of the Skagit needle exchange program clients had witnessed an overdose in the previous year. Narcan saves lives and when more first responders have training and carry Narcan, the broader the reach of life-saving measures.*

### Strategy B - Increase the number of responders who carry naloxone

*Naloxone is a synthetic drug that blocks opiate receptors in the nervous system. Narcan is the brand name for the only FDA approved naloxone nasal spray.*

### Strategy C - Ensure hospital Emergency Departments provide overdose education and take-home naloxone

*In 2015 at the Skagit Regional Health Emergency Department alone, 81 patients presented with "opioid related infections" with another 442 patients presenting with a diagnosis of poisoning/overdose. Hospital Emergency Departments are a critical touch point.*



## Action Steps

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1. Phoenix Recovery Services will utilize their new SAMHSA grant to provide Narcan awareness training across the county
1. Review the scope of Narcan distribution among first responders and assess whether the geographic distribution is sufficient to reach a person in need in the right amount of time to save their lives. If gaps are identified, collaborate with First Responders to increase availability of Narcan
2. Utilize census track mapping and 911 coding to identify areas of where overdoses are taking place in order to explore how to reduce the number of overdoses and deaths
1. Skagit Regional Health will document policies, training and protocol around prescribing and overdose education and use of naloxone to share with other hospitals
2. Develop local medical training about how to best serve people with opioid use disorder and provide them with Narcan, referrals, and MAT when appropriate. Consider including SBIRT
3. Use the above training module to further train other medical practitioners in Skagit County
4. Determine whether hospitals can access the new Phoenix SAMHSA grant for additional Narcan kits in the ED