Opioid Workgroup Leadership Team

2016 Summary Report and Recommendations

POPULATION HEALTH TRUST
ADVISORY COMMITTEE

The perspectives contained within this report and the recommendations made arise from the work of this group known as the Opioid Workgroup Leadership Team (OWLT). The members who contributed to this important effort provided 25-30 hours of volunteer time leading to this report:

- Chris Johnston, Pharm D, Peace Health United General Medical Center
- Charlie Wend, Chief of Corrections, Skagit County Jail
- Patti Bannister, OHANA
- Kathy Riddle, OHAHA
- Alina Ostapchuk, UW medical school
- Christine Valdez, Public Health
- Connie Davis, Skagit Regional Clinics
- Corky Hundahl, Phoenix Recovery Services
- Debbie Jones, Mira Vista Care Center
- Duncan West
- Elizabeth Morgan, Bridget Collins
- Geoff Godfrey, Island Hospital Pain Clinic
- Hayley Thompson, Skagit County Coroner
- Kathy Follman, The Follman Agency
- Katie Shustarich, Island Hospital
- Katie Roden, Phoenix Recovery Services
- Keith Tyne, Public Defender
- Lex Rivers, CCS Recovery Centers
- Linda Crothers, North Sound BHO
- Lisa Tremblay, Skagit County Superior & Juvenile Courts
- Mo Pettitt, Consultant
- Paul Eaton, Sedro Woolley Police Department
- Richard Weyrich, Skagit County Prosecuting Attorney
- Rowell Delacruz, Skagit County Crisis Center
- Samantha Simon, Island Hospital - student
- Tina Willett, Mira Vista Care Center
- Randy Elde, Pharmacist/Manager, Hilltop Pharmacy
- Howard Leibrand, Medical Officer, Skagit County Public Health

Their dedication to this project and to fighting to improve the health and well-being of all citizens of our community is greatly appreciated.

Acknowledgements

This report was commissioned by the Skagit County Population Health Trust (PHT). The Population Health Trust was created in 2015 to serve as a leadership team that would assess the health of the community and develop a plan that would "improve health for all." Appointed by the Skagit County Board of Health, the PHT serves as a Health Advisory Committee which identifies local health priorities and recommendations for improving health.

During a comprehensive assessment process in 2015, the PHT identified the opioid crisis as a critical area to initiate a strategy for improving health outcomes. A workgroup of leaders in the fields of prevention, treatment, law and justice, as well as families impacted by the crisis were gathered for study and planning.

OWLT

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For more information:

David Jefferson, MSW
Community Health Analyst
Skagit County Public Health
Office: 360.416.1545
Mobile: 360.708.8837
Davidj@co.skagit.wa.us
Skagit County Population Health Trust
http://www.skagitcounty.net/Departments/PHTAC
http://www.skagitcountytrends.ewu.edu/

"We need to find a way past the "Big Box" recovery model to create a system of care that layers in services when needed by each individual."

OHANA parent

Executive Summary

A public health crisis has hit our nation and our local community. Opioid-related deaths have now surpassed motor vehicle crashes as the leading cause of accidental death. Former President Obama, the US Surgeon General and Governor Inslee have called for funding, policy development, planning, education and action to turn the tide.

Skagit County has taken this moment, and the momentum created by national and state leadership, to analyze, collaborate and ultimately solidify a team of community leaders dedicated to taking steps to address this epidemic.

This Summary Report details the process taken by the Opioid Workgroup Leadership Team and the results of their work. You will see the data and analysis that lead to the following recommendations:

1) Prevent opioid Misuse/Abuse
    a. Prevent misuse in the community, particularly among youth
    b. Community-wide awareness and stigma-reduction training
2) Treat Opioid Dependence
    a. Improve the transition between types and levels of care
    b. Link those leaving the emergency department to treatment options
3) Expand Access to and utilization of Medication-Assisted Treatment (MAT)
    a. Increase Capacity
    b. Expand access to and utilization of MAT in the criminal justice system
4) Prevent deaths from overdose
    a. Ensure first responders and all law enforcement have training on overdose education
    b. Increase the number of responders who carry naloxone
    c. Ensure hospital emergency departments provide overdose education and take-home Naloxone

This plan, though, is just the beginning. There is much work to do and many opportunities for agencies, businesses, medical professionals, educators, public officials and tribal leadership to play a role. **Thank you for engaging in your community through reading this report.**

"Today is a day of solidarity; a day of renewed resolution and a day of action where we stand together to say enough is enough. We all have an important role to play in the statewide movement to fight one of the most devastating crises facing our communities today — the public health crisis of opioids and heroin." Governor Jay Inslee

"Opioid use disorder is a preventable and treatable chronic disease, much like diabetes or heart disease, and needs to be treated as such." Secretary of Health John Wiesman

1. Process Design

Skagit County Population Health Trust

In February of 2015, the Skagit County Board of Health delivered a proclamation announcing the unveiling of the *Population Health Trust Advisory Committee* (Population Health Trust or PHT). The committee was charged with developing a Community Health Improvement Plan that united a wide range of organizations and community partners to improve the health of Skagit County people.

The PHT conducted a series of assessments between March and December of 2015 to learn the factors influencing health in the community, to analyze data indicators of health, and to begin to prioritize the concerns of residents regarding their health and wellness. Part of the assessment plan was to conduct five community listening sessions in which nearly 200 participants provided feedback on the assessment data and identified priorities. As information was gathered from the community, it became clear that opioid use/misuse was an emergent and critical issue.

The Population Health Trust recommended that a leadership group be formed to focus on the opioid crisis. However, prior to forming the community workgroup, an internal Public Health workgroup had been meeting to collaborate on an evaluation process that would lead to a credible outcome. The team examined a variety of gaps analysis models utilized by regional public health planners and selected key elements thought to be most useful. A key consideration of this opioid work was ensuring that the PHT would have a detailed evaluation system that is replicable for future community issues and concerns.

With a valid process to utilize, the County convened an Opioid Workgroup Leadership Team (OWLT) comprised of professionals associated with the opioid crisis and family members who have a commitment to reducing the negative impacts of opioid use and misuse. A community data review of this nature had never been conducted in Skagit County. Members of the Population Health Trust asked their respective organizations to gather local information so we could comprehend the scope of the problem. Other data sources included the Department of Health, the Division of Behavioral Health and the recovery data system called SCOPE. We also had access to a current statewide Syringe Exchange Program survey and aggregate information collated by the University of Washington Alcohol and Drug Abuse Institute. Together, these created a roadmap to better understand the nature of the problem.

The OWLT charge was to conduct a gaps analysis (evaluation) and make action recommendations. In order to do so, the group needed to:

- Understand the scope of the problem
- Know what is currently being done
- Identify opportunities to do more
- Learn and spread best practices
- Develop an action plan and communicate it broadly

Workgroup Formation and Work Plan

The OWLT calculated that it would take five meetings to select priorities, but more to develop action steps. A determination was made to present the draft priorities after the fifth meeting to elicit guidance and consensus from the PHT before developing action steps.

Details of the steps taken and the content of the process can be found in Appendix A. Key aspects of the process were:

- A survey of national, state, and local data including the Washington State Interagency Opioid Working Plan. The team felt it was important to align our local work to work being done at the state level for the best opportunities to create synergy around resources.
- A survey of specific agencies and organizations offering services, programs and outreach for those suffering from opioid use disorders.
- An assessment of the number and strength of linkages between partners who are addressing the challenges.
- Discussion of current resources that could be expanded to meet the needs identified and a review of the state action items that are relevant to Skagit County.

These activities and discussion led to a list of priority items for addressing prevention, for improving the treatment system utilized by those experiencing opioid use disorders, and for improving access to the medication that can prevent overdose deaths. As the priorities were in development, the Opioid Leadership Team held focus groups with users of the system and affected family members to ensure that the priorities reflected the experiences and needs of those utilizing services.

On December 13, 2016, members of the Opioid Workgroup Leadership Team presented their findings and plan to the Skagit County Board of Health.

2. Scope of the Problem

It is impossible to read national, state or local news without noting the increasing emphasis on a crisis that is impacting individuals, families, and communities across the country. Skagit County is no different than other places in this regard. How did we get here?

Opioid prescribing has increased significantly since the mid-1990's and has been paralleled by increases in pharmaceutical opioid misuse disorders, heroin use and fatal overdoses.[1] Although opioid prescribing began decreasing between 2005 and 2010, the result of fewer pharmaceutical opioids in circulation resulted in a switch to heroin use by people who had developed opioid use disorders. Heroin is cheaper and easier to access.[2] It also creates higher risks for overdose and infectious disease and, because it is illegal, puts the user at higher risks for incarceration.

The 2015 Washington State Drug Injector Health Survey indicated that 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.[3]

On November 17, 2015 the Washington State Senate approved a bill to combat opioid addiction, stating that opioid addiction is harming communities, people and families in every corner of our nation and our state. About 600 people die every year in Washington State from opioid overdose. The bill set aside $6 million and will receive additional $3 million in federal funding over the following three years.

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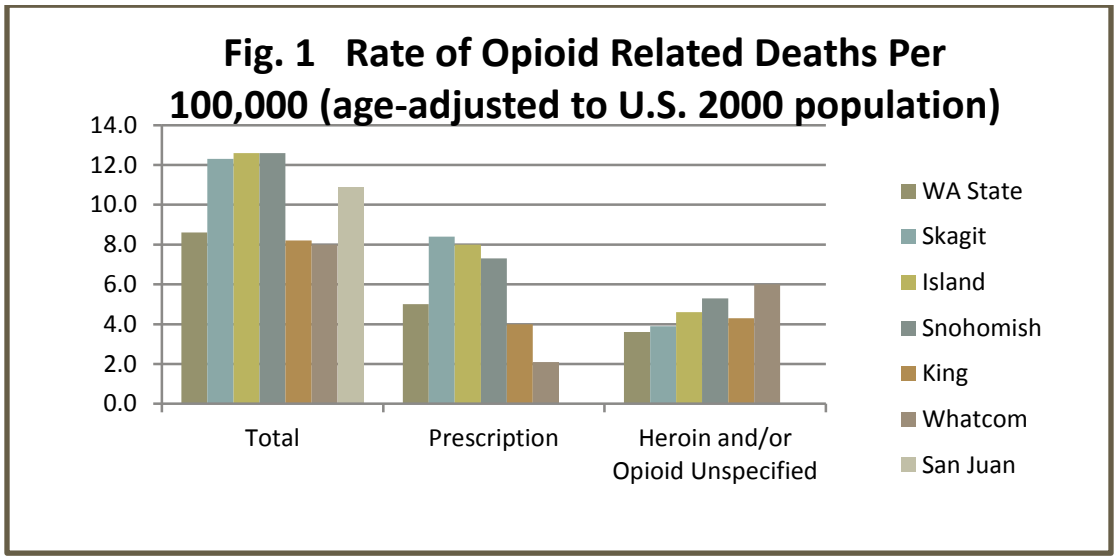
[1] Jones, C.M., Mack, K.A. & Paulozzi, L.J Pharmaceutical overdose deaths, United Sates, 2010: Jama 309, 657-9 (2013).

[2] Jones, C.M., Logan, J., Gladden, R.M. & Bohm, M.K. Vital Signs: Demographic and Substance Use Trends Among Heroin User – United States, 2002-2013. MMWR. Morb. Mortal. Wkly. Rep. 64, 719-25 (2015).

[3] 2015 Washington State Drug Injector Health Survey**,** a survey administered to clients during normal needle exchange program (NEP) operations, http://adai.uw.edu/pubs/inforbriefs/2015DrugInjectorHealthSurvey.pdf.

What do we know about the data in Skagit County? It was clear that systematic data collection does not exist, and our sources only allow us to make inferences about the problem. We know, going forward, that a data collection protocol and system should be developed.

In Skagit County, Department of Health data between 2012 and 2014 showed deaths higher than the state figures (Figure 1). In Figure 2, heroin detox admissions in Skagit County are rising close to the level of admissions for alcohol (historically the highest) after a dip that occurred in 2013-2014.

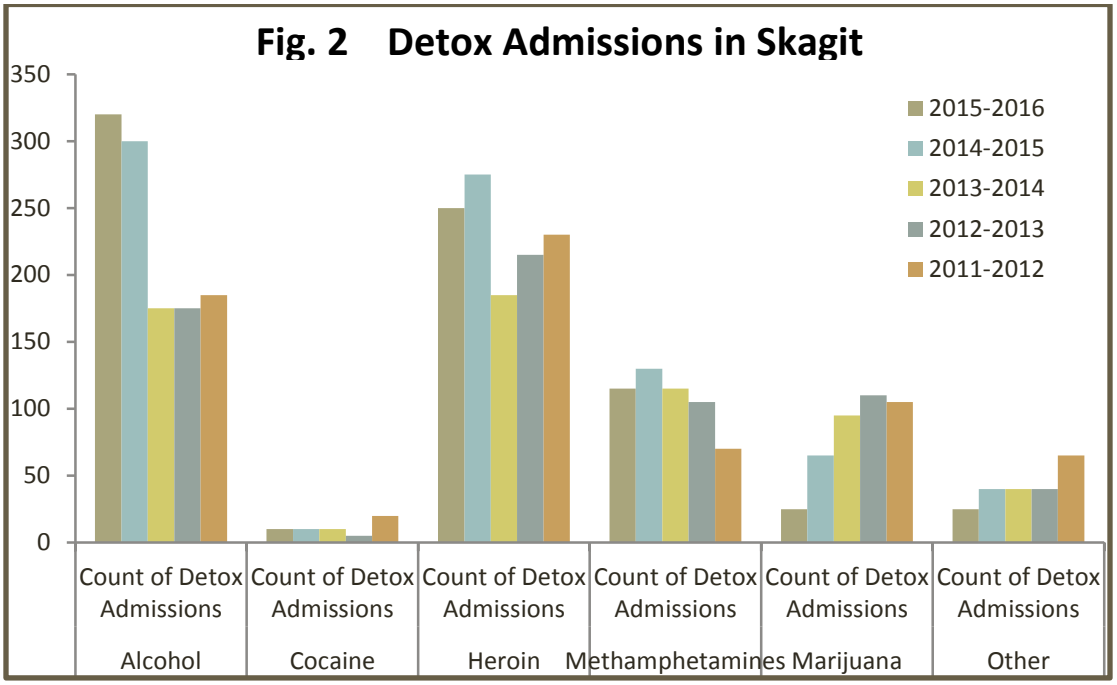


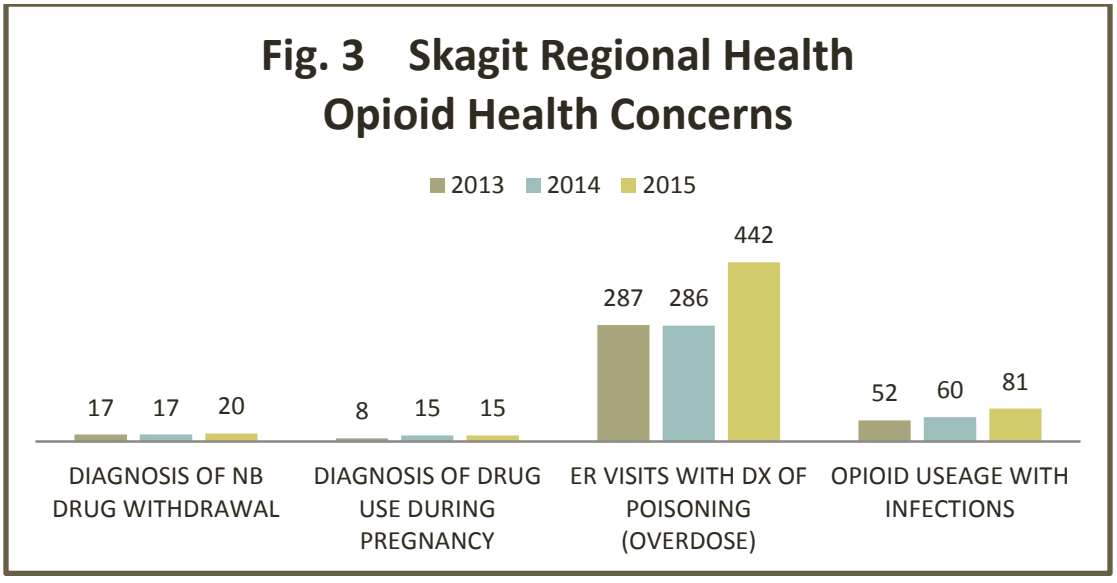
"As we move forward on dealing with opioids and the fallout from their use and dependence, we must go further with utilizing everything in the box of tricks life gives us. We need to provide the psychological support the person in pain needs to save his/her life."

Focus group participant

Stigma is a huge barrier that keeps individuals from seeking help, from getting appropriate medical care, and from finding recovery."

Focus group participant





Data from the Skagit Regional Health Emergency Department shows a dramatic increase in ER visits for overdose between 2014 and 2015, with other related drug use categories also increasing. However, according to SRH leadership personnel and staff attending the OWLT group, this data doesn't reflect the true numbers of individuals seeking emergency treatment for opioid use disorder. Complexities in

coding within the Emergency Department means the visit is coded by the presenting issue, and not necessarily the underlying issue. For example, a primary admit for an abscess at an injection site would be coded as "wound care," not the secondary "substance use disorder" causing the abscess, which makes it difficult to fully quantify the scope of the problem.

Additionally, we learned that:

- According to the Healthy Youth Survey of 2014, five percent of 10th graders in Skagit County said they had used a painkiller to "get high" in the past month, which is similar to state rates. The same survey noted that the percent of 10th graders who said they had ever used heroin in their lifetime was slightly higher in Skagit County in comparison to the state (4.5% vs. 3.4%). [4]
- In 2015, 530 Skagit County residents received substance use disorder treatment with heroin dependence listed as their primary concern upon admission.[5] This was 35% of all treatment admission in the County, although heroin treatment makes up only 26% of treatment statewide.
- According to 9-1-1 call center data for Skagit County, between August 1, 2015 and January 31, 2016, Emergency Management System (EMS) services were dispatched 33 times each month for drug-related incidents in Skagit County. Narcan (medication used for overdose reversal, also known by its generic name naloxone) saved a life every 4.5 days through EMS alone.
- Prior to 2012, the majority of detox admits were for alcohol. Between 2012 and 2016 heroin admits began to surpass alcohol. [6]
- Based on data from the Phoenix Recovery Needle Exchange March-June 2016, 538 people exchanged 255,560 needles across 8 sites in Skagit County. As a result of these services, there were 80 confirmed overdose reversals or a life

[4] 2014 Healthy Youth Survey, a survey administered by school districts who collect data from middle and senior high school students about their perceptions and behaviors. http://www.doh.walgov/DataandStatisticalReports/DataSystems/HealthyYouthSurvey.

[5] Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery, System for Communicating Outcomes, Performance and Evaluation (SCOPE-WA).

[6] Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery, System for Communicating Outcomes, Performance and Evaluation (SCOPE-WA).

saved every 2.4 days. There were also 14 substance abuse assessments provided to those who exchanged needles, providing them a path to recovery.

The data reviewed by the OWLT group paints a picture of a community need and certainly justifies the concern and effort. However, for future documentation of need and progress, a more robust system of data collection is required.

3. Current Activities

Through a community mapping process in which the OWLT members recorded all the prevention, treatment and actions to prevent overdose, as well as charted linkages among agencies and individuals, the group learned that there is an array of services available for those experiencing opioid use disorder. The community is clearly poised to act.

Prevention

There are eighteen agencies in Skagit County ranging from schools to hospitals, the criminal justice system to non-profits offering over 40 programs for intervention, education, assessment, funding, shelter, case management and supervision, emergency care and parenting programs. These programs serve to identify and intervene in order to prevent opioid misuse. Many of these programs have strong relationships to each other, which can help clients who need referrals to other services, while some of the entities are not as connected to others who provide intervention activities.

The prevention activities considered to provide the most impact are:

- A robust syringe exchange
    - The Phoenix Mobile Needle Exchange served 538 individuals between March and June 2016. In addition to exchange of used needles for clean needles, services include: Narcan education and distribution substance abuse disorder assessment, wound care, infection education, connection to critical resources such as the housing pool, food and clothing.
- Drug take-back sites
    - Drug take-back sites located at law enforcement offices provide a safe disposal of prescription pain medication. Most people who abuse prescription pain killers get them from friends and family, and tests have shown trace amounts of pharmaceutical drugs in our water

supply. Taking unused prescription medication to one of five secure drug take-back locations around Skagit County gets unused drugs out of circulation.

- Chronic pain clinic
    - The Island Hospital Center for Pain Management utilizes a collaborative-care model engaging primary providers to integrate patient care. Services include:
        - Evaluation of pain condition and possible sources
        - Pain prevention, utilizing management and interventional procedures targeting long-term relief
        - Risk assessment of chronic-pain development and complications
        - Identification of obstacles to recovery
        - Patient education and counseling regarding lifestyle modifications to help manage pain
        - Minimally invasive, image-guided diagnostic and treatment procedures
        - Coordinated referrals for specialized therapy
- Growing awareness among medical institutions for the need to transition to evidence-based prescribing practices
    - In March 2016, the CDC released guidelines for prescribing opioids for chronic pain. The agency provided a checklist for prescribing opioids for pain as well as a web-based toolkit to guide clinicians in implementing the recommendations.
    - Also in March 2016, the Surgeon General, Dr. Vivek H. Murthy, asked the medical community to commit to turning the tide on the opioid crisis by signing a pledge at www.TurnTheTideRx.org. He asked them to educate themselves to treat pain safely and effectively using the CDC Opioid Prescribing Guideline, to screen patients for opioid use disorders and connect them with evidence-based treatment, and finally to shape how the rest of the country sees addiction by talking about and treating addiction as a chronic illness, not a moral failing.
    - Local hospitals are scaling up their training and oversight regarding prescribing practices.

<u>Treatment</u>

Treatment options and intervention are provided by non-profit and for-profit agencies, schools, hospitals, government agencies and tribal communities. There are 12 treatment, advocacy and support organizations providing treatment, with a new

provider (Evergreen Recovery Center) joining the community in 2017. Many are interested in scaling up their operations to meet the needs of the community.

Skagit County's strengths in treatment are:

- Crisis stabilization center
    - The Skagit County Crisis Center is a 16 bed crisis, mental health stabilization and sub-acute detox program. The center serves anyone with Medicaid in the 5 county regions. Most of the services are available 24 hours a day, 7 days a week. The Crisis Center also offers a seven-day Suboxone tapering program for opioid addiction, which is available for intake one day/week.
- Seven (7) traditional treatment centers, two of which are tribal
    - These centers offer a full continuum of outpatient chemical dependency treatment services such as assessment, individual and group therapy and utilize Evidenced Based-Practices including; "Living in Balance," "Moral Reconation Therapy" and "Dialectical Behavior Therapy."
- Medication Assisted Treatment (MAT) is widely used
    - According to data from Alcohol Drug Abuse Institute (ADAI) between 2002 and 2004 there were 125.2 residents per 100,000 who received buprenorphine (Suboxone). That rate of distribution increased by 367.4% by the next data set in 2011-2013 to 585.8 persons per 100,000. This placed Skagit as the county with the highest rate of buprenorphine distribution in Washington State.
    - Buprenorphine, known by its brand name Suboxone, is a medication approved by the FDA for treatment of opioid dependence.
- New MAT facility, Ideal Option, open
    - Ideal Option opened in Mount Vernon in April of 2016. At that time two doctors served 180 clients. By the end of 2016, Ideal Option was serving 231 patients. Capacity continues to grow.
- Swinomish Health and Wellness program expansion
    - The Swinomish Indian Tribal Community has proposed another facility in Anacortes to serve tribal and non-native people. The expansion will mean that Swinomish will be able to serve between 250-300 individuals regionally with their holistic health care/treatment model. The program will also be the first Skagit County program to offer methadone (replacement therapy), one of the action priorities identified in the Washington Interagency Opioid Working Plan

Prevent Overdose Death

Skagit County has multiple agencies working to prevent death from overdose. They provide acute treatment, Narcan distribution, emergency medical aid response and sub-acute detox. Naloxone is a synthetic "partial antagonist" drug that blocks opiate receptors in the nervous system. Narcan is the brand name for the only FDA-approved naloxone nasal spray.

The use of Narcan by the following agencies contributes most to preventing overdose deaths:

- County EMS Services, Anacortes police, Swinomish Police and the East County Sheriff
- The Skagit Regional Health Emergency Department
- Phoenix Recovery Mobile Needle Exchange

There is a High Intensity Drug Trafficking Area (HIDTA) grant in place that funds Emergency Medical Services (EMS) to provide 100 Narcan kits to the Skagit County Sheriff department and Anacortes Police department. A new five-year SAMHSA grant will fund Narcan to Phoenix Recovery Services, for use with the needle exchange program. As part of the grant, Phoenix Recovery Services will be conducting a survey of distribution, mapping needs for additional Narcan, and creating a distribution plan.

Advocacy and Support Services

Skagit County has 12 agencies providing advocacy and support services including parent support, recovery support, case management and recovery housing.

- Narcotics Anonymous
- Brigid Collins
- Catholic Community Services-Access to Recovery programs
- Christ-the-King Celebrate Recovery
- NAMI Skagit
- New Earth Recovery
- North Sound Recovery Coalition
- OHANA
- Oxford Houses
- Pioneer Transitions House
- REACH Center
- SMART Recovery programs

All of these activities are critical needs for individuals and families dealing with opioid use disorders.

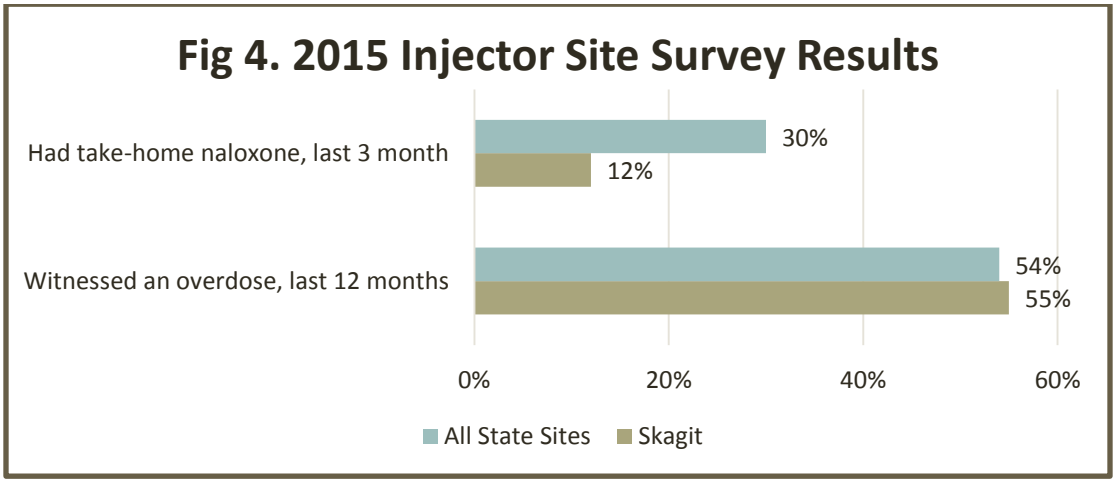
Data Collection

Eleven agencies at both the state and local levels provide access to data on opioid related issues. As previously noted, collaborating on critical data points and sharing relevant information will be a critical need for planning and evaluation, going forward.

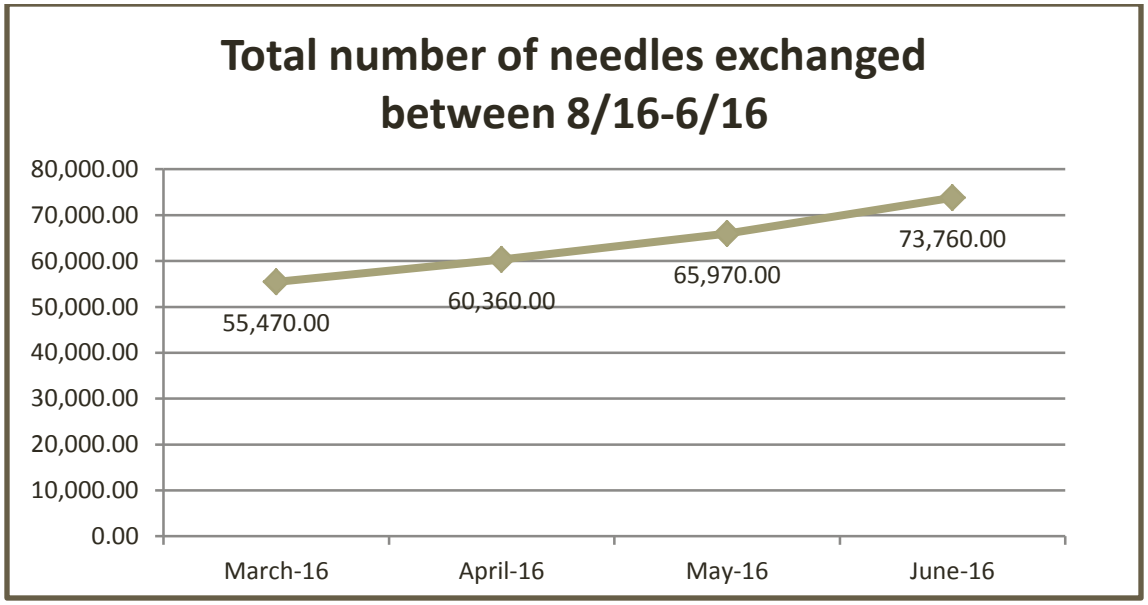
Key Programming

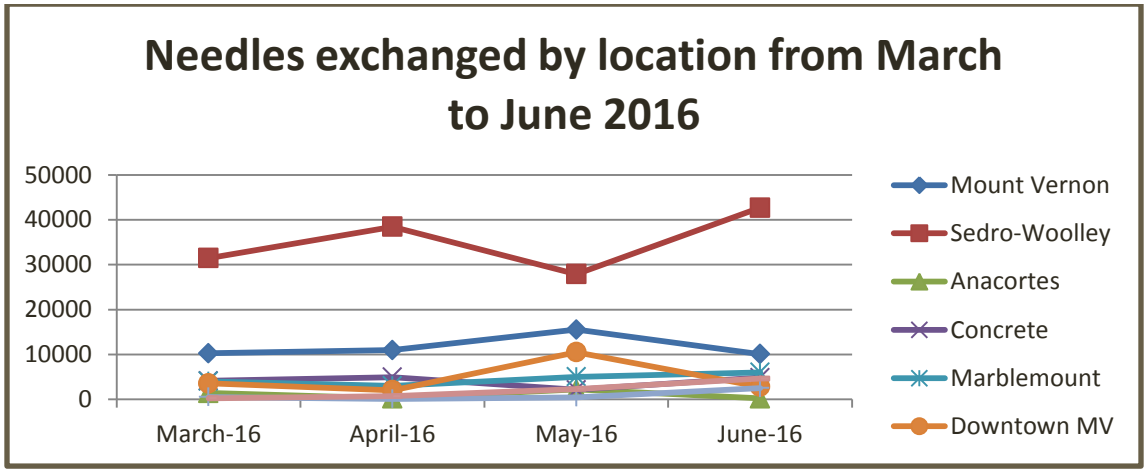
The Phoenix Needle Exchange Program (NEP), started in March of 2016, is a key program for providing multiple benefits to the county. The work of the NEP encompasses prevention, treatment and prevention of deaths, as well as providing significant data about individuals in the county requiring these services.

The *2015 Washington State Drug Injector Health Survey* (Fig 4) indicated that 55% of the Skagit NEP clients had witnessed an overdose in the previous year, similar to the 54% for all site respondents. In contrast, only 12% of Skagit respondents reported taking home a naloxone kit in the last 3 months, while 30% of the state respondents reported doing so.



However, the number of syringes exchanged continues to grow which is indicative of the visibility of the program, the increased awareness of the program among those who need the services, and the comfort of the community with the service.





In Skagit County between March and June 2016, 538 people have exchanged needles in eight sites across the county. Mount Vernon and Sedro Woolley were the sites with the highest utilization at 222 and 242 individuals respectively.

Results from the most recent Naloxone Distribution and Refill surveys (2015) provide additional insights into overdose and naloxone use. In this survey, only 13% of the Skagit County survey respondents reported having overdosed in the past 12 months, but 68% reported seeing someone else overdose. Ninety-eight percent (98%) reported that they wanted a naloxone kit "in case I see an OD" and 81% reported they wanted the kit "to give to someone at risk for OD." Only 15% reported wanting the naloxone in case they overdosed.

Two-thirds of the 56 respondents to the Naloxone Refill survey reported that they had used naloxone in an overdose situation and 23% reported giving the kit away. Nine percent (9%) reported that the kit had been stolen. Of those who used the naloxone, three-quarters reported using naloxone in a private home or apartment, primarily on a friend or acquaintance (94%).

The NEP's value resides in its ability to save lives, to connect individuals to treatment, to provide generalized health care and to connect people to services. In addition to the 80 confirmed overdose reversals and 14 substance use disorders assessments noted earlier, the program also provides:

- Connection to potential services such as the Community Action Housing Resource Center
- Distribution of Narcan Kits
- Skagit Regional Health-Wound Care
- Public Health Nurse-Infection Education
- Food and clothing

What is yet to be analyzed is the NEP's impact on levels of hepatitis, HIV, STDs, and ER admits.

4. Plan for improvement

As the OWLT membership analyzed the data and local responses to the crisis, they began charting areas in which services were needed and could be scaled up to meet demand. They noted which agencies were involved and not yet involved and what was needed to expand services. Using the State Working Plan as a guideline, the OWLT members worked in teams and as a large group to determine the priorities related to the state plan that are most prominent needs in this community.

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

The OWLT plan for improvement reflects the group's prioritization of needs and recognizes the community's assets and gaps. It offers the opportunity for community groups, agencies and individuals to create their service plans around the stated community needs, and provides direction for those wishing to expand services.
To validate the findings and to identify any additional gaps, the OWLT conducted three focus groups of individuals in recovery and families in Skagit County. During the focus groups, participants provided feedback during large and small group discussions, as well as written comments to:

- Indicate whether they feel the assessment of the opioid crisis is thorough
- Offer their perspectives on the priorities that should be considered
- Give their endorsement for moving forward from assessment to planning phases

In all focus groups, participants overwhelmingly endorsed the direction of the OWLT group. Their insight and suggestions for specific programming based on personal experiences was built into the action plan for improving systems and services.

DATA – There is a need to determine data indicators that we want to collect and monitor. We need to develop a system for gathering and reporting this information over time to the public, in order to determine which interventions in the plan are changing the course of the crisis.

HOUSING MUST BE CONSIDERED – According to responses from the 2015 Washington State Drug Injector Health Survey, 40% of the Needle Exchange Program (NEP) clients in Skagit County reported living in temporary or unstable housing. Thirty-seven percent (37%) of the Skagit clients reported being homeless. Additionally, forty-seven percent (47%) of the Skagit respondents reported having been in jail or prison during the prior year. These statistics are considerably worse than the state averages. Most notably, Skagit's percentage of respondents in permanent housing was 16% lower than the state figures. Stable housing is a critical need for stabilization and recovery.

As it evolves, the plan will consider and include recommendations on additional issue areas considered by the OWLT membership that didn't rise to the top of the priority list:

Goal 1: Prevent Opioid Misuse /Abuse	
Strategy A	**Prevent misuse in the Community, particularly among youth**
Convene take-back program partners to strategize the expansion of use and locations	New
Support the state effort to create statewide drug take-back program	New
Create media campaign for encouraging take-back programs	New
Increase visibility of campaign for safe home storage and appropriate disposal of prescription pain medication to prevent opioid misuse	Expand
Support and promote ACES prevention/mitigation activities to reduce risk factors for later opioid use	Ongoing
Strategy B	**Community-wide Awareness and Stigma-Reduction Training**
Plan and coordinate accurate and consistent messages about opioid safety and addiction	New
Promote stigma reduction training programs for different constituents (schools, law enforcement, community, medical)	New

Goal 2: Treat Opioid Dependence		
Strategy A	**Improve the Transition Between Types and Levels of Care**	
Develop resource hub for consolidating services and resources for those needing treatment and their support networks		New
Create a paper and/or electronic guide to services and how to access them		New
Coordinate use of this guide with system partners to ensure that those transitioning from any treatment and recovery setting are provided help		New
Develop mobile website for agencies working in the field that provides up-to-date resources such as crisis bed availability		New
Investigate models and programs for transportation that support access to treatment		New
Investigate and explore probability of developing Peer Support, Recovery Coach, or Care Manager Program to assist clients with transitions between care and services		New
Collaborate with housing workgroup to ensure that the housing needs of those in treatment for Opioid Use Disorders (OUD) are considered in system planning		Expand
Strategy B	**Link Those Leaving the Emergency Department to Treatment Options**	
Design service and process for integrating additional Chemical Dependency Professional (CDP) into Emergency Department setting		New
Share integrated CDP outcomes with other hospitals and the community		New
Support the use of the Evidenced Base-Practice known as Screening Brief Intervention and Referral to Treatment (SBIRT) that is designed to screen people for Substance Use Disorders and to appropriately motivate and link with the right level of care. SBIRT can be implemented in schools, Emergency Departments, and medical practice settings		New
Complete placement of CDP in Emergency Department at Skagit Regional Health and assure they are prepared to provide Naloxone training/education and link people to other needed services		In Process

Goal 3: Expand Access to and Utilization of Medication- Assisted Treatment (MAT)	
Strategy A	**Increase Capacity**
Document and monitor wait times for stabilization crisis beds to identify opportunities to serve more clients	New
Support the Swinomish Indian Tribe in the opening of their new Full Service Outpatient Treatment Program which includes a full range of Medication Assisted Treatment	New
Consult with hospitals and other medical providers about increasing the use of MAT	Expand
Strategy B	**Expand access to and utilization of Medication-Assisted Treatment in the criminal justice system**
Initiate discussion with key leaders in criminal justice system regarding evidence base for utilizing MAT: http://adia.us.edu/pubs/inforbriefs/MAT.pdf	New
Identify policy gaps and barriers that limit availability and utilization of MAT and develop policy solutions to expand capacity	New
Begin conversations with key leaders for planning access to MAT in the new jail and in drug court in order to reduce readmissions	New

Goal 4: Prevent Deaths from Overdose	
Strategy A	**Ensure First Responders and All Law Enforcement have Training on Overdose Response**
Phoenix Recovery Services will utilize their new SAMHSA grant to provide Narcan awareness training across the County	New

Strategy B	**Increase the Number of Responders who Carry Naloxone**
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	New
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	Expand

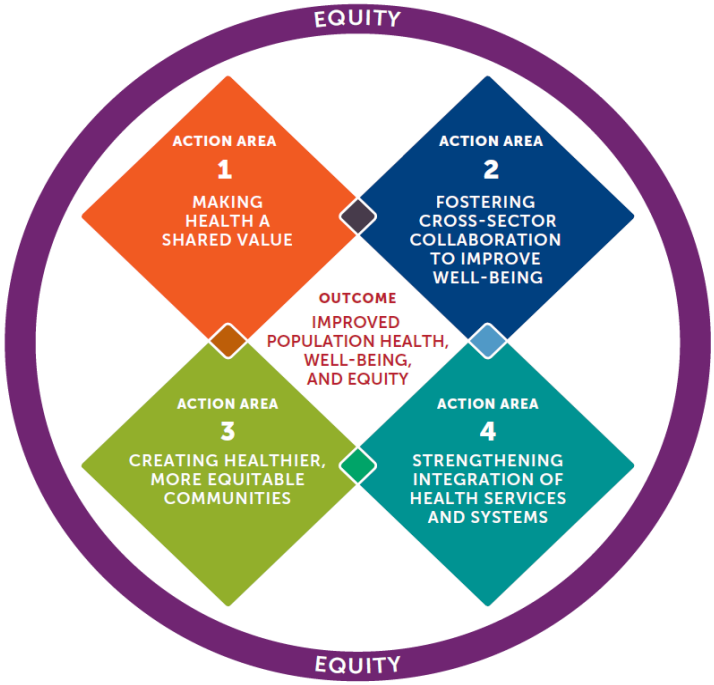
Strategy C	Ensure Hospital Emergency Departments Provide Overdose Education and Take-home Naloxone	
Skagit Regional Health will document policies, training and protocol around prescribing practices, overdose education and use of Naloxone to share with other hospitals		New
Develop local medical training about how to best service people with opioid use disorder and provide them with Narcan, referrals and MAT when appropriate. Consider including SBIRT training		New
Use the above training module to further train other medical practitioners in Skagit County		New
Determine whether hospitals can access the new Phoenix SAMHSA grant for additional Narcan kits in the Emergency Departments		New

5. Summary

The work of the Opioid Workgroup Leadership Team has illustrated the need for and efficacy of community groups, agencies, hospitals, support groups, law enforcement, and individuals gathering for the purpose of sharing data, analysis and conversation on how to impact pressing community issues.

The Population Health Trust is utilizing a Robert Wood Johnson Foundation model for improving health, well-being, and equity throughout the community. At the core of this model there is a commitment to "collective impact," which means we will actively collaborate and take actions to solve complex problems. The RWJ model illustrates these values and calls out four action areas that intersect:

Making health a shared value
Fostering cross-sector collaboration to improve well-being
Creating healthier, more equitable communities
Strengthening integration of health services and systems



For each of these value areas, there is a set of "drivers" or broad action areas that serve as a framework for creating action steps. They help us know where to accelerate change and what the priorities for investment should be. The work of the OWLT crosses over all the action areas and has the possibility to reduce stigma, foster better collaboration between the service sectors helping those with opioid use disorder, and to reduce the number of individuals in our community who misuse opioids through clear, comprehensive messaging and prevention activities.

We hope that the information provided in this summary provides a call to action for those concerned about opioid use and misuse. The Population Health Trust asks the community to step in to fill the gaps identified in the action plan. This is a community issue and we must all do our part to solve it.

By sharing data, working in partnership to reduce silos, seeking funding to collaboratively design solutions and following the course of the work through analysis of future trends, we will know that this new model for community engagement moves the dial on pressing health concerns.

Stay engaged. We need everyone working on the opioid crisis to keep coming to the table to seek new solutions and partnerships.

References

Jones, C.M., Mack, K.A. & Paulozzi, L.J Pharmaceutical overdose deaths, United Sates, 2010: Jama 309, 657-9 (2013)

Jones, C.M., Logan, J., Gladden, R.M. & Bohm, M.K. Vital Signs: Demographic and Substance Use Trends Among Heroin User – United States, 2002-2013. MMWR. Morb. Mortal. Wkly. Rep. 64, 719-25 (2015)

2016 Naloxone Distribution Survey and Naloxone Refill surveys

2015 Washington State Drug Injector Health Survey, a survey administered to clients during normal needle exchange program (NEP) operations, http://adai.uw.edu/pubs/inforbriefs/2015DrugInjectorHealth Survey.pdf

2014 Healthy Youth Survey, a survey administered by school districts who collect data from middle and senior high school students about their perceptions and behaviors. http://www.doh.wa.gov/DataandStatisticalReports/DataSystems/HealthyYouthSurvey

Skagit Regional Health ED data

EMS data August1, 2015- January 31, 201: 7,3439 emergency 9-1-1 calls regarding "substance/drug" or "poisoning/drug ingestion".

Washington State Department of Social and Health Services, Division of Behavioral Health and **Recovery, System for Communicating Outcomes, Performance and Evaluation** (SCOPE-WA).

Appendix A

Meeting 1
Goal: Introduce rationale for group formation through initial data review, explore common needs, and create group norms.

The group assembled, got oriented to the work of the Population Health Trust, reviewed the data and resources available, and considered what is working well to help people in the county.

Outcomes:

- Group members learned each other's roles, programs and their contributions to this problem. Aspects that are working well and areas where there is struggle were highlighted
- Additional information was gathered through a survey designed to specify programs offered, agency needs and ability of agencies to expand or offer additional services
- Additional members from key sectors were recruited

Meeting 2
Goal: Understand the challenges in Skagit County and what is being done to address them. Create baseline understanding of the system in place here, in order to identifying missing service components.

The group subdivided into table groups based on themes of Prevention, Treatment, and Prevention of Deaths. The group used the survey results that was administered after meeting one to identify the agencies, programs, and businesses working on the issue related to Opioid Use Disorders (OUD) Through group discussion they identified gaps in care discussed possible causations.

Outcomes:

- Posters created to show what is being done to address the Opioid problem
- Identified programs, services, resources available
- Considered potential strategies relating to the individual, interpersonal relationships, organizations, the community and public policy, as well as became aware of why and how our community has responded to date

Meeting 3
Goal: Gain understanding of the statewide response to the opioid epidemic and identify missing services and resources to see what can be scaled up.

Susan Kingston from the Alcohol and Drug Abuse Institute at the University of Washington presented the Washington State Interagency Opioid Working Plan and answered questions from the group. The Skagit County Opioid Workgroup Leadership Team adopted the state framework of:

1) Prevent opioid misuse and abuse
2) Treat opioid dependence
3) Prevent deaths from overdose
4) Use data to monitor and evaluate

The group documented programs, services and policies for the first three categories, and assessed number of linkages between partners and the strength of their collaboration.

Outcomes:

- Gained understanding of how the different parts of the system fit together
- Identified areas in which the system is well linked together to benefit individuals and where there are opportunities for improving the "hand off" between system partners
- Conducted preliminary discussions on priorities

Meeting 4
Goal: Complete initial planning phase and determine group's next course of action.

In the fourth meeting, members reviewed Skagit County resources that could be expanded in the areas of Prevention, Treatment, and Overdose prevention and discussed action items from the State work plan that members thought might be relevant needs for Skagit County.

The group also decided to get community feedback on the priorities they'd worked through by asking community members to participate in focus groups and respond to the work already completed.

The group discussed how to continue the work of the OWLT in the recognition that moving from a broad-based understanding of needs and resources to action steps would take a longer, more involved planning process. Group members felt that the process and the learning that unfolded for the agencies represented was productive

and empowering. They also felt that the ideas posed needed time to germinate and were, thus, eager to continue the work.

Outcomes:

- Assembled a final list of local and state action items based on the three categories.
- Voted individually on system improvement priorities and finalized them
- Explored potential action steps

Meeting 5:
Goal: Review all the priorities and vote to prioritize them before shifting to developing detailed action steps.

The group utilized a worksheet listing priority areas which included tallied survey approval ratings and comments from the focus groups to discuss potential programs to meet the needs, whether the programs or activities were new or expanding, the ease of achieving them, and action steps to get program and goals underway.

Outcomes:

- Refined priorities and early action steps
- Review of best practices for several areas under consideration
- Items for follow-up research and information-gathering identified

Trust presentation meeting
Members of the Opioid Workgroup Leadership Team presented their process as outlined above and results to the Population Health Trust. After the presentation and some discussion, the Population Health Trust endorsed the priorities set forth by the OWLT and encouraged them to continue their process into action planning.

Meeting 6
Goal: With endorsement of the OWLT priority areas by the Population Health Trust, start developing detailed action steps for the priorities.

Outcomes:

- Detailed action steps written for many action areas
- Explored community partners who might be responsible for action
- Reviewed an additional rating point to determine the ease of moving an action step forward

Meeting 7

Goal: Learn about the goals and philosophy of prevention work and create action steps around this priority. Finalize action plan.

Christine Valdez, Behavioral Health Education Specialist for Skagit County, presented an overview of the primary concepts of prevention work. There are Risk factors (such as Adverse Childhood Experiences, availability of drugs, low perception of harm, school/family struggles, etc.) and Protective factors (family strengths and resiliency, norms for safe storage and disposal of drugs, comprehensive evidence-based programs in schools, etc.) that occur on the individual, family, school and community level. Prevention is about working upstream to limit the risk factors and improve upon the protective factors. She wanted the group to understand the concept that "doing something was better than nothing," is not good prevention strategy. There are prevention programs that actually do harm. Based on the presentation, the group discussed and agreed upon prevention goals for the plan.

The group also reviewed work and updates by staff on previous action statements, negotiated wording around statements that include divergent philosophies, and concluded the plan.

Outcomes:

- Prevention action statements written based on best-practice prevention methodology
- Final action plan ready for presentation