

Heroin and Prescription Opiate Addiction Task Force 2017 Year End Summary of Recommendation Implementation

Significant action occurred in 2017 to implement the recommendations of the Heroin and Prescription Opiate Addiction Task Force. Implementation of this comprehensive set of recommendations will maximize their effectiveness. Prevention reaches those who are at risk of developing an opioid use disorder; treatment focuses on those who have a disorder and want to recover; and user health focuses on keeping people alive until they choose or gain access to treatment.

Primary Prevention

Task Force Recommendations #1: Raise awareness and knowledge of the possible adverse effects of opioid use, including overdose and opioid use disorder.

- The Task Force prevention workgroup is cooperating with medical professionals, the Bree Collaborative and others to promote responsible opioid prescribing, including participation in a campaign to educate a broad audience about opioids. The BREE Collaborative and Washington Health Alliance's [Opioid Medication and Pain flyer](#) has been translated into 22 languages (including) English. Translated flyers have been made widely available; they will be posted on the King County Heroin and Prescription Opiate Taskforce webpage. English language flyers are currently being provided as a patient education tool to community health centers and pharmacies.
- A successful opioid education series ("Addressing the Opiate Epidemic") was coordinated with the King County Library System, where Task Force members, partners and treatment providers provided panel presentations at seven community libraries between February 22 – April 27 on topics the community identified in early 2017. Approximately 100 community members participated in the sessions.
- **Overdose Prevention & Awareness Social Media Campaign Launched the Week of International Overdose Awareness Day (August 31)** In advance of International Overdose Awareness Day on Aug. 31, 2017, the Primary Prevention Task Force Workgroup launched the social media campaign "Community voices on overdose prevention" to share community perspectives on preventing overdose and addiction. Throughout the week, a series of guest blogs were posted on the Public Health Insider blog and boosted with social media posts. The campaign [featured an audio blog, with Maya, an 18 year-old](#) in recovery from opioid addiction that started in the medicine cabinet. Later in the week, it featured a [candid interview with Captain Bryan Howard - King County Sheriff's Office](#), to learn about the Good Samaritan Law, Naloxone, and why it matters for saving lives. Finally, the campaign concluded with a blog post featuring Penny LeGate, a mother who lost her teen to opioid overdose. [Penny discussed early signs of addiction, what parents and friends can do, and the resources available.](#)

Primary Prevention

Task Force Recommendation #2: Promote safe storage and disposal of medications.

- [The County's Secure Medicine Return program](#) has placed drop-boxes in over 110 locations throughout the County. Locations include pharmacies and over 26 law enforcement offices are participating in the Secure Medicine Return program.
- The Primary Prevention Workgroup promoted National Prescription Drug Take-Back Day (April 29 and Oct. 28, 2017) to service providers, Task Force members and the community via email and social media.

Primary Prevention

Task Force Recommendation #3: Leverage and augment existing screening practices in schools and health care settings to prevent and identify opioid use disorder.

- Best Starts for Kids (BSK) is expanding school-based behavioral health support to more middle schools in King County. In September 2017, BSK awarded \$530,000 in funding to 56 schools in 13 King County school districts to create a plan to bring Screening, Brief Intervention, and Referral to Treatment (SBIRT) to middle schools. The initial award supports training and technical assistance to create an SBIRT implementation plan. In early 2018, schools that complete a plan will be invited to apply for BSK funds to provide SBIRT services to students.

Treatment Expansion and Enhancement

Task Force Recommendation #1: Create access to buprenorphine for all people in need of services in low-barrier modalities close to where individuals live.

- Buprenorphine can be a highly effective, low-barrier treatment option for those with opioid use disorder. The Public Health - Seattle – King County Downtown Needle Exchange began implementing Buprenorphine Pathways, a low-barrier buprenorphine service in January, 2017 and demand has been very high for this service. In 2017, Buprenorphine Pathways served 150 patients.
- Two King County organizations - Harborview Medical Center and Valley Cities Behavioral Health - received federally-funded grants from the state Division of Behavioral Health and Recovery to develop and implement a "Hub and Spoke" medication-assisted treatment model of care. This model allows for a referral and care management network between community agencies, to include corrections facilities, and an agency that provides medication. There are 2 hubs and 30 spokes for clients to access buprenorphine.
- Through the Mental Illness and Drug Dependency (MIDD) Multi-pronged Opioid Strategy) the County has awarded over \$550,000 in buprenorphine treatment and

coordination funding to six organizations for 2018. This MIDD funding has been contracted out effective January 2018 to support low-barrier buprenorphine expansion projects in King County, and centralized client care coordination across the system.

- Recovery Help Line (RHL) is working with representatives of the Task Force, including University of Washington, the Marah Project, King County Department of Community and Human Services and Public Health-Seattle & King County to develop and implement a real-time database for buprenorphine services in King County that will assist individuals seeking opioid use disorder treatment and their providers or advocates more efficiently and effectively access appropriate treatment resources. RHL is also working with UW to implement an opioid use disorder treatment decision making intervention for use in conjunction with information and referral services.
- King County facilitated and provided key staffing support to the King County Accountable Community of Health to develop an Opioid Medicaid Demonstration project proposal that was presented to the Washington State Health Care Administration in November, 2017.

Treatment Expansion and Enhancement

Task Force Recommendation #2: Develop treatment on demand for all modalities of substance use disorder treatment services

- Federal legislation passed that permits nurse practitioners (ARNPs) and physician assistants (PAs) to obtain X licenses to prescribe buprenorphine.
- Valley Cities Recovery Place Seattle opened in December 2017 with an initial 16 beds of detox. In the first half of 2018 they intend to expand capacity to 33 detox beds and 42 intensive inpatient beds. These treatment beds will have co-occurring capacity with buprenorphine prescribing on site.
- King County, through an innovative partnership with the Ballmer Group and Third Sector Capital Partners, has launched a “pay for success” model that will allocate incentive payments to mental health and substance use treatment agencies that provide outpatient treatment on demand. 23 agencies are participating, representing over 90% of the behavioral health service population. Ballmer Group hired the national organization Third Sector Capital Partners to work with King County to design the outpatient treatment on demand system. King County is moving toward treatment on demand throughout the entire behavioral health treatment system and developing this model for outpatient care is a significant first step.
- The University of Washington (UW) is creating an addiction medicine fellowship for primary care physician trainees and more UW psychiatry residents are requesting X license training. About 90 physicians have received training to date.

- In 2017, South Correctional Entity (SCORE) and their contracted health services provider, NaphCare partnered with Evergreen Treatment Services (ETS) to initiate methadone maintenance MAT services for individuals with opioid use disorder who are stable on methadone at jail booking, as well as induction services for pregnant women with opioid use disorder who are incarcerated at their facility. This collaboration resulted in 233 individuals incarcerated at SCORE receiving methadone maintenance in 2017 and 50 pregnant women incarcerated at SCORE receiving induction services in 2017. This builds upon the long standing program at the King County Correctional Facility. In December 2017, SCORE and NaphCare began an opiate detox protocol utilizing buprenorphine at their facility to include linkage services to MAT providers (buprenorphine and methadone) upon release to the community. Twenty-six individuals were enrolled in the SCORE opiate detox protocol in 2017.
- In 2018, Public Health-Seattle & King County Jail Health Services (JHS) is requiring all eligible medical providers at King County Correctional Facility KCCF and Maleng Regional Justice Center (MRJC) to be waived to provide buprenorphine treatment for individuals with opioid use disorder. Once prescribers are waived, JHS will partner with the Department of Adult and Juvenile Detention to determine feasibility and operational logistics of providing buprenorphine services to individuals with an opioid use disorder who are booked into KCCF or MRJC, beginning with consideration of maintenance services for those stable on buprenorphine at jail booking.
- Task Force member Evergreen Treatment Services has been awarded federal funding to purchase a mobile van for medication-assisted treatment and second locally funded van to provide supportive services for individuals receiving treatment.

Treatment Expansion and Enhancement

Task Force Recommendation #3: Alleviate barriers placed upon opioid treatment programs, including the number of clients served and siting of clinics

- On May 16, 2017, Gov. Jay Inslee signed House Bill 1427, enacting several recommendations from the Task Force. The bill streamlines siting and regulations of opioid treatment programs and expands use of the prescription drug monitoring program to allow local officials to access the information of prescribers — actions that will help connect people to treatment and help providers prescribe appropriately and safely.

User Health Services and Overdose Prevention

Task Force Recommendation #1: Expand distribution of naloxone in King County

- Members of the King County Heroin and Prescription Opiate Task Force and their networks distributed 8736 Naloxone kits, to law enforcement, EMTs, housing and treatment providers, families and people who use opiates. Naloxone is the “miracle”

opioid overdose antidote. It is difficult to account for successful use and reversal of the medicine, because it relies on people to come back and self-report. Out of those kits distributed there were 2297 successful overdose reversed with the Naloxone distributed.

- Many first responder agencies now carry and administer naloxone including the Seattle, Algona, Auburn, Black Diamond, Bothell, Burien, Kent, Lake Forest Park, Issaquah, Medina, Normandy Park, Redmond and Renton police departments, the King County Sheriff's Office, King County Emergency Medical Services and the King County Metro Transit Police.
- Because King County is advocating that contracted behavioral health and social service agencies provide naloxone to relevant staff, it is providing education on the administration of naloxone by holding training sessions biannually for providers. In 2017, King County offered two sessions for about 200 individuals from behavioral health provider agencies. The University of Washington Alcohol and Drug Abuse Institute, a task force member, offered training sessions for over 65 individuals through the Pacific and Issaquah police departments and to the Pike Place Senior Center, Congregation for the Homeless, Navos, the Burien multi-service center, the Low Income Housing Institute and the YWCA.

User Health Services and Overdose Prevention

Task Force Recommendation #2: Establish, on a pilot basis, at least two Community Health Engagement Locations where supervised consumption occurs for adults with substance use disorder in Seattle and King County Region. One site should be located outside of Seattle, reflecting the geographic distribution of drug use in other King County areas. The Community Health Engagement Location pilot program should have a provisional time limit of three years. Continuation of the program beyond that time should be based on evidence of positive outcomes.

- The Task Force recommended CHEL's as part of a comprehensive harm reduction strategy. The City of Seattle is working to site the first location in Seattle and the County expects the process will go well into 2018 to determine viable locations. The City of Seattle is nearing a decision to release up to \$1.3 million to support the siting and implementation of a CHEL in the City.
- In August, 2017 a citizens initiative add to the King County ballot a proposal to ban safe injection or CHEL sites was filed. This limited the work that Task Force members that worked for government could do on the initiative. Other members of the Task Force including members from the Public Defender's Association coordinated with Voices of Community Activists and Leaders (VOCAL) Washington worked on a "Yes to SCS (Supervised Consumption Sites)" and "Health Care Workers for Supervised Consumption" public information and outreach.

Other Highlights

Public Health – Seattle and King County Director Patty Hayes and King County’s Chief Health Integration Strategist Brad Finegood were named 2017 Influential People of the Year by Seattle Magazine, in part because of their work to address the opioid crisis in King County.

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