The Behavioral Health Advisory Committee (BHAC) held a meeting on May 30, 2024, to discuss the strategic use of opioid settlement funds in Jefferson County. The meeting focused on collaborative efforts to address the opioid crisis, leveraging settlement funds effectively, and prioritizing various abatement strategies. (See BHAC Meeting Agenda, WA MOU Abatement Strategies document and Meeting Notes generated by Brad Banks, Meeting Facilitator)

KEY SPEAKERS AND TOPICS

Brad Banks

- Commended local leadership for transparent funding processes.
- Emphasized maximizing the impact of opioid settlement investments.

Commissioner Heidi Eisenhower

- Shared a personal story about her uncle's fentanyl overdose.
- Highlighted the importance of community preparedness and carrying Narcan.
- Stressed using funds as grant matches to multiply their effect.
- Emphasized involving individuals with lived experiences in decision-making.

Dr. Allison Barry (read by Apple Martine)

- Noted the rise in fentanyl-related deaths.
- Encouraged focusing on the immediate needs of those affected by substance use disorders.

Apple Martine, Public Health Director

- Provided an overview of WA MOU Abatement Strategies.
- Discussed the complexities of fund distribution and emphasized local control over funds for effective management.
- Explained the initial and anticipated future funding from opioid settlements.

Lolinthea Hinkley and Alyssa Wyrsch

- Presented opioid-related data for Jefferson County from 2018-2022.
- Discussed the challenges of data accuracy in small populations and the importance of balancing data accuracy with individual privacy.

Commissioner Heidi Eisenhour (reading for Commissioner Greg Brotherton)

- Highlighted the critical impact of housing shortages on addiction rates.
- Emphasized the need for integrated solutions addressing both housing and substance use disorders.

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Jolene Kron, Salish BH-ASO Administrator/Clinical Director

- Presented findings from the SUD Summit.
- Identified key gaps: detox and withdrawal management, transportation, harm reduction, peer support models, and stigma reduction – and Housing which was omnipresent in the group's discussion
- Discussed the financial and operational challenges of local detox facilities.

Breakout Group Feedback

Participants formed breakout groups to discuss five identified priorities: detox and withdrawal management, transportation, harm reduction, stigma, and peer support. The groups mapped these priorities to the abatement strategies provided and suggested practical implementation strategies.

Inferred Action List

- **Develop and Implement a Harm Reduction Resource Center**
  - Establish a center that operates daily, where various agencies offer support and provide a space for people during the day.
- **Expand Existing Service**
  - Build up existing agencies and services rather than creating new ones.
- **Enhance Transportation Services**
  - Develop a dial-a-ride service for substance use disorder treatment.
  - Subsidize taxi services for transportation needs related to SUD treatment and recovery.
  - Implement smaller, flexible transit services for immediate transportation needs.
- **Provide Supportive Services in Housing Locations**
  - Implement supportive services in housing locations and inpatient treatment facilities.
  - Collaborate with tribes for inpatient facilities.
- **Improve Mental Health Crisis Response and Long-Term Options**
  - Increase access to mental health crisis response and long-term mental health options that accept Medicaid.
  - Consider local stipends to providers for accepting Medicaid.
- **Enhance Peer Support Programs**
  - Support and expand peer support programs.
  - Implement scholarship programs to attract peer support workers to Jefferson County.
- **Develop Systems Navigation**

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- Introduce a systems navigator role to assist individuals in accessing services and overcoming barriers.

- **Increase Wellness Education and Prevention Efforts**
  - Enhance wellness education and destigmatization efforts in schools and communities.
  - Integrate prevention programs into regular classroom activities.
  - Provide dedicated in-school resources for preventive education.
- **Expand Housing and Supportive Housing Options**
  - Develop more supportive housing options for individuals in recovery.
  - Address the need for housing for individuals with substance use disorder (SUD), including those in recovery.
  - Implement small-scale assisted living options for individuals returning from treatment.
- **Implement Contingency Management Strategies**
  - Provide Visa cards loaded with cash for personal use as incentives for treatment adherence.
- **Increase Training for First Responders and Employers**
  - Develop standardized mental health and substance abuse training for first responders.
  - Provide training for employers on how to work with and support employees in recovery.
- **Address Shelter Needs**
  - Develop emergency, long-term, and sober shelters.
  - Provide safe camping spaces for individuals who do not want to go into housing.
- **Develop Mobile Response Programs**
  - Implement mobile response programs to bring services to underserved areas, meeting people where they are.
- **Foster Collaboration Between Behavioral Health Committees**
  - Enhance collaboration between Behavioral Health Advisory Committees (BHAC and BHC).
- **Address Stigma and Discrimination**
  - Implement programs and initiatives to address stigma within the community and among those struggling with addiction.
- **Improve Employment and Transitional Housing Services**
  - Develop employment and transitional housing programs to provide individuals in recovery with something to look forward to and help meet their basic needs.
- **Provide Wrap-Around Services**
  - Offer comprehensive wrap-around services to address the diverse needs of individuals in treatment and recovery, including administrative support and meeting basic needs.

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- **Recruit More Mental Health Professionals**
  - Focus on recruiting a sufficient number of mental health professionals to serve the community.

These action items reflect the feedback and suggestions from the breakout groups during the BHAC Opioid Settlement Funding Meeting, aiming to improve the support and services for individuals affected by substance use disorders in Jefferson County.

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POST MEETING: CONSIDERATIONS FROM THE BHC'S PERSPECTIVE

- Data collection for understanding and addressing harmful SUD/opioid use in Jefferson County, detailed demographic data, opioid prescription data, substance use patterns, overdose data, treatment and recovery data, and harm reduction data.
- Exploring the roles and approaches of various relevant agencies and organizations, including the BHC.

Data Collection for Understanding and Addressing Harmful SUD/Opioid Use in Jefferson County

Consider that based on the presentation by Lolinthea Hinkley and Alyssa Wyrsch at the BHAC Strategy session, it might be worth exploring the following data collection possibilities. Identify the specific data we wish to collect as a consortium to help the county better understand and address the impact of harmful SUD/opioid use in Jefferson County:

Comprehensive Data Collection List for Jefferson County

1. Detailed Demographic Data:

- **Age, Gender, Ethnicity, and Socioeconomic Status:** Collect granular demographic data to identify trends and at-risk populations.
- **Geographic Distribution:** Map opioid misuse and overdose incidents to identify hotspots within the county.

2. Opioid Prescription Data:

- **Prescription Rates:** Track the number and types of opioid prescriptions being written.
- **Prescriber Information:** Collect data on prescribers to identify patterns and potential over-prescribing issues.

3. Substance Use Patterns:

- **Type of Substances Used:** Gather data on the types of opioids and other substances being used, including synthetic opioids like fentanyl.
- **Frequency and Methods of Use:** Collect information on how frequently and by what methods substances are being used.

4. Overdose Data:

- **Fatal Overdoses:** Track opioid-related overdose deaths, including detailed circumstances and toxicology reports.
- **Non-Fatal Overdoses:** Collect data on non-fatal overdoses, including emergency medical service (EMS) responses and emergency department visits.

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- **Naloxone Administration:** Record instances of naloxone administration, including by EMS, law enforcement, and community members.

5. Treatment and Recovery Data:

- **Access to Treatment:** Track the number of individuals seeking and receiving treatment, including wait times and availability of treatment options.
- **Treatment Outcomes:** Collect data on treatment completion rates and long-term recovery outcomes.
- **Barriers to Treatment:** Identify common barriers to accessing treatment, such as transportation issues or lack of available services.

6. Harm Reduction Data:

- **Utilization of Harm Reduction Services:** Collect data on the use of needle exchange programs, safe use sites (if applicable), and naloxone distribution.
- **Outcomes of Harm Reduction Efforts:** Track the impact of harm reduction services on reducing overdoses and the spread of infectious diseases.

7. Housing and Homelessness Data:

- **Housing Status:** Collect data on the housing status of individuals with SUD, including rates of homelessness and housing instability.
- **Impact of Housing on Recovery:** Track the impact of housing stability on treatment and recovery outcomes.

8. Community Impact Data:

- **Family and Social Impact:** Gather information on the broader social and familial impacts of opioid use.
- **Economic Impact:** Collect data on the economic costs associated with opioid use, including healthcare costs, criminal justice costs, and lost productivity.

9. Stigma and Discrimination Data:

- **Experiences of Stigma:** Collect qualitative data on the experiences of stigma and discrimination faced by individuals with SUD.
- **Impact of Stigma on Treatment Seeking:** Track how stigma affects individuals' willingness to seek treatment and support.

10. EMS and Critical Care Data:

- **EMS Call Data:** Track the number and nature of EMS calls related to SUD and opioid overdoses.

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- **Patient Outcomes:** Collect data on patient outcomes following EMS intervention, including follow-up care and recovery status.
- **Critical Care Admissions:** Record the number of admissions to critical care units for opioid-related incidents and their outcomes.

11. County Mental Health Services:

- **Service Utilization:** Track the number of individuals accessing county mental health services, including dual diagnosis (SUD and mental health) treatment.
- **Treatment Coordination:** Collect data on the coordination between mental health services and SUD treatment programs.

12. Therapeutic Drug and Mental Health Courts:

- **Participant Demographics and Outcomes:** Track demographics, treatment compliance, recidivism rates, and overall outcomes of participants in these specialized courts.
- **Program Completion Rates:** Record the number of individuals completing the programs and their subsequent reintegration into the community.

13. Recovery Cafe and Other Recovery-Supportive Environments:

- **Attendance and Participation:** Collect data on attendance and participation in recovery cafe programs and other supportive environments.
- **Support Services Utilization:** Track the use of support services provided by these organizations, such as peer counseling, job training, and social activities.
- **Long-Term Outcomes:** Monitor long-term recovery outcomes for individuals participating in these programs.

14. City and County Law Enforcement:

- **Arrest and Diversion Data:** Track arrests related to SUD, instances of diversion to treatment programs, and outcomes of diversion programs.
- **Naloxone Administration:** Record instances of naloxone administration by law enforcement officers and the outcomes of these interventions.
- **Community Policing Efforts:** Collect data on community policing initiatives aimed at addressing SUD and building relationships with affected communities.

15. Public Defenders and Prosecutors Offices:

- **Case Outcomes:** Track the outcomes of SUD-related cases, including diversion to treatment, sentencing, and recidivism rates.
- **Support Services Referrals:** Record the number of referrals to support services made by public defenders and prosecutors.

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16. SUD Counseling and Prescription Services:

- **Service Utilization and Outcomes:** Track the number of individuals accessing SUD counseling and prescription services, including medication-assisted treatment (MAT).
- **Treatment Retention and Success Rates:** Collect data on treatment retention rates and success rates for individuals using these services.

17. Youth-Focused Prevention Programs (The Nest):

- **Program Participation and Engagement:** Record participation rates in youth-focused prevention programs and levels of engagement.
- **Preventive Outcomes:** Track outcomes related to substance use prevention, such as changes in attitudes, knowledge, and behaviors regarding SUD.
- **Family and Community Impact:** Collect data on the impact of these programs on families and the broader community, including reduced substance use and improved family dynamics.

18. Collaborative Data Sharing and Integration:

- **Inter-Agency Data Sharing:** Establish protocols for data sharing between all member agencies to create a comprehensive view of SUD in the county.
- **Integrated Case Management:** Track the integration of services across agencies for individuals with SUD, ensuring coordinated and continuous care.

19. Community Feedback and Impact Assessment:

- **Community Surveys and Focus Groups:** Conduct regular surveys and focus groups with community members to gather feedback on SUD services and their impact.
- **Program Effectiveness and Satisfaction:** Collect data on the perceived effectiveness and satisfaction with services provided by consortium member agencies.

Another List we had generated for Potential Data Collection Points to Explore Usefulness/Collection Viability?

- Geographic Data:
  - Map and monitor specific geographic areas with high rates of opioid misuse and overdoses.
  - Collect data on the availability and use of opioids in different neighborhoods to identify and address local hotspots.
- Prescription Data:
  - Track the number and types of opioid prescriptions being written, as well as prescription fill rates.
  - Monitor patterns of prescription opioid use and misuse, including any shifts toward illicit opioid use.
- Substance Use Data:

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    - Gather data on the types of opioids being used, including synthetic opioids like fentanyl.
    - Track the presence and use of other substances in conjunction with opioids, such as alcohol and benzodiazepines.
- Treatment and Recovery Data:
    - Collect data on the availability, accessibility, and effectiveness of treatment programs, including medication-assisted treatment (MAT) and counseling services.
    - Track recovery rates and long-term outcomes for individuals who have undergone treatment.
- Naloxone Distribution and Usage:
    - Monitor the distribution and use of naloxone (Narcan) in the community, including the number of lives saved through its administration.
    - Collect data on training programs and community awareness regarding naloxone use.
- Law Enforcement Data:
    - Track data on opioid-related arrests, charges, and convictions to understand the impact of law enforcement efforts on the opioid crisis.
    - Monitor the effectiveness of diversion programs and other alternatives to incarceration for individuals with substance use disorders.
- Community Impact Data:
    - Collect data on the broader social and economic impacts of the opioid crisis, such as effects on families, employment, and housing stability.
    - Gather qualitative data through surveys and interviews to understand the personal experiences and needs of those affected by opioid misuse.

The BHC's goal in collecting and analyzing comprehensive data, is to support Jefferson County in developing effective and targeted strategies to combat the opioid crisis and support the health and well-being of its residents

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Exploring Roles and Approaches of various relevant agencies and organizations

Salish BH-ASO:

- Oversight and coordination of regional behavioral health services.
- Ensuring effective distribution of funding and accessibility of services.

Local Health Department:

- Provide direct care and prevention programs tailored to community needs.
- Collaboration with other entities to implement public health initiatives.

Nonprofit Organizations:

- Community-based support and recovery services.
- Reaching underserved populations and providing on-the-ground assistance.

Law Enforcement

- Implement diversion programs that redirect individuals from the criminal justice system to treatment services.
- Support harm reduction efforts, such as naloxone distribution.

EMS?

Therapeutic Courts?

Role of BHC in support of BHAC and the goal of effective use of Opioid Settlement funding?

Potentially canvas input from Jefferson County BHC members and provide advisory input to BHAC regarding resource allocation to support the Consortium's efforts to develop collaborative approaches to address the mutually-identified gaps and support the most critical areas of need through the following:

- Integrated Services: Strategizing and developing integrated care models that provide continuous support from initial treatment to long-term recovery .
- Community-Based Approaches: Encouraging community-based solutions and the involvement of local organizations in providing support and resources.
- Develop standardized protocols for data sharing and communication. Explore the following detail demographic data categories and determine the data to be collected that will support viable metric tracking (see section on potential data collection) :
  - Collect more granular data on age, gender, ethnicity, and socioeconomic status of individuals affected by opioid misuse and overdoses.
  - Track changes in these demographics over time to identify emerging trends and at-risk populations.

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SOME TAKEAWAYS RE COUNTY'S APPROACH TO OPIOID FUNDS DISTRIBUTION

- **Identify Collaborative Opportunities**: Explore ways to leverage the opioid settlement funds effectively, including potential grant matches and intentionally collaborating with various community partners to multiply funding impact.
- **Engage People with Lived Experiences**: Develop strategies to include individuals with lived experiences in the planning and decision-making processes by inviting them to participate in discussions and decision-making processes, ensuring their voices and experiences shape the strategies
- **Address Foundational Issue**s: Explore how to impact housing as a critical component in addressing substance use disorders.
- **Convene Follow-up Meetings**: Public health staffs the Behavioral Health Advisory Committee and will be involved in the distribution and management of the opioid settlement funds. The BHAC will continue discussions and develop plans for the strategic use of the settlement funds.
- Once the BHC's updated governance structure is established, **articulate BHC's role** in this work, and **follow-up with a development of MOU between BHC/BHAC on relationship, data gathering, etc.**

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APPENDIX A

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WA MOU Opioid Abatement Strategies

Feedback from 5/30/2024 BHAC Strategy Session

PART ONE: TREATMENT

Strategy		Feedback
A. TREAT OPIOID USE DISORDER (OUD) **Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:**		
1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.		**Contingency Management:** Providing Visa cards as incentives for treatment adherence. (Group 4)
2. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to: a. Medication-Assisted Treatment (MAT); b. Abstinence-based treatment; c. Treatment, recovery, or other services provided by states, subdivisions, community health centers; non-for-profit providers; or for-profit providers; d. Treatment by providers that focus on OUD treatment as well as treatment by providers that offer OUD treatment along with treatment for other SUD/MH conditions, co-usage, and/or co-addiction; or e. Evidence-informed residential services programs, as noted below.		**Detox Facilities:** Highlighted the lack of detox facilities and the need for places where people can go without preconditions. (Groups 1, 5) **Expanding Existing Services:** Agreed on building up existing agencies and services rather than creating new ones. (Group 1) **Mental Health Crisis Response:** Focused on mental health crisis response and long-term options that accept Medicaid. (Group 2) **Recruit More Mental Health Professionals:** Addressing the shortage of professionals to serve people (Group 6) **Same Day Services:** Availability of same-day services for immediate support (Group 6) **Provide Local Stipends:** Offering stipends to providers for accepting Medicaid (Group 6) **Crisis Support:** Ensuring access to immediate crisis support services (Group 6)
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.		
4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based, evidence-informed, or promising practices such as adequate methadone dosing.		
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction and for persons who have experienced an opioid overdose.		
6. Support treatment of mental health trauma resulting from the traumatic experiences of the opioid user (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.		
7. Support detoxification (detox) and withdrawal management services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including medical detox, referral to treatment, or connections to other services or supports.		
8. Support training on MAT for health care providers, students, or other supporting professionals, such as peer recovery coaches or recovery 'outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.		
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.		
10. Provide fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.		
11. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.		
12. Support the dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web- based training curriculum and motivational interviewing.		
13. Support the development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.		
B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY **Support people in treatment for and recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:**		

WA MOU Opioid Abatement Strategies		Feedback from 5/30/2024 BHAC Strategy Session
1. Provide the full continuum of care of recovery services for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, and connections to community-based services.		**Detox Facilities:** Ensuring individuals have access to safe and effective withdrawal management. (Group 5)
2. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.		**Peer Support:** Stressed the importance of peer support and the concept that well people help others get better. (Group 2) **Training for Employers:** Educating employers on how to support employees in recovery (Group 6)
3. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including supportive housing, recovery housing, housing assistance programs, or training for housing providers.		**Supportive Services in Housing:** Need for supportive services in housing locations and inpatient treatment facilities. (Group 1) **Housing with Support:** Emphasized the need for housing with support services to maintain recovery. (Group 3) **Supportive Housing:** Proposed developing more supportive housing options for individuals in recovery. (Group 5) **Assisted Living Options:** Highlighted the need for small-scale, assisted living options for individuals returning from treatment. (Group 5) **Wrap Around Services:** Providing comprehensive wrap-around services to address all individual needs (Group 6) **Meeting Basic Needs:** Assessing and meeting each individual's basic needs without making assumptions (Group 6) **Pets:** Ensuring care for pets, including during detox (Group 6) **Employment & Transitional Housing:** Offering employment opportunities and transitional housing for individuals in recovery (Group 6)
4. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions, co- usage, and/or co-addiction.		
5. Support or expand peer-recovery centers, which may include support groups, social events, computer access; or other services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.		
6. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MR conditions, co-usage, and/or co- addiction.		
7. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.		
8. Engage non-profits, faith-based communities and community coalitions to support people in treatment and recovery and to support family members in their efforts to manage the opioid user in the family.		
9. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.		
10. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.		

WA MOU Opioid Abatement Strategies	Feedback from 5/30/2024 BHAC Strategy Session
C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE) **Provide connections to care for people who have - or are at risk of developing - OUD and any co-occurring SUD/MR conditions, co-usage, and/or co-addiction through evidence- based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:**	
1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.	**Wellness Education:** Part of outreach and engagement efforts to connect people with the information and resources they need to make healthier choices. (Group 4)
2. Support Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.	
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.	Harm Reduction Resource Center: Proposed establishing a center where various agencies could offer support. (Group 4) Detox Services: Critical component of connecting people to health services. (Group 5)
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.	
5. Support training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.	
6. Support hospital programs that transition persons with OUD and any co-occurring SUDIMH conditions, co-usage, and/or co-addiction, or persons who have experienced an opioid overdose, into community treatment or recovery services through a bridge clinic or similar approach.	**Contingency Management:** Seen as a recovery support service incentivizing positive behavior changes and supporting long-term recovery efforts. (Group 4)
7. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUDIMH conditions, co- usage, and/or co-addiction or persons that have experienced an opioid overdose.	
8. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.	
9. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co- occurring SUD/MH conditions, co-usage, and/or co-addiction or to persons who have experienced an opioid overdose.	
10. Provide funding for peer navigators, recovery coaches, care coordinators, or care managers that offer assistance to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or to persons who have experienced on opioid overdose.	**Systems Navigator:** Proposed role to assist individuals in accessing services. (Group 2) **Peer Support:** Stressed the importance of peer support and funding for peer navigators and recovery coaches. (Group 2) **Transportation:** Emphasized the importance of transportation for accessing services. (Groups 3, 5) **Subsidized Taxi Services:** Proposed subsidizing taxi services for transportation needs. (Group 4) **Help Dealing with Administrivia:** Providing assistance to navigate administrative barriers (Group 6)
11. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.	
12. Develop and support best practices on addressing OUD in the workplace.	
13. Support assistance programs for health care providers with OUD.	
14. Engage non-profits and the faith community as a system to support outreach for treatment.	
15. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.	
16. Create or support intake and call centers to facilitate education and access to treatment, prevention, and recovery services for persons with OUD and any co- occurring SUD/MH conditions, co-usage, and/or co-addiction.	
17. Develop or support a National Treatment Availability Clearinghouse - a multistate/nationally accessible database whereby health care providers can list locations for currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis by persons who seek treatment.	
D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS **Address the needs of persons with OUD and any co-occurring SUD/MH conditions, co- usage, and/or co-addiction who are involved - or are at risk of becoming involved - in the criminal justice system through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:**	

WA MOU Opioid Abatement Strategies		Feedback from 5/30/2024 BHAC Strategy Session
1. Support pre-arrest or post-arrest diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including established strategies such as: a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI); b. Active outreach strategies such as the Drug Abuse Response Team (DART) model; c. ''Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services; d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model; e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise and to reduce perceived barriers associated with law enforcement 911 responses; or g. County prosecution diversion programs, including diversion officer salary, only for counties with a population of 50,000 or less. Any diversion services in matters involving opioids must include drug testing, monitoring, or treatment.		**Supportive Housing:** Need for housing for individuals with SUD, including those in recovery. (Group 3)
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction to evidence-informed treatment, including MAT, and related services.		**Supportive Services in Housing:** Services such as case management, peer support, and other wrap-around services. (Group 1, 5)
3. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, but only if these courts provide referrals to evidence-informed treatment, including MAT.		
4. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUD/MR conditions, co-usage, and/or co-addiction who are incarcerated in jail or prison.		
5. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUDIMH conditions , co-usage, and/or co-addiction who are leaving jail or prison have recently left jail or prison, are on probation or parole, are under community corrections, supervision, or are in re-entry programs or facilities.		**Transportation:** Emphasized the need for transit services for treatment access and return trips, suggesting a transit-run taxi service and smaller buses. (Group 3)
6. Support critical time interventions (CTI), particularly for individuals living with dual- diagnosis ODD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.		
7. Provide training on best practices for addressing the needs of criminal-justice- involved persons with OUD and any co-occurring SUD/MR conditions, co-usage, and/or co-addiction to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, case management, or other services offered in connection with any of the strategies described in this section.		
E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME **Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MR conditions, co-usage, and/or co-addiction, and the needs of their families, including babies with neonatal abstinence syndrome, through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:**		
1. Support evidence-based, evidence-informed, or promising treatment, including MAT, recovery services and supports, and prevention services for pregnant women - or women who could become pregnant - who have OUD and any co-occurring SUD/MR conditions, co-usage, and/or co-addiction, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.		
2. Provide training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MR conditions, co-usage, and/or co-addiction.		
3. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.		**Supportive Services in Housing:** Housing assistance specifically for pregnant and parenting women affected by substance use disorder. (Group 1)
4. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.		
5. Offer enhanced family supports and home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to parent skills training.		
6. Support for Children' s Services - Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.		
PART TWO: PREVENTION		

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS **Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:**		
1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.		
2. Academic counter-detailing to educate prescribers on appropriate opioid prescribing.		
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.		
4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.		
5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that: a. Increase the number of prescribers using PDMPs; b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs or by improving the interface that prescribers use to access PDMP data, or both; or c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD.		**Harm Reduction Resource Center:** Offering various support services to individuals, including those involved with the criminal justice system. (Group 4)
6. Development and implementation of a national PDMP - Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to: a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to OUD. b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database.		
7. Increase electronic prescribing to prevent diversion or forgery.		

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8. Educate Dispensers on appropriate opioid dispensing.		
G. PREVENT MISUSE OF OPIOIDS **Support efforts to discourage or prevent misuse of opioids through evidence-based, evidence- informed, or promising programs or strategies that may include, but are not limited to, the following:**		
1. Corrective advertising or affirmative public education campaigns based on evidence.		
2. Public education relating to drug disposal.		**Wellness Education:** Supporting family-based services, promoting healthy lifestyles and preventing substance misuse. (Group 4)
3. Drug take-back disposal or destruction programs.		**Supportive Services in Housing:** Housing assistance and services for families with children affected by opioid use disorder. (Group 1)
4. Fund community anti-drug coalitions that engage in drug prevention efforts.		
5. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction - including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and		
6. Engage non-profits and faith-based communities as systems to support prevention.		
7. Support evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent- teacher and student associations, and others.		
8. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.		**Prevention in Schools**: Providing better options and opportunities for kids, including dedicated in-school resources. (Group 1)
9. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.		
10. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.		
11. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.		
H. PREVENT OVERDOSE DEATHS AND OTHER HARMS **Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:**		
1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, or other members of the general public.		**Harm Reduction Resource Center:** Provision of harm reduction services. (Group 4)
2. Provision by public health entities of free naloxone to anyone in the community, including but not limited to provision of intra-nasal naloxone in settings where other options are not available or allowed.		
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public.		**Harm Reduction Resource Center:** Provision of harm reduction services. (Group 4)
4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.		
5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.		
6. Public education relating to emergency responses to overdoses.		
7. Public education relating to immunity and Good Samaritan laws.		
8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.		
9. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.		
10. Support mobile units that offer or provide referrals to treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MR conditions, co-usage, and/or co-addiction.		

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11. Provide training in treatment and recovery strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co- occurring SUD/MR conditions, co-usage, and/or co-addiction.		
12. Support screening for fentanyl in routine clinical toxicology testing.		
PART THREE: OTHER STRATEGIES		
I. FIRST RESPONDERS **In addition to items C8, Dl through D7, Hl, H3, and H8, support the following:**		
1. Current and future law enforcement expenditures relating to the opioid epidemic.		**Wellness Education:** Emphasized wellness education and destigmatization efforts. (Group 4)
2. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.		**Wellness Education:** Emphasized wellness education and destigmatization efforts. (Group 4)
J. LEADERSHIP, PLANNING AND COORDINATION **Support efforts to provide leadership, planning, and coordination to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:**		
1. Community regional planning to identify goals for reducing harms related to the opioid epidemic, to identify areas and populations with the greatest needs for treatment intervention services, or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.		**Systems Navigator:** Role to assist individuals in accessing services. (Group 2) **Overlap between BHC and BHAC:** More effective collaboration between Behavioral Health Advisory Committees. (Group 3) **Transportation:** Emphasized the importance of transportation for accessing services. (Groups 3, 5) **Subsidized Taxi Services:** Proposed subsidizing taxi services for transportation needs. (Group 4)
2. A government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.		
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MI-I conditions, co-usage, and/or co-addiction, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.		**Overlap between BHC and BHAC:** More effective collaboration between Behavioral Health Advisory Committees. (Group 3)
4. Provide resources to staff government oversight and management of opioid abatement programs.		
K. TRAINING **In addition to the training referred to in various items above, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:**		
1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid cns1s.		
2. Invest in infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co- occurring SUD/MI-I conditions, co-usage, and/or co-addiction, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).		**Harm Reduction Resource Center:** Considered an innovative service offering comprehensive support. (Group 4) **Contingency Management:** An evidence-based, innovative strategy for encouraging positive behaviors and treatment adherence. (Group 4) **Wellness Education:** Implementing innovative wellness education programs that address opioid-related issues through education. (Group 4)
L. RESEARCH **Support opioid abatement research that may include, but is not limited to, the following:**		
1. Monitoring, surveillance, and evaluation of programs and strategies described in this opioid abatement strategy list.		
2. Research non-opioid treatment of chronic pain.		
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.		
4. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.		

5. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).		
6 . Research on expanded modalities such as prescription methadone that can expand access to MAT.		