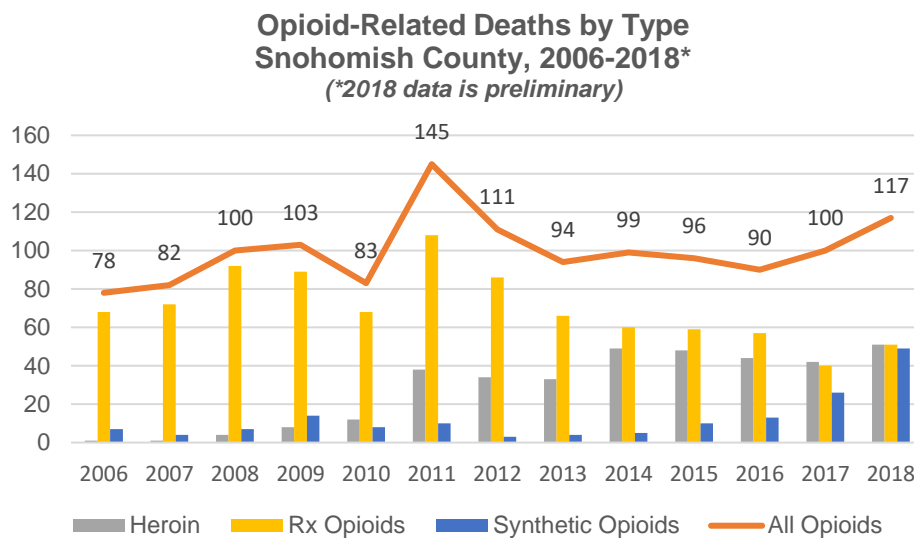


Washington State Department of Health
2019 Overdose Data to Action CDC-RFA-CE19-1904
Prevention Component Proposal

Background. The Snohomish Health District serves a fast growing and diversifying population of 805,000 people. From 2011 to 2013, approximately 1 out of every 5 heroin deaths in Washington occurred in Snohomish County. In 2016, that increased to approximately 1 out of every 6 heroin deaths. Final data for 2017 and preliminary data for 2018 show heroin-related deaths are now surpassing prescription opioid-related overdose deaths and fentanyl are increasing at an alarming rate. The growing number of heroin and fentanyl deaths are unfortunately resulting in trends moving in the wrong direction. After several years of dropping —due in large part to significant provider and community outreach about the risks of prescription opioids and the increased availability of naloxone—the number of opioid-related deaths is climbing nearer to the peak of 2011.



The opioid epidemic is not unique to Snohomish County, the third largest county in Washington. But what sets this community apart is the cross-agency collaboration and decision by Snohomish County, the Sheriff's Office and the District to treat this as an emergency. The result was the formation of the Opioid Response Multi-agency Coordination Group, or "MAC Group". The county executive extended the activation of the emergency management system through November 2019.

Purpose. The MAC Group developed a set of goals focused on reducing the impact that opioids have on the health, safety, and quality of life of in our communities. From the beginning, the goals have been: 1) reduce opioid misuse and abuse; 2) lessen the availability of opioids; 3) reduce criminal activity associated with opioids; 4) use data to detect, monitor, evaluate, and act; 5) reduce collateral damage to the communities; 6) provide information about the response in a timely and coordinated manner; and 7) ensure the availability of resources that efficiently and effectively support response efforts. These goals are aligned with the strategies and activities proposed within this Overdose Data to Action (OD2A) funding opportunity.

The Prevention for States (PfS) and Opioid Prevention in States (OPIS) Crisis grants, both of which expire at the end of August, are the sole funding mechanisms for the District's opioid prevention and response efforts. **Without continued funding, the District risks the loss of at least 1.0 FTE, cancellation of agreements with our local hospitals for data collection and patient follow-ups, and the elimination of virtually all opioid-related work.**

Approach. The District's top priority is aligned with Strategy 5 – Integration of State and Local Prevention and Response Efforts. The budget attached includes expenses necessary to maintain

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the District's 1.0 FTE healthy communities specialist focused on opioid prevention and outreach. Work carried out by the District's health officer and communications team would also be allowed to continue, covered in part by the indirect/overhead rate.

Activities. These are some of our critical and innovative activities that this funding would allow to continue:

- Maintain current partnerships with Providence Regional Medical Center Everett, Swedish Edmonds and Swedish Mill Creek for sustainable surveillance, patient follow-up and prevention efforts in their emergency departments and broader healthcare systems.
- Extend annual contracts for the maintenance, development and hosting of the Snohomish Overdose Prevention website and the County's opioid data portal/dashboard.
- Maintain involvement and leadership roles in ESF #8 – Public Health & Medical Services and ESF #15 – External Affairs within the Snohomish County Opioid Response Multi-agency Coordination (MAC) Group. The District will continue to be a key partner in capacity building and sharing lessons learned, templates, scalable response strategies, and other information with cities, counties and the state, as well as public health and public safety counterparts throughout the country.
- Partnering with schools, school districts, community groups and local businesses to develop prevention and outreach strategies focused on decreasing opioid misuse and use disorder.
- Utilizing data collected through the MAC group, hospitals, DOH, ODMAP, first responders, treatment providers and the local syringe exchange to develop prevention and response strategies focused on decreasing the rate of ED visits and deaths due to opioid misuse or opioid use disorder, and increasing the provision of evidence-based treatment.
- Ongoing support of an opioid overdose fatality review committee. The District is in the early stages of getting the committee up and running, with the first meeting planned for this spring.
- Increased focus on three high risk populations affected by the opioid epidemic: inmates, pregnant and parenting mothers, and babies born to women with opioid use disorder.
 - The District recently started monthly outreach to inmates in the Snohomish County Jail that are part of the Evergreen Recovery In-Jail Treatment Program. Through this effort, staff provide education on the risk of an overdose upon release, encouragement to focus on recovery and continue evidence-based treatment, prevention and treatment of STDs, education on naloxone, referrals for Hepatitis C testing done at the jail and the local syringe exchange, etc.
 - In response to the opioid epidemic and its impact on Snohomish County families, Homeward House was created to be a single point of services for parents and children with active dependency cases. The District currently leads the Health and Well-being domain to provide support to partners that encourage healthy development for the child. Homeward House ensures that parents in treatment have the appropriate access and support to bond with their children as a standard of recovery.
 - Continue active participation in the Department of Health's Opioid Response Workgroup and the Pregnant & Parenting Women Workgroup.

Outcomes. As stated in the Background section, we have been experiencing increases in opioid-related deaths within the last two years. This is a trend that we are committed to reversing as quickly as possible. The short- and mid-term outcomes of the District's proposed activities would lead toward capacity building for more effective and sustainable surveillance, prevention and response efforts; better integration with state and other local prevention efforts; increased understanding of context, resources and needs for the cities and towns in Snohomish County; and increased focus on highest risk groups. The long-term outcomes will lead to decreased rates of opioid misuse and opioid use disorder, decreased rates of ED visits, and decreased opioid-related deaths.

Priority #2 Proposal

The second strategy that the District is most interested in continuing work on is Strategy 9: Empowering Individuals to Make Safer Choices. The budget provided includes expenses to address stigma surrounding opioid use disorder, overdose, help seeking/treatment, and naloxone among the public, healthcare providers, public safety professionals, emergency medical professionals, and others. Key activities will include:

- Continued coordination of annual workshops held regionally focused on neonatal abstinence syndrome. The District spearheaded efforts to hold the first Pregnancy & Beyond: Improving Maternal & Infant Outcomes in Women with Opioid Use Disorder conference on March 28. The District partnered with DOH, Skagit County Public Health, March of Dimes, Tulalip Tribes, North Sound Behavioral Health Organization and others to host the event. While originally planned for 100-150, the event sold out with 300 attendees from across Western Washington. The District would like to plan follow-up events for 2020 and beyond.
- Facilitating a teacher training for opioid curriculum and providing support for curriculum being introduced in the schools. The District did an assessment of available prevention and education curriculum on the market, and staff have become trained instructors in four curriculum platforms. However, working with school districts to pilot the trainings requires significant coordination and timing. The District would like to host a countywide or regional training with Botvin Life Skills coming to lead a larger training for health educators, counselors or teachers in the schools that can be the trainer. The District would then provide support and resources to that teacher in their implementation.
- Leveraging CDC's Rx Awareness campaign, as well as other efforts approved by HHS or the White House.

Priority #3 Proposal

The third area the District would like to continue is aligned with Strategy 6: Establishing Linkages to Care. Thanks to OPIS funding, the District held a Treatment & Recovery Pathways workshop with 30+ providers and partners in December 2018. The goal of that day included recommendations on how to bridge the gaps and reduce pinch points in getting individuals into treatment and navigating the pathways to recovery.

One outcome was the development of a pilot project that is will be underway next month, involving a partnership with Compass Health to provide an opioid overdose prevention response team through a designated number provided to select public safety, first responder, emergency room, and public health partners. The two-person team, composed of a chemical dependency professional and a peer counselor, will respond to homes, schools emergency rooms, diversion centers, or encampments to collaborate with the individual in crisis and their family members to develop a plan to get through the current crisis, manage future crises, and move towards recovery. Care planning services will be provided for up to 2 weeks per incident.

Funding for this pilot expires August 31, 2019. The funding included within Priority #3 would be used to take recommendations from the pilot to expand or extend the response team for critical hours or days of the week for 6-12 additional months.

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PRIORITY #1 BUDGET		
Category		Amount
Salaries	1.0 FTE	\$ 72,406.55
Benefits	1.0 FTE	\$ 29,630.83
Indirect costs	IN/OH Rate is 34.25%	\$ 48,647.80
Contracts	Providence Everett, Swedish Edmonds, LiveStories and hosting for opioid website	\$ 38,500.00
Goods and Services	Materials for school outreach	\$ 1,000.00
Travel/training	Mileage for school outreach	\$ 500.00
Equipment	n/a	\$ -
Other (anything that doesn't fit in the other categories) describe:	n/a	
TOTAL		\$ 190,647.80

Staffing Information: Name, position, salary, job description for proposal purpose.

Pia Sampaga-Khim, Healthy Communities Specialist focused on opioid prevention and outreach

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PRIORITY #2 BUDGET		
Category		Amount
Salaries	0.2 FTE	\$ 14,481.31
Benefits	0.2 FTE	\$ 5,926.17
Indirect costs	IN/OH Rate is 34.25%	\$ 16,750.81
Contracts	Botvin Life Skills contract for onsite curriculum training, and facility rental/food charge for neonatal abstinence conference	\$ 20,000.00
Goods and Services	Materials for trainings	\$ 500.00
Travel/training	Mileage for school outreach	\$ 500.00
Equipment	n/a	\$ -
Other (anything that doesn't fit in the other categories) describe:	Advertising/outreach expenses for CDC Rx Awareness and related campaigns	\$ 7,500.00
TOTAL		\$ 65,658.29

Staffing Information: Name, position, salary, job description for proposal purpose.

Part-time support of healthy communities specialist to coordinate conference and trainings

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PRIORITY #3 BUDGET		
Category		Amount
Salaries	0.1 FTE	\$ 7,240.65
Benefits	0.1 FTE	\$ 2,962.08
Indirect costs	ID/OH Rate is 34.25%	\$ 75,000.00
Contracts	Compass Health for opioid overdose prevention response team	\$ 30,038.53
Goods and Services	n/a	\$ -
Travel/training	n/a	\$ -
Equipment	n/a	\$ -
Other (anything that doesn't fit in the other categories) describe:	Advertising/outreach focused on crisis support services, how to help someone in need, etc.	\$ 2,500.00
TOTAL		\$ 117,742.27

Staffing Information: Name, position, salary, job description for proposal purpose.

Part-time support of healthy communities specialist to coordinate contract with Compass Health, reporting, etc.