

# Legislative-Executive WorkFirst Poverty Reduction Oversight (LEWPRO) Task Force

**November 16, 2023**

**9:00 am – 12:00 pm**



*Transforming lives*

# Rules of Engagement

- Maintain a respectful body language, tone, and volume when sharing our opinions
- Value the many different sources of knowledge; listening to the entire message without editorializing or interrupting
- Act in ways that edify the group's self-esteem
- Seek first to understand before being understood
- Be honest and explain why
- Always assume good intentions; give people the benefit of the doubt
- Look for places to agree, connect, and support – it helps us get to better solutions
- Make it a safe environment to share – no personal attacks
- Listen to the entire message, literally, and mentally:
  - (a) don't interrupt – we are modeling respectful behavior; and
  - (b) our listening implies that we care, even if we don't agree

# Housekeeping: Task Force Members

- Designated as “panelists” and will have the ability to participate
- All other attendees are muted
- Please use your reaction/hand raise buttons to ask questions, speak and vote
- Staff will count hands to determine outcome of votes

# Housekeeping: Public & Non-Task Force Attendees

- Chat function is turned off
  - If you have questions during the meeting, please use the Q&A function
  - Q&A should not be used for comments or discussion
- Request to participate during 2 public comment periods by using the “raised hand” feature
- When it is your turn to speak, you will be “promoted” to panelist
- To keep us on time:
  - Green = 2 minutes remaining
  - Yellow = 1 minute remaining
  - Red = Time to move to the next speaker

# Welcome & Introductions

Presented by:

**Representative Mia Gregerson**

33rd Legislative District

**Secretary Gilma Meneses**

Department of Social & Health Services

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# Consent Agenda

Presented by:

Representative Mia Gregerson

33rd Legislative District

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# Consent Agenda

- Meeting agenda
- August 2023 meeting notes
- Integrated Eligibility & Enrollment (IE&E) Project Update

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# Aligned Poverty Efforts

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Presented by:

Alex Panagotacos, Director of Strategic Partnerships, DSHS

Juanita Maestas, PRWG Steering Committee Co-Chair

Drayton Jackson, PRWG Steering Committee Co-Chair

Donna Christensen, PRWG Member

Dr. Lori Pfingst, Senior Director, DSHS





Economic Justice Alliance

## STATE POVERTY REDUCTION UPDATE

Legislative-Executive WorkFirst Oversight & Poverty Reduction Task Force Update  
Quarterly Meeting | November 16, 2023 | Lori Pfingst, PhD

*November is National Native American Heritage Month*



*Design by Indigenous Designer Yulia Novik*

# Updates

- Recent poverty data
- Aligning poverty reduction efforts toward shared goals
- Q & A

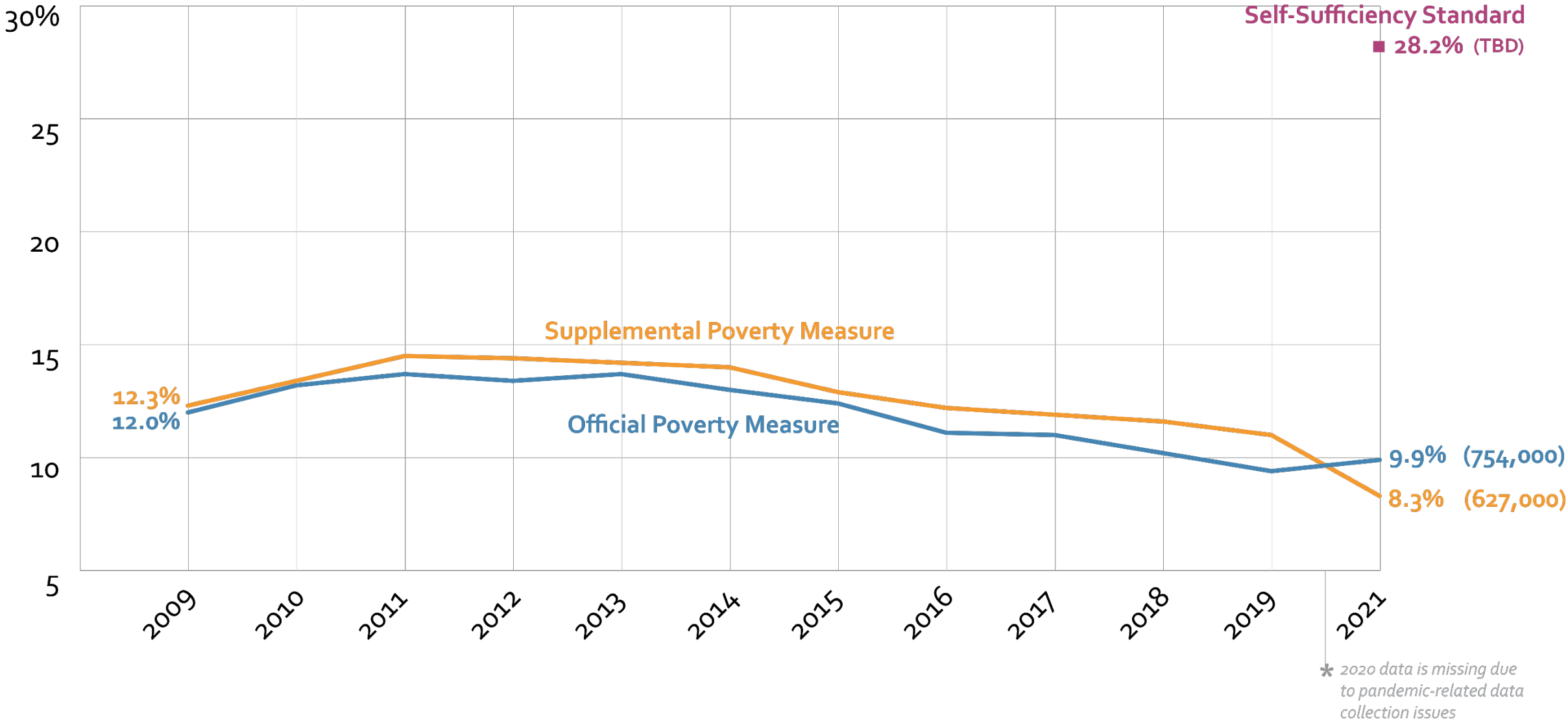
# RECENT POVERTY DATA

# Key Differences in Measures of Poverty

ACCOUNTS FOR:		Official Poverty Measure (OPM)	Supplemental Poverty Measure (SPM)	Self-Sufficiency Standard (SS Standard)
Variations	Family size	✓	✓	✓
	Region		✓	✓
Resources	Pre-tax cash income	✓	✓	✓
	In-kind benefits, tax credits		✓	✓
Expenses	Food	✓	✓	✓
	Housing		✓	✓
	Clothing		✓	✓
	Utilities, Phone, Wi-Fi		✓	
	Transportation			✓
	Child Care			✓
	Health Care			✓
	Tax		✓	✓
	Emergency Savings			✓

# Poverty is Declining in Washington State, but we Underestimate Hardship

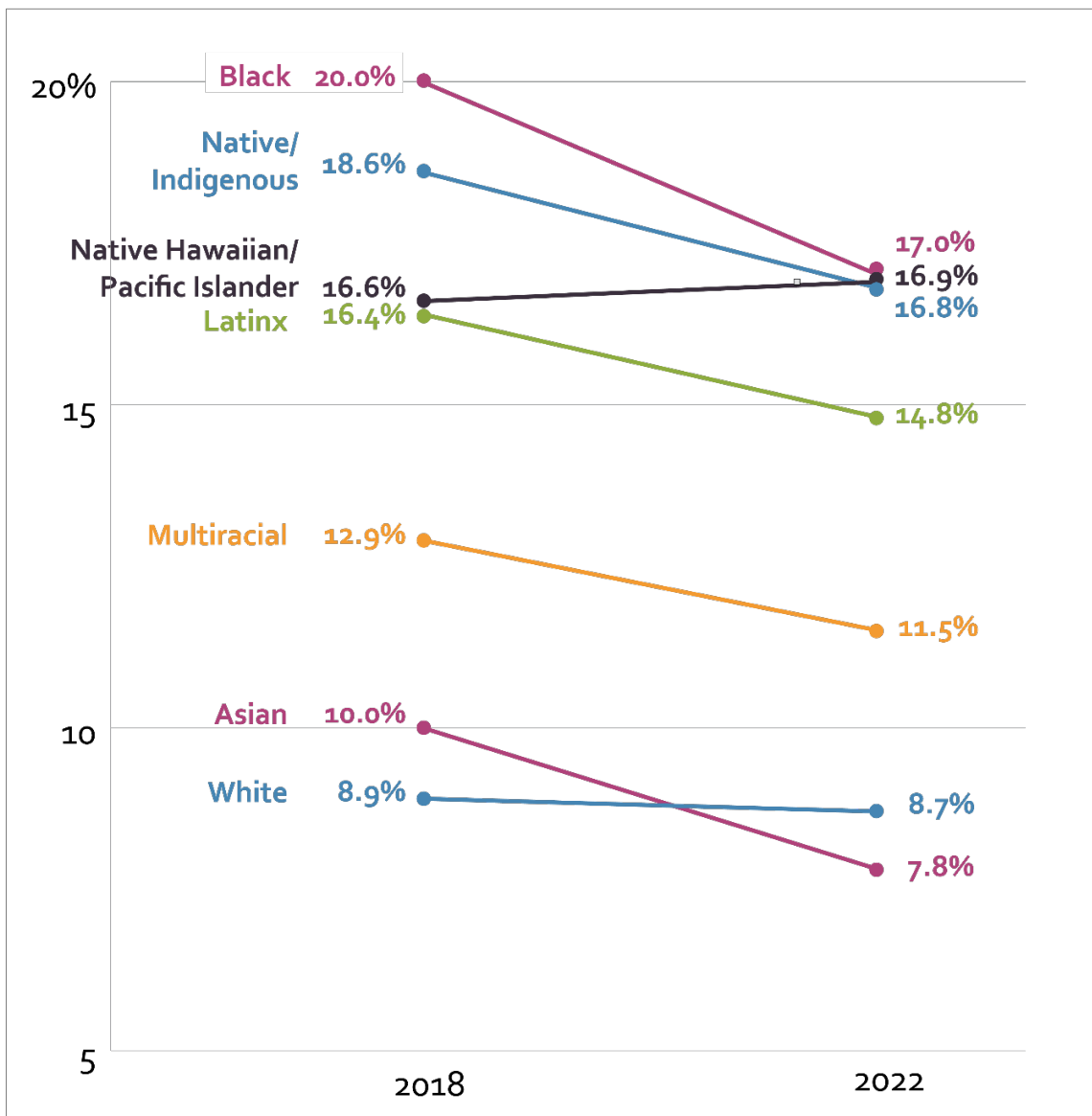
Trends in Poverty Using Select Measures, Washington State 2009-2021



Source: U.S. Census Bureau, 2009 through 2019 and 2021 American Community Survey Public Use 1-year estimates; 2021 University of Washington Self-Sufficiency Standard Data

# Poverty is Declining Among Most Racial/Ethnic Groups, but Large Disparities Remain

5-Year Trend in Official Poverty Measure by Major Racial and Ethnic Groups, Washington State 2018-2022



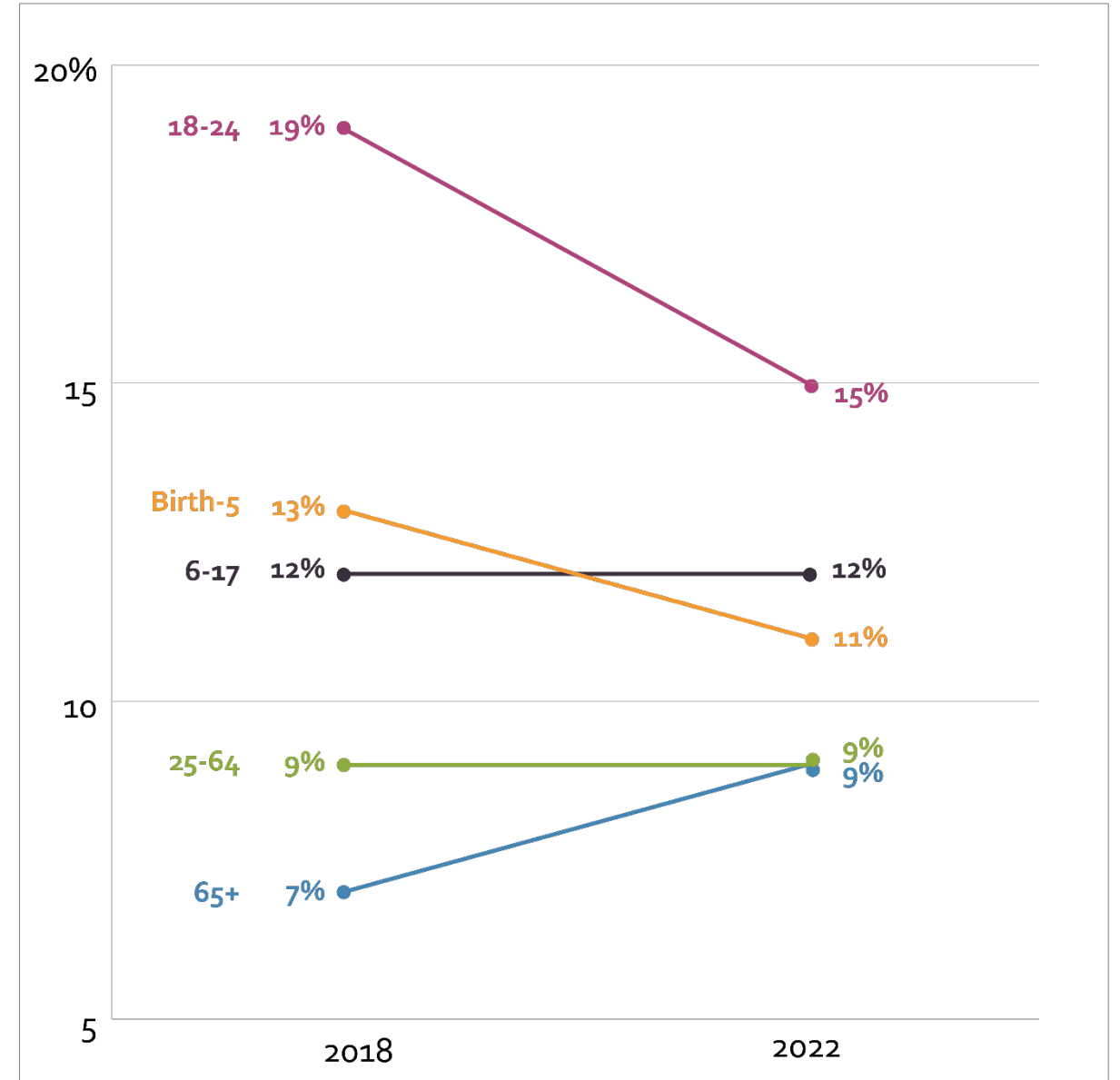
- OPM rates are decreasing for everyone and at a faster pace for Black, Native/Indigenous, Latinx, Multiracial and Asian Washingtonians.
- Washington is outpacing national trends, suggesting social and economic conditions are more favorable here than other parts of the country.
- SPM data by race for states will be available in January 2024, but national data show disproportionate benefits of pandemic-related public assistance and tax credits for people of color

*Note: Using major racial and ethnic groupings masks considerable within group variation in poverty.*

# Poverty is Declining Among Young Children & Youth and Rising Among Seniors

5-Year Trend in Official Poverty Measure by Age, Washington State 2018-2022

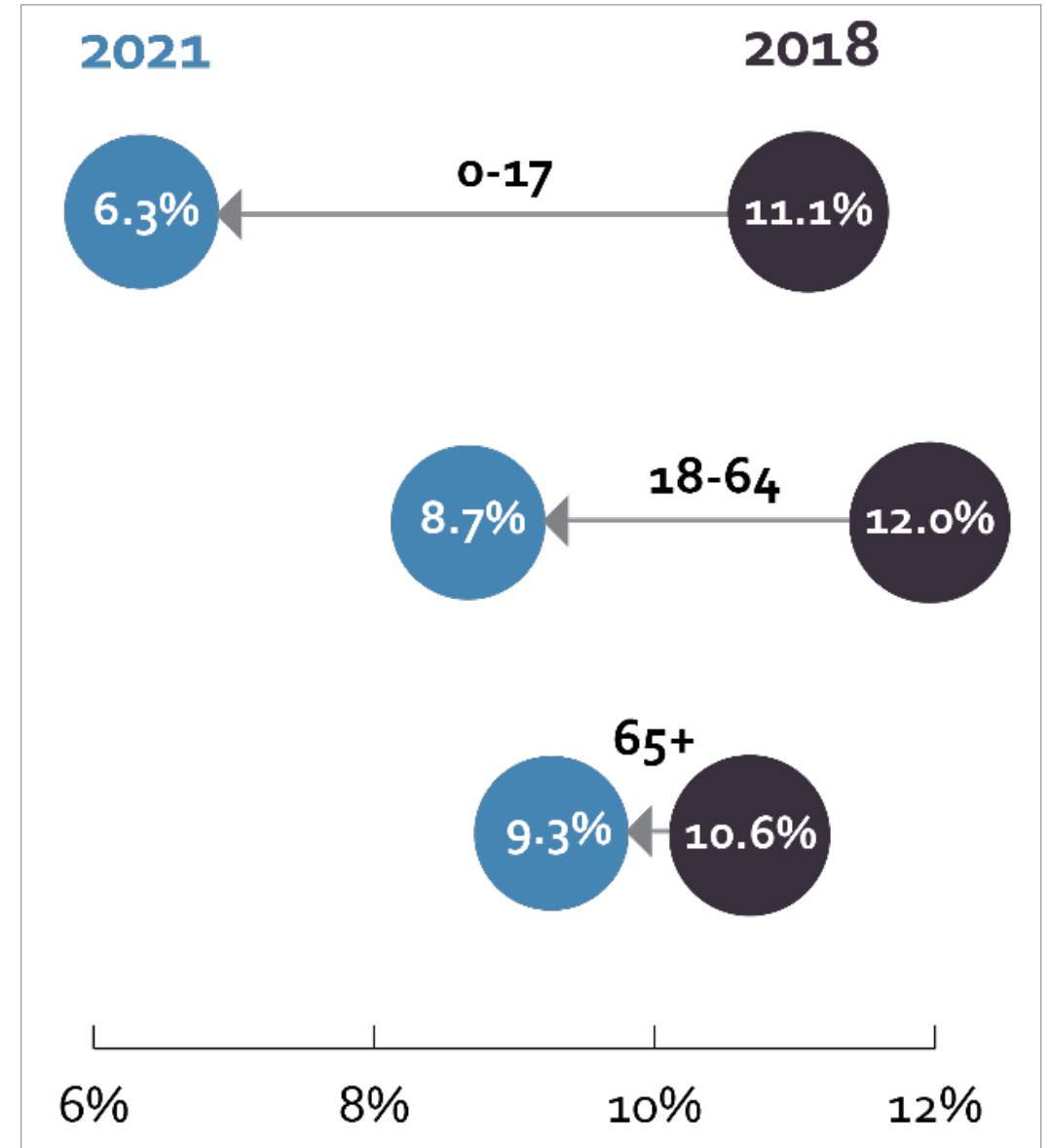
- Youth (18-24) and young children (birth-5) experienced the steepest declines in OPM.
- Poverty rates among older children and working-age adults have not changed, while rates among people over age 65 have increased.



# Direct cash assistance profoundly mitigated poverty during pandemic

3-Year Trend in Supplemental Poverty Measure by Age, Washington State 2018-2021

- The SPM accounts for the impact of public assistance and tax credits on poverty rates
- SPM rates dropped significantly for children and families between 2018 and 2021 due to Child Tax Credit





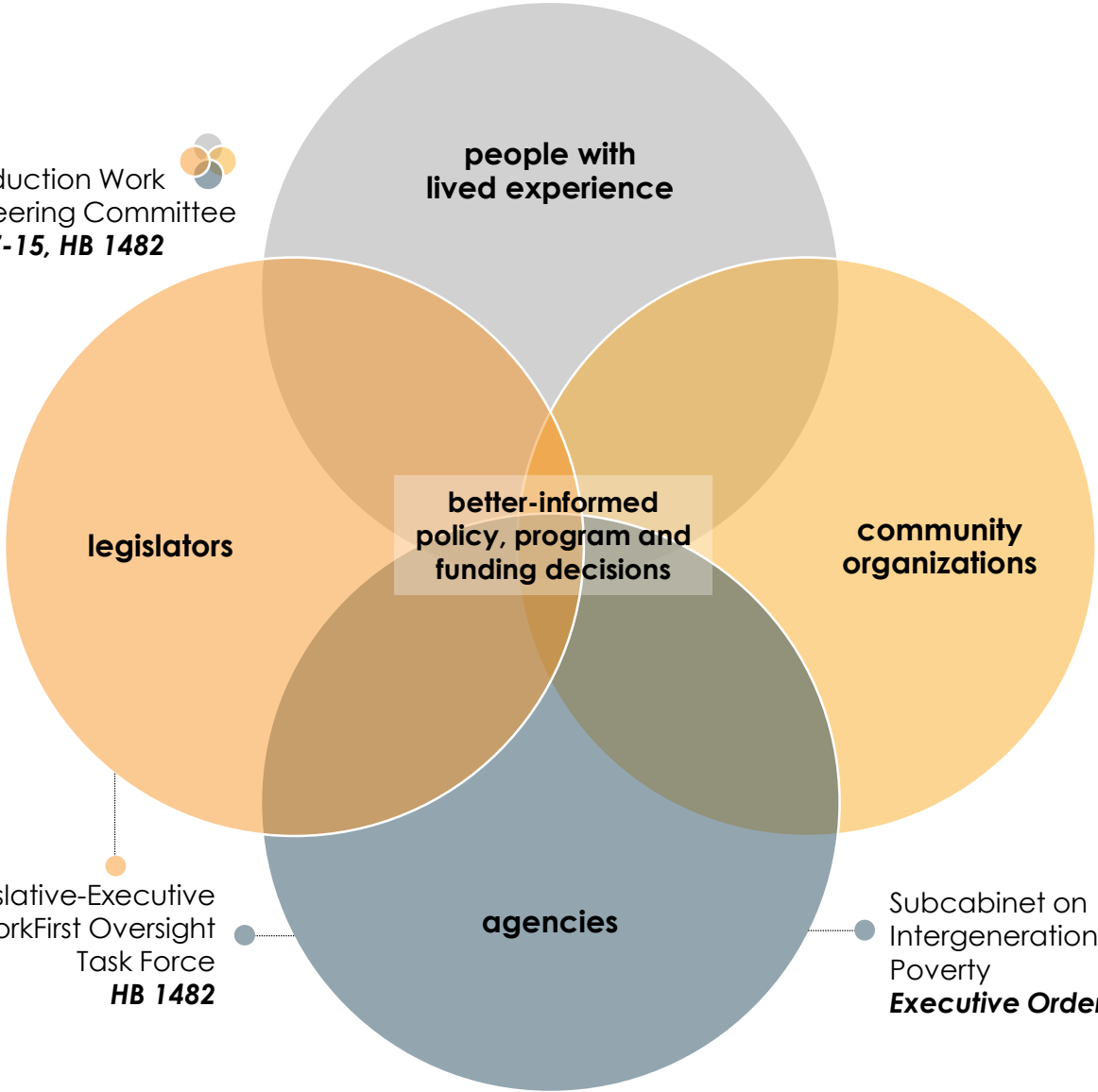
# What does recent data tell us about poverty in Washington?

- 1. OPM data show Washington is reducing the *incidence* of poverty.**
  - Washington is outpacing national trends.
  - Combination of social and economic conditions and policy choices at play.
  - People of color, youth (18-24) and youngest kids (0-5) are seeing greatest declines.
- 2. SPM data show that poverty is a policy choice.**
  - Bolder policies at the federal and state level can reduce poverty substantially.
  - Tax credits targeted to people with lower incomes are efficient and effective.
- 3. SS Standard data show that there is plenty of poverty above the poverty line.**
  - How we define poverty matters for policy choices we make.

# ALIGNING POVERTY REDUCTION EFFORTS

# Essential Expertise

Poverty Reduction Work  
Group & Steering Committee  
*Directive 17-15, HB 1482*



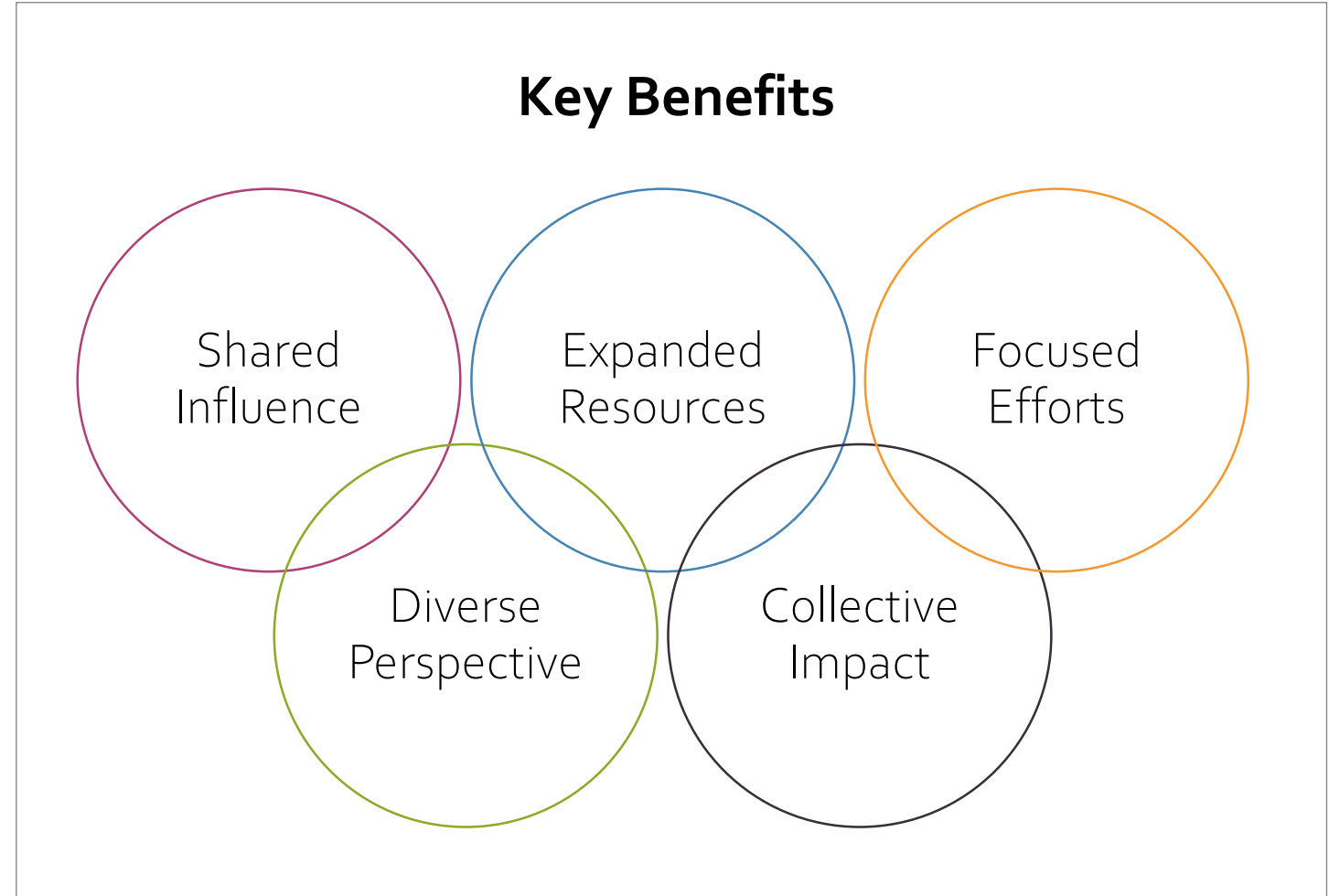
Legislative-Executive  
WorkFirst Oversight  
Task Force  
*HB 1482*

Subcabinet on  
Intergenerational  
Poverty  
*Executive Order 21-05*

# What does it mean to align?

An **alliance** is a collaborative and cooperative relationship formed between groups that share common goals.

Each group's unique values, missions, and cultures is respected and preserved, but the collaboration works to create win-win scenarios where all groups benefit from the collaboration.



# Aligning Toward Shared Outcomes



Coming  
Soon!



**THANK YOU!**

Questions?

**Lori Pfingst**  
lori.pfingst@dshs.wa.gov

*November is National Native American Heritage Month*



*Design by Indigenous Designer Yulia Novik*

# Public Comment



# Just Futures Presentation

Presented by:

Lori Pfingst, Department of Social & Health Services

Faduma Fido, Lab Leader, People's Economy Lab

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# The Just Futures Project: Co-Governance Cornerstones & Community Assemblies

Powered by [Just Futures](#)

# Just Futures Project Objectives

Elevate leadership and participation of communities most impacted and historically excluded in setting the vision, measures, assessing progress, and holding the state accountable.

Create opportunities for government agencies to collaborate with community-owned enterprises to direct targeted investments, where people most impacted are central to decision making.

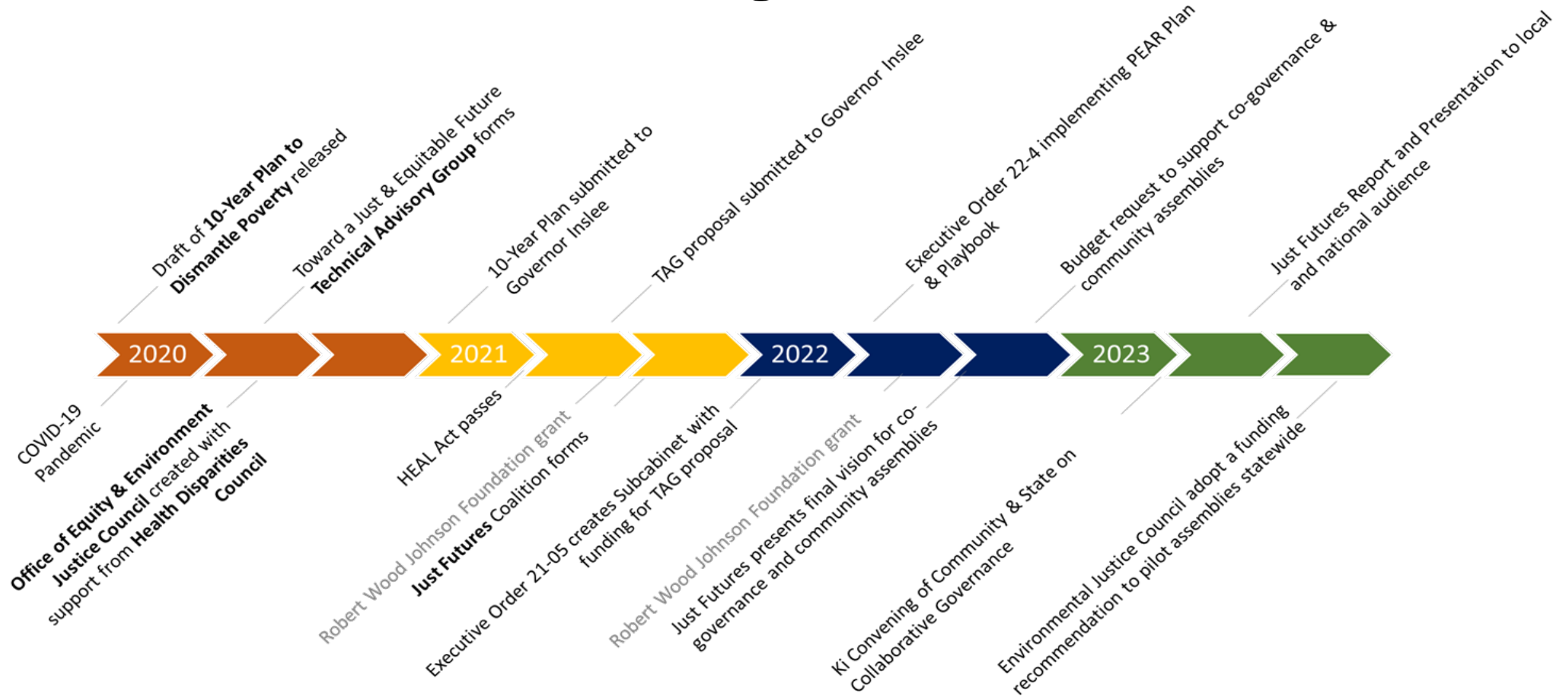
# Just Futures Collaborations

Community: Peoples Economy Lab, Statewide Poverty Action Network, Front and Centered

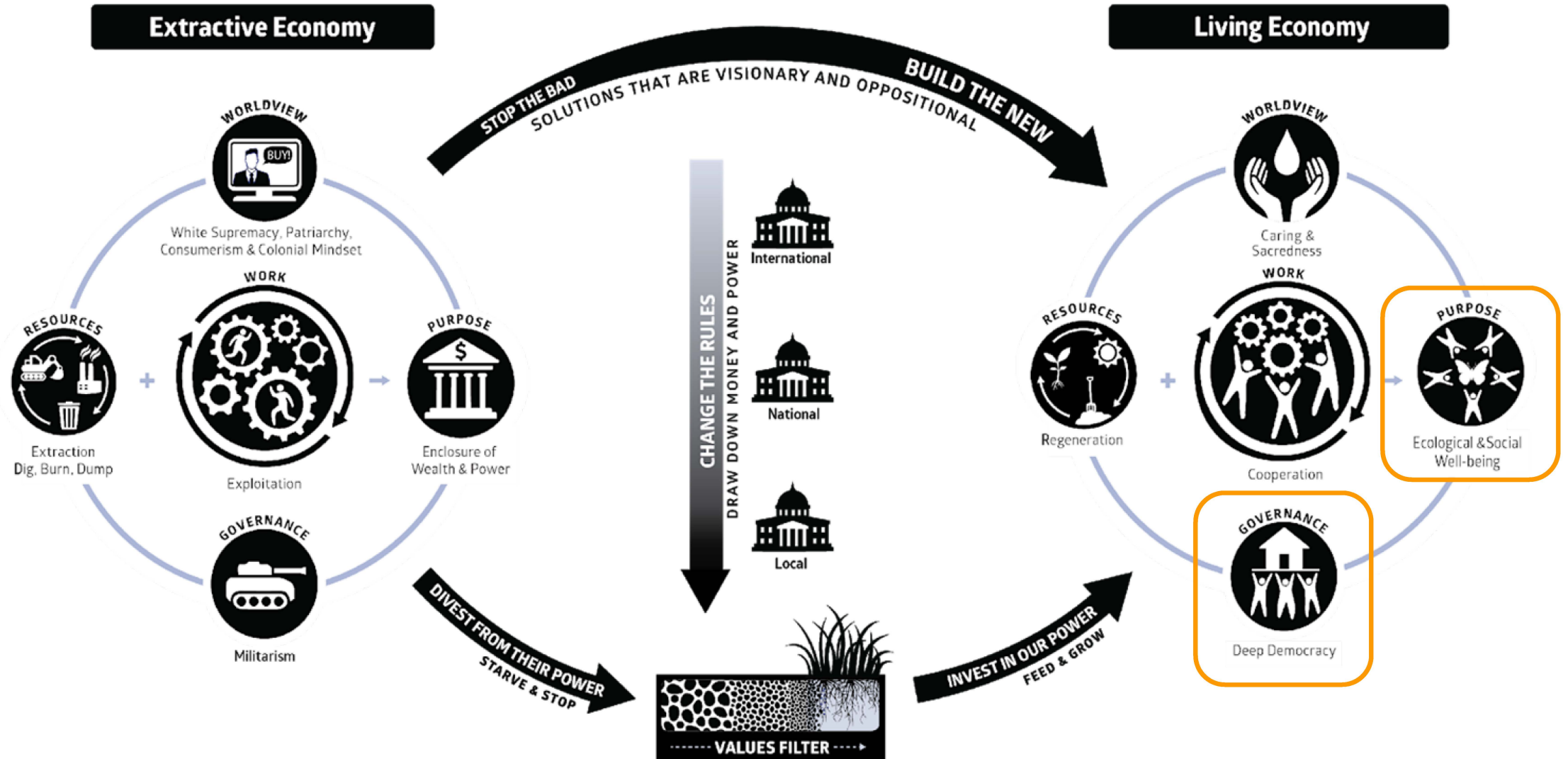
Government: Economic Justice Team, WA Department of Social and Health Services, WA Department of Health, Environmental Justice Council

Frontline Communities: Choose 180, Utopia, Skyway Coalition, Young Warriors, RISE Network, Black Dot Underground, Latino Community Fund, Tacoma Ministerial Alliance, Disability Rights Washington, Asian Pacific Cultural Center, Familias Unidas por la Justicia, Central Valley Early Learning Center

# Timeline: How we got here?



# A STRATEGY FRAMEWORK FOR JUST TRANSITION




- THE WAY WE MOVE CAPITAL MUST:**
- ▶ Shift economic control to communities
  - ▶ Democratize wealth and the workplace
  - ▶ Advance ecological restoration
  - ▶ Drive racial justice and social equity
  - ▶ Relocalize most production and consumption
  - ▶ Retain and restore cultures and traditions

Developed by Movement Generation  
with **OUR POWER CAMPAIGN**  
COMMUNITIES UNITED FOR A JUST TRANSITION

# What's in the soil bears the fruit

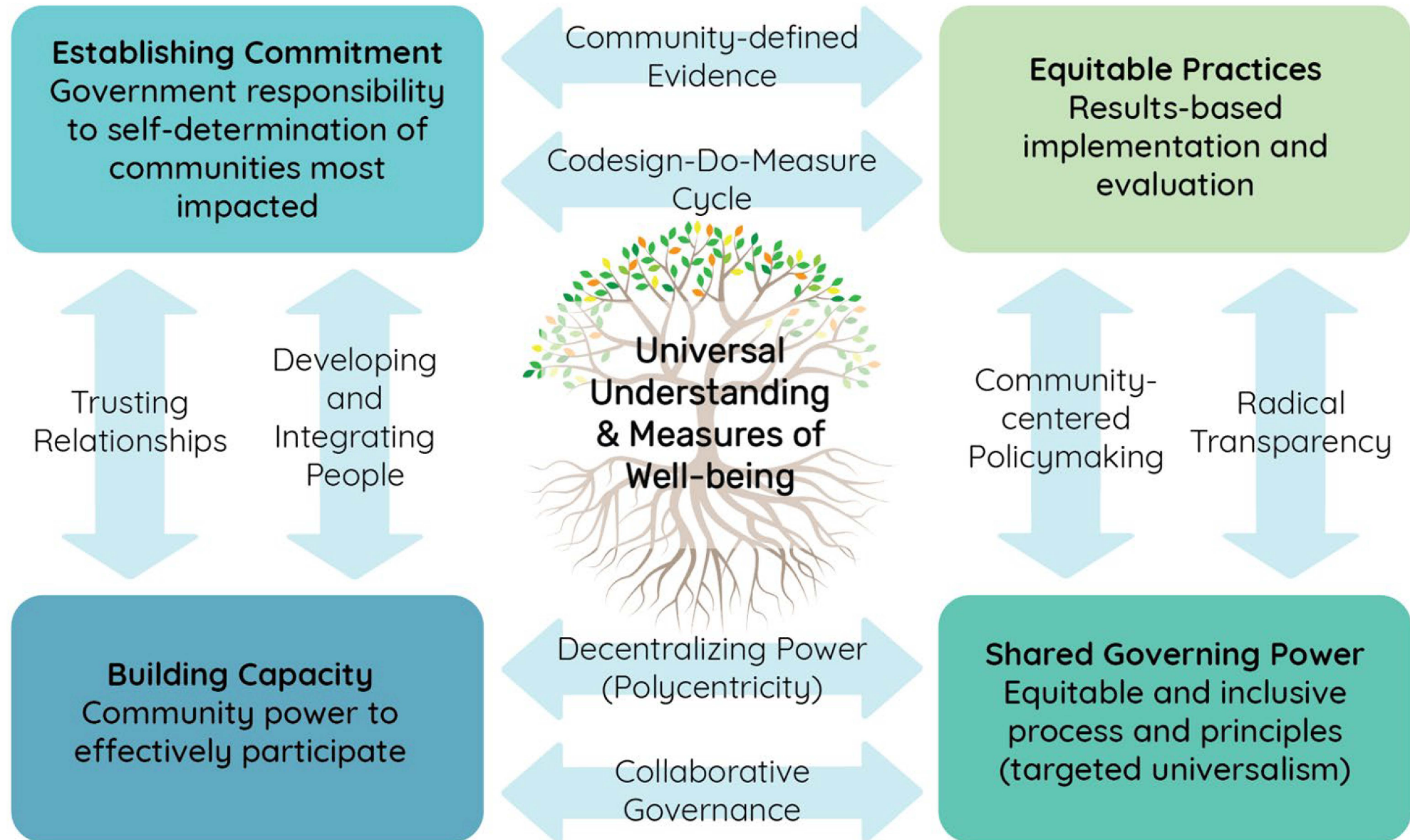
 Well-Being of People

Well-Being of Environment 





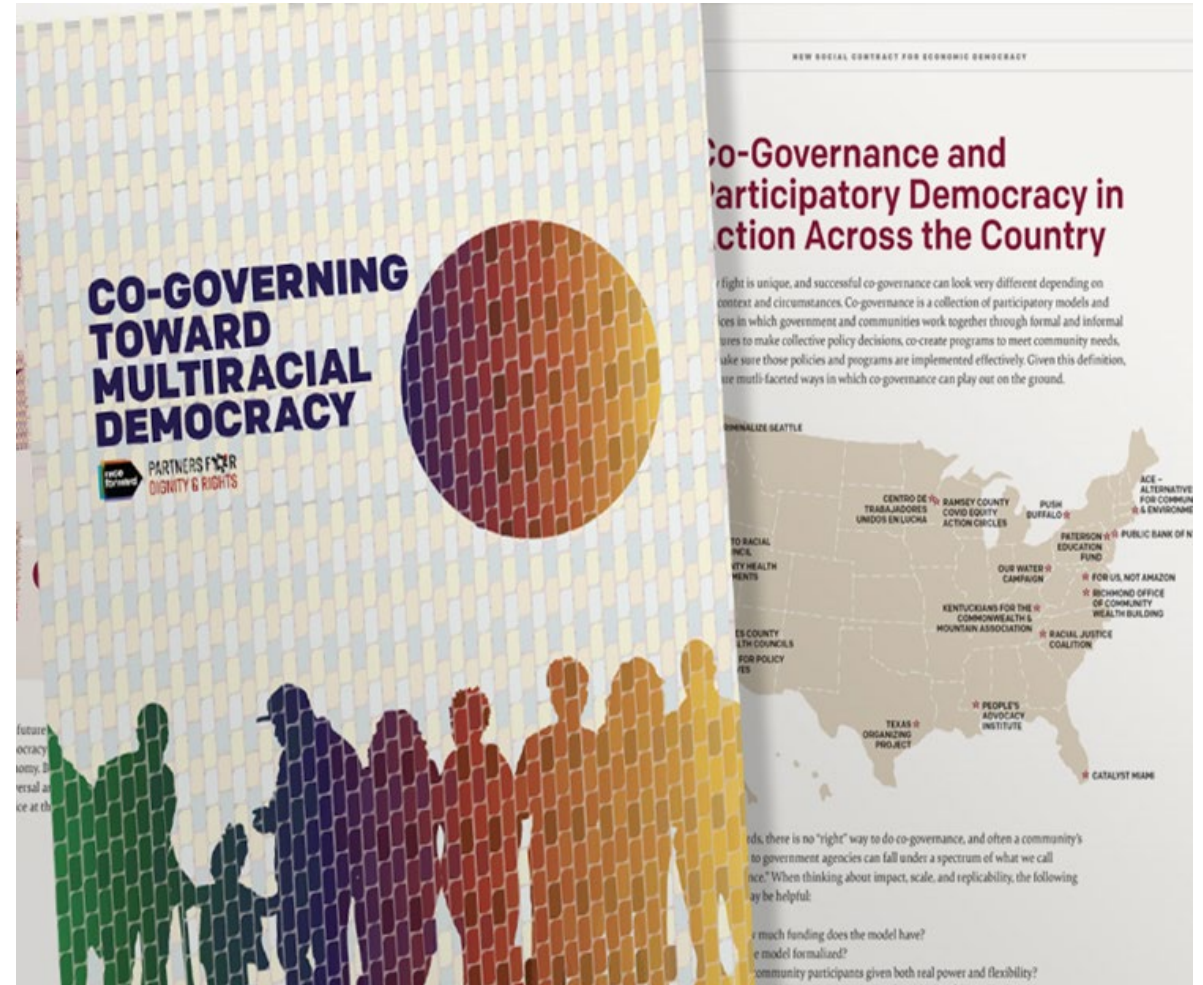
# Cornerstones of Co-Governance for a Just and Equitable Future



# Co-Governance

“A collection of participatory models and practices, *formal and informal*, through which **government and communities** *work together* to make

- collective policy decisions,
- co-create programs to meet community needs, and
- ensure those policies and programs are implemented effectively.”



(Source: Partners for Dignity & Rights and Race Forward's [Co-Governing Toward Multiracial Democracy](#))



# Community Assemblies

“A participatory democratic platform that brings people together with a clear process and strategy to articulate community needs, assess solutions, and mobilize for action.”

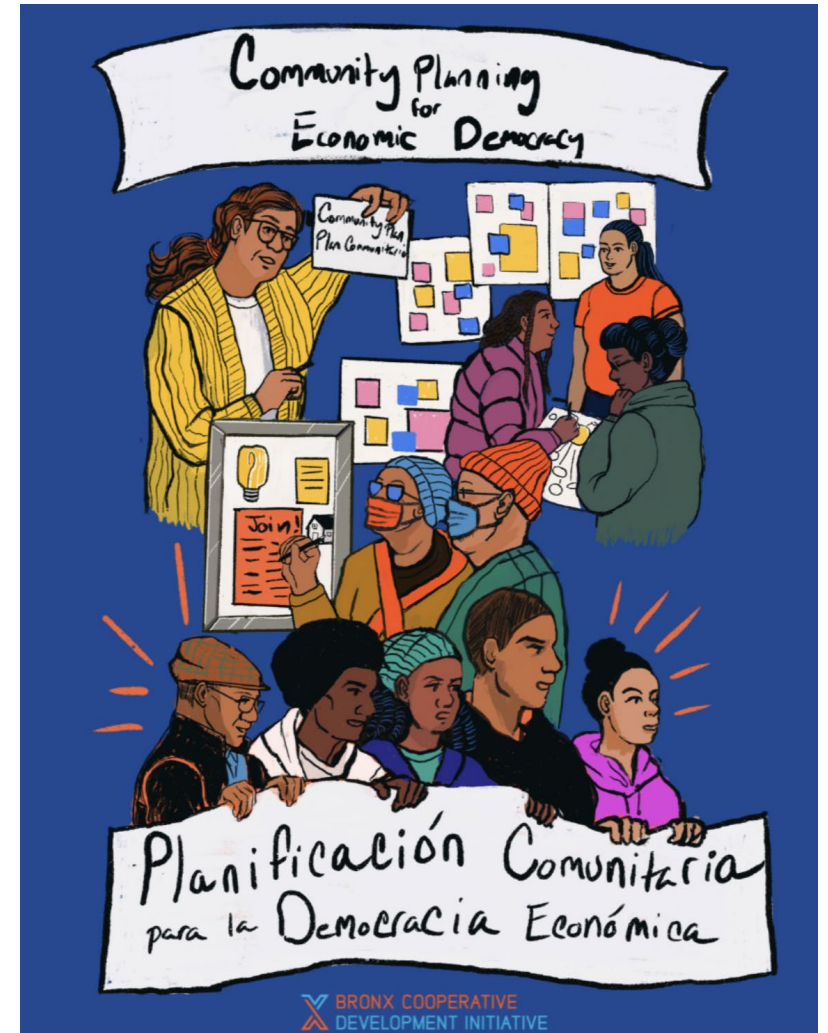
- Just Futures Community Leadership Committee

Community Assemblies enable BIPOC and low-income communities to:

- Mobilize and convene frontline communities
- Identify lived-experience and economic struggles
- Create and assess solutions
- Recommend solutions to government agencies
- Build consensus for collective action

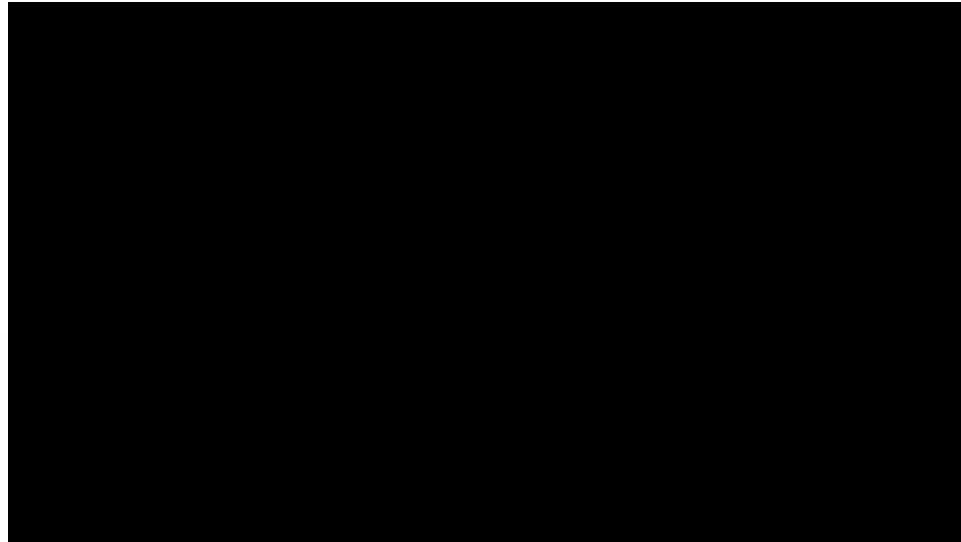
# Assembly Anchor Role

Each community assembly will be organized and facilitated by an assembly anchor — an existing community-based organization and/or grassroots group with pre-existing deep relationships in a frontline community (BIPOC and low-income) and that frontline community's buy-in.



Break time!

*We'll be back in...*



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# Washington State Opioid Epidemic & How It Impacts Poverty

Presented by:

- Dr. Herbie Duber, Regional Medical Officer, Department of Health (DOH)
- Drayton Jackson, Executive Director of Foundation for Homeless and Poverty Management
- Amy Roark, PRWG Steering Committee member
- Jonathan Mallahan, Chief Housing Officer, Catholic Charities Eastern Washington
- Dan Wise, Agency Director, Coordinated Care Agency, Catholic Community Services/Catholic Housing Services of Western Washington (CCS/CHS)
- Jessica Blose, Washington State Opioid Treatment Authority, Washington State Health Care Authority (HCA)
- Kris Shera, Washington State Opioid Administrator, HCA
- Travis Sugarman, J.D., Director of Behavioral Health, Center for Behavioral Health and Wellness, Office of Prevention, Safety, and Health, DOH
- Marirose Piciucco, Deputy Chief of Staff, DSHS

# Introduction: Washington State Opioid Epidemic & How It Impacts Poverty

Presented by:

- Dr. Herbie Duber, Regional Medical Officer, Department of Health (DOH)

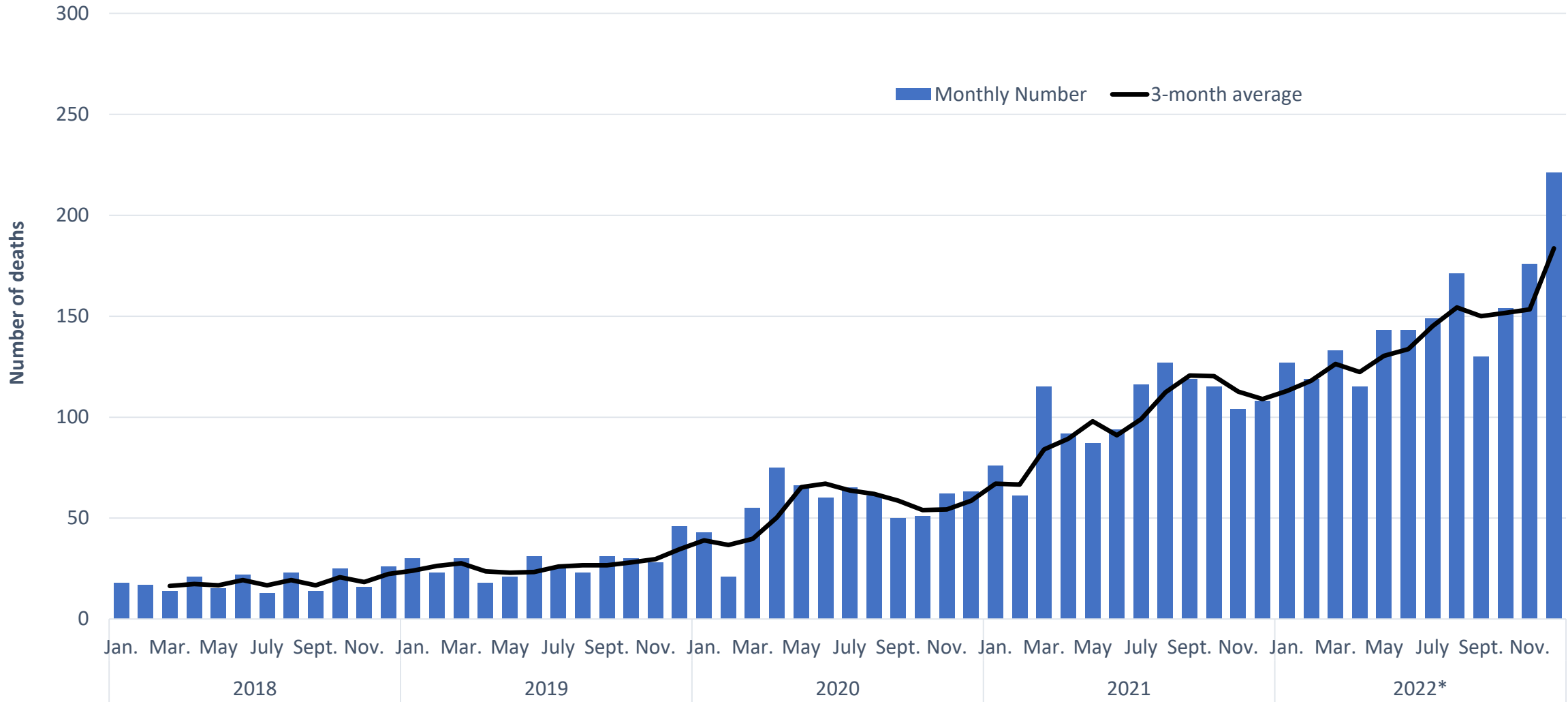
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# THE OPIOID/FENTANYL CRISIS IN WASHINGTON

Dr. Herbie Duber, Regional Medical Officer

# Number of Overdose Deaths Involving a Synthetic Opioid by Month and 3-Month Average Among Washington Residents (2018-2022\*)



\*2022 data is preliminary and will change.

Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data. Data last updated: May 1, 2023



# Confirmed WA State Overdose Deaths (2017-2022\*)

Drug Type	2017	2018	2019	2020	2021	2022*
Any Drug	1163	1181	1259	1731	2264	2597
<b>Any Opioid</b>	<b>739</b>	<b>744</b>	<b>827</b>	<b>1194</b>	<b>1619</b>	<b>1971</b>
<b>Synthetic opioids</b>	<b>142</b>	<b>224</b>	<b>337</b>	<b>672</b>	<b>1214</b>	<b>1781</b>
Prescription opioid (not fentanyl)	342	305	267	328	402	292
Heroin	306	329	347	384	344	152
Psychostimulants	390	473	540	728	1142	1301
Cocaine	111	129	132	187	232	353
Percent drug overdose deaths involving polysubstance	68%	70%	70%	74%	79%	74%

\* 2022 data is preliminary and will change. Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data. Data last updated: May 1, 2023

Synthetic Opioid: includes predominately fentanyl and analogs (ICD-10: T40.4)

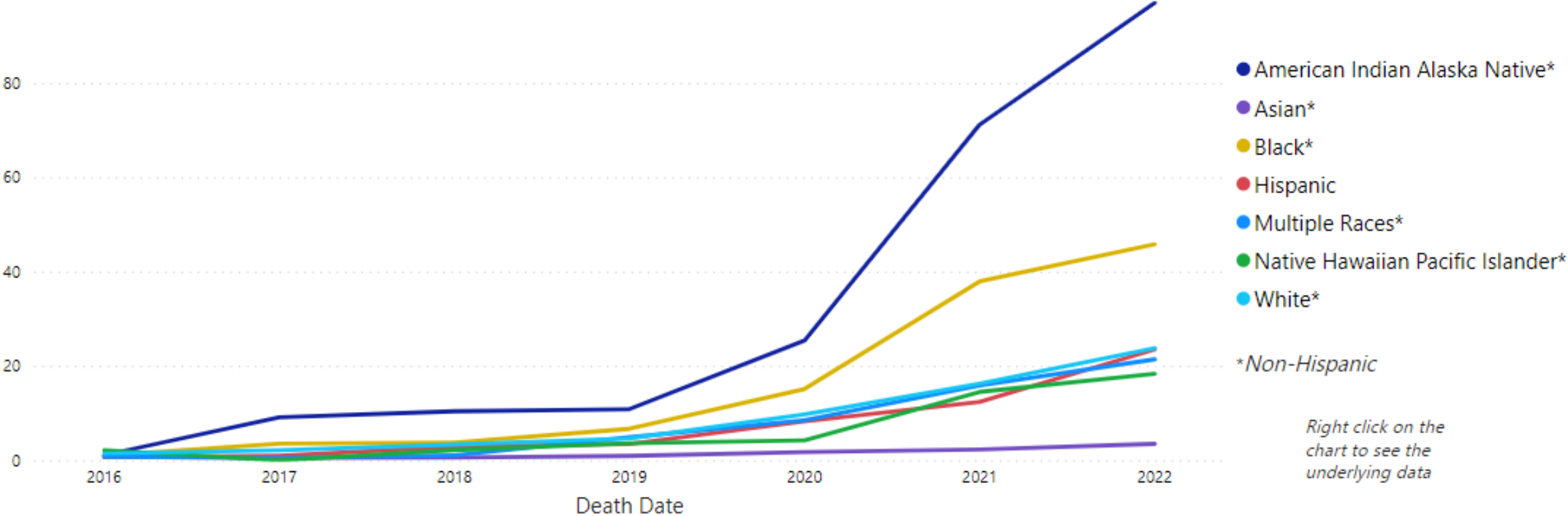
Prescription Opioid: ICD-10: T40.2 and T40.3

Psychostimulants: includes predominately methamphetamines (ICD-10: T43.6)

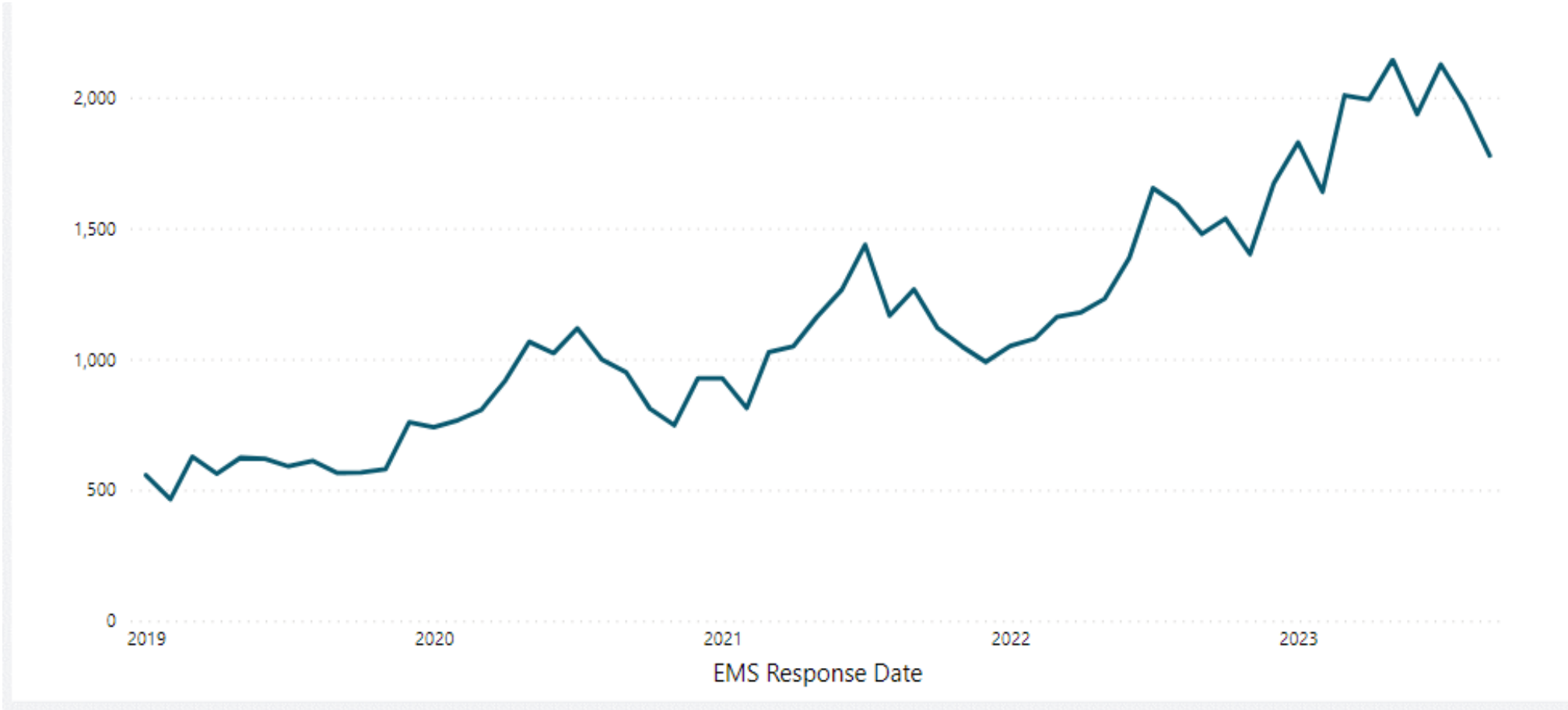
Polysubstance defined as the overdose death involving 2 or more of the following drug groups: prescription opioids (excluding fentanyl (T40.2 & T40.3), Heroin (T40.1), Synthetic opioids (T40.4), Cocaine (T40.5), psychostimulant (T43.6), Psychotropics (T43.0, .1, .3, .4, .5), Sedatives (T42), Alcohol toxicity (among drug overdose deaths, T51), Other opioids not already mentioned, and other drugs not already mentioned.



# Age-adjusted synthetic opioid overdose death rates by race/ethnicity among WA Residents (per 100,000 population)



# Number of EMS responses for suspected opioid overdose in WA state



## Why are things so different with fentanyl?

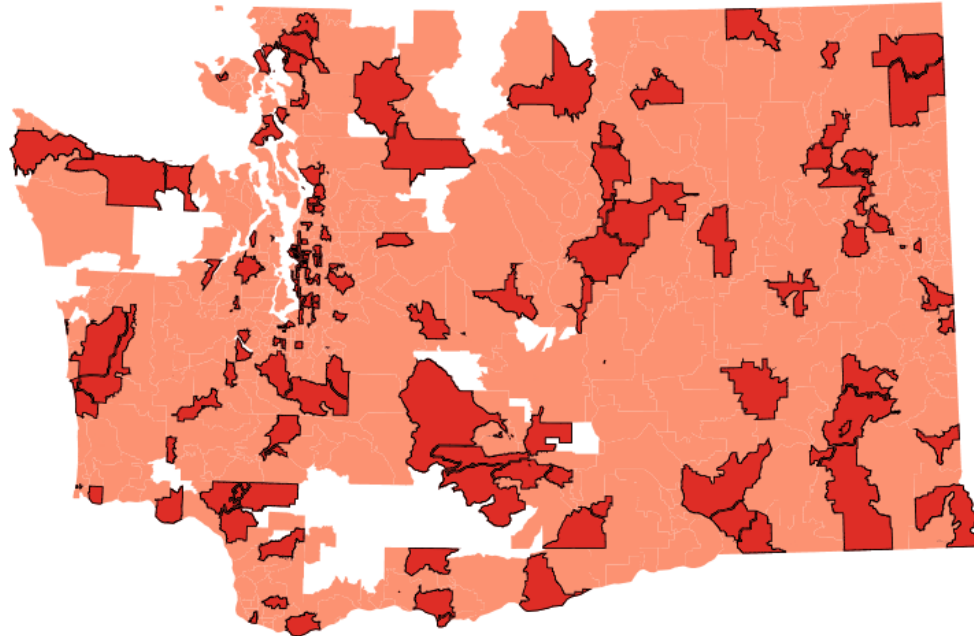
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- Extremely potent and addictive (50 to 100 times more potent than heroin or morphine)
- Short half-life; need to use larger amounts more frequently.
- Withdrawal symptoms and cravings tend to be much worse.
- Individuals using fentanyl to develop moderate to severe opioid use disorder much faster than ever before.
- Inexpensive and extremely accessible on the illicit drug market
- Fentanyl is lethal: A single pill can cause an overdose and death

# EMS response and ED visit hotspots in WA state

## Hotspots in Suspected OOD EMS Responses

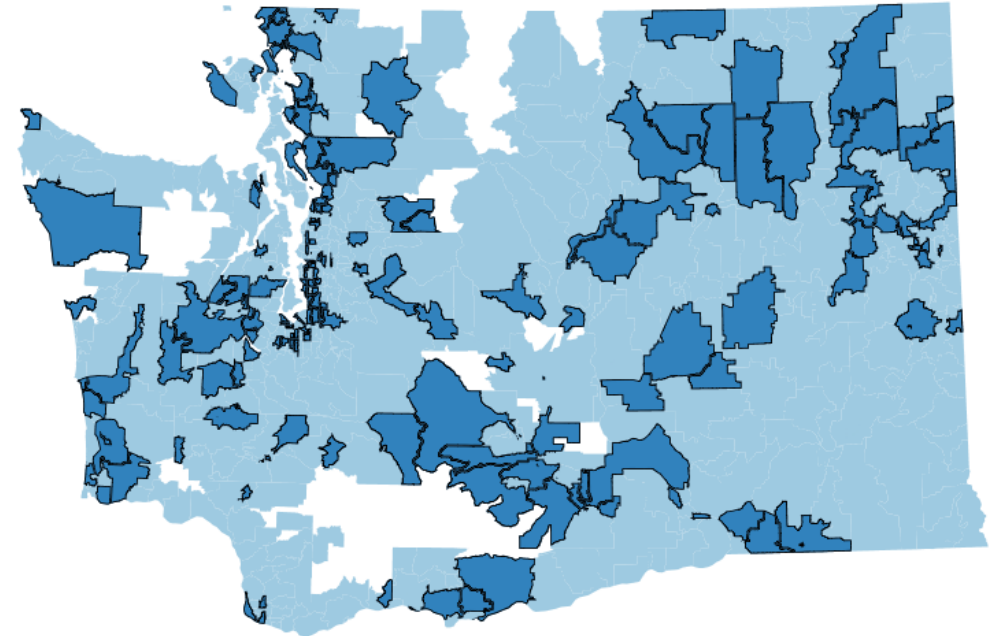
By Incident ZIP Code comparing Jan-Jul 2022 to Jan-Jul 2023



Data source: Washington EMS Information System (WEMSIS). An estimated 93% of EMS responses are reported to WEMSIS.  
Hotspot: ZIP Codes with at least 10 emergency EMS responses and an increased share related to OOD relative to the state average.

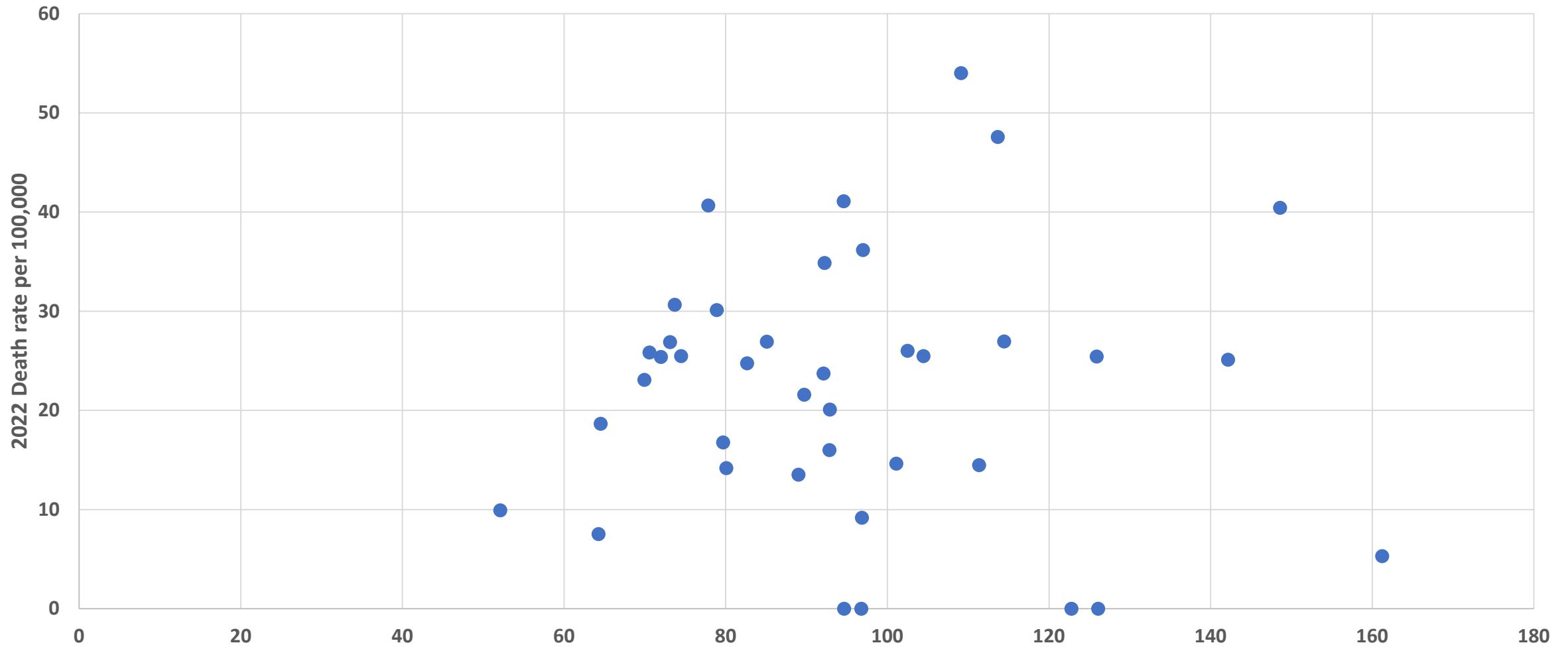
## Hotspots in Suspected OOD ED Visits

By Patient Home ZIP Code comparing Jan-Jul 2022 to Jan-Jul 2023



Data source: Washington Rapid Health Information Network (RHINO)  
Hotspot: ZIP Codes with at least 10 suspected OOD and an increase in rate greater than the state average.

# County Level Health Affordability Index and Opioid-involved Overdose Death Rates By County (2022)



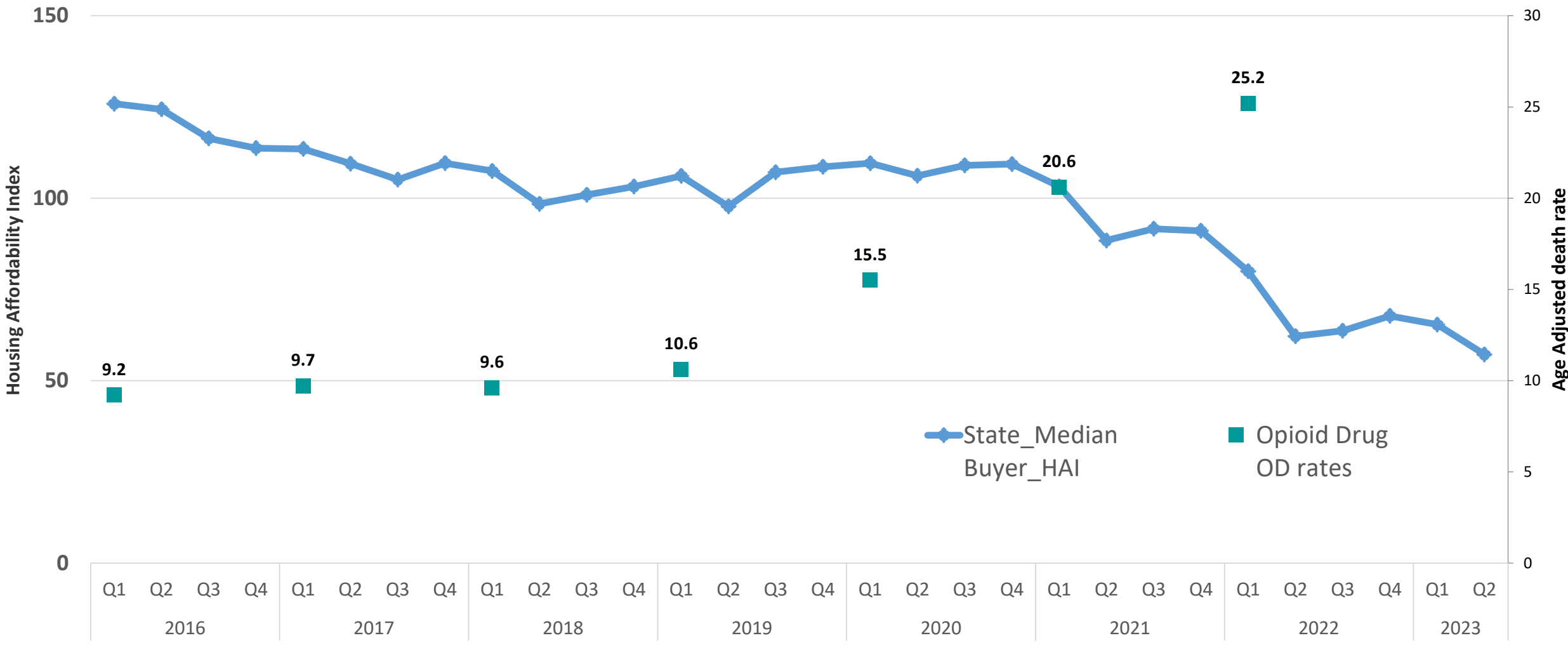
HAI Data Source: Washington Center for Real Estate Research (WCRER) at University of Washington Data: 2022 Q1

Housing Affordability Index (Q1 2022)

Fatal OD Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data (2022).

# Housing Affordability Index (HAI) and Opioid-involved Drug Overdose Death Rates

## HAI: 2016 Q1-2023 Q2 & OD rates: 2016-2022



HAI Data Source: Washington Center for Real Estate Research (WCRER) at University of Washington

Fatal OD Data Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

# Summary of the data

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- Suspected opioid overdoses are high and increasing.
- Every corner of the state has been hit by the opioid epidemic, especially with the increased prevalence of synthetic opioids (e.g. fentanyl).
- Significant racial and ethnic disparities exist in opioid overdose events and deaths
- Huge impact on the health care system
- Intrinsic and extrinsic factors likely play a significant role in the ongoing opioid epidemic

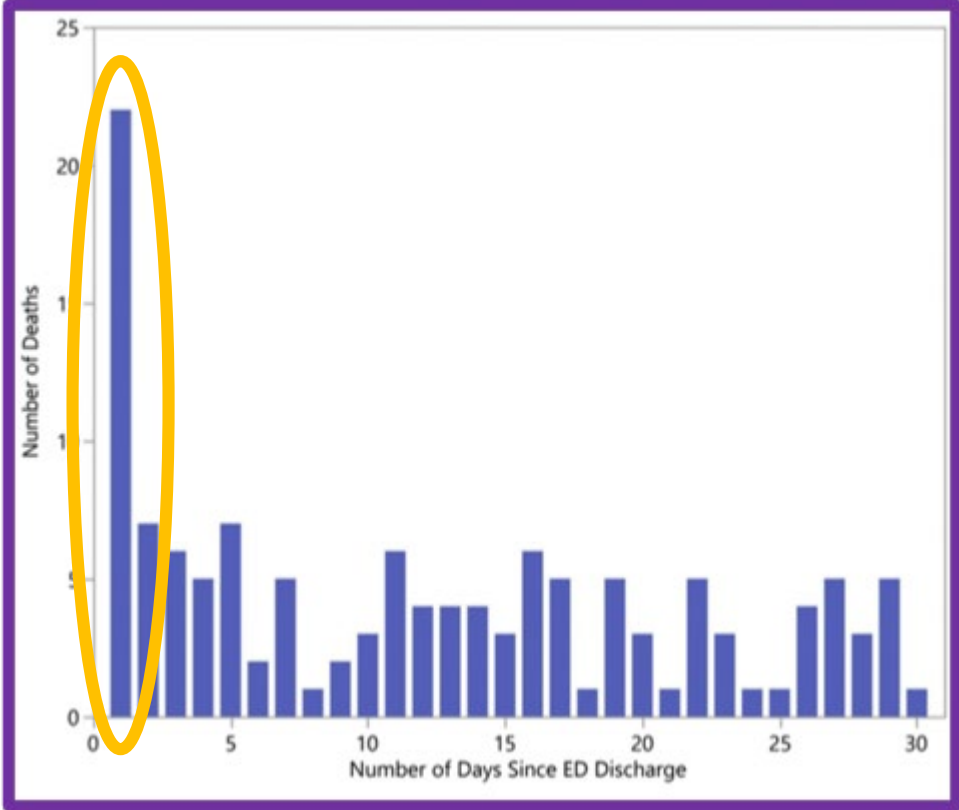
# Medications for Opioid Use Disorder

TOXICOLOGY/BRIEF RESEARCH REPORT

One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose

Scott G. Weiner, MD, MPH\*; Olesya Baker, PhD; Dana Bernson, MPH; Jeremiah D. Schuur, MD, MHS

- One year mortality of patients after ED treatment for Nonfatal Opioid Overdose is 5.5%!
- Medications for Opioid Use Disorder (MOUD) including Methadone and Buprenorphine **decrease mortality by 50%**





# Lived Experience with the Opioid Epidemic & How It Impacts Poverty

Presented by:

- Drayton Jackson, Executive Director of Foundation for Homeless and Poverty Management
- Amy Roark, PRWG Steering Committee member
- Jonathan Mallahan, Chief Housing Officer, Catholic Charities Eastern Washington
- Dan Wise, Agency Director, Coordinated Care Agency, Catholic Community Services/Catholic Housing Services of Western Washington (CCS/CHS)

# OVERDOSE DEATHS & DASHBOARDS

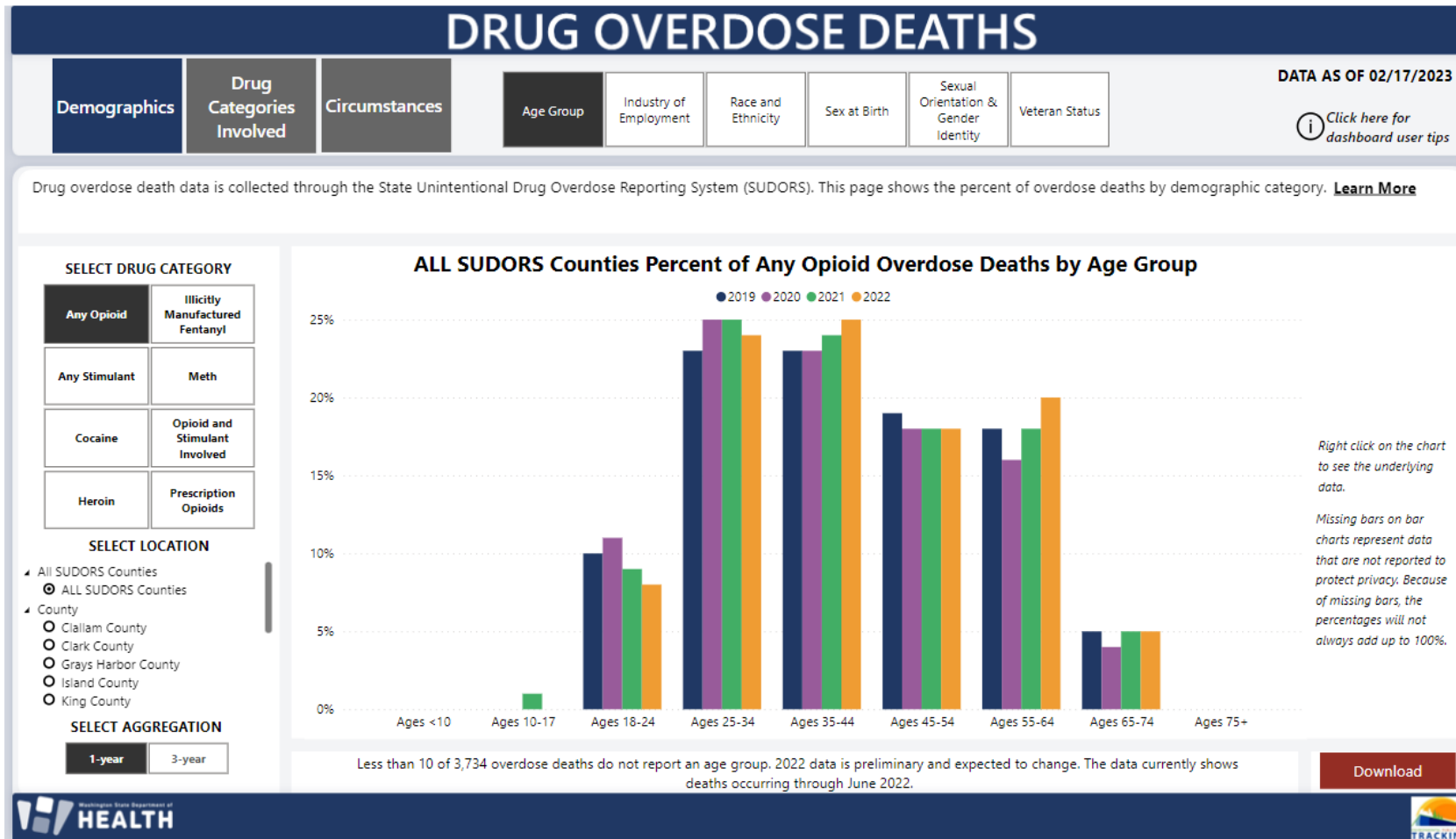


Amy Roark

All these numbers correspond to people. Here are some of the names of people I've lost to fentanyl related deaths.

Justin Studer  
Erik Studer  
Allan Ross  
Tasha Guinness  
Cheryl Holman  
Karin Scully  
Bobby Lance  
Kyle Smith  
Sierra Hornsby  
Jared Hoyt  
Jacob Dyer  
Kierson Torres  
Leo Lopez  
Joseph Chumley  
Tyresse Winfrey  
Cory Milton  
Larry Hicks

# Unintentional Drug Overdose Data (SUDORS)



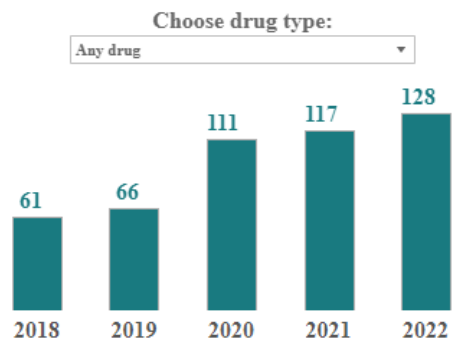
# Clark County Overdose Dashboard

- About the Dashboard
- Clark County Snapshot**
- Overdose Death Trend
- Overdose Death by Demographics
- Overdose Hospitalizations
- Substance Use Related Death

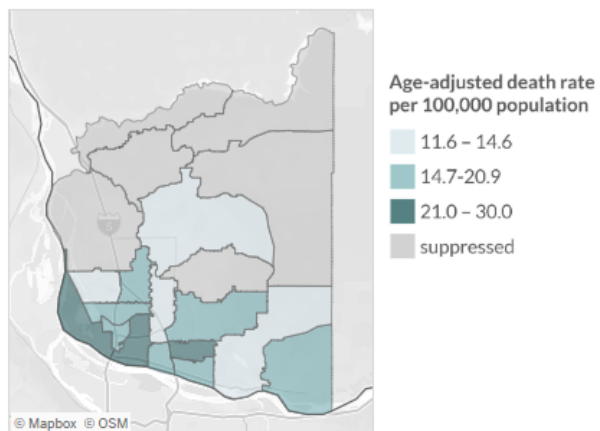
## The State of Drug Overdose in Clark County

<b>128</b> Clark County residents died of a drug overdose in 2022	<b>238</b> Clark County residents hospitalized for drug overdose in 2021	<b>898</b> overdose related EMS responses in Clark County in 2022	<b>122,387</b> Clark County patients prescribed any opioid in 2022
----------------------------------------------------------------------	-----------------------------------------------------------------------------	----------------------------------------------------------------------	-----------------------------------------------------------------------

Number of any drug involved deaths in Clark County over the last 5 years.



Drug related deaths rates vary by zip code in Clark County. (Hover over map for details.)



Number of EMS overdose responses in Clark County in the past year.



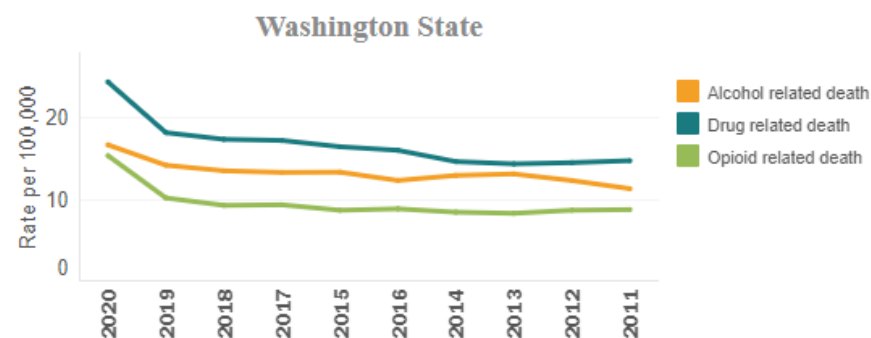
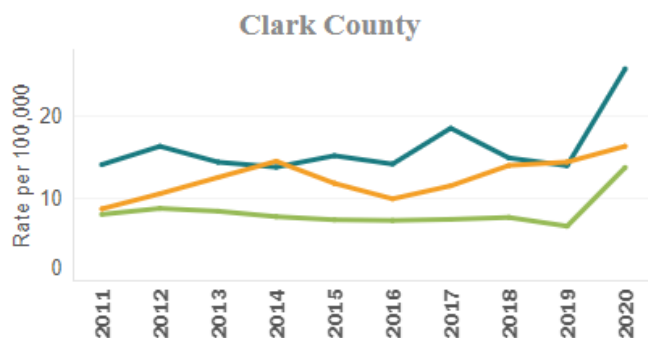
[Click to learn more about opioid prescribing data](#)

# Clark County Overdose Dashboard

About the Dashboard	Clark County Snapshot	Overdose Death Trend	Overdose Death by Demographics	Overdose Hospitalizations	Substance Use Related Death
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## Substance use related deaths are increasing in Clark County and Washington State.

These data capture not only drug poisoning deaths, but also cases diagnosed with a substance use disorder, providing a broader picture of the impact of drug and alcohol use in Clark County & WA State.



## Substance use related deaths vary by sex, age, & race/ethnicity.

Category	Sub-category	Rate per 100,000	Type
Sex	Female	13.1	Alcohol related
	Male	21.8	Alcohol related
Age	0-24	6.4	Drug related
	25-34	29.5	Drug related
	35-44	24.3	Drug related
	45-54	27.5	Drug related
	55+	17.0	Alcohol related
Race/Ethnicity	Communities of Color	11.5	Alcohol related
	NH White	18.9	Alcohol related

Clark County male residents had higher rates of alcohol & drug related death than females.

Clark County residents age 55+ had the highest rate of alcohol related death, while residents ages 25-34 had the highest rates of drug & opioid related death.

Substance use related death rates among non-Hispanic White Clark County residents were higher than all other racial/ethnic groups combined.

LEWPRO  
Presentation  
November  
16, 2023



**CATHOLIC COMMUNITY SERVICES**  

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**CATHOLIC HOUSING SERVICES**  
OF WESTERN WASHINGTON

- Dan Wise, Agency Director
- Coordinated Care Agency of CCS/CHS

# Services needed to support current Permanent Supportive Housing

According to a report issued by the Corporation for Supportive Housing, permanent supportive housing providers identified three key needs to address the opioid crisis:

## **Training**

Rapidly evolving trends in opioid and fentanyl use, coupled with high turnover in social service positions, necessitates continuous access to trainings.

Suggested trainings: Naloxone, Medication for Opioid Use Disorder (MOUD) services, harm reduction, motivational interviewing training, trainings on identifying signs of substance use, trainings to help reduce stigma





Services  
needed to  
support current  
Permanent  
Supportive  
Housing

**Onsite access to addiction medication**

Tenants of PSH face barriers to accessing MOUD services including transportation, insurance, capacity to track appointments, and provider stigma.

Potential solutions include onsite access to methadone and buprenorphine, and expanding the use of telehealth.



Services  
needed to  
support current  
Permanent  
Supportive  
Housing

**Education and guidance to address stigma**

Stigma around drug use and treatment leads to health disparities in care and outcomes. Clear guidance on the impact of use in PSH on staff and tenants is needed. This should be coupled with best practices in remediation of contamination.

## Onsite Services in Complex Care Housing

A new model of care needed

### Complex Care Housing

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Complex care housing fills a gap in care for people experiencing homelessness who have behavioral healthcare needs that exceed the services provided in permanent supportive housing.

Team-based primary care	Overdose prevention and education
Access to addiction medicine	Psychiatrist services
Individual and group counseling	Licensed Clinical Social Workers
Occupational therapy	Nutritionists and meal services
Home support and cleaning	Cultural supports

# Complex Care Housing Services

## Differences from Skilled Nursing:

- Skilled nursing not available 24/7
- Focused on people with unaddressed/under addressed behavioral healthcare needs
- Follows principles of Housing First
- Services designed for people experiencing chronic homelessness
- Peer support
- Participate in decisions on their care and housing
- Home support and cleaning
- Cultural supports



# Mitigation Strategies: Washington State Opioid Epidemic & How It Impacts Poverty

Presented by:

- Jessica Blose, Washington State Opioid Treatment Authority, Washington State Health Care Authority (HCA)
- Kris Shera, Washington State Opioid Administrator, HCA
- Travis Sugarman, J.D., Director of Behavioral Health, Center for Behavioral Health and Wellness, Office of Prevention, Safety, and Health, DOH
- Marirose Piciucco, Deputy Chief of Staff, DSHS

# HCA's Opioid and Fentanyl Epidemic Background and Response

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# State opioid and overdose response plan

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- ▶ Has served as the state's collaborative framework for addressing opioid and SUD related issues for many years. Led by Executive Sponsors from DOH, HCA, and UW.
- ▶ Workgroups are organized around 5 goals–
  1. Prevention opioid misuse
  2. Detect and treat opioid use disorders
  3. Ensure health and wellness of people who use drugs (PWUD)
  4. Use data to inform process
  5. Support people in Recovery
- ▶ Population focused WGs: AI/AN, criminal justice, pregnant and parenting
- ▶ Support WGs – Communications, Data



# Collaboration

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- ▶ State Opioid & Overdose Response Plan identified as a collaborative framework by which recommendations would be made
  - ▶ Workgroups submitted 3 proposals each, sponsors reviewed and approved recommendations
  - ▶ Process included 2 tribal roundtables and a Formal Consultation
  - ▶ Allowable uses limited to those in Exhibit E – settlement agreement approved strategies and uses
- ▶ Continued collaboration with the Executive Branch, Gov's Office, and Legislature required to address the opioid crisis.
- ▶ Substance Use Recovery Services Advisory Committee





# Health, Home, Purpose, and Community

Housing is foundational for people to live successfully in their community.

- ▶ HCA housing supports
  - ▶ Foundational community supports (FCS)
  - ▶ Housing and Recovery through Peer Services (HARPS)
  - ▶ Apple Health and Homes (AHAH)
  - ▶ Housing First
- ▶ Supportive Employment

# Opioid Funding

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- ▶ Medicaid, PEBB, SEBB
- ▶ General Funds State -
- ▶ Opioid Settlements – multiple settlements with varying payment structures and requirements
- ▶ Federal Grants –
  - ▶ Substance Use Prevention, Treatment, Recovery Block Grant
  - ▶ State Opioid Response
  - ▶ Strategic Prevention Framework
  - ▶ WA PDO
  - ▶ RSAT

# Strategies for Addressing Fentanyl Crisis

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- ▶ Capacity – we need to ensure we have capacity to provide a variety of services across the continuum – prevention, harm reduction, treatment, recovery supports
- ▶ Low barrier access to services
  - ▶ Access to Medications for Opioid Use Disorder
  - ▶ Access to harm reduction services
  - ▶ Access to basic primary/physical health care services
- ▶ Workforce – resources needed to ensure adequate workforce exists to provide these services
- ▶ Ready access to naloxone – community based settings, hospitals, clinics, harm reduction settings, schools/universities, etc

# Questions

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## Contact

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## Learn More

[Behavioral Health and Recovery Program Fact Sheets](#)



# DOH AND THE FENTANYL CRISIS

Travis Sugarman, Director of Behavioral Health



Goal:  
Save lives

## Strategies

- Optimize Naloxone distribution/availability
- Get more people who use drugs into treatment
- Communicate to
  - Prevent fentanyl exposure to those without SUD, especially youth
  - Raise public awareness
  - Reduce stigma
  - Correct misinformation

# Overdose Education and Naloxone Distribution(OEND) Program

- The OEND Program provides free naloxone, overdose response training, and technical assistance to organizations that distribute naloxone to people most likely to experience or witness an opioid overdose. The Program prioritizes:
  - High-impact organizations that cannot bill insurance for services, such as syringe service programs (SSPs), jails, housing providers, and street outreach teams.
  - Recently began setting aside a portion of resources to ensure Tribes, Tribal Clinics, and Urban Indian Organizations have access to naloxone, given significant opioid overdose disparities among American Indian and Alaska Native communities in Washington.
- The Program also resources a statewide naloxone mail-order service to reach people who do not have easy access to brick-and-mortar services or who may have concerns about stigma and privacy in their communities.

# OEND Program

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From April 2019 through September 2023, the OEND Program has provided nearly 350,000 naloxone kits to partnering organizations for distribution in their communities.

- Program participants have reported nearly 25,000 overdose reversals  
(NOTE: this is an underestimate of overdose reversals as many go unreported)
- OEND partners have provided trainings to 140,000 individuals on overdose prevention, recognition, and response trainings with support from the OEND Program.



# Syringe Service Programs (SSPs)

- SSPs are community-based public health programs that provide critical services in nonjudgmental environments to people who use substances.
  - Services include sterile injecting supplies, safe syringe disposal, and access to healthcare, treatment, and support.
  - SSPs are run by a variety of organizations, including local health jurisdictions, community-based organizations, a federally qualified health center, and a faith-based organization.



## Future Directions: Health Engagement Hubs

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- \$4 million for biennium in SB 5536 to support two health engagements hubs.
- A health engagement hub is intended to serve as an all-in-one location where people 18 years of age or older who use drugs can access a range of medical, harm reduction, treatment, and social services.
- Health engagement hubs will expand on models developed by SSPs to provide low-barrier “one stop shop” health care and social services, alongside harm reduction and care coordination services.
- DOH will work with partners at HCA to provide technical assistance, training, and support necessary to implement health engagement hubs.

## Workforce Legislation of note from 2023:

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- **2SHB 1724** Addresses the workforce shortage in behavioral health through changes to professional licensure requirements
- **2SSB 5555** creates the **certified peer specialist** and certified peer specialist trainee professions. DOH will begin certifying peer specialists on July 1, 2025.
- **SSB 5189** creates the certified **behavioral health support specialist** position, which requires:
  - Bachelor's degree
  - Completion of a BHSS program that meets UW guidelines
  - Completion of a professional exam and jurisprudence exam
- **SHB 1069** adopts the **interstate licensing compact for mental health counselors**. This will allow people to practice in any member state if they have an unrestricted license and meet with jurisprudence, CE, and background check requirements.

# Questions?

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# Opiate Use Disorder Prevalence and Impacts on Outcomes for DSHS Clients

SFY 2022

**Marirose Piciucco, DSHS Chief of Staff**

**NOVEMBER 2023**

# Key Findings

## **Opiate Use Disorder (OUD) prevalence is relatively high among adults receiving BHA, ALTSA, or ESA services**

- Compared to an overall OUD prevalence among Medicaid beneficiaries ages 18 to 64 of 7 percent in SFY 2022, OUD prevalence rates were:
  - 12 percent for ESA clients
  - 15 percent for ALTSA clients
  - 23 percent for BHA clients

## **OUD prevalence rates are even higher among American Indian and Alaska Native DSHS clients**

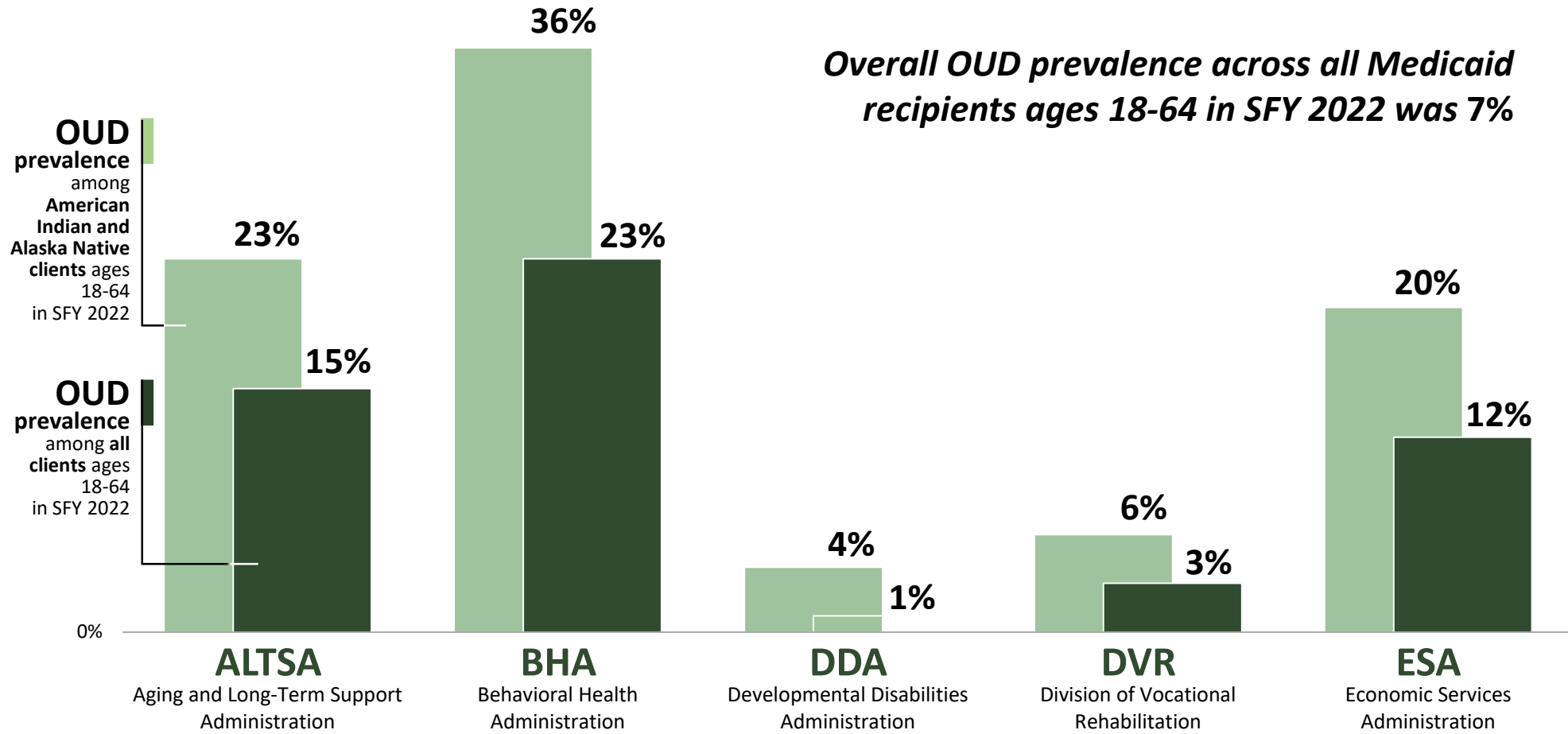
- In SFY 2022, OUD prevalence rates were:
  - 20 percent for American Indian and Alaska Native ESA clients ages 18 to 64
  - 23 percent for American Indian and Alaska Native ALTSA clients ages 18 to 64
  - 36 percent for American Indian and Alaska Native BHA clients ages 18 to 64

## **Persons with OUD are more likely to be homeless**

- Rates of homelessness were very high for BHA and ESA clients with OUD

# Persons from Native Communities Are at Increased Risk of Having an Opiate Use Disorder (OUD) Across All DSHS Programs

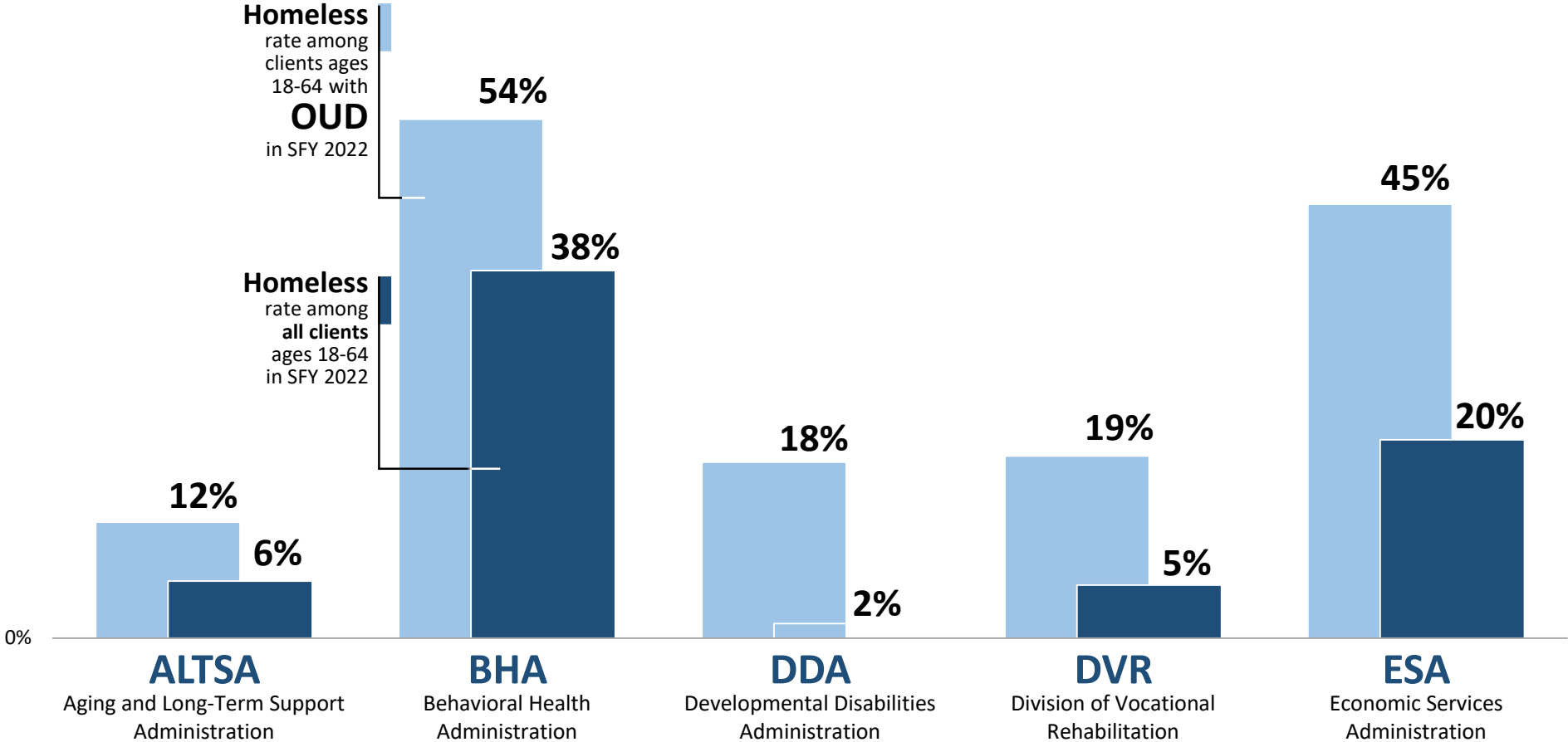
OUD Prevalence Among Clients Ages 18–64 Served in SFY 2022, with Detail for American Indian and Alaska Natives





# Persons with OUD Are More Likely To Be Homeless

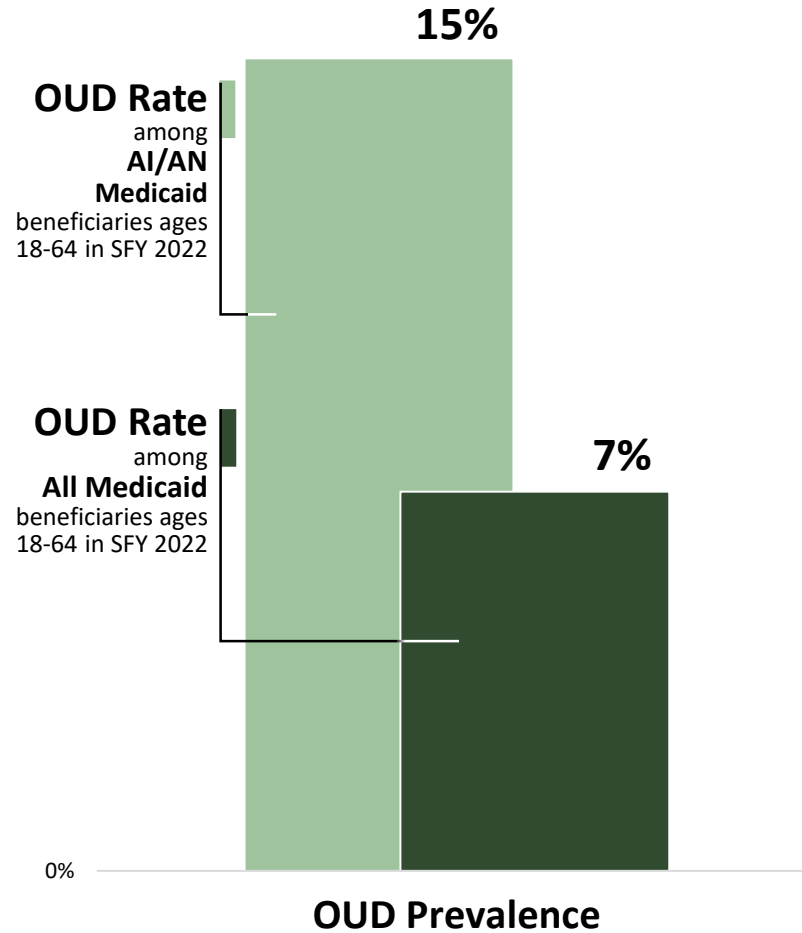
Persons Ages 18-64 Receiving Services from AL TSA, BHA, DDA, DVR, or ESA in SFY 2022



**NOTES:** “Homeless” definition Includes persons who were homeless without housing for any part of SFY 2022. OUD prevalence estimates are based on persons with at least 6 months of full-benefit Medicaid coverage in SFY 2022, excluding persons with third-party or Medicare Advantage coverage. ESA services exclude adults receiving child support services only. BHA clients include persons receiving civil or forensic inpatient services at Eastern State Hospital or Western State Hospital or Child Study and Treatment Center services.

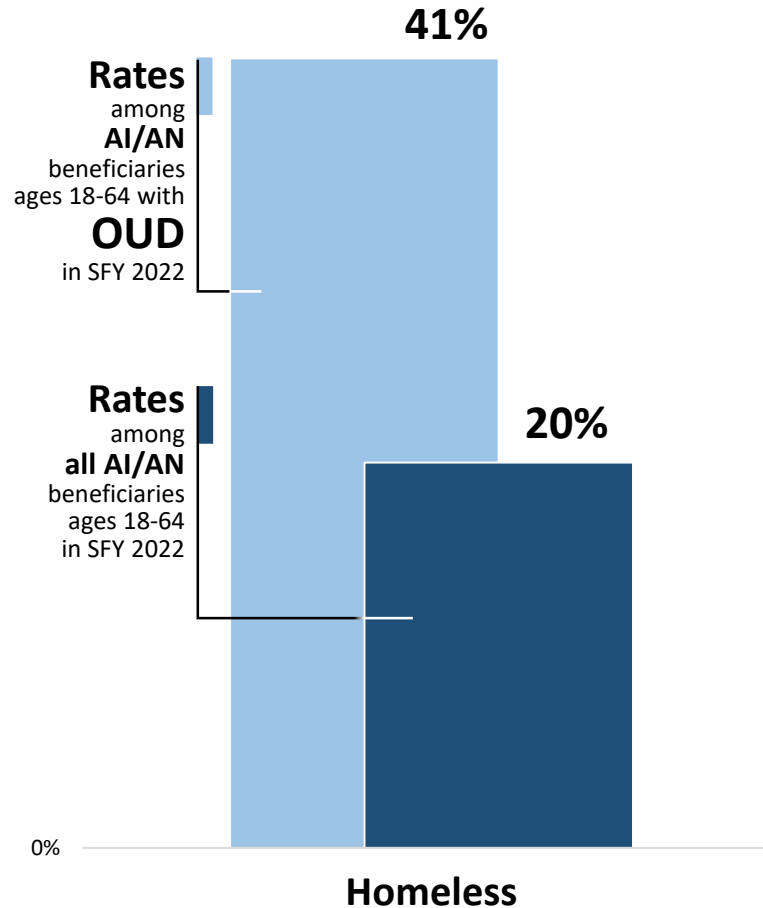
# OUD Prevalence is Double the Statewide Rate in American Indian and Alaska Native Communities

Data Presented for American Indian and Alaska Native Medicaid Beneficiaries Ages 18-64 in SFY 2022



# ODU is Significantly Impacting Homelessness in American Indian and Alaska Native Communities

Data Presented for American Indian and Alaska Native Medicaid Beneficiaries Ages 18-64 in SFY 2022



# Public Comment



# Planning for 2024

Presented by:

Babs Roberts

Community Services Division Director, Economic Services  
Administration, Department of Social & Health Services

Transforming  
Lives

## Planning for 2024

- Meeting cadence
- Review 5-year plan
- 2024 Report out timeline



Now

Review suggested timeline

Feb

Review current state

Mar/Apr

All day retreat to review plan and draft initial recommendation(s)

May

Seek feedback on recommendation(s)

Aug

Review feedback received and adjust recommendation(s)

Nov

Finalize and vote on recommendation(s)

Dec

Distribute updated on recommendation(s)

"The task force shall review the five-year plan by December 1, 2024, and shall direct the department [of social and health services] to update the plan as determined necessary by the task force."



Transforming  
Lives



# Good of the Order

Next Meeting: Thursday, February 15, 2023  
9:00 am - noon

