Gaps Analysis

Snohomish County Rural Opioid Response Project Consortium

Everett, WA

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	Community Health Centers of Snohomish County		Snohomish County Department of Emergency Management
	Town of Darrington		Snohomish County Sheriff's Office
	Darrington Prevention and Intervention Community Coalition		Snohomish Health District
	Darrington School District		Sno-Isle Libraries
	EvergreenHealth Monroe Recovery Center		City of Sultan
	Ideal Option		Sultan School District
	Monroe Community Coalition		

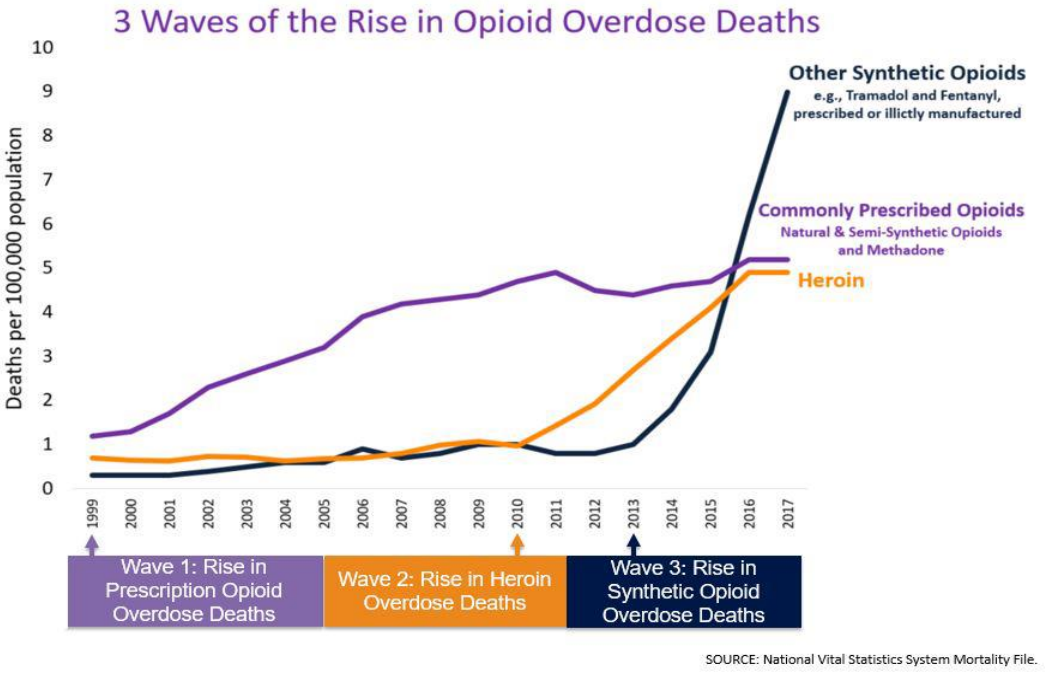
HRSA Snohomish County Rural Opioid Response Project Consortium

Introduction

The Snohomish County Rural Opioid Response (SCROR) Project Consortium was awarded the Rural Communities Opioid Response Project – Planning Grant from the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy for June 2019 through May 2020. The Snohomish Health District (the District) is the coordinating organization for the consortium. Over the course of the grant year, the consortium is responsible for producing a Gaps Analysis (this report) in addition to a Strategic Plan, Workforce Plan, and Sustainability Plan. The Gaps Analysis is intended to help the consortium undertake a detailed assessment of gaps and opportunities for Opioid Use Disorder (OUD) prevention, treatment and recovery services (including the workforce and access to care) present in the geographic areas of focus. The Strategic, Workforce and Sustainability Plans will outline the strategies the consortium intends to undertake in the coming years.

Background Information

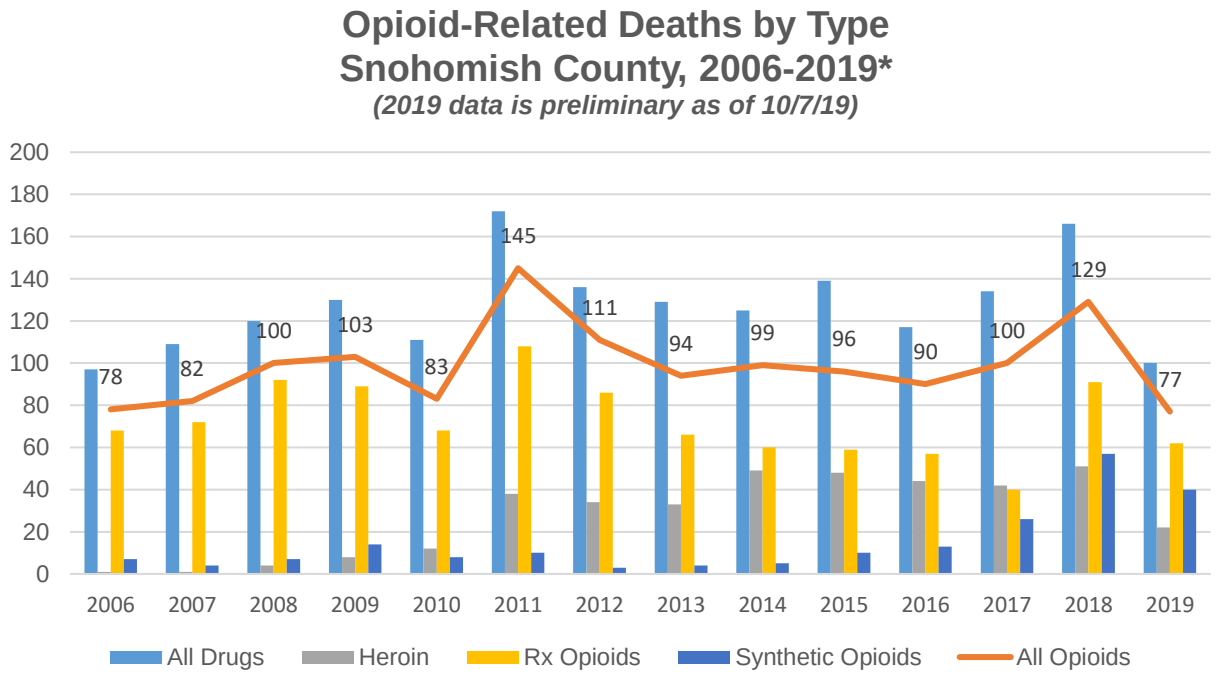
In the 18 years between 1999 and 2017, nearly 400,000 people died from opioid overdose in the United States.[1] The opioid epidemic communities across the country face today began in the late 1990's, when medical providers prescribed opioid pain medications at increasing rates due in part to the reassurances of pharmaceutical companies that the medications did not present a risk for addiction.[2] This influx of opioid pain medication into communities led to the diversion and misuse of what would soon be acknowledged as a very addictive substance. Overdose due to these widely-available opioids increased in three distinct waves.



[1] https://www.cdc.gov/drugoverdose/epidemic/index.html
[2] https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis

From about 1999 until 2010, the majority of opioid overdose was due to commonly prescribed natural and semi-synthetic opioids such as oxycodone, hydrocodone and methadone. In 2010, the formulation of OxyContin was changed to an abuse-deterrent formulation making it much harder to misuse the pills to get high.[3] While this resulted in a limited decrease in misuse of OxyContin, it also caused people addicted to opioid-based pain medications to switch to heroin. Beginning in 2010, a second wave of opioid overdose due to heroin was observed, with rapid increases in overdose rates. In 2013, the third wave of opioid overdose deaths began, due to the misuse of synthetic opioids such as tramadol and fentanyl—a synthetic opioid pain medication which is typically prescribed for patients with severe pain, and is 50 to 100 times more lethal than morphine. This rise in overdose deaths was primarily due to the introduction of illicitly-manufactured fentanyl through the illicit drug market, where it is commonly mixed with heroin or other illicitly-produced counterfeit prescription opioids to increase the drug's potency and euphoric effects.[4]

The opioid crisis has impacted the communities of Snohomish County for over a decade. Local trends over time mirror the three waves in overdose deaths observed at the national level. In 2013, heroin and prescription opioid overdoes combined represented two-thirds of the 130 accidental overdose deaths in the county. Local data shows that 2017 was the first time that heroin-related deaths surpassed prescription-opioid-related overdose deaths in the county. Lastly, synthetic opioid deaths—like fentanyl—continue to increase at an alarming rate.



Snohomish County comprises only 10% of the state's population but experiences a disproportionate burden of the state's opioid overdoses. Snohomish County currently experiences around 18% of all opioid overdose deaths in Washington State. Preliminary 2018 and 2019 data also indicate that Snohomish County experiences nearly 25% of the all synthetic opioid deaths in the state.

[3] https://www.ncbi.nlm.nih.gov/pubmed/25760692
[4] https://www.cdc.gov/drugoverdose/opioids/fentanyl.html

With the rise of opioid use in the region and specifically in Snohomish County, Snohomish Health District and other partners in the county have taken a collaborative approach to addressing this epidemic. The multi-agency coordination (MAC) group was formed in 2017 to focus on the opioid crisis countywide, and it has had success in mitigating the impacts of the opioid epidemic in many urban areas of the county. However, the MAC group's scope of work and funding don't provide for a specific look at the most rural parts of our county. The SCROR Project Consortium's work will assess the specific needs of our rural communities to plan for how best to meet their needs in preventing, treating and supporting recovery for opioid use disorder.

Geographic Areas of Focus

The SCROR Project is focused in two census tracts in Snohomish County that meet the rural area requirements designated by HRSA. Census tract 537, which includes the Town of Darrington, and census tract 538.01, which includes the Town of Index, and unincorporated areas in the county surrounding the City of Monroe, and Towns of Sultan and Gold Bar. Census tract 537 is approximately 650 square miles, and extends to the north and east edges of Snohomish County. Census tract 538.01 is approximately 440 square miles and covers the south-east corner of the county. Large portions of both census tracts are Mount Baker-Snoqualmie National Forest land. The Darrington area includes the traditional land of the Sauk-Suiattle Tribe.

Census tract 537 (Darrington area) has a population of just over 3,000 people. Tract 538.01 (Sky Valley area) is slight larger, with nearly 3,800 residents. The median age in these two census tracts is greater than Snohomish County as a whole (37.8 years), at 48.3 years and 42 years for tracts 537 and 538.01 respectively. Both of these areas have higher percentages of the population who identify as White (about 90% for both areas) than Snohomish County, which is 77.2% White. Additionally, 3.5% of the Darrington area's population identifies as American Indian and Alaska Native, compared to only 1% of the Sky Valley area, and 0.9% of the county as a whole. The population in the Sky Valley area is 6% Hispanic/Latino, which is greater than the Darrington tract (1.2%), but less than the county (9.8%).

The Darrington area is impacted by more financial difficulty than the Sky Valley area and the county. The median household income in the Darrington area is $48,424, which is lower than both the Sky Valley census tract ($70,440) and Snohomish County ($78,020). Additionally, 14.5% of the Darrington area's population is living below 100% of the federal poverty level, compared with 5.3% in the Sky Valley area and 8.8% of the county.

Both census tract 537 and 538.01 meet the HRSA designations as "rural" areas, but within those tracts, there is variation in how isolated communities are from larger more urban areas. The Town of Darrington is about 30 miles from Arlington, the closest city. Within census tract 538.01, there are areas that are just miles from Monroe, a city of nearly 20,000 people, while someone living in the Town of Index might have to travel over 20 miles to get to services in the city. Because the census tract runs along (and just to the south of) the Route 2 corridor of Monroe, Sultan, Gold Bar, Startup and Index, much of population of tract 538.01 is located adjacent to these towns and cities while not physically within the city limits.

Consortium

The SCROR Project Consortium is comprised of stakeholders in both geographic focus areas. They represent public health, education, local government, treatment providers, healthcare and

many other important sectors of the community invested in collaborating to improve the local response to the opioid epidemic.

The current members are:

- AIDS Outreach Project/Snohomish County Syringe Exchange
- Community Health Centers of Snohomish County
- Town of Darrington
- Darrington Prevention and Intervention Community Coalition
- Darrington School District
- EvergreenHealth Monroe Recovery Center
- Ideal Option
- Monroe Community Coalition
- Sea Mar Community Health Center – Monroe Behavioral Health Clinic
- Snohomish County Department of Emergency Management
- Snohomish County Sheriff's Office
- Snohomish Health District
- Sno-Isle Libraries
- City of Sultan
- Sultan School District

All consortium members have signed memorandums of understanding formalizing their commitment to the consortium and this work.

Vision

Consortium members engaged in a visioning activity during the initial meeting, to help inform the Gaps Analysis and especially the subsequent strategic planning process. While we have not yet created official vision and mission statements, the activity helped to generate ideas around the question of how the community will look different in three to five years as a result of the consortium's work. The focus areas arrived at were:

- Address early intervention through prevention
- Reduce community impacts of OUD
- Increase availability of treatment options
- Eliminate barriers to treatment and support services; and
- Increase education and awareness of OUD

Gaps Analysis Methodologies

Data for this report came from a number of sources, both qualitative and quantitative. We collected U.S. Census data for both of the census tracts and Snohomish County. The MAC Group was able to provide data on opioid-related deaths, naloxone administration by law enforcement, opioid-related incidents that fire, EMS and law enforcement responded to. Both school districts provided their Healthy Youth Survey results from the 2018 survey. Darrington and Monroe prevention coalitions provided the results from their most recent community survey, which gathers feedback from community members on prevention topics such as perception of risk due to substance use. Treatment and recovery service providers from the consortium shared the quantitative data that they had access to, in addition to anecdotal data on their patient demographics and barriers to care that they see for this population.

Population of Focus – Who Is Impacted By OUD in Our Communities?

Adults

Since our two communities of focus are so small, there is not the wealth of data available at the individual community level as there is at the county level. However, for this analysis we gathered as much locally-available data as we could access, with much of it coming from data collected and tracked by the MAC Group at the county level, filtered down to just our areas of focus. Where data was only available at the county level, this is what we included.

In a report released in January 2018, the Snohomish Health District estimated that between 5,000 and 10,000 people in Snohomish County are suffering from opioid use disorder.[5] It's likely that another 35,000 to 80,000 people are misusing opioids.

There have been fewer than 10 opioid-related deaths within the Town of Darrington since 2016, based on data is reported from the Medical Examiner's Office and the Washington State Department of Health.[6] In 2019, to date, there have been fewer than 10 probable opioid-related incidents that law enforcement, fire or EMS have responded to in the Darrington area. These incidents involved 20 units (17 fire/EMS and three law enforcement units) and 14 hours of "time on task" was spent on these calls.

There have been fewer than 10 opioid-related deaths within the Sky Valley area since 2016. Since 2019, there have been fewer than 10 opioid-related deaths where the city of residence was in the Sky Valley area. Based on how this data is reported by the Medical Examiner and Washington State Department of Health, this could represent up to 15 unique individuals whose opioid-related deaths impacted that community. In 2019 to date, there have been 22 unique probable opioid-related incidents responded to by law enforcement, fire and EMS in the Sky Valley area. This response involved 521 units (165 fire/EMS and 356 law enforcement units) and occupied 469 hours of time on task. Since 2016, there have also been fewer than 10 naloxone administrations by law enforcement in the Sky Valley area.

Data from local emergency department (ED) visits for opioid overdose or suspected overdose is some of the only data available to estimate of the number of non-fatal overdoses that occur in our two communities of focus. The primary ED for the Sky Valley area is EvergreenHealth Monroe. In 2018, there were 33 ED visits for known or suspected opioid overdose, which involved 39 doses of naloxone (some patients require more than one dose). Through September of 2019, there have been 27 ED visits for known or suspected opioid overdose, requiring 43 doses of naloxone to be administered. This represents a total of 60 ED visits in 2018 and 2019. Residents in the Darrington area are most likely to be transported to Cascade Valley Hospital ED in Arlington. From January 2018 through October 30, 2019, there were 53 incidents where EMS administered naloxone and brought the impacted individual to the Cascade Valley ED. A gap in the data available at this time is the zip code or city of residence for these patients seen in the ED for opioid overdose, which would be important in fully capturing the specific impact of overdose in our two communities.

[5] http://www.snohd.org/DocumentCenter/View/1773/Burden-of-Disease-Report---December-2018-PDF

[6] Data figures under 10 individuals are suppressed to protect privacy.

The Snohomish County Sheriff's Office of Neighborhoods has run the county's law enforcement embedded social worker (LEESW) program since 2015. It pairs law enforcement with social workers who visit homeless encampments to make connections with the people living unhoused, and to make an in-person, immediate connection to detox and treatment services for those who are interested along with connections to health and housing services. There are LEESWs in Arlington, Monroe, Marysville, Tulalip and other parts of Unincorporated Snohomish County. The only LEESW data available for this analysis is from the City of Monroe, since they do not serve Darrington and the rest of our geographic areas of focus are within unincorporated parts of the county. In Monroe, the LEESWs have contacted 230 new individuals thus far in 2019. The have connected three people to detox, and had four individuals complete detox. Thirty-five individuals have completed a chemical dependency assessment, 10 have graduated from treatment, and one person is engaged with MAT. Additionally, they have connected 17 people with housing so far this year.

Youth

The community coalitions of Darrington and Monroe collect responses to an online community survey each year as a required element of their funding. This survey asks questions about adult perceptions of things like the risk associated with youth substance use, availability of drugs and alcohol in the community, and their role in preventing youth substance use. Both communities shared their 2018 surveys for this report. In the results shared below, one notable gap is the lack of questions about community member perceptions about heroin and fentanyl use in the community—both risks and prevalence in youth use. Both communities have offered to add additional questions on these and other topics on their 2020 community surveys that can address gaps in community data that would be beneficial for the consortium's work.

In Darrington, about 50% of the 112 total survey respondents said they thought that prescription drug misuse was a moderate or serious problem among youth in their community, while the rest either thought it was not a problem, a minor problem or didn't know. Over 80% of people responded that they think there is a moderate or high risk of harm when youth misuse prescription drugs. Additionally, 15% of respondents reported neither locking up nor hiding prescription medications in their home, and 63% knew where in their community they can dispose of unwanted prescription drugs. Of the respondents who identified as parents of children in 6^{th} – 12^{th} grade, about 67% reported having talked with their child in the past three months about the risks of misusing prescription drugs, and 86% think it would be wrong or very wrong for their child to misuse prescription drugs.

In Monroe, about 67% of the 166 total survey respondents said they thought that prescription drug misuse was a moderate or serious problem among youth in their community, while the rest either thought it was not a problem, a minor problem or didn't know. Approximately 93% of people responded that they think there is a moderate or high risk of harm when youth misuse prescription drugs. Additionally, 23.5% of respondents reported neither locking up nor hiding prescription medications in their home, and 50% knew where in their community they can dispose of unwanted prescription drugs. Of the respondents who identified as parents of children in 6^{th} – 12^{th} grade, about 74% reported having talked with their child in the past three months about the risks of misusing prescription drugs, and 99% think it would be wrong or very wrong for their child to misuse prescription drugs.

Capacity for OUD Prevention, Treatment and Recovery

Prevention

Prevention can be considered from two angles: the prevention of substance use and misuse, and the prevention of overdose due to opioid use. Both are important elements in addressing the opioid epidemic in our communities. Primary prevention and intervention can help address the factors that can lead youth to be more likely to use—and misuse—substances, including opioids. Often, effective youth prevention addresses outcomes for multiple substances—tobacco, alcohol, marijuana and other drugs like opioids. Prevention efforts can also work to help adults prescribed opioid medications from misusing their prescriptions and decreasing the risk of addiction. Opioid overdose prevention directly relates to individuals who use opioids and those who come into contact with them having the skills and resources necessary to prevent and/or reverse an overdose event.

Primary Prevention – Services, Workforce & Access to Care

Prevention services for primary prevention include things such as school curriculum with evidence of positive impact on outcomes related to substance use, community coalitions that focus on substance use prevention, and the systems that provide support to students around issues of mental health and substance use.

There are three prevention coalitions in Snohomish County that are funded through the Washington State Division of Behavioral Health and Recovery's Community Prevention and Wellness Initiative (CPWI). This funding allows for a part-time coalition coordinator position, and pays for coalition activities, trainings, media campaigns and curriculum as needed. All CPWI coalitions use youth and community data about known risk and protective factors for youth substance use to guide their activities. Two of these CPWI coalitions are in our geographic areas of focus. In the Sky Valley area, the Monroe Community Coalition was formed in 2013 and has been working on activities around youth substance use prevention in the community ever since. A new community prevention coalition was formed in Sultan in the summer of 2019, and this group intends to seek CPWI funding in the future. Darrington has also had a community coalition since 2011. The Darrington Prevention and Intervention Community Coalition, and its affiliated Darrington Youth Coalition, work together to promote youth substance use prevention in the community.

Accessing prevention services can be difficult for youth if they are not built into the places they spend time, like school, sports teams, or community or faith-based groups. Darrington High School has a Student Assistance Professional (SAP) at the school 5 days a week who can meet with students that have been identified as needing additional support around emotional or behavioral issues. The SAP also conducts brief assessments with students, and can refer them to mental health or substance use disorder services when appropriate. However, the only local option for mental health and substance use counseling is the Sauk-Suiattle Indian Tribe's clinic a few miles from town, technically located in Skagit County. Getting there can be a challenge for youth who lack parental support or who do not have other means of transportation to and from appointments. Substance use services through this clinic are covered for youth with Medicaid, which also covers transportation assistance for appointments. Some youth mental health services at the Sauk-Suiattle Clinic are provided free of charge (regardless of insurance) through a grant for youth who have been impacted by things like domestic violence in the home,

parental substance use, or other hardships. However, youth sometimes must wait for spaces in this program to open. For more intensive mental health and substance use services, or if there is a waitlist for the Sauk-Suiattle services, youth must travel to Arlington (approximately 30 miles away), or a larger city like Mount Vernon (in Skagit County) or Everett which are both about 50 miles away.

Students in the Sky Valley area attend schools in both the Sultan and Monroe School Districts. Access to mental health and substance use services can vary widely depending on where students live. Youth have to travel to Monroe, or even to Everett, for youth mental health and substance use services. In the Monroe School District, there is a Prevention/Intervention (P/I) Specialist who sees students at a few schools, and sometimes gets consulted about students from other schools that he does not visit. The P/I sees 60-70 kids per year, and estimates that about 50% get referred to some sort of SUD care and 75% get referred for mental health services (some of which takes place on-site at the school). Two of the three organizations they refer students to for assessments are located in Everett, the third in Monroe. Monroe High School also has a co-occurring disorder specialist on site, as well as a counselor from Sea Mar Community Health Centers once a week, and a behavioral health specialist who is at the school.

There are gaps that exist in how equipped school staff feel to identify youth at risk for substance use and mental health issues, and to help students who they know are impacted by a family member's opioid use. There are also gaps in how trauma and adverse childhood experiences (ACEs) are addressed in the school setting.

Overdose Prevention – Services, Workforce & Access to Care

Overdose prevention specifically focuses on individuals who use opioids and the people around them who could be in a position to respond to an opioid overdose. Anyone who is taking opioids is technically at risk for accidental overdose including those who use prescription opioids as prescribed, and those who misuse prescription opioids or heroin. Overdose prevention requires that people: 1) know the risks for overdose, 2) know how to recognize the signs of an overdose and, 3) carry and know how to use naloxone to reverse the overdose until EMS can arrive.

The risk factors for overdose are different depending on what kind of opioid is being used, and how it is being used. The risk of opioid overdose is increased for: people with opioid dependence, in particular following reduced tolerance (following detoxification, release from incarceration, cessation of treatment); people who inject opioids; people who use prescription opioids, in particular those taking higher doses; people who use opioids in combination with other sedating substances; people who use opioids and have medical conditions such as HIV, liver or lung disease or suffer from depression; and household members of people in possession of opioids (including prescription opioids).[7] The World Health Organization states that around 45% of individuals who use drugs experience nonfatal overdose and around 70% witness a drug overdose (including fatal overdoses) during their lifetime. It is essential that individuals who use opioids, and their friends and family know these risks.

[7] https://www.who.int/substance_abuse/information-sheet/en/

The Snohomish Health District does education at the Snohomish County Jail with inmates in the OUD treatment program. The education includes the risks of opioid overdose, especially focusing on how jail stays can lower an individual's tolerance and increase overdose risk. EvergreenHealth Monroe provides naloxone to any patient leaving treatment unexpectedly (against medical advice, or after breaking the center's rules) because this is another population at high risk for overdose due to lowered tolerance.

Outreach and education to the people who are close to individuals taking prescription opioids for pain management are also important overdose prevention measures. For example, the family members or caregivers of older adults taking opioid-based pain medication can prevent an accidental overdose by making sure that person takes their medication at the appropriate times, and doesn't accidentally take doses too close together or take a second dose, forgetting they have already taken one. Time-based devices like lid locks for prescription bottles can help with this. In the event of an accidental overdose, family members or caregivers who are able to recognize the signs of an overdose can contact EMS right away. Additionally, if they carry and know how to use naloxone, they can reverse the overdose until EMS can arrive. All senior centers in the county are required by Snohomish County Human Services to provide education on opioid overdose prevention to their communities.

It is also critical for people who are close to individuals who misuse opioids to carry and know how to use naloxone. This includes the community of people who are active users themselves, because they are very likely to be in a situation to recognize and respond to someone they use with overdosing.

Community trainings in Snohomish County on opioid overdose prevention are provided through several partners, including Snohomish County Human Services. This training covers the risks for overdose, how to recognize an overdose, and how to administer naloxone. In the past year, there were two trainings held in Arlington (the closest location for anyone in Darrington) and one held in Monroe, but no trainings in Darrington or in the Sky Valley towns further to the east. Naloxone was donated for these trainings, so that it could be provided to the training participants, but no secure funding source for this distributed naloxone currently exists.

Naloxone can be purchased at pharmacies in Washington State without a prescription thanks to a recently enacted standing order by the State Health Officer Dr. Kathryn Lofy. Effective September 2019, this standing order allows pharmacies to provide two doses or injectable or nasal spray naloxone to people at risk of experiencing an opioid-related overdose or in a position to assist a person at risk of experiencing an opioid-related overdose. The instructions with these prescriptions tell the person how to dispense the medication, and instruct them to call 911.

A critical resource in overdose prevention for active users is the AIDS Outreach Program/Snohomish County Syringe Exchange. They are the primary harm reduction provider for the county, and represent an important touch point for people who use opioids and other drugs, many of whom do not interact with other traditional health systems on a regular basis. The program is based in Everett, but they are able to do mobile visits for syringe exchange and outreach in some of the more rural areas of the county when requested, including Darrington and the Sky Valley area. The program estimates that they exchange between 15,000 – 20,000

syringes in Sky Valley each month. They also estimate that they serve about 25 to 30 clients in the Darrington area. In addition to offering syringe exchange and other harm reduction supplies, the program distributes naloxone kits to clients free of charge, provided by the Snohomish Health District and the University of Washington's Alcohol and Drug Abuse Institute (ADAI). The only requirement for clients to receive naloxone is that they report back on how and when the naloxone was used.

In partnership with the Snohomish Health District, the syringe exchange is able to provide education, confirmatory testing and treatment referrals for hepatitis C. Staff connect clients to treatment and other services if they are interested, but lack the staff capacity to meet their clients' needs for case management and service navigation. One day a week, the exchange also has a physician and nurse from Mercy Corps that provide basic health care services, including antibiotics, wound care, diabetes management, and referrals for treatment. The physician with Mercy Corps also recently started offering hepatitis C treatment to syringe exchange clients that test positive.

Feedback from clients regarding the drugs that they are seeing on the streets has also been incredibly helpful for public health to learn more about new and emerging trends which present increased risks for users. For example, in 2018, the Health District received reports from the ED in Everett and the syringe exchange of people overdosing after using counterfeit pills called "perc 30s." Clients brought a sample pill to be turned over to the Regional Drug Task Force for testing and the Health District was able to put together information and outreach materials sharing the increased overdose risks from using this product.

Additional mobile needle exchange services are available to folks in the Darrington area if they travel north into Skagit County. Phoenix Recovery Services RISE Program has a mobile syringe service program that is in the towns of Concrete and Marblemount two Mondays a month. They also provide overdose prevention information, naloxone kits, and treatment and recovery program information. Both towns are approximately 28 miles from Darrington.

Currently, all law enforcement and first responders in the county carry naloxone, which has been provided through Snohomish County Human Services. Snohomish County Human Services also collects information about when, where and how this naloxone is used. This program is ending December 31, 2019. The Board of Health passed a resolution approving the continuation of this work by the Snohomish Health District, giving cities the option to opt into having the District provide this service. However, moving forward, there may be a gap in coverage and countywide data collection that exists currently if some cities don't opt in.

Getting unused and unwanted prescription medication is another method to prevent prescription misuse and opioid overdose. In Snohomish County, the MED-Project (Medication Education and Disposal Project) has medication return kiosks in a number of locations. The Darrington Pharmacy has a return kiosk, as do the Sultan and Gold Bar police department buildings. In Monroe, there are two pharmacies that have return kiosks. People in Index, and anyone who is unable to physically access a return kiosk, can use the mail back service the MED-Project provides.

Overdose prevention is strengthened when the community is aware of the Good Samaritan 911 law, as it increases the likelihood of EMS being contacted when an overdose occurs. This law prevents the caller and the person experiencing the overdose from being charged with drug possession. Washington State's opioid overdose awareness campaign website has information on the Good Samaritan law, but we did not find evidence of any local campaigns from this resource or other local resources. This is a gap that can easily be addressed through increased outreach and education.

Another gap that exists in prevention services for opioid overdose is our consortium's ability to track opioid prescribing practices. Washington State has a Prescription Drug Monitoring Program, but there are barriers to individuals other than the prescribing provider accessing this data and to getting data just for our geographic service area. We were also unable to find out if information about overdose prevention is being provided with opioid prescriptions.

Treatment

Medication-assisted treatment (MAT) for opioid use disorder is an important tool in combating the opioid epidemic and helping people with opioid addictions move towards recovery. MAT combines FDA-approved medications with counseling and behavior therapy to help people manage opioid withdrawal symptoms and cravings while going through treatment. The FDA-approved medications for MAT are methadone, buprenorphine and naltrexone. Methadone and buprenorphine are opioid agonist drugs, acting on opioid receptors in the brain to prevent withdrawal symptoms without any of the euphoric ("high") effects. Naltrexone blocks the effects of opioids. Methadone can only be provided to patients through a SAMHSA-certified Opioid Treatment Program, a highly structured clinic setting that generally requires patients to have daily visits for methadone. Buprenorphine offers patients in OUD treatment more flexibility, as it can be prescribed in a normal primary care clinic setting. In order to be able to prescribe buprenorphine, medical providers must complete training through the Substance Abuse and Mental Health Services Administration (SAMHSA) and then apply for a waiver. The waiver allows a provider to proscribe buprenorphine to up to 30 patients in their first year. An increase in the patient limit can be requested after that. Naltrexone can be prescribed by any health care provider who has prescribing authority, but has a weaker evidence base for effectiveness and lower retention rates than buprenorphine-based MAT.

Services & Workforce

MAT is provided at a few locations in the Sky Valley and Darrington areas, but there are still barriers to being able to serve all clients in need of OUD treatment services. Larger cities like Monroe and Arlington have more MAT providers, but transportation and other barriers make this difficult for clients within the HRSA-designated areas.

In the Sky Valley area, there are treatment programs that offer access to MAT in both inpatient and outpatient settings. EvergreenHealth's Monroe Recovery Center has detox, residential inpatient and outpatient services. They have eight beds for detox, and 26 beds in the residential treatment program, along with one intensive outpatient treatment group that can serve up to 16 clients. The program works with six MAT-waivered physicians, in addition to 12 RNs, two LPNs, one CNA, one LMHC, one MSW and 15 substance use dependency professionals (SUDP). The average length of stay in their detox program is four days, but this can vary depending on the patient. The residential treatment program is designed to last 21 days, but the majority of

patients stay between 14-21 days, with an average of about 18 days in treatment. Pregnant women are able to stay in the program for a total of 26 days, which is a combination of their time in detox (traditional detox from alcohol, meth, etc. or transition to Subutex for women with opioid dependence) and treatment. In 2018 and 2019, there were a total of 441 opioid-related admissions to the recovery center, of which only 17 were individuals from cities or towns in the Sky Valley area. Of these 17, about 57% were male and the average patient age was 39 years, but ranged from 18 to 66.

The Sea Mar clinic in Monroe has a behavioral health program that offers MAT as well. This program has only been in operation since August 2018, and Sea Mar does not yet have data collection systems up and running that are able to provide data on patient demographics. The MAT program's nurse care manager was able to provide some anecdotal information about the program for this report. She reports that their patient population is predominantly white, and that they serve more males than females, with an average age in the late 20's. The primary insurance for the patients they serve is Medicaid. Many of their patients also have co-occurring mental health issues. In 2019, they have served approximately 30 patients, but they also have had about that many individuals initiate and then leave treatment soon after. To date, they have served five pregnant clients.

The Sauk-Suiattle Tribal Clinic is the only SUD treatment service provider in the Darrington area, and they are still about 10 minutes from town. The clinic has in the past had one provider with a waiver for MAT, but this position is currently unfilled. They hope to have a new provider soon, and that that person can obtain a waiver to do MAT. The Tribal Clinic provides both substance use disorder and mental health services. Further away, in Arlington, there are other Tribal-based treatment options for individuals with SUD and OUD in particular. The Stillaguamish Tribe of Indians offers behavioral health services through their Qwelut Healing Center, including one waivered provider who can do MAT treatment. The Tribe also provides methadone treatment for OUD at Island Crossing Counseling Services, which is a SAMHSA-certified opioid treatment program. These tribal clinics are an important resource in the community. While their services are available to anyone, they are specifically able to provide culturally appropriate services to individuals from the tribal community.

An additional resource for Sky Valley and Darrington-area people are the Ideal Option clinics located in Monroe and Arlington. The Monroe clinic has one MAT-waivered provider, and the Arlington clinic has two. In 2019 this far, the clinic has seen 596 patients. Ideal Option does not currently have a data system in place to pull and share additional patient demographics. In addition to the MAT providers in the Monroe and Arlington clinics, Ideal Option has a network of waivered providers across Washington State who are able to do MAT through telemedicine. For this service, patients come to the clinic but have a virtual visit with their provider. They have over 100 waivered providers who can practice in Washington State, so provider capacity for MAT treatment is not a barrier to services. Transportation to the clinics where these virtual visits can take place, however, is limited.

There are also MAT-waivered providers in primary care settings throughout the county, including ones in and around our two communities. In the Sky Valley area, there are services in both Monroe and Sultan, but nothing further east along Route 2 towards Gold Bar, Startup or Index. Sultan has a primary clinic through EvergreenHealth that has two MAT-waivered

providers, but no behavioral health services on-site. EvergreenHealth also has a primary clinic in Monroe where two addiction medicine providers who support the Recovery Center also provide MAT in a primary care setting. This enables Recovery Center patients to continue seeing the same providers they have formed relationships with during their residential treatment after they have transitioned to outpatient recovery and care. There is also a Providence Medical Group primary clinic in Monroe, which has two MAT-waivered providers.

In Darrington, the Skagit Regional Health Clinic has two primary care providers, one of which is waivered to do MAT with patients. However, the provider has strict criteria for the patients he is willing to engage for MAT—they must be existing patients, from the local area. Currently, this provider sees between 8-9 patients for MAT. Patients generally use the Sauk-Suiattle Tribal Clinic for behavioral health services while in MAT with the Skagit Regional Health Clinic. Some Darrington-area individuals may travel to Arlington for primary care. One option for MAT in Arlington is the Community Health Centers of Snohomish County clinic, at which all four providers are MAT-waivered. Currently, these four providers see a combined 46 patients, which is far from meeting their combined 120-patient limit (30 patients each).

One notable gap in assessing the number of MAT treatment options in our communities is the lack of an accessible, comprehensive list of all waivered providers. There is a list of waivered providers available for download from SAMHSA, but it only includes the providers who opt to be included. We obtained a list of waivered providers in Washington State from Molina Healthcare, the largest managed care organization providing Medicaid through Washington Apple Health, but this list still missed providers who do not accept Medicaid and quickly becomes outdated. This makes it difficult to know the actual number of providers who are waivered to provide MAT. By individually contacting clinics, we were able to work towards a complete list of providers, but gaps remain in this list that need to be continually added to and updated.

A final gap in the treatment services workforce that was expressed in conversations we had with service providers is that there is a need for more skilled chemical dependency clinicians. Individuals doing MAT also need access to behavior therapy, requiring mental health and chemical dependency professionals in the community. A full assessment of the number and location of mental health and chemical dependency professionals has not yet been completed by the consortium, but we plan to do so in the coming months as we focus on workforce development.

Access to Care

Transportation is a main barrier to care for clients in need of OUD treatment services who live in these two communities, particularly for those in Darrington, and those in the Sky Valley areas farthest from Monroe. If someone needs to go to their clinic multiple times a week upon beginning MAT, and their clinic is 30 minutes away from where they live, this is a big burden that can make starting and/or continuing with treatment difficult.

Insurance is another important barrier to accessing treatment services. Commercial insurance providers vary in what services they cover, and may require authorization including proof of the medical necessity of treatment services. This process can create a delay that prevents individuals from starting treatment right when they decide they are ready. At EvergreenHealth Monroe's Recovery Center, they estimate that they are not at capacity about 90% of the time,

due in large part to barriers with insurance. Medicare will not cover the Recovery Center's "inpatient" services, because the program is not physically located within a hospital setting—it's across the street from the actual hospital building. Therefore, the Recovery Center cannot accept patients' Medicare insurance for detox or residential treatment services. They can, however, bill Medicare for outpatient services. Additionally, the Recovery Center can only accept Medicaid for pregnant women needing their services. They are working with Washington Apple Health (Medicaid) to expand access with the largest insurance provider, but this has been a lengthy process with no conclusion in sight. Sea Mar Monroe's MAT program also reports that insurance can be a barrier in allowing patients to access treatment, and that patients with Medicaid who return to work can end up losing their coverage for treatment.

Stigma can also be a barrier in individuals accessing care for OUD, especially MAT, both on the clinical side and for the individuals themselves. The Snohomish Health District surveyed medical providers throughout Snohomish County in December of 2018 to gather more information on prescribing practices for MAT. Some of the comments given from providers who do not prescribe MAT touched on topics like not wanting to attract pain patients to their clinics, concerns that Suboxone (buprenorphine/naloxone combination medication) can be misused, lack of clinic infrastructure, and cost and availability of training. Treatment programs looking to expand methadone programs also face strong resistance from the communities where the potential site would be located, as many in the community may not understand how such an Opioid Treatment Program works—or how MAT works in general. It is harder to quantify the ways that stigma blocks individuals from seeking OUD treatment. Some individuals may attempt to engage with treatment, but quickly abandon treatment based off of perceived stigma from those they interact with in the clinical setting. Others may delay seeking treatment or never even attempt to engage with treatment because they do not feel comfortable doing so.

<u>Recovery</u>

Recovery is a lifelong process and looks different for every individual. In addition to the continued use of MAT, individuals in recovery from OUD may need treatment for mental health disorders, along with other social supports. Ongoing recovery support from clinicians and/or peer recovery coaches with lived experience can be important to sustaining recovery, as is social support from friends, family and the community. Other critical factors influencing successful recovery are access to housing that supports recovery and viable employment options.

Services & Workforce

Recovery services and supports are very limited in the two geographic areas of focus for this project, and in the county as a whole. There are some grassroots and non-profit groups in Snohomish County starting to bring peer recovery counselors and navigators to the community, but these need to be evaluated for effectiveness and expanded to our specific geographic areas of focus. A number of traditional recovery groups take place in the clinical setting, but very little exists outside of this.

EvergreenHealth Monroe Recovery Center has five different 12-step recovery groups that take place at their facility. They also host recovery groups for patients, their spouses and families, as

well as for alumni of the program. Through this, patients are able to get connected to some community-based recovery supports and peers in recovery.

The recovery provider workforce is limited. None of the treatment providers serving our two communities currently have certified peer counselors working in their organizations. Ideal Option is currently working to recruit peer recovery counselors for their clinics, but no not have any at this time. As of July 2019, peer support services for SUD offered through a licensed behavioral health agency are reimbursable through Washington Medicaid. The Washington State Health Care Authority's Department of Behavioral Health and Recovery has a program to certify peer counselors to provide peer counseling services through these licensed agencies.

Another notable gap in the recovery service and workforce landscape is the lack of organizations that have roles like navigators, care coordinators or case managers, who can help people navigate treatment and recovery and the support services that make recovery successful. Many of the people who gave feedback on the gaps they see in recovery services in the community noted that this is a current gap in what is offered that has the potential to make a significant impact on individuals' ability to navigate the treatment and recovery processes, and the other systems of care. A similar service currently exists in Everett—the Carnegie Center—but at this time they are still working to meet the needs of folks in that urban area and don't have the capacity to expand into the more rural parts of the county.

Finally, there are very large gaps in two of the things that support recovery—stable, sober housing and employment. While there are some (but still not enough) housing options in Snohomish County that support individuals in recovery, there is nothing located in the Sky Valley or Darrington area. If finding sober housing takes an individual in recovery an hour away from their family, friends and community, this may negatively impact their recovery. There are also gaps in finding affordable, long-term housing that is open to individuals on MAT. Additionally, there do not exist any workforce integration programs for individuals in recovery in our areas of focus. This is a gap that makes it more difficult for people in recovery from OUD to be successful.

Access to Care

People trying to access recovery services for OUD face many of the same challenges they do in accessing treatment, with the primary barrier being transportation. Like treatment, nearly all of the recovery supports are located in larger urban areas. The closest recovery services for people in the Darrington area is Arlington. Similarly, people living in Index would have to travel to Monroe. To connect with peer recovery counselor resources, most individuals would have to travel all the way into Everett. Another factor impacting individuals' access to care is stigma in community towards individuals on MAT. This may impact their access to housing, employment, and other support services.

Opportunities in Prevention, Treatment and Recovery

<u>Opportunities and Resources to Leverage</u>

Local

- AIDS Outreach Program/Snohomish County Syringe Exchange
- Carnegie Center
- Community Prevention Coalitions (Darrington, Monroe)
- Diversion Center
- Law Enforcement Embedded Social Workers
- MED-Project (Medication Education & Disposal)
- Snohomish County Drug Court
- Snohomish County Jail
- Snohomish County Multi-agency Coordination (MAC) Group
- Snohomish County Sheriff Office of Neighborhoods Embedded Social Worker Program
- Snohomish Regional Drug and Gang Task Force
- Student Assistance Professionals & Prevention/Intervention Specialists
- UW Public Health COPHP graduate students

State & Regional

- North Sound Accountable Communities of Health
- North Sound Behavioral Health Administrative Services Organization
- UW Alcohol and Drug Abuse Institute
- WA DSHS CPWI Funding
- Washington Peer Workforce Alliance
- Washington Poison Center
- Washington State Opioid Response Plan
- Washington State Health Care Authority DBHR Operationalizing Peer Support

Federal

- AmeriCorps VISTA
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- SAMHSA Provider Clinical Support System (PCSS) – MAT Trainings
- HRSA RCORP-Implementation (will apply for funding in 2020)
- National Health Service Corps
- CDC Overdose Data to Action (the Snohomish Health District is a sub-recipient to the Washington State Department of Health)

What Does The Community Say About The Extent Of The Opioid Problem?

An 11-question online survey was created with the goal of collecting broader community feedback on perceptions of the opioid crisis and the prevention, treatment and recovery supports available in the community. The survey was shared with the consortium, in hopes that all consortium members would complete the survey and also share it with their networks, colleagues, community, etc. Overall we gathered 57 responses—4 from individuals who live or work in the Darrington area, and 53 from individuals who live or work in the Sky Valley area. The survey had a mix of multiple-choice and open-ended questions. A number of the responses

from the Sky Valley area are teachers and other school personnel, which gives an interesting look into the impacts of the local opioid crisis on the school system and school-age children, whose parents are suffering from opioid addiction.

The survey results spoke to a number of themes, which are summarized below (full responses in Appendix). Additionally, a small number of respondent's responses embodied the stigma towards individuals with OUD that we know exists in the community—especially towards those who are homeless and more visible. Those responses are not included in the themes, but are important to note as a reminder of the continued presence of this sentiment in the communities our project aims to serve.

What gaps do you feel exist in the services available to individuals with OUD, especially in regards to prevention, treatment and recovery?

- Mental Health treatment/support
- Recovery services
- Housing, jobs (recovery supports)
- Treatment access (beds/spots open, treatment centers)
- Funding to pay for treatment services
- Community education about addiction and where to go for help
- Prevention

What are some of the resources most needed to fill those gaps? (Such as training, personnel, monetary resources, community connection, etc.)

- Training
- Mental health funding and services, including in schools
- More treatment options

In your opinion, what are the top two or three barriers to getting care/accessing services for people with OUD in the Darrington and/or Sky Valley areas?

- Cost
- Stigma (around addiction, treatment, mental health issues)
- Transportation/distance
- Knowledge of existing services
- Youth prevention (mentors/trusted adults, prevention programming, unaddressed mental health issues)
- Treatment spots available when the person decides they are ready (no waiting, etc)

How could services to address OUD in your community be improved?

- Locate services in rural areas, even just a few days a week
- Make existing services more well-known
- Expand services offered
- More, and local, mental health services

Conclusion

Through the gaps analysis process, the SCROR Project Consortium was able to identify a few key areas where gaps exist that could be addressed to improve outcomes for individuals with OUD.

Priority gaps in prevention, treatment and recovery services identified:

- Lack of comprehensive community outreach
- Gaps in prevention education programs in school setting
- Gaps in youth access to mental health services
- Insufficient MAT options physically located in Darrington, Sultan, Startup, Gold Bar and Index
- Transportation is a barrier to accessing the existing treatment services in larger areas
- Lack of awareness of treatment options available to individuals in service areas
- Insurance-related barriers to treatment services limit access to treatment
- Very limited support exists for individuals in recovery outside of clinical services (especially peer support services)
- Very limited options for stable sober recovery housing
- Limited knowledge about and understanding of recovery services
- Holistic and coordinated tracking of patients and data, particularly how to track, screen, prevent, and refer to treatment patients with SUD/OUD who have infectious complications, including HIV, viral hepatitis, and endocarditis.

Priority areas identified for the consortium's strategic plan include:

- Holistic and coordinated tracking of patients and data
- Implement/increase comprehensive community outreach and prevention education program
- Expansion of MAT options to include more rural areas like Darrington and Sultan, Startup, Gold Bar and Index; eliminate the transportation barrier to accessing treatment services
- Increase awareness of treatment options available to individuals in service areas
- Create ways to help individuals navigate their treatment and recovery options, along with supportive services
- Address insurance-related barriers to treatment services, potentially through alternative funding sources
- Expand existing and create new partnerships to support individuals in recovery, including peer support services

The consortium will refine these identified priority areas and decide on strategic actions that can be taken to address them as we move into the next phase of the project.