

# Opioids (Fentanyl)

*“We know how serious this problem is. Fentanyl is deadly. We are losing people every day – our friends, family members and neighbors – to this blight. We must act. We can save lives. Prevention works. Treatment works, People can and do get better, and they can recover. We can succeed and save lives with the right resources, focus and leadership.”*

— Gov. Jay Inslee

## Opioids (Fentanyl)

The opioid crisis rages on as the leading cause of accidental death nationwide, with fentanyl driving over 90% of opioid-related fatalities. On average, two people a day died from opioid overdoses in Washington last year, according to the Department of Health. The governor’s supplemental budget proposes \$64 million, adding to more than \$200 million in the 2023-25 budget for addressing substance use disorder. The strategy for these investments is to save lives, prevent overdoses, and bring treatment closer to those who need it.

The proposal also focuses on Tribal communities, whose members are more than four times as likely to be involved in an opioid fatality. Additionally, the plan sets aside funds to improve public safety and dismantle the drug supply network.

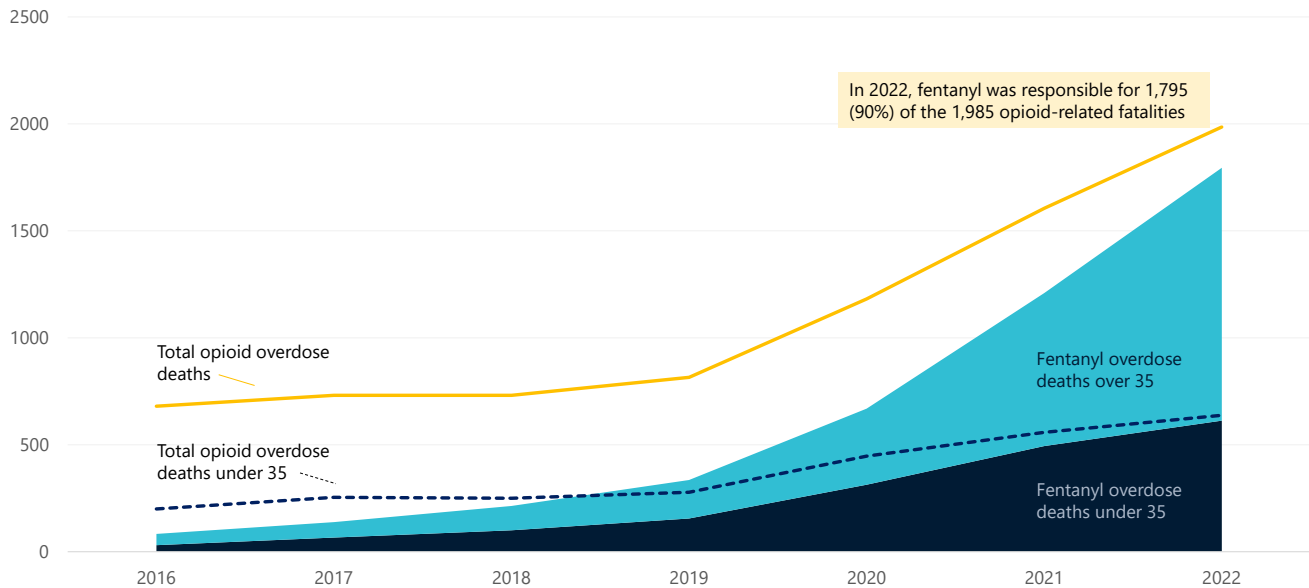
The urgency of this comprehensive approach stems from the evolving stages of Washington state’s opioid crisis. The crisis began with a wave of widespread prescription opioid misuse, transitioned to a surge in heroin use, and has now entered its most lethal phase with the emergence of fentanyl. Fentanyl is a synthetic opioid far more potent than heroin. It is often unknowingly mixed into other drugs, leading to a sharp increase in overdose deaths.

To combat this, the investment will boost five critical areas: enhancing public education and awareness, establishing health engagement hubs, improving overdose prevention and access to naloxone, providing low-barrier access to treatment and expanding access to recovery services.

### **Boost investments in opioid education and awareness programs**

Investment in public education and awareness campaigns is crucial to reduce opioid misuse and prevent overdose fatalities. Given that recovery clinics in Washington have reported substance use starting as early as age 14, this budget also focuses on youth education as an essential element to curbing the epidemic.

## Fentanyl use causes unprecedented rise in overdose deaths across Washington



Source: Department of Health [Opioid and Drug Overdose Data](#)

### Modernize opioid prevention education

The governor is introducing legislation that directs the Office of the Superintendent of Public Instruction (OSPI) to collaborate with Educational Service Districts (ESD), Tribes, public health organizations, and other state agencies. The aim is to update substance use prevention education materials, with a specific focus on outlining the risks of death associated with fentanyl and other opioids. Additionally, this proposal allocates funding for ESDs to enhance behavioral health education and fentanyl prevention, tailored to the needs of students in their regions.

(\$2.5 million General Fund-State)

### Expand community and school prevention services

The Health Care Authority (HCA) will expand the Community Prevention and Wellness Initiative (CPWI), which operates in 95 high-risk areas across

Washington. This initiative provides crucial prevention services such as youth leadership programs, educational activities and family support. These services aim to foster healthier communities and enhance the well-being of youth and families. The new funding will enable CPWI to reach additional communities while continuing to support those it currently serves.

(\$6.1 million GF-S)

### Opioid/fentanyl public health campaign

The Department of Health has increased funds for its statewide public health campaign, intensifying efforts to educate residents about the risks of opioids and the availability of support services. This initiative will help destigmatize substance use and promote public health.

(\$3 million GF-S)

## Respond to fentanyl use around children with a public health approach

The Department of Children, Youth, and Families (DCYF) will support child welfare caseworkers as they respond to the fentanyl crisis by contracting with public health nurses who can serve as credible messengers to at-risk families. The fentanyl epidemic is a public health crisis and the number of fentanyl-related fatalities and near fatalities among children, particularly ages 0 to 3, is increasing. Public health nurses can help reduce the risk of harm to children due to accidental exposure to these drugs. They can also support caseworkers engaging with families on safe sleep practices, child health and other matters of concern in Child Protective Services (CPS) investigations. Finally, these nurses can support families as they navigate toward community-based services. Funding will establish a pilot that contracts public health nurses across the child welfare regions.

This item is also referenced in the Human Services budget highlight.

*(\$1.3 million GF-S)*

## Increase safety and supports for families impacted by the fentanyl crisis

Parental substance use is a factor in a high number of out-of-home placements, particularly for infants and toddlers. However, some cases indicate a safety concern that does not signal an immediate danger prompting removal of the child. Funding provides additional resources to enhance safety planning that will help keep families together safely:

- Contract funding for third-party safety plan participants. This will help CPS workers develop safety plans with families that allow children to remain in the home. Safety plans are most effective when families have natural support such as extended family and friends that help

mitigate safety threats and make sure families are following the safety plan. This pilot will provide a new resource for families who don't have natural supports.

- Provide staff and funding for DCYF to pilot contracted childcare slots for Child Protective Services-involved infants. Childcare can be a core component of a safety plan and this pilot can also serve as a dedicated resource to families at-risk of opioid and other safety threats.
- Target voluntary home visiting services toward families where parental substance use is a risk factor. Piloting contracted home visiting slots can help provide a dedicated, valuable support for families who may be at high risk, but do not meet the legal threshold of risk of imminent physical harm for out-of-home placement.

This item is also referenced in the Human Services budget highlight.

*(\$4.7 million GF-S, \$3,000 GF-F)*

## Expand Health Engagement Hubs

Health Engagement Hubs (HEHs) are one-stop facilities providing comprehensive care for those with opioid use disorder (OUD). These hubs integrate a range of health services, including mental health and substance use treatment. This centralized approach to healthcare delivery facilitates easy access to essential recovery resources for individuals in need.

The Health Care Authority (HCA) will launch six new HEHs across the state by June 2027. These locations are intended to be a culturally-responsive, low-barrier approach to improve the health of people who use drugs and be informed by their input.

*(\$1 million Opioid Abatement Settlement Account-State)*

## Invest in low barrier access to opioid treatment programs

Effective management of opioid use disorder and improved recovery rates hinge on the accessibility of Medication for Opioid Use Disorder (MOUD), previously referred to as Medication Assisted Treatment or MAT.

### Opioid Treatment Program Expansion Grants

This investment reduces treatment barriers by expanding Opioid Treatment Programs (OTPs) in Tribal and rural areas, as well as across most of central and eastern Washington. Due to strict federal regulations, OTPs are the only outpatient facilities authorized for all FDA-approved MOUD forms: methadone, buprenorphine, and naltrexone. This expansion is particularly beneficial for methadone. This is the most powerful MOUD, but requires daily administration in a clinical setting. Often, the challenge of geographical accessibility hinders people accessing methadone treatment.

*(\$5 million bonds)*

### Expand Sublocade access

The state will allocate 2,300 doses of Sublocade, prioritizing smaller providers and certain uninsured individuals. Sublocade is an expensive yet highly effective buprenorphine-based treatment that addresses opioid use disorder. Unique among MOUDs, it's a long-acting injection particularly beneficial for individuals who use fentanyl. This once-a-month dosing method eliminates the need for someone to take daily medication. Sublocade is specifically formulated to ease withdrawal symptoms without causing the euphoric high often linked to opioid misuse.

*(\$3 million Opioid Abatement Settlement Account-State)*



*At CORE Health in Longview, the center provides day care while parents attend behavioral health or substance use disorder treatment onsite. Gov. Jay Inslee met a few happy babies and toddlers during his visit in March 2023.*

### Increase MOUD in state correctional institutions

The governor's proposed budget will expand the use of medications to treat incarcerated individuals who have opioid use disorder and who were receiving treatment before entering the Department of Correction's custody. Maintaining medical treatment for opioid use disorder reduces mortality rates, increases a person's participation in other substance use disorder treatments, and improves recidivism rates.

*(\$4.7 million GF-S)*

### Increase MOUD in jails

The Health Care Authority will expand MOUD services from 19 existing locations to all city, county, and Tribal jails across Washington. This funding will offer local relief until federal funds from the Centers for Medicare and Medicaid Services start in two years.

*(\$7.3 million GF-S, \$81,000 General Fund-Federal)*

## Opioid Recovery and Care Access Center Support

This year set a deadly record in King County with over 1,037 reported overdose fatalities. In response, the new Opioid Recovery and Care Access (ORCA) Center is being established in the Pioneer Square neighborhood of downtown Seattle. The center is dedicated to the safety and recovery of people post-overdose. The ORCA Center is a collaborative project led by the Downtown Emergency Service Center (DESC), in partnership with the University of Washington's Addictions, Drug, and Alcohol Institute (ADAI) and Public Health — Seattle & King County.

*(Operating: \$1.5 million GF-S, Capital: \$3.5 million bonds)*

## Opioid Treatment Facility Pool

Establishes a fund to acquire available facilities that will be used to increase access to opioid use disorder treatment.

*(\$5 million bonds)*

## Strengthen overdose prevention efforts

Funding overdose prevention saves lives and keeps the door open for recovery from substance use disorder. Leveraging the FDA's recent decision to make naloxone available over the counter, the governor is investing in strategies to make naloxone as common as water.

## Disperse Smart Health machines

HCA will pilot approximately 20 Smart Health machines in regions with a high risk of opioid overdose. These machines will dispense essential lifesaving supplies, such as naloxone, and other public health supplies. They also have touch screen and video

conferencing capabilities so the machines can be used later to provide telehealth services in certain settings.

*(\$1.4 million Opioid Abatement Settlement Account)*

## Distribute naloxone for first responders

Naloxone is a fast-acting drug that can reverse opioid overdoses and return normal breathing within a few minutes. It is a life-saving drug and is the best chance for many who accidentally overdose. The governor proposes to fund a dedicated supply of Naloxone for first responders statewide to ensure this life-saving drug is available in emergencies.

*(\$1.3 million GF-S)*

## Enhance access to recovery support

### Expand Oxford House

Oxford Houses of Washington State is a group of self-run, self-supported recovery houses that give recovering individuals the chance to learn a clean and sober way of life. This item supports Oxford House opening six additional homes with up to 50 beds.

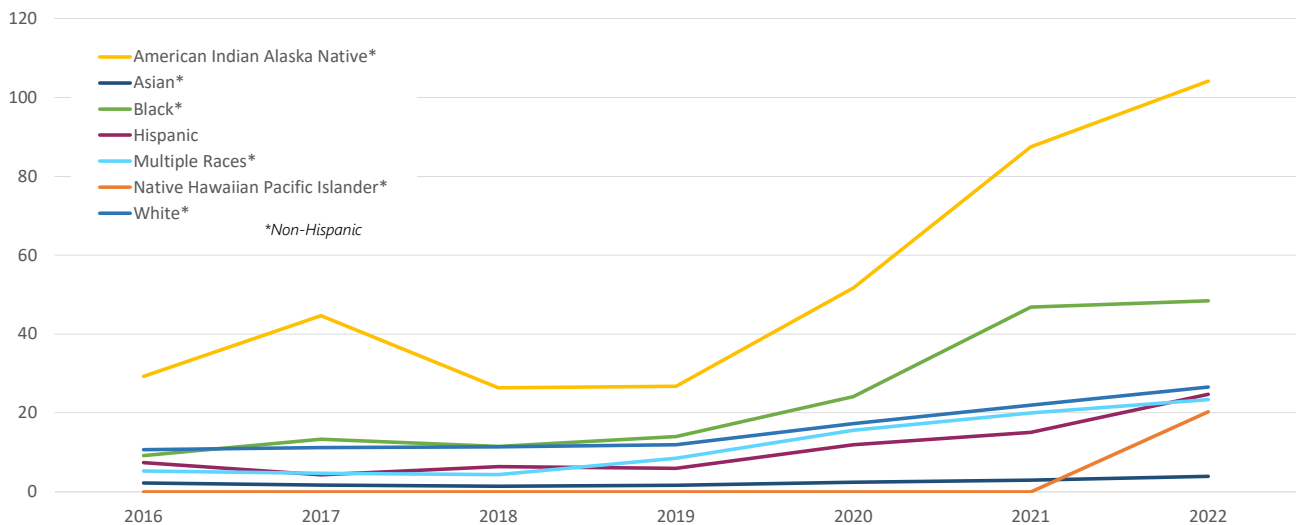
*(\$375,000 GF-S, \$375,000 GF-F)*

## Access Opioid Workforce Development Grants

This spending authority allows the Employment Security Department to access two grants awarded by the U.S. Department of Labor. These grants support disaster-relief employment and training services in Clark, Cowlitz, and Spokane counties, places significantly impacted by the health and economic consequences of opioid use, addiction, and overdose.

*(\$4.4 million GF-F)*

## Statewide age-adjusted rate of opioid overdose deaths per 100,000 population by race and ethnicity



Source: Department of Health [Opioid and Drug Overdose Data](#)

Note: Adjusted death rates level the playing field by using a mathematical formula to account for age differences. This ensures that higher rates in older populations don't skew comparisons, separating the impact of age from actual health risks.

### Support Tribal governments

#### Establish Icelandic Prevention model

The pilot implementation of the Icelandic Prevention Model for Native youth is grounded in the understanding that substance use is largely a social and environmental issue – not just an individual one. This model advocates for community-driven initiatives aimed to reduce substance use and enhance the health and well-being of young people.

(\$670,000 GF-S, \$330,000 GF-F)

#### Support Tribal public health campaign

The governor proposes funding *For Native Lives*, a campaign that raises awareness in tribal communities about opioid misuse prevention, overdose response,

and treatment. Geared to multiple age groups, this campaign educates people on how to use naloxone, find drug treatment, help people who are in recovery and prevent addiction.

(\$2 million GF-S)

#### Fund Tribal Fentanyl Summit

Tribes are enduring opioid overdose fatalities at four times the state death rate for the public. This investment funds an annual summit that brings Tribal leaders, the governor, and state agency leaders together to discuss the impact and resolution of the opioid crisis on Native communities across Washington.

(\$250,000 GF-S, \$500,000 Opioid Abatement Settlement Account)

## Support *Rise Above* operations

Provide operational support to *Rise Above*, a statewide and Native-led nonprofit that empowers Indigenous youth, ages 5 to 18, to lead healthy lives amidst various challenges. The organization uses a unique sports-based programming rooted in pro-social, multigenerational, and culturally-relevant substance use prevention programs.

*(\$750,000 Opioid Abatement Settlement Account-State)*

## Strengthen law enforcement efforts

### Boost multijurisdictional task forces

This funding will backfill the Byrne Justice Assistance Grant (Byrne JAG) program, which will stop providing federal grants in 2025. These funds are crucial for supporting local teams, known as multi-jurisdictional task forces (previously called “drug and gang task forces”). These task forces play a key role in addressing drug distribution.

*(\$2.7 million GF-5)*

# Opioid strategic agenda

## Summary of investments, 2024 supplemental operating and capital budgets

Focus Area	Items	Agency	Amount
<b>Youth and Education</b>	Community and School Prevention Services	Health Care Authority: Community Behavioral Health	\$6,100,000
	Tribal Supports – Icelandic Model	Health Care Authority: CBH	\$1,000,000
	Tribal Fentanyl Summit	Health Care Authority: CBH	\$750,000
	Rise Above Operational Support	Department of Health	\$750,000
	Behavioral Health Supports	Office of Superintendent of Public Instruction	\$2,355,000
	Update Opioid Prevention Standards	Office of Superintendent of Public Instruction	\$125,000
	Opioid/Fentanyl Public Health Campaign	Department of Health	\$3,000,000
	Tribal Public Health Campaign	Health Care Authority: CBH	\$2,000,000
	Child Welfare Public Health Nurse Pilot	Department of Children, Youth and Families: CW	\$1,350,000
	Child Care Contract Infant Slots	Department of Children, Youth and Families: CW	\$1,597,000
	Safety Plan Participants	Department of Children, Youth and Families: CW	\$1,515,000
	Home Visiting Contracted Child Welfare Slots	Department of Children, Youth and Families: EL	\$1,600,000
<b>Total</b>			<b>\$22,142,000</b>
<b>Health Hubs</b>	Health Engagement Hub Acceleration	Health Care Authority: CBH	\$1,000,000
<b>Total</b>			<b>\$1,000,000</b>
<b>Overdose prevention and Naloxone Access</b>	Smart Health Machines	Health Care Authority: CBH	\$1,440,000
	Naloxone for First Responders	Department of Health	\$1,250,000
<b>Total</b>			<b>\$2,690,000</b>



Focus Area	Items	Agency	Amount
<b>Access to Opioid Treatment Programs</b>	Sublocade Access	Health Care Authority: CBH	\$3,000,000
	Opioid Treatment Program Expansion Grants	Department of Commerce (Capital)	\$5,000,000
	MOUD in Jails Program	Health Care Authority: CBH	\$7,361,000
	MOUD in Correctional Institutions	Department of Corrections	\$4,700,000
	Opioid Treatment Facility Pool	Department of Commerce (Capital)	\$5,000,000
	Opioid Recovery and Care Access Center	Health Care Authority: CBH (Operating)	\$1,500,000
	Opioid Recovery and Care Access Center	Department of Commerce (Capital)	\$3,500,000
<b>Total</b>			<b>\$35,061,000</b>
<b>Recovery supports and services</b>	Oxford House Expansion	Health Care Authority: CBH	\$750,000
	Opioid Workforce Development Grant	Employment Security Department	\$4,404,000
<b>Total</b>			<b>\$5,154,000</b>
<b>Strengthening Law Enforcement</b>	Multijurisdictional Task Forces	Department of Commerce	\$2,700,000
<b>Total</b>			<b>\$2,700,000</b>
<b>Grand Total</b>			<b>\$68,747,000</b>