



Agency Recommendation Summary

Funding was provided in the 2021 legislative session to support strategies identified in the state opioid response plan that address the needs of pregnant and parenting women with opioid use disorder and for the treatment of infants born with neonatal abstinence syndrome. Due to implementation delays, a shift in expenditure authority from FY22 to FY23 is being requested.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Operating Expenditures						
Fund 001 - 1	(\$300)	\$300	\$0	\$0	\$0	\$0
Total Expenditures	(\$300)	\$300	\$0	\$0	\$0	\$0

Decision Package Description

New work generally doesn't happen within original planned time frames. There is a lag with what could be accomplished in FY 22.

Addressing the opioid epidemic is extremely complex and requires collaboration and coordination with multiple stakeholders. These partnerships with agencies, local governments, healthcare systems, and community organizations are necessary to address both prevention and treatment of overdose deaths. We propose shifting \$300,000 expenditure authority from FY 22 to FY 23 so the department may complete all work in the 21-23 biennium as previously identified.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

This request does not expand or alter the current program for the biennium.

Detailed Assumptions and Calculations:

\$300,000 contract for resiliency indicators project implementation.

Workforce Assumptions:

N/A

Strategic and Performance Outcomes

Strategic Framework:

This proposal aligns with the departments Transformational Plan initiatives:

1. Health and Wellness - All Washingtonians have the opportunity to attain their full potential of physical, mental, and social health and well-being. This work uniquely aligns with the data innovation foundational transformation, as it investigates new data factors and validated tools to measure and understand resiliency – needed to improve data-driven solutions to substance use prevention and mitigation.

Performance Outcomes:

The Perinatal unit will work with substance use disorders partners and has developed an evaluation plan through the Substance Use Disorder Learning Collaborative. Learning collaboratives are an effective learning style for healthcare professionals and hospital settings to improve on specific areas through quality improvement methodology. The Perinatal Unit aims to recruit 43 hospitals and approximately 86 providers or nurses in the labor and delivery wards of the hospitals to participate in the learning collaborative.

The primary aims of the learning collaborative are the following:

- By December 31, 2023, >30% of participating hospitals will have a protocol in place to screen everyone giving birth for substance use disorder with a validated screening tool.
- By December 31, 2023, >30% of participating hospitals will have a process in place to refer pregnant or postpartum people with a SUD to outpatient treatment.

Through this work the expected outcomes are the following:

- Reduced maternal deaths due to substance use which includes accidental overdose and suicide
- Reduced number of hospital stays for newborns with neonatal abstinence syndrome which will lead to healthier outcomes for newborns, parents, and cost savings for healthcare facilities and the state
- Increased pregnant and postpartum people with SUD referred for treatment
- Increased Center of Excellence for Perinatal Substance Use certification for Washington state hospital facilities. Certification is recognition for outstanding birth care for gestational parents with a substance use disorder.

In relation to our resiliency index study, we plan to have a validated tool to assess resiliency factors to expand our data-driven understanding of how protective factors mitigate risk for opioid use across the life course, especially those factors most beneficial to pregnant individuals and parents.

Equity Impacts

Community outreach and engagement:

This work will most benefit pregnant and parenting people impacted by substance use and behavioral health conditions. The Washington State Maternal Mortality Review Panel (MMRP) found that, between 2014 and 2016, 60 percent of deaths related to pregnancy were preventable. These deaths disproportionately affected non-Hispanic Black people, American Indian and Alaska Native (AI/AN) people, and people with Medicaid coverage. The leading underlying cause of pregnancy-related deaths were behavioral health conditions related to suicide and accidental substance overdose; opioids were involved in most of the pregnancy-associated accidental overdoses. Reducing perinatal deaths from suicide and accidental overdose are priorities for improvement in Washington state.

Disproportional Impact Considerations:

Weighted to represent the population of Washington, PRAMS data indicates 25% of non-Hispanic Black people, 32% of AI/AN people, and 31% of multiracial people reported depressive symptoms before, during, or after their pregnancy. Those who experienced substance use and depression were also more likely to be enrolled in Medicaid (WA PRAMS, 2015-2019).

Target Populations or Communities:

Equity, innovation and engagement are at the center of this project as it is focused on rebuilding systems of care and trust in communities experiencing persistent inequities in birth outcomes by interrupting bias and discrimination in the perinatal health care system. This approach is in line with the Office of Equity's Pro-Equity Anti-Racism framework, which places community at the center of decision making around solutions to health inequities.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

N/A

Stakeholder Response:

The following agencies and organizations are anticipated to support this proposal:

- Washington State Hospital Association
- Washington State Healthcare Authority
- FIRST Clinic
- American Indian Health Commission
- University of Washington
- Alliance for Innovation on Maternal Health
- Department of Children, Youth and Families
- The Maternal Data Center
- Washington Office of Public Defense
- Washington Chapter of the American Academy of Pediatrics
- Essentials for Childhood

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

Reference Documents

[ML OPIOD EA ADJUSTMENT FINAL.docx](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Obj. N	(\$300)	\$300	\$0	\$0	\$0	\$0

Agency Contact Information

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