

WCHCS Operations Plan for Fentanyl Executive Order

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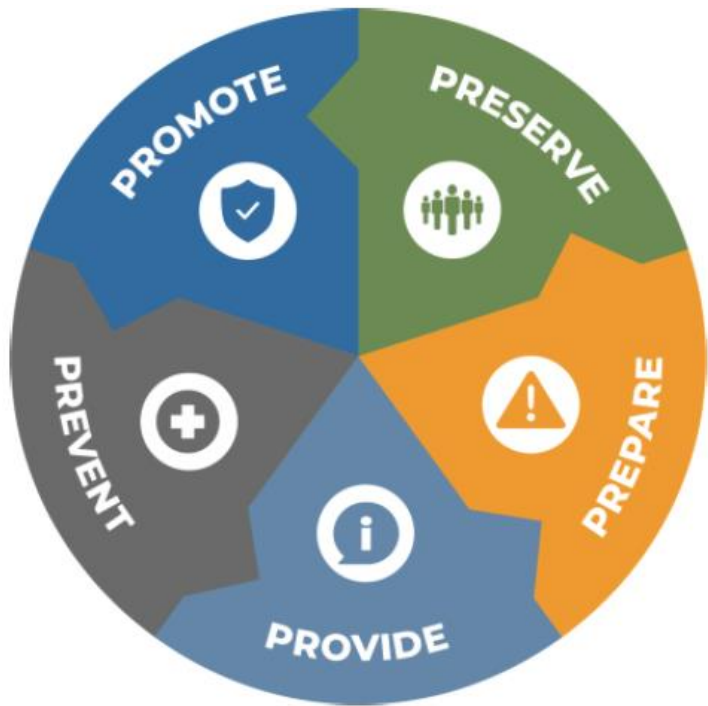
WHATCOM COUNTY
**HEALTH AND
COMMUNITY
SERVICES**



WCHCS Purpose



We serve Whatcom County by advancing equity and partnering with our community to:



- promote health through policy and systems improvement
- prevent disease and injury
- provide accurate and reliable health communication, information and data
- prepare for and respond to emergencies
- preserve a healthy environment where everyone can thrive

PITA Model



PHASE OF CONTINUUM	PURPOSE
PREVENTION	Programs that prevent onset or curtail before regular use occurs, including Universal (targets general population with community-wide strategies), Selective (targets groups at risk or a sub-set of population), and Indicated (targets individuals who are exhibiting early signs of opioid use disorder)
INTERVENTION	Programs that reduce the risk of harm and decrease negative health outcomes associated with opioid use disorder, ranging from early intervention to ongoing support for chronic and sustained opioid use disorder
TREATMENT	Programs that improve social functioning, quality of life, and life expectancy through diagnosis and the use of intentional intervention in the physical health, behavior, and substance use of an individual
AFTERCARE/ RECOVERY	Programs that support stability, recovery, and relapse prevention

Background



In the area of prevention, Whatcom County has:

- Provided enhanced Behavioral Health sales tax funds to school districts to provide more services to students;
- Co-Founded and participates in All Hands Whatcom to deliver community training and engagement;
- Developed education and marketing tools regarding fentanyl and other opioids;
- Coordinate prevention efforts among four community prevention coalitions; and
- Launched an Whatcomoverdoseprevention.org website with local overdose data, education materials, relevant laws, and Narcan available for order.

Background



In the area of Intervention, Whatcom County has:

- Funded additional re-entry specialists at jail;
- Opened the Anne Deacon Center with detox provided by Pioneer Human Services and behavioral health provided by Compass Health;
- Launched the Co-Responder program, the Alternative Response Team (ART), and the Medical Reserve Corps (MRC) and Street Medicine Teams;
- Expanded GRACE and LEAD
- Enhanced Mental Health Court; and
- Distributed nearly 12,000 doses of Narcan in 2023 to community members.

Background



- April 9: Whatcom County Council passes resolution to declared fentanyl an emergency
- April 10: Whatcom County Executive released an Executive Order requesting that Whatcom County Health and Community Services (WCHCS) create an Operations Plan by end of May
- May 30: WCHCS transmits Operations Plan to Council and Executive, which includes strategies *within the scope of WCHCS*



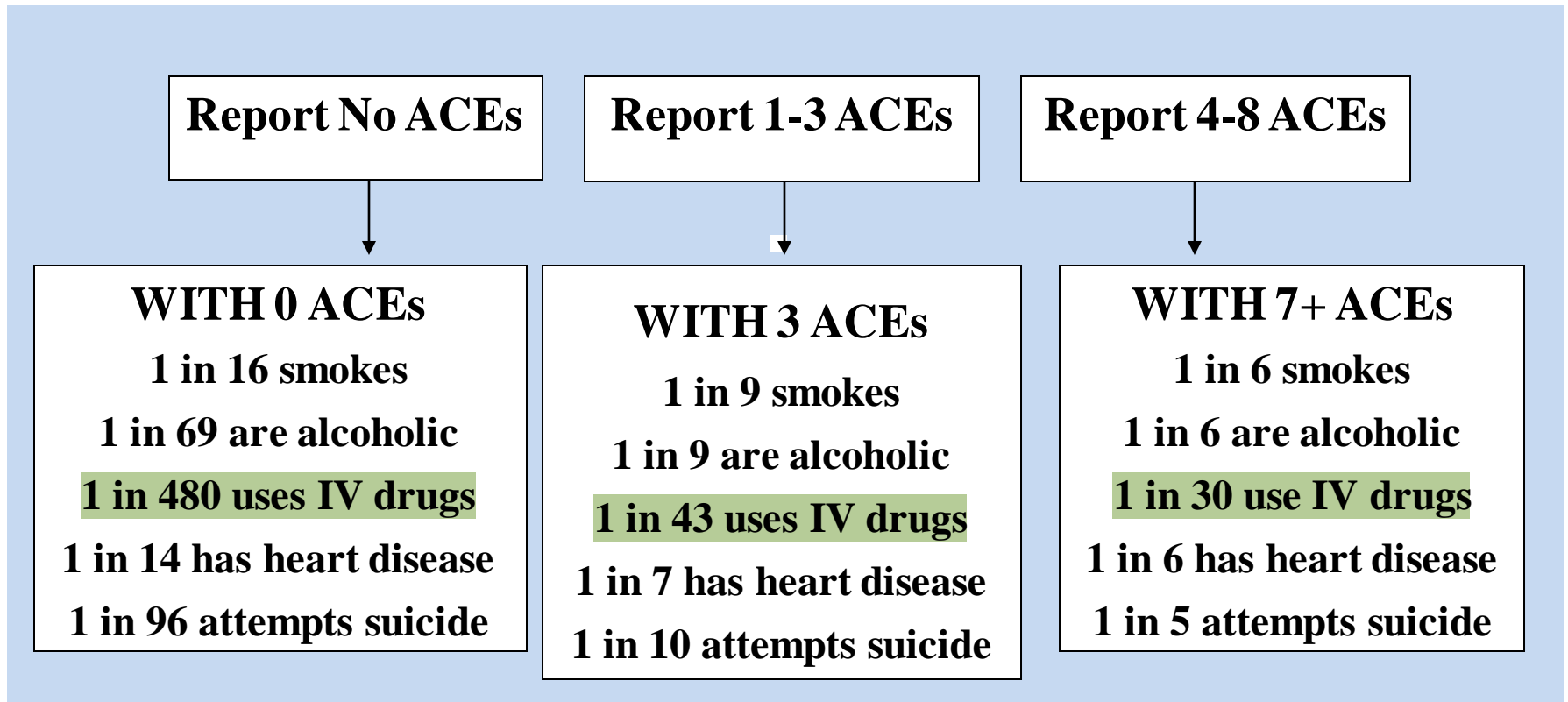
Fentanyl Operations Plan

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Strategy 0 – Primary Prevention



- Addressing ACEs through early intervention



Fentanyl Operations Plan



Prevention: 8 strategies

- 2 ongoing, 4 short-term, 1 medium-term, 1 long-term
- Activities include an education campaign and targeted training to medical providers and first responders, increased litter clean up, purchase and distribution of medication lock bags, decreasing unsheltered homelessness, installing a naloxone vending machine, and supporting an online resource hub including services and treatment options

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Intervention: 11 strategies

- 4 short-term, 6 medium-term, 1 long-term
- Activities include embedding key positions in housing, the hospital and other clinical settings to support recovery and treatment linkages; plan for a temporary and long-term 23-hour crisis facility; partner to develop an overdose response team and increase mobile and MOUD and MOUD in the field; increase recovery housing, access to naloxone, and LEAD capacity; and create an overdose death review panel

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Treatment: 5 strategies

- 1 short-term, 2 medium-term, 2 long-term
- Activities include enhancing and expanding existing supports in housing and jail settings; building out the therapeutic campus on division; support Lummi Nation's secure withdrawal management facility; and incentivize behavioral health providers to locate and expand locally

Fentanyl Operations Plan



Aftercare/Recovery: 5 strategies

- 2 medium-term, 3 long-term
- Activities include increasing recovery housing, including tiny home recovery housing; support employment and social networks and opportunities for people in recovery; provide additional linkages, like transportation, between jail and recovery/treatment opportunities

Funding and Capacity Realities



- Lack key positions and countywide infrastructure to implement
- Flexible funding is limited and dedicated funding sources are not sufficient or too restricted to meet all needs
- Same funding is needed for a variety of different Council priorities, like shelter
- Some items will not move quickly in absence of an emergency declaration or waiting until budget process for authorization
- Ops Plan does not include the full scope of need or activities required to address fentanyl

Next Steps



Program Development and Execution

- Convene MAC workgroups on MOUD in field/overdose response, MOUD and SUD treatment initiation, and employment opportunities
- Request authorization for spending, contracts, positions, etc.
- Request approval of spending behavioral health funds; ensure any spending aligns with Opioid Abatement Council's allowable expenses and reporting requirements

Data and Evaluation

- If staff funding is identified and staff are hired, increase data, reporting, evaluation of programs and services
- Implement data system to allow for electronic reporting of notifiable conditions (including overdoses)
- Link data systems with Justice Project, Response Systems, and other initiatives (with addition of Informatics staff)

Recommendations from MAC Group



Prevention

Recommend adding:

- Primary prevention activities;
- School services and behavioral health services in schools;
- Expand healthcare access in rural areas;
- Create more community spaces available to young people and families (third spaces); and
- Provide more transportation services to access resources.

Recommendations from MAC Group



Intervention

Recommend adding:

- More focus on peer support/SUD navigators
- Navigation between MOUD providers, Anne Deacon Center, 23-hour clinic, etc.

Prioritize:

- Mandatory of non-fatal overdoses with follow up
- Opioid Death Review Panel
- Temporary Diversion Center
- MOUD in the field

Recommendations from MAC Group



Treatment

Recommend adding:

- Assessment of MOUD resources/prescribers and needs;
- Improved collaboration between primary care and specialized providers (MOUD); community coordinator?
- Referral program/process for MOUD

Prioritize:

- Diversification of jail treatment
- Source for community resources/treatment options

Recommendations from MAC Group



Aftercare/Recovery

Prioritize:

- Recovery housing, including tiny homes
- Supported employment services

Discussion Questions



What would Council like to prioritize?

What areas require additional discussion?

What would Council like to defer/delay?

How would Council like to participate/stay informed?

What steps will Council and Executive take to include other departments and governments?



Questions?

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