



WHATCOM COUNTY COUNCIL

SPECIAL COUNCIL MEETING AS THE HEALTH BOARD JOINT MEETING WITH THE PUBLIC HEALTH ADVISORY BOARD

1:00 p.m. Tuesday, July 18, 2023
Garden Level Conference Room, Civic Building
(if virtual: www.whatcomcounty.us/joinvirtualcouncil)

A G E N D A

<u>Meeting Topics</u>	<u>Pages</u>	<u>Time</u>
1. Roll Call of Health Board	no paper	1:00-1:05
2. Roll Call of Public Health Advisory Board	no paper	1:05-1:10
3. Public Comment	no paper	1:10-1:20
4. Health Officer/Health Director Updates	no paper	1:20-1:30
5. Opioids in Whatcom County Data Update Update on Settlement Funds MAC Group Structure All Hands Re-cap and Next Steps System challenges and opportunities Short Term Plan Recommendations and Resources	page 2 - end	1:30-2:30



HEALTH BOARD Discussion Form

July 18, 2023

AGENDA ITEM #5: *Opioids in Whatcom County*

PRESENTERS: *Erika Lautenbach*

BOARD ACTION: ☐ Action Item ☒ Discussion ☐ FYI - Only

Opioid misuse and overdose deaths have been a growing concern in Whatcom County, consistent with the national epidemic. While misuse of prescription opioids has trended downward for the past few years, other synthetic opioids (e.g. Fentanyl) have experienced significant growth. With high potency opioids more available, overdose deaths and EMS responses to overdoses incidents have increased. Poly drug use (use of opioids with other substances) has also been a growing concern.

The purpose of this special meeting is four-fold:

- Share new information and updates
- Provide additional information about the Multi-Agency Coordination Group
- Summarize findings from Opioids All Hands meeting
- Receive feedback from County Councilmembers about what actions they'd like to take

EQUITY CONSIDERATIONS

(include data or information about how topic impacts or could impact equity, including racial equity)

Washington State data shows that American Indian/Alaska Native and Black populations experience much higher rates of overdose deaths, hospitalizations, and non-fatal emergency department (ED) visits. Rural communities also struggle to access vital services to address the opioid crisis.

BOARD ROLE / ACTION REQUESTED

Briefing and identification of potential areas for Health Board participation or leadership.

ATTACHMENT(S)

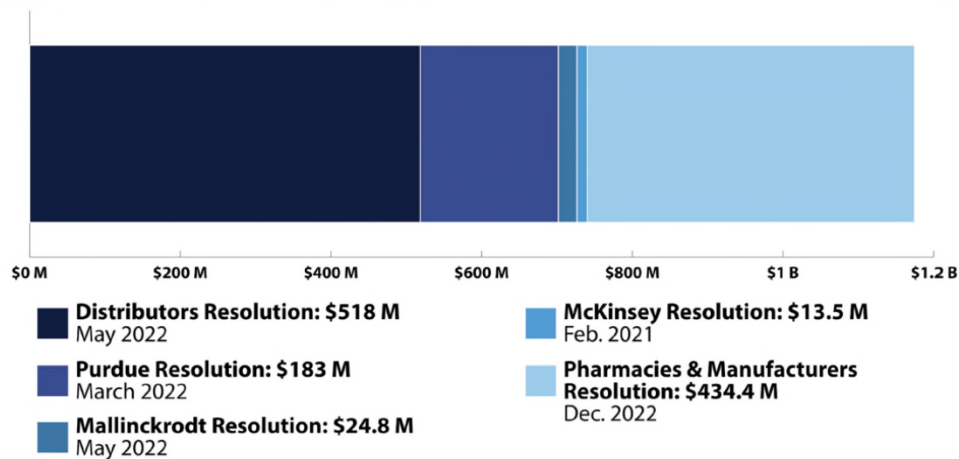
slide presentation
joint City of Bellingham/Whatcom County letter to Health and Community Services
response letter
All Hands Whatcom summary
services and strategies summary



Washington State Opioid Settlement



Washington total opioid-related recoveries:
\$1.1 BILLION



Resource: <https://www.opioidsettlementtracker.com/globalsettlementtracker/#statuses>

Region 10 Opioid Settlement Summary

	Alaska	Idaho	Oregon	Washington
Settlement involvement	J&J, McKesson, Amerisource Bergen, Cardinal Health	J&J, McKesson, Amerisource Bergen, Cardinal Health	J&J, McKesson, Amerisource Bergen, Cardinal Health, Purdue	McKesson, Amerisource Bergen, Cardinal Health <i>CVS, Walgreens, Walmart, Teva, Allergan</i>
Settlement amount <i>Over 18 years</i> <i>Staggered distribution</i>	\$58 million	\$119 million	\$97 million (Purdue) \$329 million (J&J, McKesson, Amerisource, Cardinal Health)	\$518 million (McKesson, Amerisource, Cardinal Health) <i>\$434 million (CVS, Walgreens, Walmart, Teva, Allergan)</i>
Who's receiving the settlement?	85% state 5% political subdivisions	40% state 40% participating cities and counties 20% participating health districts	45% state 55% participating subdivisions	50% state 50% counties

Resource: <https://www.opioidsettlementtracker.com/globalsettlementtracker/#statuses>

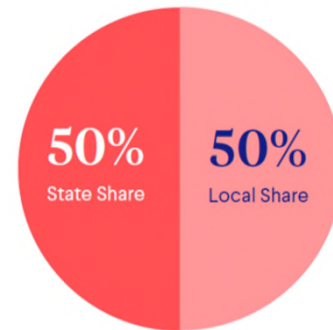
Settlements & WA State

Company	Dollars in Million	Distribution Period
McKesson/Amerisource-Bergen/Cardinal Health	518 Million	18 yrs.
CVS	110.6	10 yrs.
Walgreens	120.3	15 yrs.
Walmart	62.6	1 st yr. 97%
Teva	90.7	13 yrs.
Allergan	50	7 yrs.
Purdue	183	
Mallinckrodt	24.8	
McKinsey	13.5	
Johnson & Johnson	Pending	
Rite Aid	Pending	
Kroger	Pending	
Albertson	Pending	

Allocation of Settlement Funds

Local governments will determine how to spend their share, and the Legislature will determine how the state share is allocated in communities around the state. In the 2023 legislative session, the Legislature [allocated \\$64.1 million from the opioid payments](#). Examples of legislative support included:

- \$18,168,000 for prevention, treatment and recovery support services to address and remediate the opioid epidemic.
- \$15,447,000 to tribes and urban Indian health programs for opioid and overdose response activities.
- \$5,000,000 for the Department of Health to expand the distribution of naloxone through overdose education and a distribution program.
- \$4,000,000 for the authority to provide short-term housing vouchers for individuals with substance use disorders.



<http://www.vitalstrategies.org/wp-content/uploads/Washington-Opioid-Settlement-Fact-Sheet.pdf>

Opioid Abatement Strategies

PART ONE: TREATMENT

- a. Treat Opioid Use Disorder (OUD)
- b. Support People in Treatment and Recovery
- c. Connect People Who Need Help to the Help They Need (Connections to Care)
- d. Address the Needs of Criminal Justice-Involved Persons
- e. Address Needs of Pregnant/Parenting Women & their Families, including Babies w/ Neonatal Abstinence Syndrome 6

PART TWO: PREVENTION

- f. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
- g. Prevent Misuse of Opioid
- h. Prevent Overdose Deaths and Other Harms

PART THREE: OTHER STRATEGIES

- i. First Responders
- j. Leadership, Planning, and Coordination
- k. Training
- l. Research

“Distributor Settlement” Allocations

From McKesson, Amerisource Bergen, & Cardinal Health

Local Government	Allocation %	Based on 215 Settlement
Whatcom County	1.3452637306%	\$2,892,317.02
Bellingham	0.8978614577%	\$1,930,402.13
Ferndale	0.0646101891%	\$138,911.91
Lynden	0.0827115612%	\$177,829.86
County total	2.3904469386%	\$5,139,460.92 *
<i>Blaine, Everson, Nooksack, & Sumas below 10k population</i>		

**Total allocation doubles from \$217 million settlement with CVS, Walgreens, Walmart, Teva, & Allergan*



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Satpal Singh Sidhu, Executive
Whatcom County
311 Grand Avenue
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May 2, 2023

Erika Lautenbach
Whatcom County Health and Community Services
509 Girard Street
Bellingham, WA 98225

Director Lautenbach:

As you know, fentanyl and other deadly and highly addictive drugs are circulating nationwide and in Whatcom County, and are contributing to public health, emergency service capacity, and public safety concerns in our community. The recent data your department provided in coordination with the Medical Examiner, PeaceHealth, and EMS show a dramatic increase in overdose ED admits, overdose deaths, and 911 overdose calls. This data indicates a local crisis and call for a coordinated approach and response.

We understand that Whatcom County Health and Community Services will soon activate an Incident Command Structure (ICS) on opioids internally and are committed to the following:

- Providing regularly updated, publicly available opioid overdose data dashboards on your website in coordination with PeaceHealth, Medical Examiner, and EMS by June
- Engaging stakeholders to understand needs and gaps in systems of support
- Identifying populations most at risk or vulnerable to use and overdose of opioids
- Ensuring a system exists to distribute detection and overdose reversal supplies
- Coordinating communication and resources to the community

In addition, we recognize the need for broader coordination with other stakeholders to facilitate a more seamless and efficient delivery of services and information. We ask that you convene the partners within the next few weeks and provide an outline of a potential structure, roles and responsibilities, and staff identified by mid-June to both of our offices.

Please work with relevant partners including school districts, service providers, medical community, Medical Examiner, city Police and Fire, county Sheriff, Corrections and EMS, our offices, and communicators representing all agencies to develop and structure methods to coordinate and collaborate on efforts. We are aware of Snohomish County's Multi-Agency Coordination Group (MAC) on opioids and there may be some applicable ideas and options to explore and consider in that model.

We share a great sense of urgency to address this deadly crisis and ensure we have a coordinated and effective response that will save lives, reduce suffering, and increase the safety of our communities. We look forward to hearing more from you in June and thank you for your ongoing efforts to address this and other pressing issues in Whatcom County.

Sincerely,


Satpal Sidhu
Executive, Whatcom County


Seth Fleetwood
Mayor, City of Bellingham



June 15, 2023

Executive Sidhu
Whatcom County
311 Grand Ave
Bellingham, WA 98225

Mayor Fleetwood
City of Bellingham
210 Lottie Street
Bellingham, WA 98225

Executive Sidhu and Mayor Fleetwood,

Thank you for your letter on May 2 and your request for more coordination and tangible response activities associated with the opioid/stimulant health crisis.

Over the last month, Whatcom County Health and Community Services (WCHCS) has initiated the following:

- Convened an Opioid Readiness group internal to our department, that has met weekly to coordinate and share information
- Developed a draft website with data dashboards, local information and resources, and an online form to place orders for Narcan. We plan to publish this site before July 1, with additional website resources to follow in the coming weeks.
- Organized a joint meeting between the Public Health Advisory Board and the Opioid Task Force to develop policy and resource priorities for Health Board consideration at their meeting on July 18
- Co-Led the planning efforts for an All Hands Summit on opioids June 27 and 28, and a follow up event with author Sam Quinones on August 1
- Re-prioritized ARPA funds to acquire and distribute additional naloxone to priority populations and groups.

In addition, we will develop a short-term plan to address the issues associated with opioids, track the status of opioid settlements and allowable expenses, participate in the regional allocation group assigned to determine opioid settlement priorities, and make plans to update the Opioid Prevention and Response Plan.

Your letter on May 2 requested that WCHCS partner with others in the community to convene a coordinating effort.

Beginning in July, WCHCS will convene a Multi-Agency Coordinating Group (MAC Group) consisting of representatives from healthcare, fire and emergency medical services, law enforcement, school districts, substance use disorder treatment and prevention providers, social services, and other community partners who work with individuals and families impacted by the recent rise in opioid usage and deaths.





The mission of the MAC Group is to coordinate the ongoing community-wide response efforts to the opioid crisis, and identify and prioritize additional short-term objectives and strategies to reduce drug-related deaths and mitigate the impacts to property and public safety in Whatcom county. Our local efforts will align with those outlined in the Washington State Opioid and Overdose Response Plan:

Goal 1 – Prevent opioid and other drug misuse

Goal 2 – Identify and treat opioid misuse and stimulant use disorder

Goal 3 – Ensure and improve the health and wellness of people who use opioids and other drugs

Goal 4 – Use data and information to detect opioid misuse, monitor drug user health effects, analyze population health, and evaluate interventions

Goal 5 – Support individuals in recovery

The MAC Group will meet monthly to improve situational awareness and cross sector collaboration among partnering agencies towards shared goals and objectives, identify systemic gaps, develop proposals to remove barriers, and prioritize policy, service, and funding recommendations.

The Mac Group coordinator and support staff will:

- Facilitate regular monthly MAC Group meetings, as well as ad hoc workgroup meetings to address identified gaps.
- Provide regularly updated opioid overdose data dashboards and other prevention resources via a shared website.
- Document and share progress toward goals and objectives, and policy guidance needed.
- Ensure a system exists to prioritize and distribute detection and overdose reversal supplies
- Coordinate public messaging

I request your help in inviting these agencies to participate. Partner support is critical to the success of any multi-agency response, as is representation by decision-makers at these meetings. My colleague Jennifer Gay will follow up with your respective offices to coordinate invitations to the MAC Group.

Thank you for your interest in urgently addressing this public health and safety concern in our community.

Sincerely,

A handwritten signature in blue ink, reading "Erika Lautenbach".

Erika Lautenbach



In June of 2023, nearly 300 community members engaged in learning and planning over the course of a two-day Summit. Below is a high-level summary of the nearly 1000 action items identified. More info: [All Hands Whatcom](#)

FUNDING PRIORITIES

Prevention Action Highlights:

- Significant calls to invest in youth and schools: 3rd Spaces!, school counselors, mentor programs
- Fund universal childcare and early education, and extracurricular activities for youth
- Expand mental health services for children, youth, and their parents/care givers

Targeted and Universal Action Highlights:

- Overwhelming calls for increasing affordable housing, low-barrier housing, Housing First programs, rental assistance, tiny home villages, housing for elders, re-entry housing, youth dedicated housing, non-religious shelter options
- Overwhelming calls to build 3rd Spaces! for youth and specific to LGBTQIA, BIPOC, and others
- Fund community-based services: supportive employment/job training, community-building, peer programs
- Significant calls to fund evidence-based programs and treatment: SUD treatment facilities, harm reduction programs and community education, Narcan and testing strips, mobile harm reduction, and safe use sites
- Expand access to mental health services in general and specifically for those on Medicaid

Highest priority actions across all categories:

- Significant expansion of SUD treatment facilities/services, & harm reduction programs
- Overwhelming support for building 3rd Spaces!
- Affordable housing, Housing First programs, and homelessness response
- Invest in youth mentoring, prevention, and engagement in schools and community
- Fix the siloed nature of community services and expand accessibility and integration
- Focus on reducing stigma around SUD
- Vast expansion of mental and behavioral health services, and fix insurance barriers
- Invest in community-building activities, peer programs, re-entry and employment services

POLICY & ADVOCACY

Prevention Action Highlights:

- Significant calls to move away from punitive responses to youth in schools for drug offenses
- Support policies that expand health education for youth in schools
- Advocate for funding for: 3rd Spaces!, affordable housing/Housing First, basic needs, accessible transportation, expanded mental health services
- Legislation for universal healthcare, universal childcare/early education, and paid parental leave
- Rent stabilization legislation

Targeted and Universal Action Highlights:

- Overwhelming calls to change the policies/laws that create/reinforce service silos (particularly within MH and treatment) to increase cohesion and integrated care
- Advocate for policies that supports harm reduction approaches and substance use response/harm reduction (such as community drug testing, safe use sites)
- Change laws to fix insurance reimbursements for treatment facilities to increase access to care
- Significant calls to decriminalize substance use
- Significant calls to address increased regulations on substances entering our community

COMMUNITY LEARNING AGENDA

Prevention Action Highlights:

- Significant investments in youth education: financial literacy, accurate education on harm reduction/Narcan/substance, sexual ed, racism
- Community trainings in Hope Science
- Parent, caregiver, and community-wide education on: substance use disorder, harm reduction, impacts of childhood trauma, emotional regulation, sexual-ed, racism/white supremacy
- Significant interest in learning models for community building through 3rd Spaces

Universal & Targeted Action Highlights:

- Community trainings on substance use disorder/harm reduction approaches
- Trainings on peer support models
- Models to support employment opportunities for those exiting homelessness or incarceration

Never heard of 3rd Spaces? We hadn't either.

The Opioid Summit featured a Next Gen Panel to elevate the voices of youth in our community planning and response. The amazing Next Gen panelists shared the concept of 3rd Spaces as a significant community opportunity and need and Summit participants agreed!

3rd Spaces are safe, community-centered locations for youth to connect with one another and engage in positive activities.

Home and School are first and second spaces, and not all youth are safe in either. 3rd Spaces can provide connections with peer and mentor programs, community services, basic needs, healthy activities, and community.

CONNECTION AND HEALING

Prevention Action Highlights:

- Significant calls for supporting youth and schools (3rd Spaces!, trusted adult/mentorship programs) Increase family support & community-building activities (meals, nature, art, etc.)
- Significant community-wide efforts to decreasing the stigma of substance use

Targeted & Universal Action Highlights:

- Significant calls to increase community gatherings for connection (3rd Spaces!, Youth mentoring programs, community gardens, reconstructing spaces created by colonialism, community education on trauma, more emphasis on wellness),
- Commitment to integration of lived experience voice into service work,

ALL HANDS! INDIVIDUAL ACTIONS AND CONTRIBUTIONS

Highlights:

- Screen for and reduce child trauma (ACEs), expand mentoring for youth & 3rd Spaces!, help shift the narrative and reduce stigma, increase emotional regulation, educate kids and involve them in skill building and empathy-building activities, involve youth in community action
- Build community, share knowledge of resources, love one another, be kind, show respect to those struggling and who use substances, support encampments, provide safe non-religious recovery spaces

Recommended Services & Strategies to Address Gaps & Needs

The community and key stakeholders provided feedback about local needs and gaps related to opioid and other substance misuse. The following programs, services, or strategies were identified from that feedback, which includes over fifty strategies. Some topic areas, such as training, were identified in multiple topic areas but were condensed in the list below (see Needs & Gaps Summary for full listing). Prior to implementation, strategies will consider local data to support the service need, ability of the service to demonstrate outcomes, and general viability for implementation (capacity and resource).

I. Prevent opioid misuse

- 1) Youth Prevention Clubs
- 2) Peer Education (e.g., Teens Against Tobacco Use)
- 3) Mentoring
- 4) Evidence-based programs (see Blue Prints)
- 5) Restorative Discipline
- 6) Pro-Social Events
- 7) SBIRT (screening, brief intervention, and treatment)
- 8) SAP (Student Assistance Programs-substance use focus)
- 9) Mental Health Counseling
- 10) Peer Mentoring in school
- 11) School-based Evidence-based programs (see Blue Prints)(Good Behavior Game, Great Body Shop, etc.)
- 12) CARE Teams (Coordinating Available Resources in Education)
- 13) Strengthening Families Program
- 14) Family-Focused Evidence-based programs (see Blue Prints)
- 15) Prevention Coalition Support (strategies and staffing)
- 16) Marketing Campaign (Whatcom Has Hope) awareness on harm reduction, stigma, safe storage and disposal, social norms, positive social norms, fentanyl awareness, risk and protective factors, Good Samaritan Law, naloxone use and access, etc.)
- 17) Expand capacity to coordinate opioid response
- 18) Suicide prevention program expansion (e.g., MAD HOPE-Making A Difference-Helping Other People Everywhere)
- 19) Youth Mental Health First Aid Trainings; Teen MH First Aid Trainings
- 20) End the Silence Program (e.g., National Alliance on Mental Illness)
- 21) Health centers (community and school-based)
- 22) Incredible Years
- 23) Roots of Empath (address violence and pro-social involvement)
- 24) Nurse Family Partnership
- 25) Training (resilience & coping skills; Positive Youth Development Trainings, brief interventions, seniors using opioids with alcohol, veterinarian education, leadership, facilitation, and self-actualization, peer refusal skills, skill development, hope science, suicide prevention, risk reduction, etc.)

II. Identify and treat substance use disorder

- 1) Substance Use Disorder (SUD) Assessments
- 2) Assessments (in Jail, and those re-entering community from Jail)
- 3) SUD Treatment (including co-occurring disorders)
- 4) Medication Assisted Treatment (MAT)
- 5) Jail (treatment/recovery support/MAT)
- 6) Fund non-Medicaid MAT services
- 7) Navigator/Peer support (emergency room, jail, transitions from treatment)
- 8) Workforce development (recruitment, loan repayment, etc.)
- 9) Care Coordination support
- 10) One-number support line

- 11) Safe house
- 12) Suboxone bridge to treatment
- 13) Training (care coordination, training to housing providers on opioid issues and treatment, etc.)

III. Ensure and improve the health and wellness of individuals that use drugs

- 1) Medication Lock bag distribution
- 2) Drug Disposal Interventions (and Drug Take Back events)
- 3) Naloxone distribution
- 4) EMS Response support (integrate MAT, etc.) Pilot an outreach program that diverts certain opiate OD's to an alternate facility (community support facility) where there could be a bridge to MAT. EMS to offer this diversion as part of the larger Alternative Response Team (ART) response and Ground-Level Response and Coordinated Engagement (GRACE) teams.
- 5) Street Medicine Program
- 6) Restorative Justice programs
- 7) Harm reduction resources (pipes/filters)
- 8) Drug check testing (strips or available services)
- 9) Increase access to Syringe Services Program
- 10) Pregnancy services (neo-natal support)
- 11) Hope Navigators (early intervention care navigators, pain management, etc.)
- 12) Trainings (trauma-informed care, trauma-informed training for responders, etc.)

IV. Use data to detect opioid misuse/abuse, monitor illness, injury and death, and evaluate interventions.

- 1) Expand staffing capacity (to coordinate data, evaluation, and communications efforts)
- 2) Data dashboard for tracking, planning, and evaluation
- 3) Research through focus groups (substance use clients) and qualitative data analysis

V. Support individuals in recovery

- 1) Youth Peer Support post-treatment
- 2) Support groups (parents and loved ones)
- 3) Jail transition support
- 4) School-based services (ongoing support)
- 5) Access to interventions (Visions, Drug Court, etc.)
- 6) Recovery housing

Feedback will continue to be collected in the community. This will be an evolving and growing list, and additional programs, services, and strategies not on this list may also be considered for implementation.