

Collaboration

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Rural Response to the Opioid Epidemic

Grays Harbor County Public Health

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Wilma Weber

Project Summary
2020-2023

Introduction

In December of 2019, Grays Harbor was one of 21 sites across the nation to be awarded Rural Response to the Opioid Epidemic funding. This was a demonstration project managed by the Institute for Intergovernmental Research (IIR) and was supported by funding from the Bureau of Justice Assistance (BJA), State Justice Institute (SJI), and the Centers for Disease Control (CDC).

Originally slated for a 24-month funding period, this project was extended due to the implications of the COVID-19 pandemic. Initial work on this project began in March of 2020 with a trip to Washington D.C. for the grant's Executive Leadership Team (ELT) and concluded in December of 2022.

This project was managed by Wilma Weber from Grays Harbor County Public Health (GHCPH) and the following individuals comprised the ELT for all or part of the performance period: Brad Johansson, Undersheriff, Grays Harbor County Sheriff's Office; Susan Drake, Behavioral Health Manager, Sea Mar; Robert Kegel, Coroner, Grays Harbor County; Cassie Lentz, Healthy Places Manager, GHCPH; Tom Hubbard, Fire Chief, Cities of Aberdeen and Hoquiam; David Mistachkin, Grays Harbor Superior Court Judge; Jeff Simmons, Community Member; Stephen Brown, Grays Harbor Superior Court Judge.

The role of the ELT was to provide strategic oversight and execute decision making authority for this initiative.

Through this collaborative process, the following strategies were initiated with RROE funding:

- Strengthen Epidemiologic Surveillance
- Form a Quick Response Team to follow-up with individuals after a 9-1-1 overdose response
- Design and launch an anti-stigma campaign around substance use disorder
- Establish a System of Care in the County Jail to quickly assess, treat, and provide re-entry support to incarcerated individuals with an Opioid Use Disorder (OUD)
- Provide funding for housing support for individuals exiting jail to homelessness
- Provide naloxone and overdose response training to secondary schools in Grays Harbor
- Support Therapeutic Court Program (aka: drug court) with the addition of a peer support/navigator position

In the ensuing report you will find outputs related to these strategies and some notes about strategy evolution.

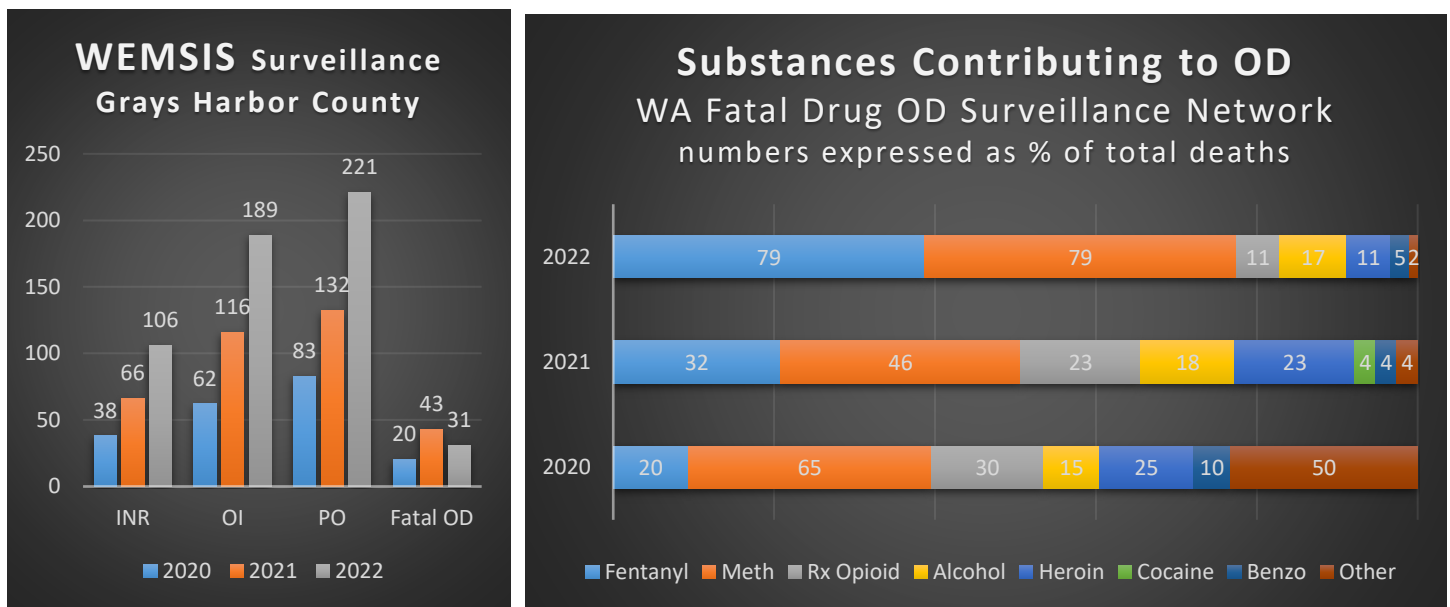
Epidemiologic Surveillance

Although we didn't advance as far as we had liked in the collection and dissemination of data related to the effects of OUD on EMS and hospital utilization, we do have the groundwork set for plugging into the state monitoring system. Since January of 2020 GHCPH has been collecting state-level surveillance reports regarding the opioid epidemic. The two main sources we get this information from is 1). Washington Emergency Medical Services Information System (WEMSIS) which tracks EMS/911 responses involving overdose and 2). Washington State Fatal Drug Overdose Surveillance Network which tracks fatal overdoses.

In the *WEMSIS* chart below, INR is improved naloxone response; OI is opioid impression; and PO is probable overdose.

Substances Contributing to OD shows the impact of poly-substance drug use. Most deaths are attributed to more than one drug in system at time of death. A simple comparison between 2020, 2021, and 2022 shows the prevalence of types of drugs (expressed in percentage) present in overdose fatalities.

(The numbers used in these graphs are considered surveillance numbers and not an official record)



Over the course of this funding period, Grays Harbor County has seen a significant increase in overdose response, and overdose fatalities. The increasing impact of fentanyl and meth related to fatal overdose deaths is also significant. This is a troubling trend that is not exclusive to our county and will continue to require a public health and safety response.

Naloxone Impact

The increasing availability of naloxone in the community does impact the *WEMSIS* report above. In 2016 GHCPH partnered with the University of Washington in the Prevent Drug Overdose project and by March of 2020 over 2,500 naloxone kits had been distributed to lay and EMS responders in Grays Harbor County. This program of naloxone distribution is continuing through the local syringe service program provider. The state of Washington also has a standing order to allow naloxone to be accessed at pharmacies without a prescription.

Although we will never know the exact number of overdoses that have occurred in our community, we firmly believe that without the availability of this life-saving drug we would be seeing a larger impact on our medical response system and an increase in fatal overdoses.

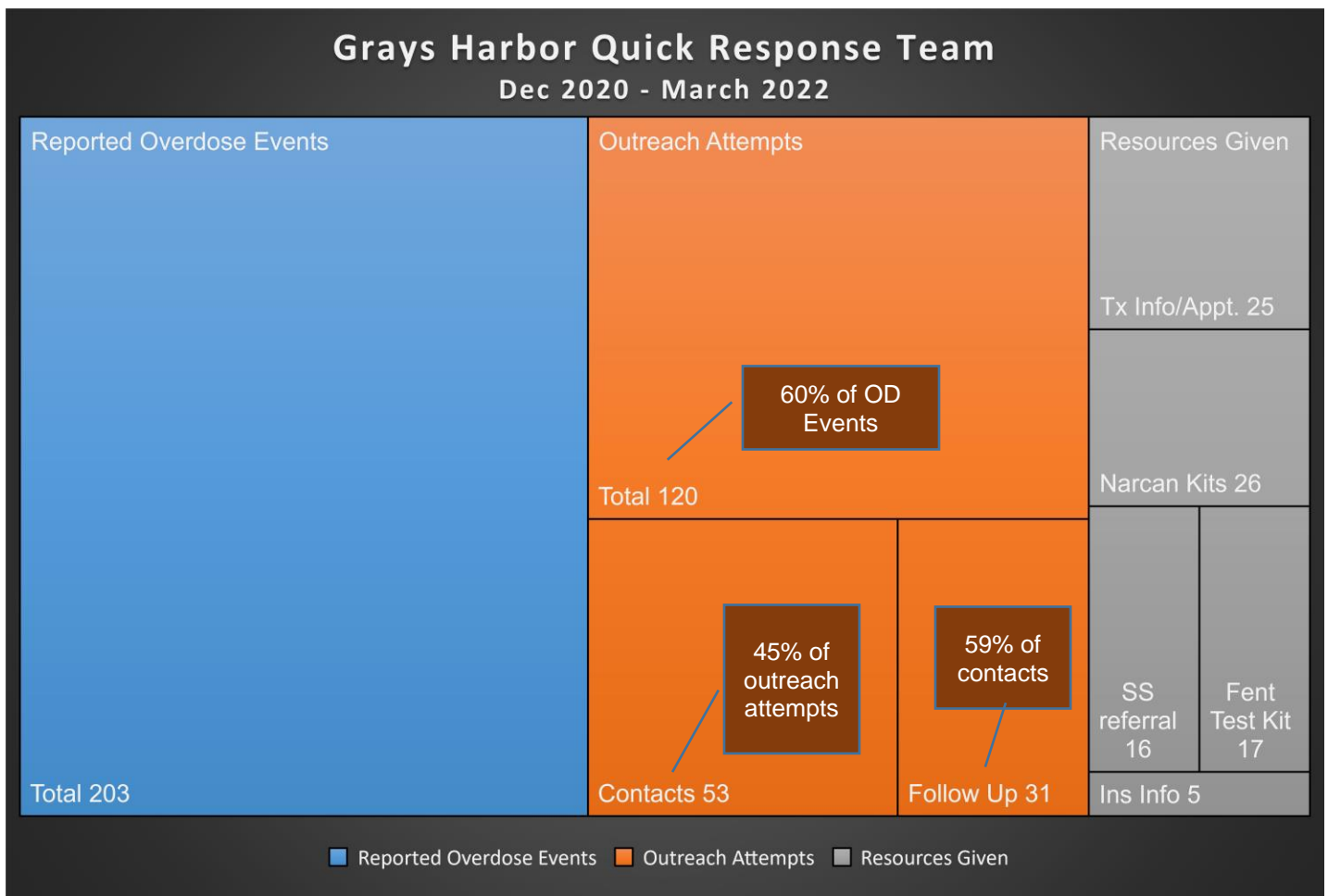
RROE Strategies

Grays Harbor Quick Response Team (QRT)

The QRT was operational for 16 months (December 2020 – March 2022). The mission of our QRT was to decrease the morbidity and mortality of people who use drugs by supporting and encouraging overdose victims to make healthier choices. Team members attempted to connect with overdose victims within one (1) week of their 9-1-1 overdose event to provide a connection to behavioral health and social services.

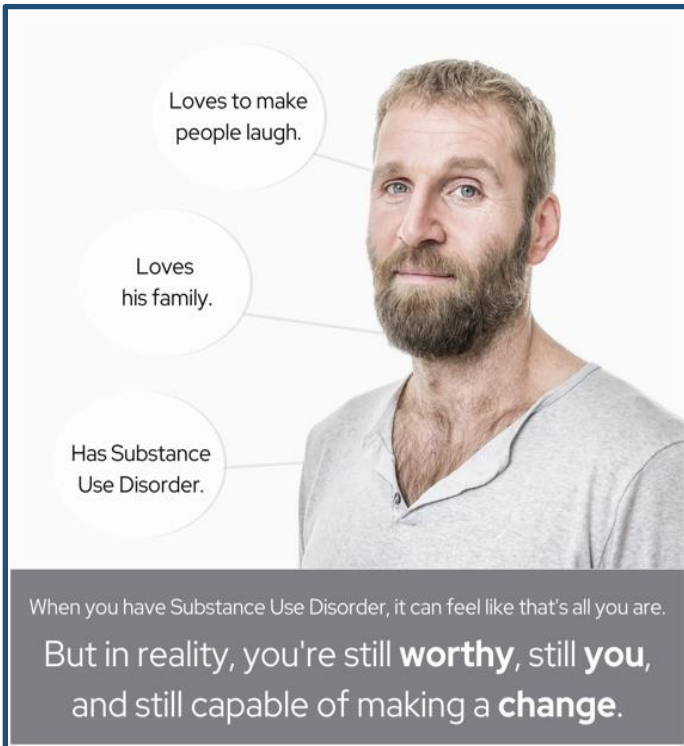
This effort was led by the Fire Service Specialist at the Aberdeen Fire Department and was operated in partnership with the Hoquiam Fire Department and volunteers from these community agencies: Chaplains on the Harbor; Coastal Community Action Program; Community Integrated Health Services; Grays Harbor Comprehensive Treatment Center; Lifeline Connections; and Willapa Behavioral Health.

The following chart shows the summary of this effort:



Ultimately there were many factors in the dissolving of the QRT, including; funding, personnel transitions, and difficulties in continuity of scheduling volunteers. While no agency was poised to take on this work, many partners found it rewarding despite the challenges of connecting with this population. Some of this work has transitioned to a Recovery Navigator Program (administered by the Behavioral Health Administrative Organization) and outreach efforts are continuing at the street level.

Media/Anti-Stigma Campaign



A team from GHCPH designed and market-tested visual media assets that were directed toward people who use drugs. These designs were based in the theory of change and supported the fact that most people who have a substance use disorder (SUD) did not intend to go down that path. Change is possible and a SUD does not define all that you are.

A total of six (6) different designs were created and 250 posters were distributed and displayed in a variety of targeted locations (informed by test group) around Grays Harbor.

In 2022 GHCPH commissioned a [Behavioral Health Gaps Analysis](#) and one of the overarching strategies to help address SUD in our county is to prioritize stigma reduction.

To address stigma, a shared basic knowledge and understanding of addiction is essential. In the spring of 2023 GHCPH will be partnering with the University of Rochester Medicine and their Recovery Center of Excellence to facilitate “A Community Conversation on Opioid Use Disorder”. These interactive workshops are meant to bring a cross-section of the community together to “examine the definition and impact of OUD stigma on their rural community and will identify ways to reduce stigma, biases, and negative perceptions around recovery”.

Criminal Justice Interface

The emphasis of the RROE funding was to affect change with people who have an OUD and come into contact with the criminal justice system. With this funding we partnered with both the Grays Harbor County Sheriff’s Office (Jail) and Aberdeen Municipal Court to provide treatment and recovery services to individuals identified with an OUD.

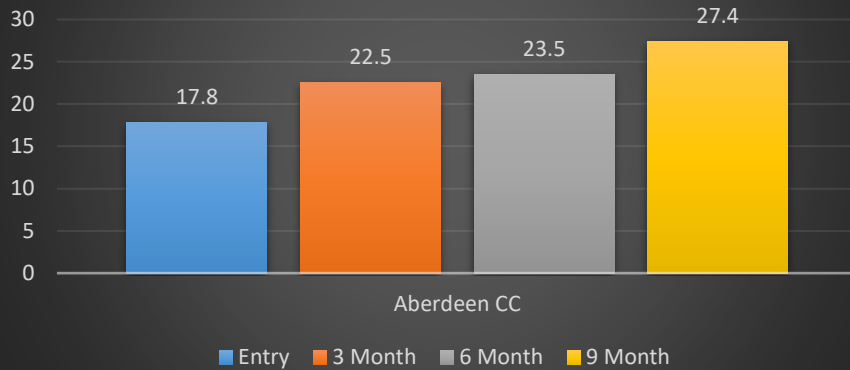
Aberdeen Community Court Care Navigation

Coastal Community Action Program (CCAP) provides care navigation to individuals engaged with the Aberdeen Municipal Community Court Program. This program requires participants to commit to a year of restitution and recovery-oriented goal attainment. With success, clients are able to get their charges dismissed and learn skills to help them disengage with the criminal justice system.

A total of 61 unique individuals were served with this program in calendar years 2021 and 2022. All of the individuals served had either a diagnosed mental health disorder, substance use disorder or had co-occurring substance use and mental health disorders.

Of the 61 participants, 23 have graduated from the program and 13 participants remain actively engaged. Attrition related to additional charges/warrants, death, or personal choice accounts for the remaining 25 individuals.

Adiction Recovery Questionnaire (ARQ) average score



CCAP focuses their work on supporting client-centered recovery goals. A tool that was introduced into their work is the ARQ (Addiction Recovery Questionnaire) which helps to quantify recovery progress. The more supports an individual has, the more successful their recovery can be.

The chart to the left exemplifies the cumulative progress that individuals have realized throughout their engagement with the community court program.

Currently, CCAP is looking for funding sources to continue to support the City of Aberdeen in providing this service for their court-involved individuals.

Grays Harbor County Jail System of Care

In March of 2021 a System of Care (SOC) was launched in the County Jail to help connect people who have an OUD to intentional recovery care. The SOC consists of three (3) separate but interconnected parts: Medication for Opioid Use Disorder (MOUD), administered by jail medical team; SUD assessments and behavioral health therapy, conducted by Community Integrated Health Services; and re-entry navigation, coordinated by CCAP.

There have been some major disruptions (e.g., personnel and medical director changes) and barriers to implementation (e.g., COVID and construction) along the way, but the process continues to improve, and successes are measurable.

System of Care by the numbers:

- 126 individuals treated with MOUD while incarcerated (March 2021 – November 2022)
- 60 individuals assessed for SUD and behavioral health supports (March 2022 – November 2022)
- 82 individuals connected to re-entry supports (March 2021 – November 2022)
 - ✓ 23% remain in custody
 - ✓ 77% have released to community
 - 63% maintaining recovery
 - 27% employed
 - 59% stably housed
 - 8% recidivism/new charges

As part of the re-entry supports we were able allocate \$68,000 to CCAP to support housing upon re-entry for individuals who would otherwise be returning to homelessness. Current funding does not support rapid re-entry housing supports and this is a service gap that needs to be filled.

The overall impact of these interventions is very encouraging, and funding has been secured to continue these SOC partnerships through September of 2024.

Naloxone and Overdose Training to Secondary Schools

In June of 2022 our site was approved for additional funding to support an emerging need in our community. We requested the funding for training on overdose response and providing naloxone kits to participating schools. Schools were required to develop and adopt policies around naloxone on campus and identify response team members to attend the training.

Seven out of 10 area schools requested and received this training, 108 school personnel were trained and 64 naloxone (NARCAN) kits were furnished to these schools.

Therapeutic Court Care Navigation

Through the RROE funding, our Therapeutic Court (Drug Court) Program has benefited from the addition of a peer case navigator embedded with the contracted behavioral health care provider, Sea Mar. This individual helps to provide an extra layer of support and coordination for all program participants and has been an invaluable asset.

We are coordinating with the Therapeutic Court Program to maintain funding for this position.

Conclusion and Next Steps

This demonstration project has helped to create the space for collaborative conversations and ownership of needs, gaps, barriers, strengths, and community priorities. In implementing OUD services in our community, we've found real barriers outside of the COVID pandemic including stigma, qualified workforce recruitment, retention, buy-in, and defining what success looks like.

The work launched under the Rural Response to the Opioid Epidemic demonstration project has helped to create and refine processes and products/services to serve individuals involved in the criminal justice system who have an OUD. It created and strengthened critical partnerships to better understand the landscape and the road ahead. These relationships will be the foundation on which we will build continued and expanded programs and services to fill in gaps for the residents of our community. This work has also helped to crystallize important questions that remain open-ended and ongoing:

- What can we do to improve/build upon these outcomes?
- What are the remaining gaps?
- What is my/agency's role in achieving successful outcomes?
- What defines success?
- What other models of intervention will be successful in our community?

We know the process and outcomes from this demonstration project were vital in several successful applications for funding and technical assistance to build upon this work, including:

- BJA - COSSAP (Comprehensive Opioid, Stimulant and Substance Abuse Program) grant to enhance the SOC in the jail to include individuals with any substance use disorder
- HCA MOUD in jails award— opportunity to engage with individuals in the Aberdeen and Hoquiam Jails to begin offering MOUD and re-entry care coordination
- Public Health proposal to re-engage in the administration of local treatment sales tax funds to target community needs and evaluate success

- Embedding Peers in the Emergency Departments – NACCHO (with support from CDC)

Acknowledgements

A heartfelt THANK YOU to every agency and individual who has contributed to the implementation of these strategies. This project has illuminated the fact that we can accomplish great things when we collaborate. The load is too heavy for one agency or system to carry.

Continued recognition and appreciation to the RROE Executive Committee who helped guide the strategy selection, and for their engagement throughout the process:

- Brad Johansson, Undersheriff, Grays Harbor County
- Susan Drake, Behavioral Health Manager, Sea Mar
- Robert Kegel, Coroner, Grays Harbor County
- Cassie Lentz, Healthy Places Manager, GHCPH
- Tom Hubbard, Fire Chief, Aberdeen and Hoquiam
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We at GHCPH will continue to strive for a healthier community and are proud to have been a community partner in this effort.