

Collaboration

we're better together

Rural Response to the Opioid Epidemic

Grays Harbor County Public Health

January, 2022

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Year in Review
2021



Surveillance and Strategy Report

Surveillance

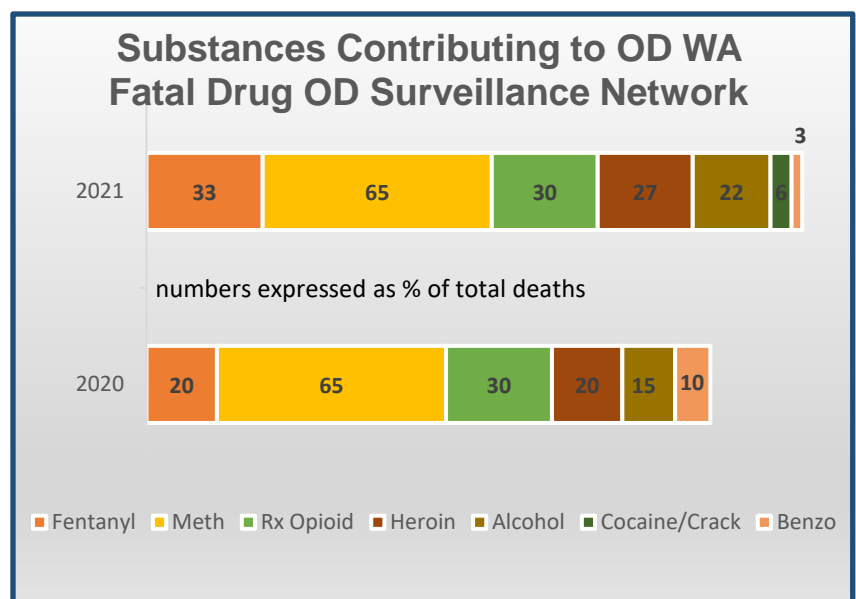
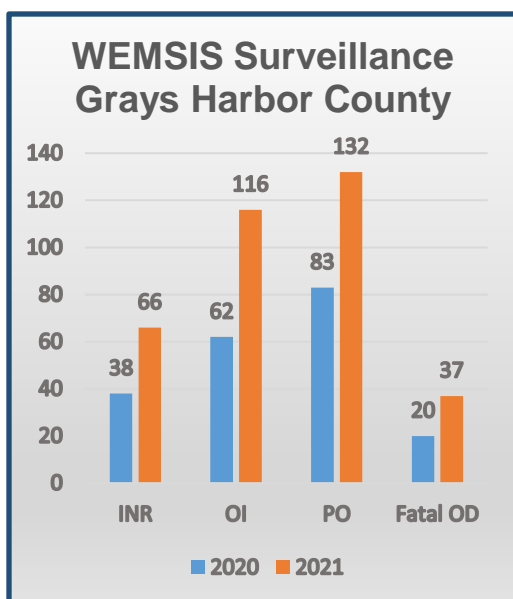
Since January of 2020 Grays Harbor Public Health (GHPH) has been collecting state-level surveillance reports regarding the opioid epidemic. The two main sources we get this information from is 1). Washington Emergency Medical Services Information System (WEMSIS) which tracks EMS/911 responses involving overdose and 2). Washington State Fatal Drug Overdose Surveillance Network which tracks fatal overdoses.

Grays Harbor County continues to see an increase in both overdose response, and overdose fatalities.

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 compounding effect of drug use. A simple comparison between 2020 and 2021 shows the prevalence of drugs (expressed in percentage) contributing to total overdose deaths reported.

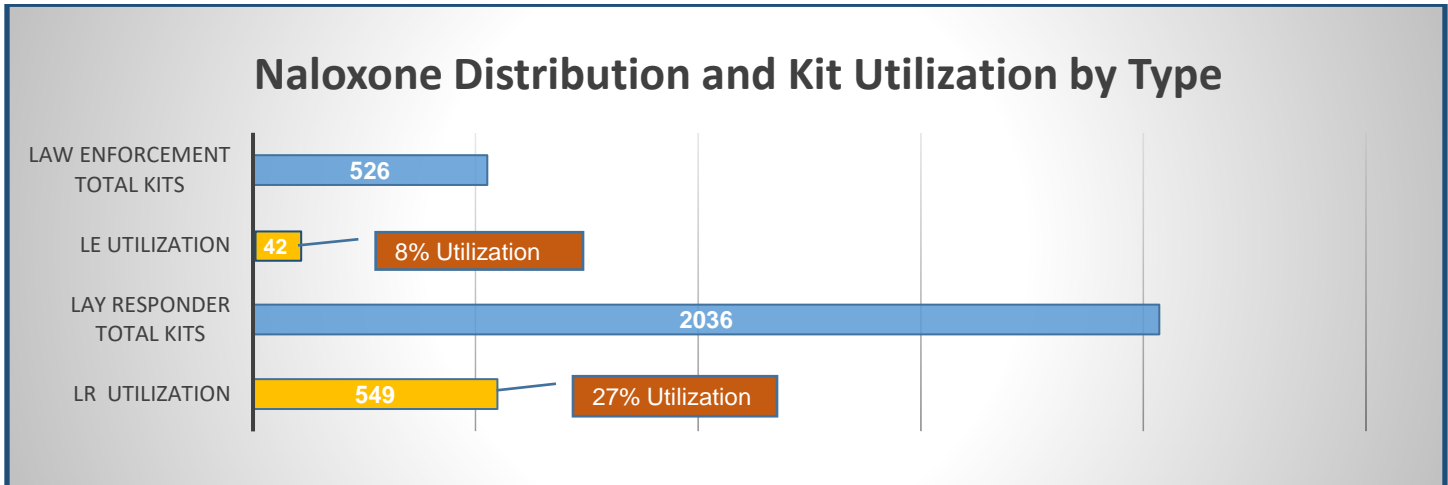
*the numbers used in this section are considered surveillance numbers and not an official record of fatal overdoses



Naloxone Distribution

GPHH participated in the WA Prevent Drug Overdose (WA-PDO) project from May 2016 through April 2021. Through this effort we recorded a total of 2,562 naloxone kits distributed in the community.

Of this total, 526 were given to local law enforcement and 2,036 to lay responders. A total of 597 OD reversals were reported.



Naloxone Impact

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 drug we would be seeing a larger impact on our medical response system and fatal overdoses.

RROE Strategies

Grays Harbor Quick Response Team (QRT)

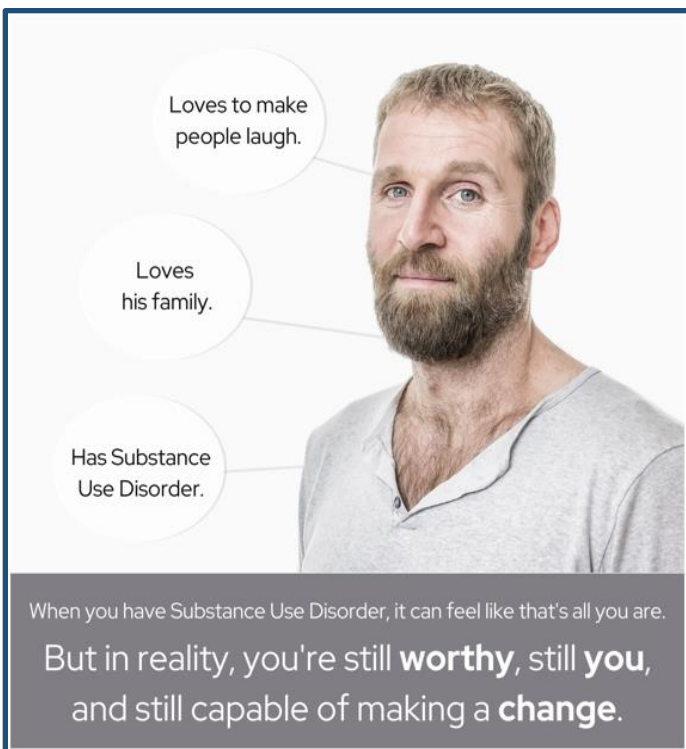
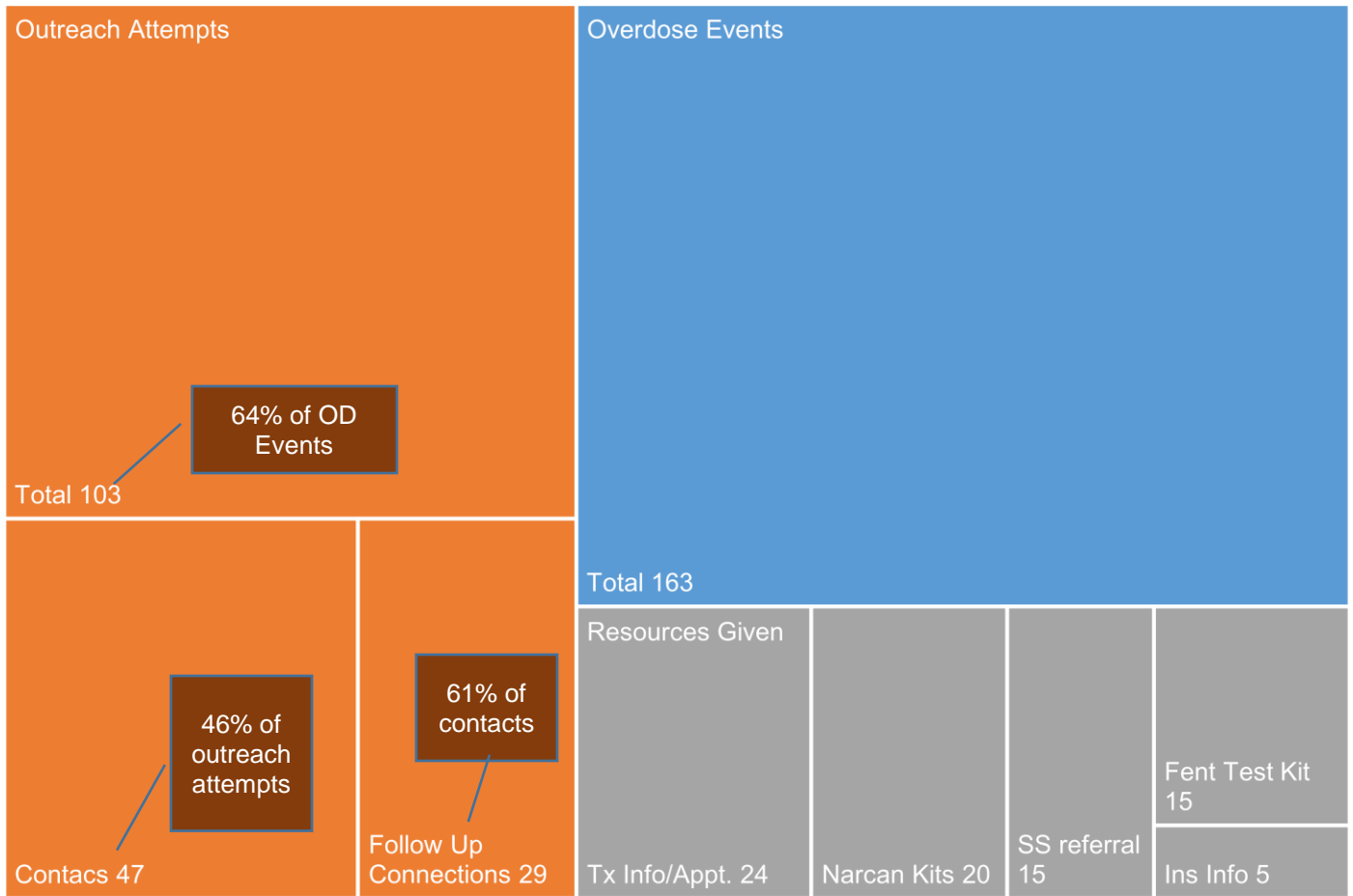
The mission of our QRT is to decrease the morbidity and mortality of people who use drugs by supporting and encouraging overdose victims to make healthier choices. Team members try to connect with overdose victims within one (1) week of their 9-1-1 overdose event.

This effort is led by the Fire Service Specialist at the Aberdeen Fire Department and is 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 Treatment Solutions; Lifeline Connections; and Willapa Behavioral Health.

The following chart shows the summary of this effort for the year:

QRT Outcomes 2021

■ Overdose Events ■ Outreach Attempts ■ Resources Given



Media/Anti-Stigma Campaign

A team from GHPH 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 the Harbor.

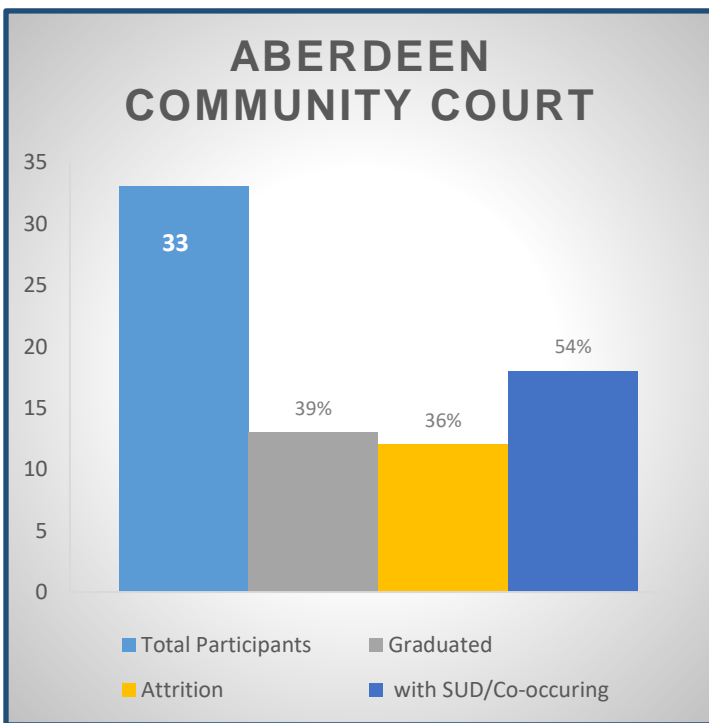
CRIMINAL JUSTICE SYSTEM INTERFACE

The emphasis of the RROE funding is to affect change with people who have an opioid use disorder (OUD) and come into contact with the criminal justice system.

With this funding we have partnered with both the Grays Harbor County Sheriff's Office (Jail) and Aberdeen Municipal Court to provide services to these drug-affected individuals.

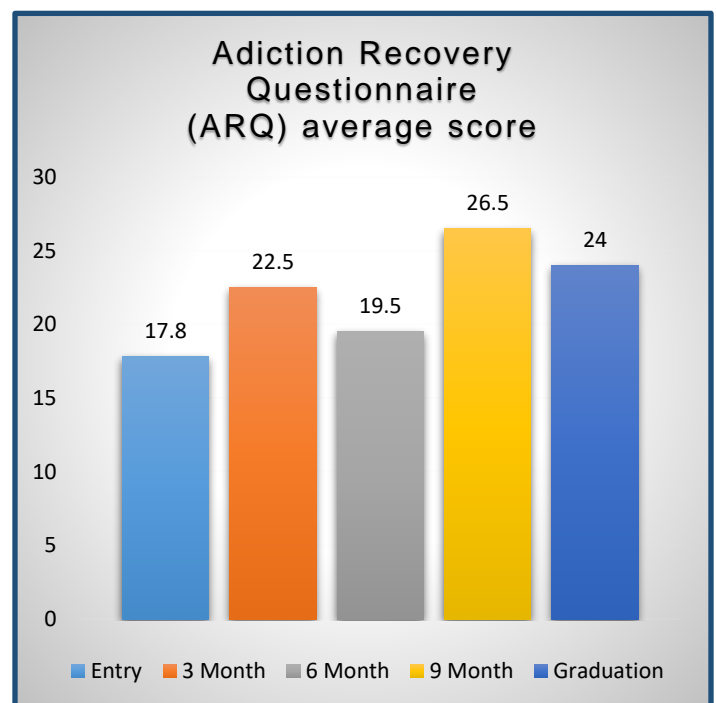
Aberdeen Community Court Care Navigation

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 33 unique individuals were served with this program in 2021. 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.

CCAP focuses their work on supporting client-centered recovery goals. A tool that has recently been 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.

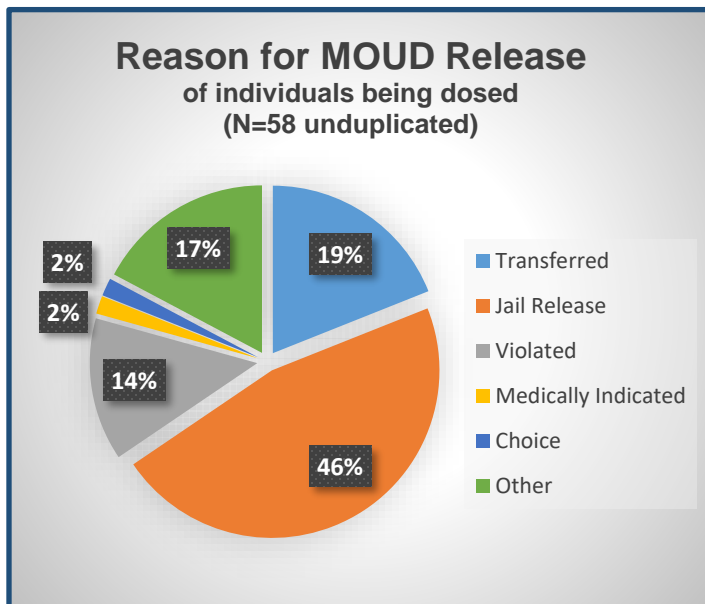


Grays Harbor County Jail System of Care

In March of 2021 a System of Care (SOC) was launched in the County Jail to help connect people who have an Opioid Use Disorder (OUD) to intentional recovery care. The SOC originally consists of three (3) separate but interconnected parts: Medication for Opioid Use Disorder (MOUD), administered by jail medical team; Behavioral Therapy, initiated/overseen by Substance Used Disorder Professional; and Re-Entry Navigation, coordinated by CCAP. This system is continuing to evolve.

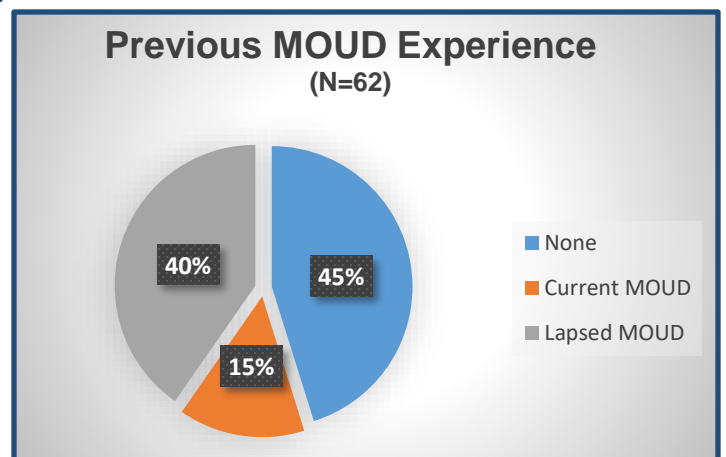
Total numbers for the year (Note: numbers are based on incomplete reporting, but are fairly representative of actual outcomes):

- 72 Individuals were identified as having a OUD and accepted into the SOC
 - 63 individuals were treated with MOUD in the jail
 - 58 individuals exited MOUD
 - Approximately 60 individuals have participated in behavioral therapy
 - 65 individuals were connected with CCAP for Re-Entry Services



Interpreting the chart to the left find that 46% of the individuals who were treated with MOUD in the jail were eventually released to the community; 19% were transferred to prison to serve sentence; 17% "other" is representative of short or long term inpatient treatment placements from jail; 14% of individuals violated jail rules and were discontinued from participation; 2% of individuals either had a contra-indication to medication or voluntarily chose to stop dosing.

It is also interesting to note that the majority of participants who were treated in the jail had no previous experience with MOUD.

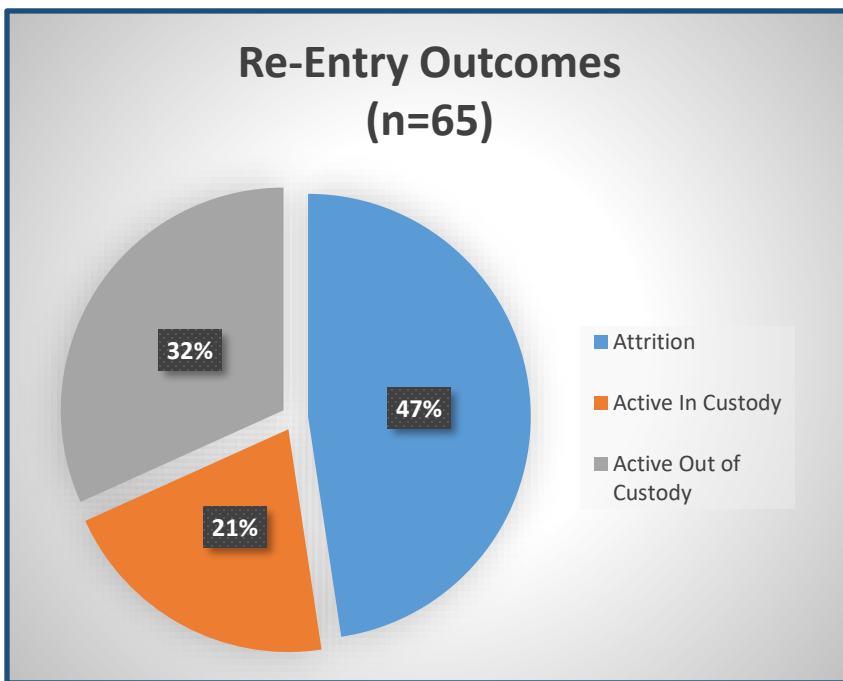


JAIL RE-ENTRY CARE NAVIGATION

The goal of re-entry care navigation is to assess an individual's health and social support needs as quickly as possible regardless of the anticipated length of stay in custody. This allows for participants to be actively engaged with setting recovery and re-entry goals and also allows program staff to find the resources to best fit the identified needs.

While there is no mandate that holds participants accountable for staying engaged with services after they are released from custody, it is the foundational belief of the program that building trusting relationships will foster continued engagement.

In 2021 CCAP re-entry care navigators connected with 65 individuals in the jail.

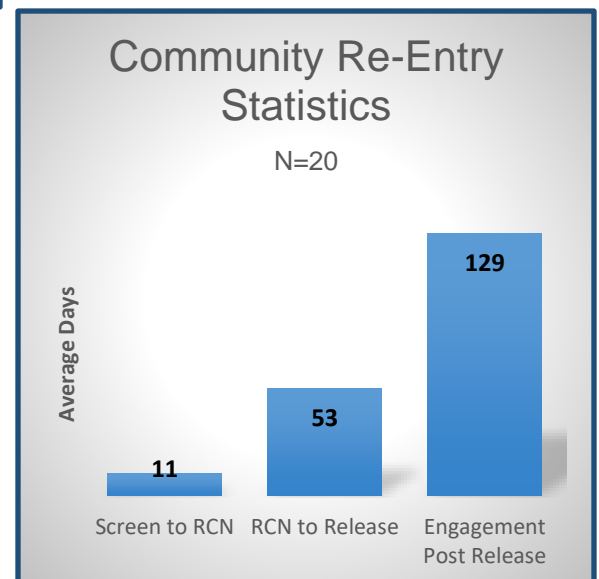


53% of individuals remain actively engaged with re-entry services.

47% attrition includes individuals who violated jail rules (2), got placed in long-term treatment (3), were sentenced to prison (14), and by choice (11).

Of the individuals who were connected to re-entry services in the jail, the outcomes for Re-entry Care Navigation (RCN) is highlighted in the chart to the right.

Baseline numbers show that it was an average of 11 days from medical screening/assessment to engagement with RCN. Once engaged, the average engagement time prior to release was 53 days. Average days of engagement once released to the community is 129 days.



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 a valuable asset.

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 helped to create and refine processes and products/services to serve individuals involved in the criminal justice system who have opioid use disorder. 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 role in achieving successful outcomes?
- What defines success?
- Are there different models that achieve the same outcomes or address the same goals?

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

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

Acknowledgements

A heartfelt THANK YOU to every agency and individual who has contributed to the implementation of these strategies. This demonstration project has illuminated the fact that we are stronger together but we still have work to do.

Recognition and appreciation also goes to the RROE Executive Committee who helped guide the strategy selection and continue to engage in the process:

- Brad Johansson, Undersheriff, Grays Harbor County
- Susan Drake, Behavioral Health Manager, Sea Mar
- Robert Kegel, Coroner, Grays Harbor County
- Cassie Lentz, Health Place Manager, GHPH
- Tom Hubbard, Fire Chief, Aberdeen and Hoquiam
- David Mistachkin, Superior Court Judge
- Jeff Simmons, Community Member (past member)
- Stephen Brown, Superior Court Judge (past member)

We at GHPH will continue to strive for a healthier community and are proud to be a community partner in this effort.