# Board of Health

Tye Menser, Chair * Maria Williams, Vice Chair * Gary Edwards, Member
Beth Harvey, Member * Carolina Mejia, Member * Lynn Nelson, Member
Robin Vazquez, Member

**The Thurston Board of Health has responsibility and authority for public health in both incorporated and unincorporated areas of the County.**

## Agenda of Tuesday, December 13, 2022

**Summary of Timed Items**

4:30 p.m.) Call Meeting to Order

## 1) 4:30 p.m.) Call Meeting to Order

- Approval of the Agenda

## 2) Opportunity for the Public to Address the Board of Health

**4 minutes per citizen**

## 3) Presentation

**Description:** Foundational Public Health Funding

**Contact:** Kurt Hardin, PHSS Interim Director

**Action:** The Interim Director of Public Health and Social Services will give an overview of the Foundational Public Health Funding

BoH-AIS-2022-12-13-CommissionersOffice-JamieCaldwell-2949.pdf
PDF File
872 KB

## 4) Presentation

**Description:** Nisqually Reach Septic System Monitoring Program Review & Re-enactment

**Contact:** Jane Mountjoy-Venning, Senior Environmental Health Specialist

**Action:** Staff will review the current program and plans to further evaluate it and develop options for consideration by the Board of Health and Board of County Commissioners.

BoH-AIS-2022-12-13-PublicHealthandSocialServices-ArtStarry-3922.pdf
PDF File
2.14 MB

## 5) Presentation

**Description:** Opioid Settlement Overview and Thurston County Opioid Response Plan Presentation
**Contact:** Mary Ann O'Garro, Senior Epidemiologist
**Action:** Move to approve extending the Thurston County Opioid Response Plan 2021-2022 through 2023 and authorize the Thurston County Opioid Response Task Force to continue implementation.

BoH-AIS-2022-12-13-PublicHealthandSocialServices-MaryAnnOGarro-1524.pdf
PDF File
800 KB

## 6) Department Items

**Description:** Amendment 5 to the Lewis County Contract for the Purchase of Nurse Family Partnership Health Services
**Contact:** Gretchen Thaller, MCH Division Director
**Action:** Move to approve amendment five to the Lewis County Contract for the Purchase of Nurse Family Partnership Health Services in the amount of $320,962.00 for the calendar year 2023, and authorize the Director of Thurston County Public Health and Social Services to execute the amendment.

BoH-AIS-2022-12-13-PublicHealthandSocialServices-GretchenThaller-1755.pdf
PDF File
712 KB

## 7) Health Officer's Report

Dr. Dimyana Abdelmalek will report on various items

## 8) Adjournment

**Motion:**
Adjourn the Board of Health Meeting for December 13, 2022

**Disability Accommodations:** Room 280 is equipped with an assistive listening system and is wheelchair accessible. To request disability accommodations call the Reasonable Accommodation Coordinator at 360-786-5440. Persons with speech or hearing disabilities may call via Washington Relay: 711 or 800-833-6388.

Board of Health
# AGENDA ITEM SUMMARY

Agenda Date: 12/13/2022 Date Created: 12/2/2022 Agenda Item #:

Created by: Jamie Caldwell, Clerk of the Board - Commissioners Office - 360-786-5440

Presenter: **Kurt Hardin, Emergency Services Director - Medic One - 360-704-2783**

**Item Title:**

Foundational Public Health Funding

Action Needed: Other Class of Item: Department

**List of Exhibits**

FPHS BoH Powerpoint FINAL.pdf
PDF File
820 KB

**Recommended Action:**

The Interim Director of Public Health and Social Services will give an overview of the Foundational Public Health Funding

**Item Description:**

None - Informational

Date Submitted: 12/2/2022

# THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES

Presented by Kurt Hardin

THURSTON COUNTY
WASHINGTON
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WWW.CO.THURSTON.WA.US/HEALTH

# PUBLIC HEALTH & SOCIAL SERVICES MISSION

**"Working together to achieve the highest level of health and well-being for everyone."**

# BOARD OF HEALTH MISSION

"Assure conditions where children and families can develop as healthy productive members of the community, thereby reducing future impact on the criminal justice and other systems."

# Overview of Presentation

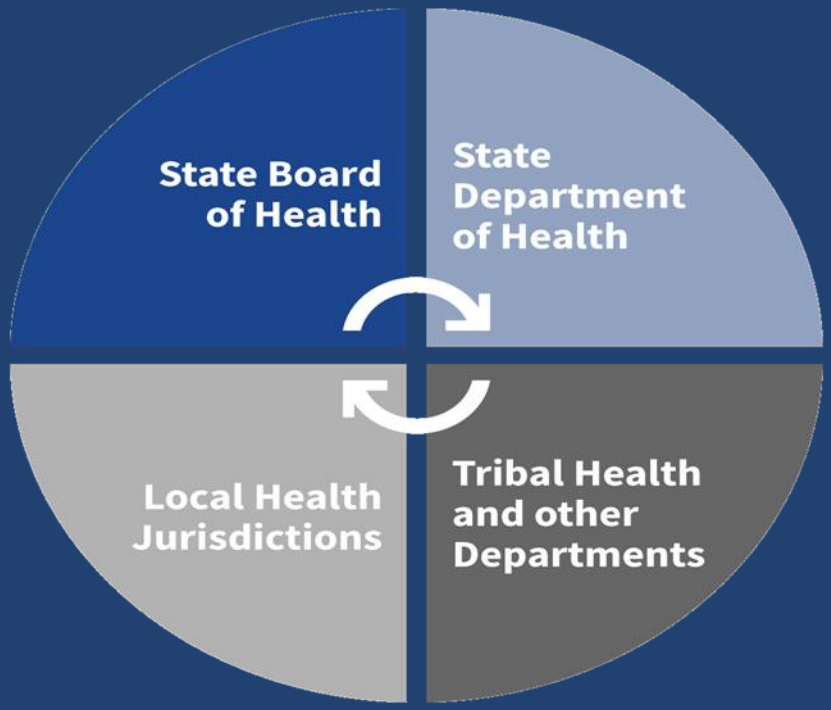
History of Foundational Public Health Services (FPHS)

Statement of Work 2022 - 2023

Related Spreadsheets

# What are Foundational Public Health Services?

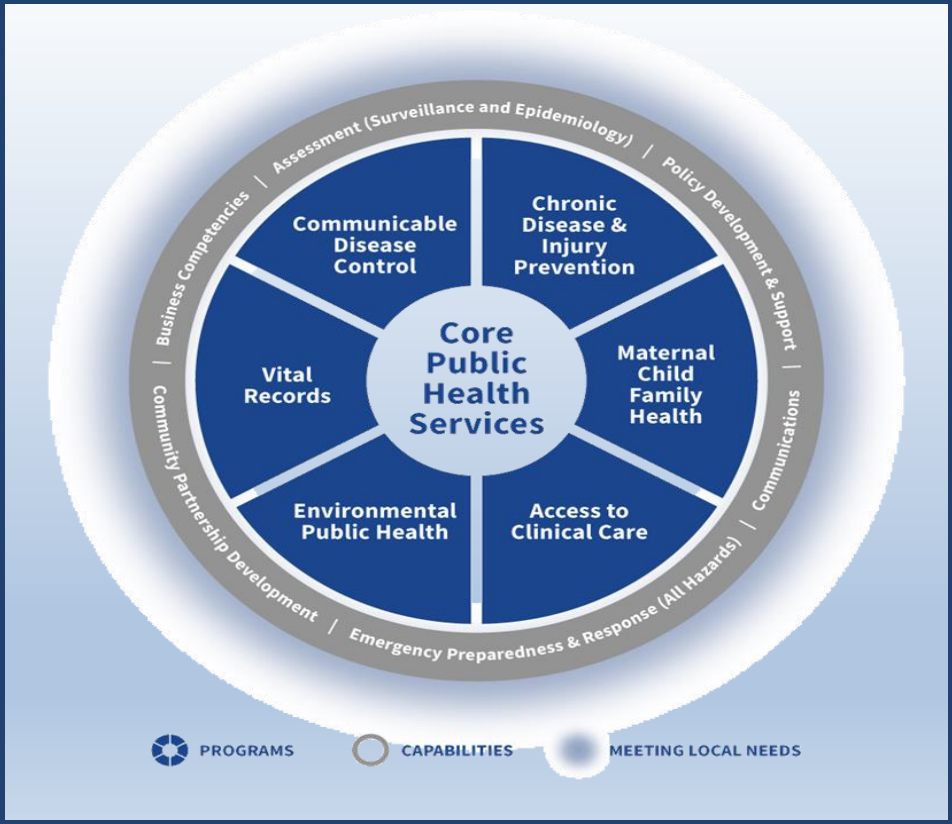
- This system is comprised of the state department of health, state board of health, local health jurisdictions, sovereign tribal nations, and Indian health programs. (FPHS) are core services which the governmental public health system is responsible for providing in a consistent and uniform way in every community in Washington. (RCW 43.70.512)



- FPHS are a defined limited statewide set of core public health services. These services are unique provided only or primarily by government everywhere; are population-based rather than for the individuals and are services that must be everywhere for them to work anywhere. In many cases they're mandated in federal or state law – though remain largely unfunded. They are services that communities, businesses and individuals depend on.

- The governmental public health system, with the governor and legislature, are using a long-term, multi-biennium, phased, building block approach to fully fund and implement foundational public health services across Washington.

- FPHS - is a foundational level of public health services that must exist everywhere for services to work anywhere.



# The Problem:

1. Inadequate and lack of funding for core public health services

2. Inequitable funding across the state

3. Inconsistent funding structure for governmental public health

4. Need to modernize how governmental public health does its work

# The Solution:

1. Define the governmental public health system

2. Define a limited, statewide, set of core public health services

3. Estimate the additional funds needed

4. Transform the governmental public health system

5. Define funding roles for state and local governments

# Main Points

1. State Fiscal Year 2023 TCPHSS received 2.6 Million in FPHS

2. State Fiscal Year 2024 anticipate ~2.6 Million or more

3. $585,754 is unobligated for consideration/support by the BoH/BoCC

# BOCC requests seeking BOH Support

2023

# Task 1

- FPHS funds provided:
- These funds may be used to provide any of the activities described in the most current version of FPHS definitions, which cover a wide array of public health activities.
  - $1,328,000
  - Fully Obligated no decision needed.

# Task 2

- Assessment funds to each LHJ
- These funds are allocated support LHJ assessment capacity to meet locally identified needs.
  - $60,000
  - Fully Obligated, no decision needed

# Task 3

- Assessment funds to each LHJ – CHA/CHIP
- These funds support any Community Health Assessment (CHA) and Community Health Improvement Plat (CHIP) activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services.
  - $30,000
  - Fully Obligated, No decision needed

# Task 4

CD – Hepatitis C

- These funds are to address Hepatitis C cases per guidance developed by the statewide FPHS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models.
  - $55,000
  - Fully Obligated, no decision needed

# Task 5

CD – Case investigation Capacity

- These funds are available to support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities.
  - $378,000
  - Fully Obligated, no decision needed

# Task 6

CD – TB – Part 2

- Funding allocated to expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI.
  - $20,000

# Task 6 Staff Recommendations

✓ Subtotal for Task: $16,760
Available Funds for decision: $16,760

1. Smile Survey & Implementation of "The Smile Survey" will be a county-level survey inclusive of rural and urban schools that will be comparable to the state and provide a local profile of dental decay in elementary-age youth. Data collection will guide Oral Health Program as a program indicator:
   - $6,260 one time purchase cost
   - Utilize Current Staff

2. Purchase AtlasTi Qualitative Analysis software to aid in the data analysis of community health assessment interviews and focus groups. The ongoing subscriptions allow staff to use the software concurrently. The required Community Health Assessment is due in 2023 and requires qualitative and quantitative data collection.
   - $1,199 Initial Software purchase and License
   - $400 reoccurring annual Licensing Cost

3. Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers and coordinate case management for patients with LTBI.
   - $9,301

# Task 7

**EPH – Climate Change Response**

Funds are available to:

- Respond to education, communications, and response needs for wildfire smoke and harmful algal blooms (HABs).
- Establish capacity to contribute to the public health education, communication, and response efforts necessary to reduce the public health impacts of wildfire smoke exposure
- Help communities prepare for wildfire smoke events through education, community engagement, guidance development, and emergency response.
- Reduce reliance on DOH toxicology capacity regarding HABs assessment, messaging and next steps
- Provide adequate funding to collect necessary samples or pay for laboratory costs.
  - $80,000

## Task 7 Staff Recommendations

1. Harmful Algae Bloom and Air Quality (Fire related) Update response strategy and complete Harmful Algal Bloom assessment of Summit Lake.
   - $50,000 One time Cost
   - Contractor and Contract Lab Support

✓ Subtotal for Task: $80,000
Available Funds for decision: $80,000

2. Smoke response plan /health impacts
   - $30,000

# Task 8

EPH – Toxicology and Environmental Epidemiology

- Conduct investigations, research, communications, and data analysis related to toxic exposures. LHJs will work with DOH and tribes to identify environmental epidemiology, toxicology and community engagement needs, and conduct needs assessments on needs for a model program to place capacity closer to the communities potentially affected.
  - $75,000

# Task 8 Staff Recommendations

✓ Subtotal for Task: $35,000
Available Funds for Decision: $25,000

1. Outreach/monitoring/communication in Smith Prairie regarding nitrates
   - $40,000 One Time Cost

2. Nitrate sampling/outreach in Smith Prairie Area
   - $10,000 One Time Cost

# Task 9

**EPH – System Wide Data Management Improvement**

- The long-term goal of this investment is to increase Data Management Teams (DMTs) at the local level and ensure there is a core team at DOH to support and help establish LHJ DMTs. LHJs will work closely with the DOH EPH DMT to identify a strategy for data sharing, storage and consistency across the state, after that team assesses current status and capacity.
  - $49.000
  - Fully Obligated, no decision needed

# Task 10

**MCH – Child Death Review**

- This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and operating costs for 9 LHJs.
  - $83,000
  - Fully Obligated, no decision needed

# Task 11

**Lifecourse – Infrastructure & Workforce Capacity**

- $487,000
- These funds are for LHJ infrastructure and workforce investments to meet fundamental needs in three areas:
  1. Maternal/Child/Family Health
  2. Access/Linkage with Medical, Oral and Behavioral Health Services;
  3. Chronic Disease, Injury and Violence Prevention.

# Task 11 Recommendations

1. .20 FTE of an IBCLC already on staff (currently at .75 FTE) to meet our department's short- and long-term strategic goals of improving the breastfeeding rates in Thurston County
   - $18,000 annual and ongoing
   - 0.20 FTE IBCLC Staff MCH
   - Community Health Nurse II

2. This .5 position will provide staff supervision for FPHS positions.
   - $63,000 annual and Ongoing
   - .5 FTE Supervisor

3. CEEP conduct an annual program of health promotion communications and presentations. $48,615 annual and ongoing
   .5 FTE Education and Outreach 1

✓ Subtotal for Task requests: $241,845
Available Funds: $ 130,071

# Recommendations if Funding Availability

1. Education and Outreach Specialist 1 to review county - wide suicide data to identify at risk populations
   - $97, 230 Annual, ongoing
   - Education and Outreach 1

2. Smile Survey & Implementation

   The Smile Survey will be a county-level survey inclusive of rural and urban schools that will be comparable to the state and provide a local profile of dental decay in elementary-age youth. Data collection will guide Oral Health Program as a program indicator
   - Task: 6 CD-TB Investigation/Outreach/Evaluation/Education
   - Cost: $6,260
   - Existing staff one time cost

3. Harmful Algae Bloom and Air Quality (Fire related)

   Update response strategy and complete Harmful Algae Bloom assessment of Summit Lake.
   - Task: 7 - EPH Climate Change Response
   - Cost: $50,000
   - Contractor and Contract Lab Support

4. Outreach/monitoring/communication in Smith Prairie regarding nitrates
   - Task: 8 - EPH -Toxicology and Environmental Epidemiology
   - Cost: $ 40,000

# Recommendations if Funding Availability

5. Harmful Algae Bloom and Air Quality (Fire related) Update response strategy and complete Harmful Algal Bloom assessment of Summit Lake.

- Task: 8 EPH -Toxicology and Environmental Epidemiology
- Cost: $10,000

6. Septic tank riser rebates, small grants and classes

- Task: 1 - FPHS Funds to Each LHJ
- Cost: $50,000

7. SHARP BP-70C65 stuffing machine from Capital Business Machines.

- Task: 1 - FPHS Funds to Each LHJ
- Cost: $14,146

8. Atrium meeting room video conferencing equipment. Video and conferencing equipment is not provided for the EH meeting room at the Atrium. We need to provide it. This estimate is for 65-75 inch monitor, mounting hardware, video conferencing camera, speakers and installation.

- Task: 1 - FPHS Funds to Each LHJ
- Cost: $9,999

9. Community Wellness program supplies and health education materials

- $10,000 Annual & Ongoing

**Total of all one-time cost requests: $165,405**

# Get in Touch

## Questions or Comments?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PHONE NUMBER

360-867-2500

Board of Health
# AGENDA ITEM SUMMARY

Agenda Date: 12/13/2022 Date Created: 11/29/2022 Agenda Item #:

Created by: Art Starry, Environmental Health Division Director - Public Health and Social Services - 360-867-2587

Presenter: **Jane Mountjoy-Venning, Senior Environmental Health Specialist - Environmental Health (Lilly Rd) - 360-867-2643**

Presenter #2: **Jane Mountjoy-Venning, Senior Environmental Health Specialist - Environmental Health (Lilly Rd) - 360-867-2643**

**Item Title:**

Nisqually Reach Septic System Monitoring Program Review & Re-enactment

Action Needed: Other Class of Item: Department

**List of Exhibits**

BOH PPT Presentation to Submit 11-30-22.pdf
PDF File
2.06 MB

**Recommended Action:**

Staff will review the current program and plans to further evaluate it and develop options for consideration by the Board of Health and Board of County Commissioners.

**Item Description:**

In response to shellfish harvesting downgrades and impaired surface water quality, the Nisqually Reach shellfish protection district was established in 2001. The Nisqually Reach Henderson Inlet Shellfish Protection District and Nisqually Reach Shellfish Protection District Consolidated Work Program identified failing septic systems and a significant pollution source. A septic system monitoring and maintenance program started in 2013 to implement the work plan and improve water quality. The program is financed by rates and charges collected via the property tax statement. It expires December 31, 2023 unless re-enacted.

The septic system management program has been successful. Some 90% of 4,731 on-site sewage systems in Nisqually are current with inspections and maintenance. Many septic system failures have been identified and repaired. Hundreds of people have taken classes to become certified to inspect their own systems. The program has contributed to water quality improvements that resulted in the upgrade of 127.3 areas of commercial shellfish harvesting area in Nisqually with no additional downgrades.

While this work and the associated water quality improvements are impressive, threats remain, and work needs to continue to sustain these improvements. History shows that conditions in Nisqually Reach and Henderson Inlet will change, more septic systems will fail, and new pollution sources will emerge that pollute surface water and threaten public health and shellfish harvesting areas.

Environmental Health staff are evaluating the Nisqually septic system monitoring and maintenance program and developing options to continue the program and build upon its success. Options include adding capacity for pollution identification and correction (PIC) investigations to better identify sources of fecal coliform bacteria and alternatives to the current septic system dye trace program. We will conduct outreach efforts to engage and receive feedback from the public. We will review public feedback and program options with the Thurston County Board of Health and Board of County Commissioners. An ordinance to re-enact or amend the current program must be considered at public hearings before the Board of Health and Board of County Commissioners.

This presentation will provide an overview of the history and success of the Nisqually Reach septic system program and a discussion of the proposed program review and public outreach process.

Date Submitted: 11/30/2022

# Update: Nisqually Reach Watershed Protection Area Septic System Operation & Maintenance Program

Board of Health Briefing

December 13, 2022

# Background: State Level

"The legislature finds that shellfish harvesting is important to our economy and way of life. Washington state is an international leader in the cultivation and production of shellfish. However, large portions of the state's productive recreational and commercial shellfish beds are closed to harvesting, and more are threatened, because of water pollution. The legislature finds that the problem of shellfish bed closures demands a public policy solution and that the state, local governments, and individuals must each take strong and swift action or this precious resource will be lost." RCW 90.72.030 Findings – 1992 c 100

The legislature also found that failing on-site sewage systems were a significant cause of shellfish bed closures and local health departments should be utilized for remedial action. RCW 90.72.030 Findings – 1992 c 100

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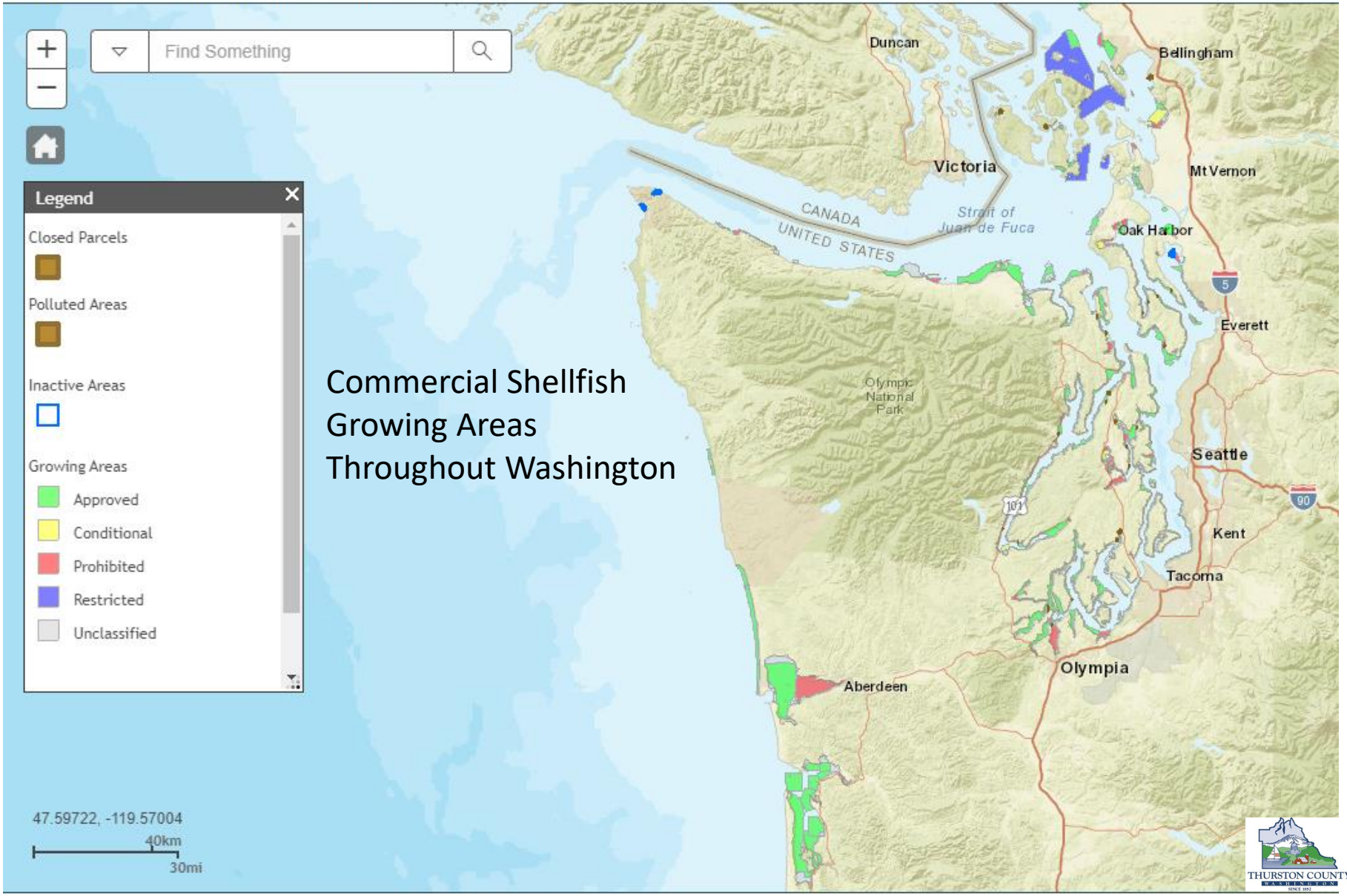
Office of Environmental Health and Safety
Commercial Shellfish Map Viewer

Data | Legend | Draw | Clear | Help | Current Closures | County Acres | Growing Area Acres

mapped on 11-16-22
https://fortress.wa.gov/doh/oswpviewer/index.html



# Background: County Level

- In 2000, the DOH downgraded 74 acres of shellfish growing area in the Nisqually Reach because of fecal coliform pollution

- Due to the downgrade, the State required Thurston County to form a shellfish protection district and address the pollution (RCW 90.72.045)

- Shellfish protection district programs must include monitoring, inspection, and repair elements to ensure that on-site sewage systems are adequately maintained and working properly (RCW 90.72.030 2007 c 150)

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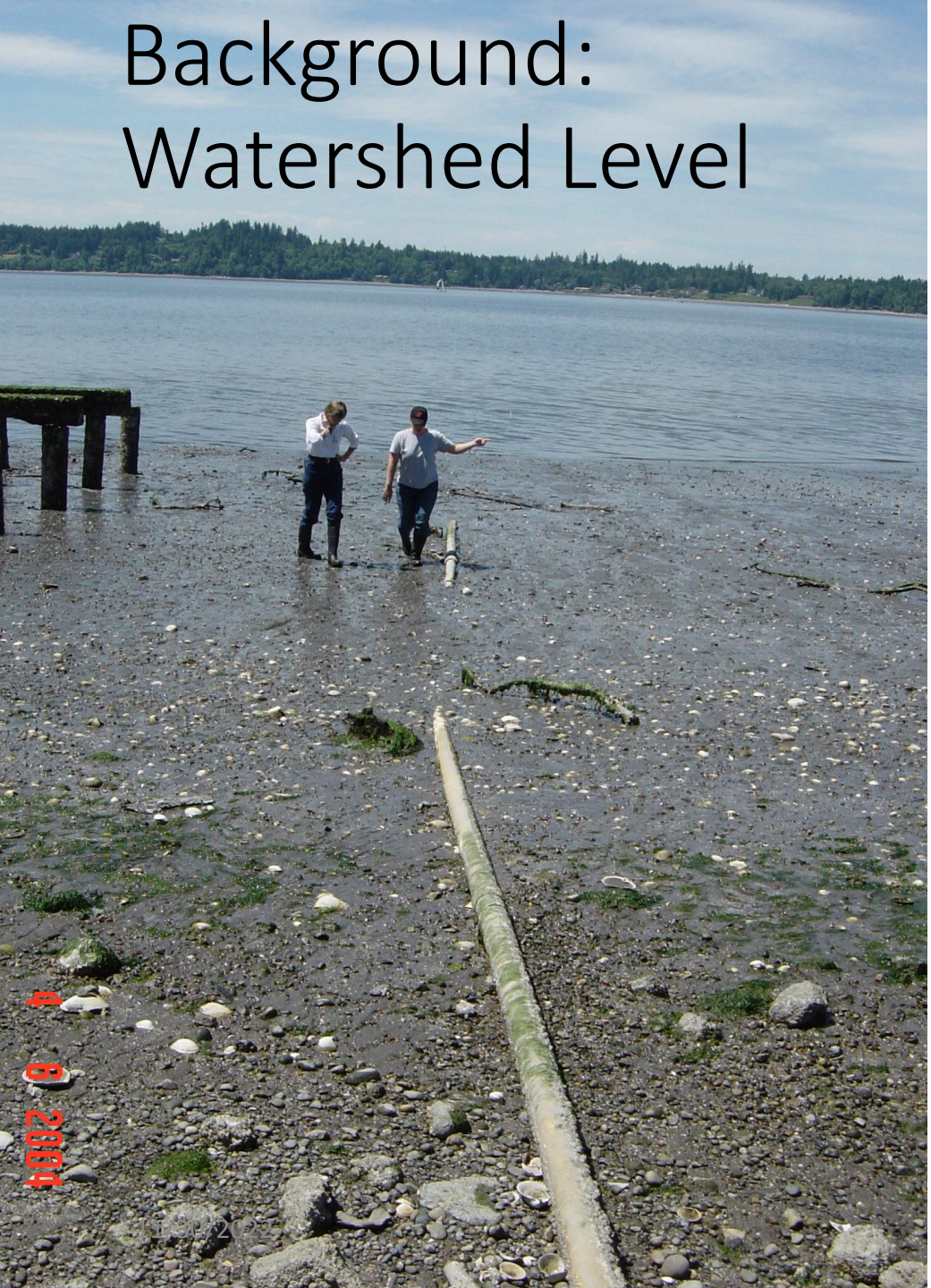
# Background: Watershed Level



- Nisqually Reach Shellfish Protection District was formed by the Thurston County Board of Commissioners in 2001 (Ordinance No. 12680)
- Nisqually Reach Shellfish Protection District Committee developed a work plan to improve water quality and recommended a risk-based septic system O&M program
- 2007 Henderson O&M pilot program began
- 2009 Development of Nisqually O&M program began

# Lessons Learned from Henderson

- Septic system owners needed to be reminded to inspect and maintain their septic systems

- New & old systems may fail anywhere in the watershed

- Many minor repairs needed
  1. Replace/repair outlet baffle
  2. Holes in septic tank bottom
  3. Repair cracks in septic tank
  4. Replace transport/reseal pipe

Environmental Health Division, Water Quality Program, O&M Section

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# Program Goal: Reduce Pollution From Septic Systems

Measure program success through shellfish growing area classification and OPC compliance

- ☐ Maintain water quality in approved areas
- ☐ Improve water quality in downgraded and unapproved areas
- ☐ Increase percent of septic systems with OPCs in compliance

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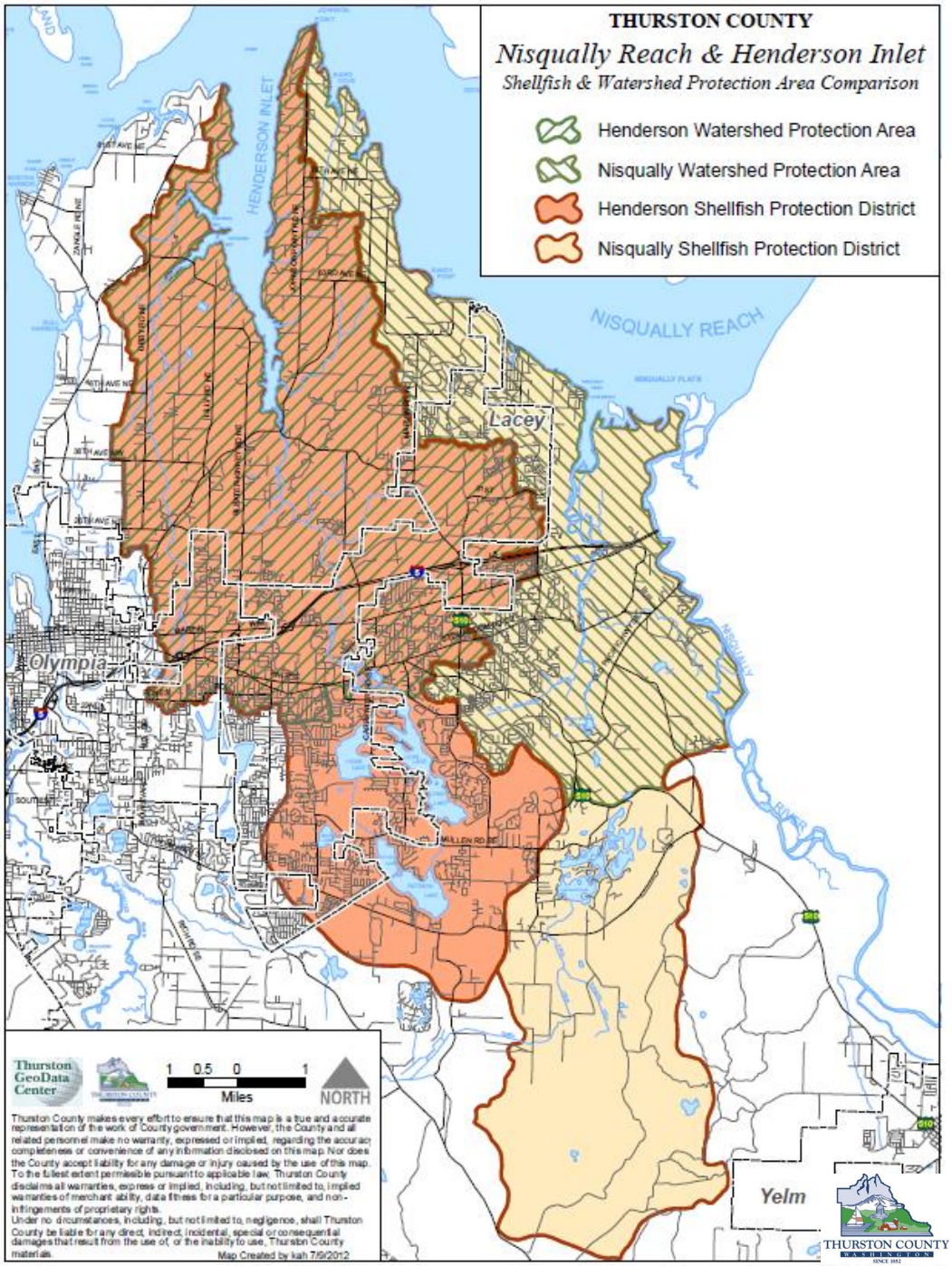
# Adopted Nisqually and Henderson Program Area Boundaries




11/30/2022

Environmental Health Division, Water Quality Program, O&M Section

# Nisqually Reach WPA O&M Program

Implemented January 1, 2013

Program compliance is dependent on:

- Inspections every 1 or 3 years
- Pump if needed
- Minor repair(s) if needed
- Permitted repair(s) if needed
- Must NOT be failing
- Dye test high risk systems every 6-9 years

If all conditions are met, the OPC is issued (renewed) and septic system is considered in compliance

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# Program Cost

Current Fees for Septic System Owners in NRWPA:

- $71* Low Risk
- $168* High Risk
- $181 Community, Food & Schools

* +$10 for each additional residential unit or unit volume of sewage discharged on property

Financial Assistance:

- Inspector training at no additional cost
- Small grants for inspection and maintenance for low-income homeowners
- No charge for homeowners granted Senior/Disabled tax exemption by Assessor
- Septic tank access riser rebates
- Craft3 Loans

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# Program Fees Buy

Fees Provide the Funding for Staff to:

- Keep property roll
- Manage septic system records
- Send inspection notices
- Review and follow-up on inspection reports
- Issue Operational Certificates
- Conduct Quality Control inspections
- Investigate compliance issues and enforce County regulations
- Assist homeowners
- Offer homeowner/inspector training

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# Results: Nisqually Reach Watershed Protection Area 2013 to Present

☑ Maintain water quality in approved areas

**0 acres downgraded**

☑ Improve water quality in downgraded and unapproved areas

**127.3 Acres upgraded**

☑ Percent of septic systems with OPCs in compliance

**90%**

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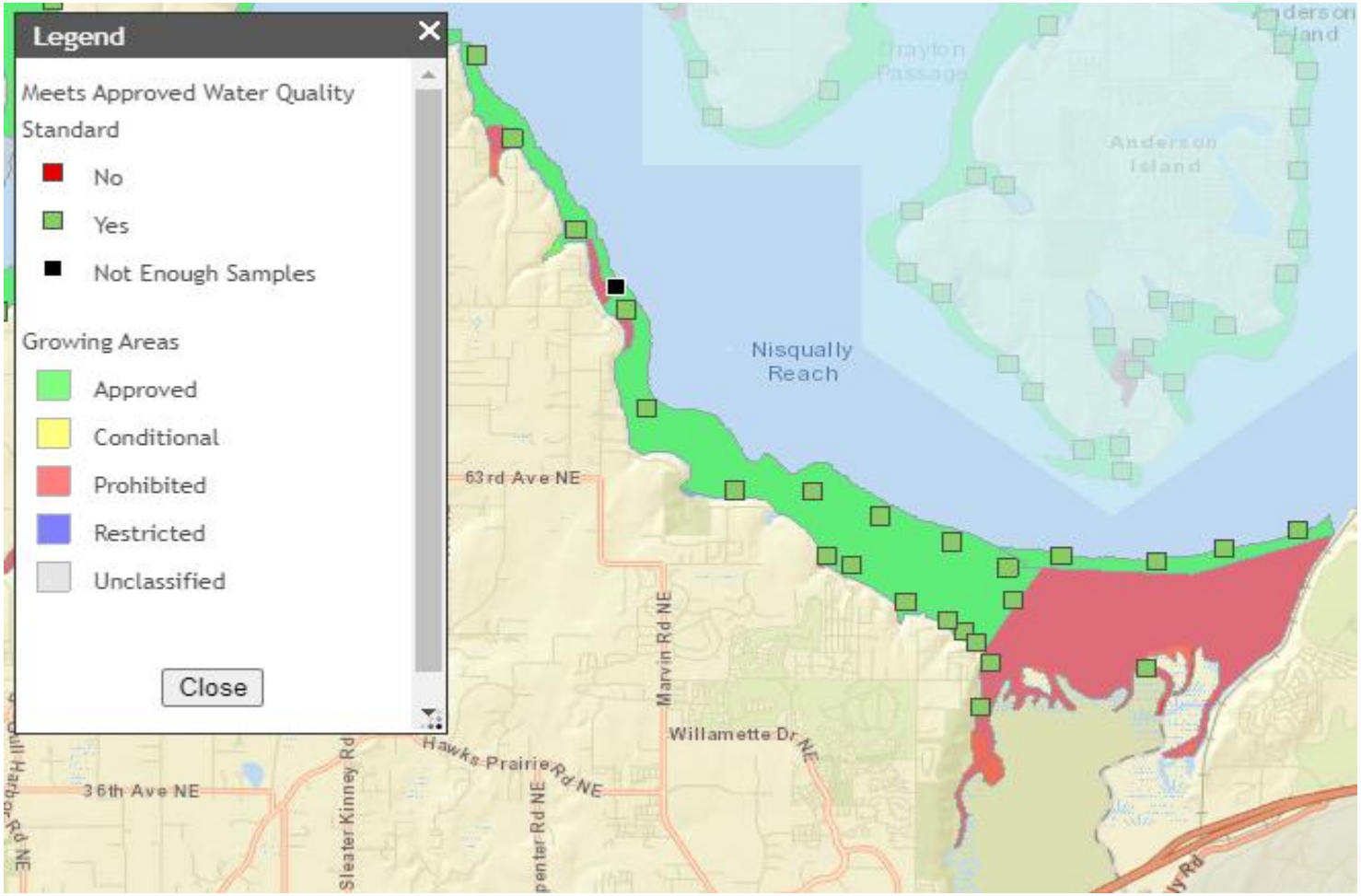
# Nisqually Reach Shellfish Growing Areas and Marine Sampling Stations

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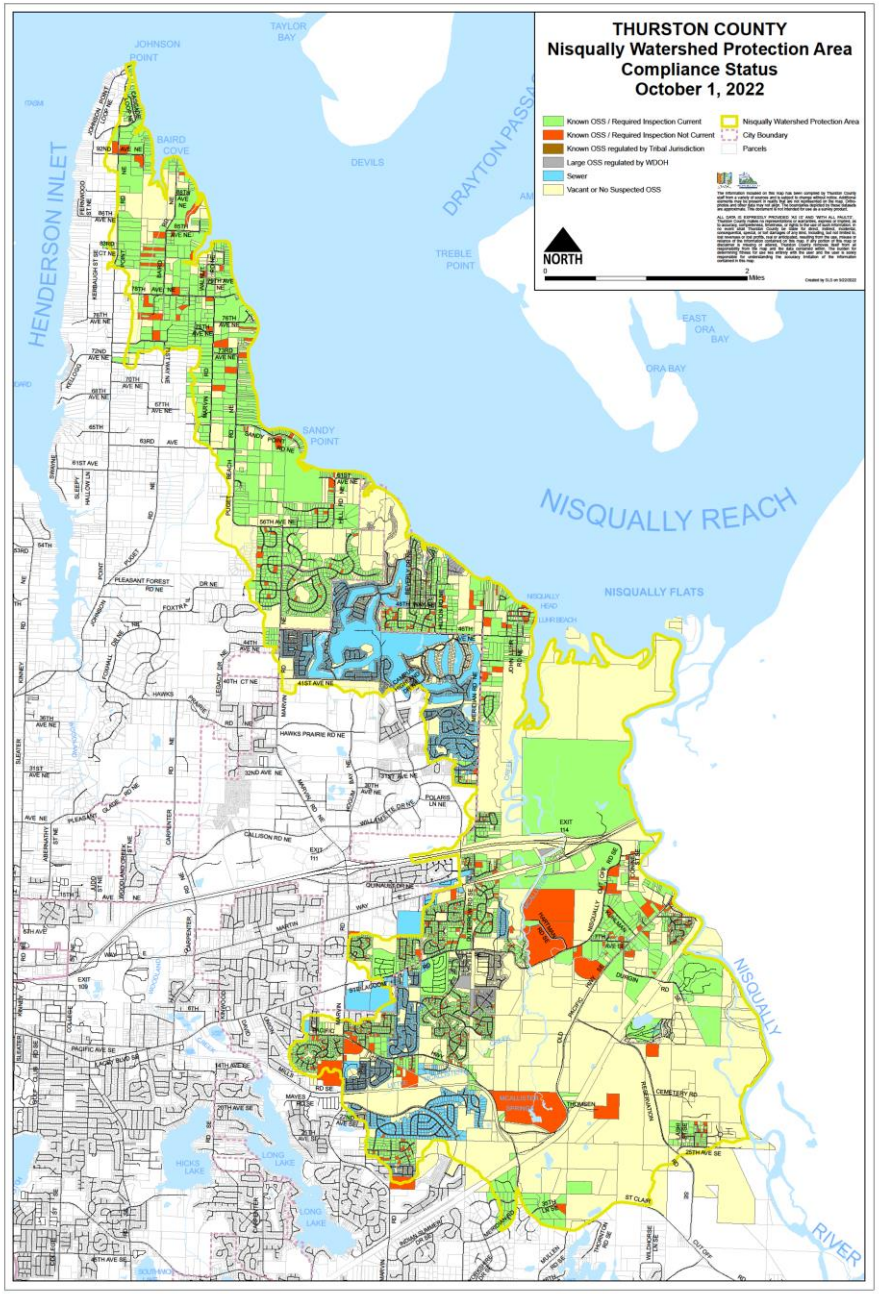


# Septic System Compliance

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**Major Microbial Diseases in Domestic Wastewater**

| Organism | # of Types | Disease Name |
|---|---|---|
| Poliovirus | 3 | Poliomyelitis |
| Coxsachieviruses A | 23 | Aseptic Meningitis |
| Coxsachieviruses B | 6 | Aseptic Meningitis |
| Echoviruses | 31 | Aseptic Meningitis |
| Other enteroviruses | >4 | Conjunctivitis, Encephalitis |
| Hepatitis A | 1 | Infectious Hepatitis |
| Adenoviruses | >4 | Respiratory illness, Gastroenteritis |
| Reoviruses | 3 | Respiratory illness, Gastroenteritis |
| Rotaviruses | 4 | Gastroenteritis |
| Norwalk Viruses | 3 | Gastroenteritis |
| Salmonella typhi | 1 | Typhoid Fever |
| Salmonella paratyphi | 1 | Paratyphoid Fever |
| Other Salmonella | >2,000 | Gastroenteritis |
| Shigella | 4 | Bacillary Dysentery |
| Enteropathogenic E. Coli | >4 | Gastroenteritis |
| Campylobacter jujuni | 1 | Gastroenteritis |
| Yersinia enterocolitica | 1 | Gastroenteritis |
| Vibrio species | >9 | Cholera, Gastroenteritis |
| Entamoeba histolytica | 1 | Amoebic Dysentery |
| Giardia lamblia | 1 | Giardiasis |
| Balantidium coli | 1 | Dysentery |
| Cryptosporidium | >2 | Gastroenteritis |
| Ascaris lumbricoides | 1 | Pneumonitis, Gastroenteritis |
| Trichuris trichiura | 1 | Gastroenteritis |
| Anclostoma duodenale | 1 | Anemia |
| Necator americanus | 1 | Anemia |
| Strongyloide stercoralis | 1 | Gastroenteritis |
| Taenia saginata | 1 | Variable symptoms |

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# Future of the Program

- Maintain current program?
- Change?
  - Incorporate Pollution Identification and Correction (PIC) work?
  - Modify dye trace requirements?
- Combine with Henderson?
- Comments?
- Suggestions?
- Concerns?

# Next Steps

- Staff draft options
- Work session with BoH/BoCC or ???
- Public Input
- BoH Update
- Public Hearings

  * BoCC and BoH action needed for current program design

Final decision needed by October for property tax and budget purposes

# Thank you!

We want to ensure this program is as effective and efficient as possible. We value your perspective and would appreciate any comments, questions, or concerns. Please contact:

Jane Mountjoy-Venning, Senior Environmental Health Specialist

(360) 867-2643

jane.mountjoy-venning@co.thurston.wa.us

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Board of Health
# AGENDA ITEM SUMMARY

Agenda Date: 12/13/2022 Date Created: 11/30/2022 Agenda Item #:

Created by: Mary Ann O'Garro, Senior Epidemiologist - Public Health and Social Services - 360-867-2525

Presenter: **Mary Ann O'Garro, Senior Epidemiologist - Public Health and Social Services - 360-867-2525**

Presenter #2: **, - -**

Additional Presenters:
**David Ko, Partner, Complex Litigation Group, Keller Rohrback**

**Item Title:**
Opioid Settlement Overview and Thurston County Opioid Response Plan Presentation

Action Needed: Pass Motion Class of Item: Department

**List of Exhibits**

TCORTF - Response Plan 2021-2022 Final.pdf
PDF File
392 KB

BOH Opioid Settlement Plan Extension Presentation - December 2022.pptx
Microsoft PowerPoint Presentation
1.05 MB

**Recommended Action:**

Move to approve extending the Thurston County Opioid Response Plan 2021-2022 through 2023 and authorize the Thurston County Opioid Response Task Force to continue implementation.

**Item Description:**

In 2018, the Thurston County Prosecuting Attorney's Office filed a lawsuit in the federal district court for the Western District of Washington against the largest manufacturers of prescription opioids in the United States, as well as the three primary wholesale distributors of prescription opioids in the country. Thurston County is represented by Seattle based law firm, Keller Rohrback. An update on the Thurston County lawsuit was provided to the Board of Health in March 2022.

This presentation will provide the newly expanded Board of Health with background on the opioid settlement, including status of the Thurston County lawsuit and Washington State distributors lawsuit. The Washington State distributors lawsuit will result in funding coming directly to Thurston County, as well as opportunities to apply to receive state funding.

To be prepared for opioid settlement funding opportunities, having a local opioid response plan in place is critical. The current Thurston County Opioid Response Plan for 2021-2022 was formed with input from stakeholders through a series of discussion groups. Feedback has continued to be gathered from Thurston County Opioid Response Task Force members at regular meetings, work group meetings and through outreach events.

Extending the current 2021-2022 plan through the 2023 calendar year is recommended by the Thurston County Opioid Response Task Force. A plan extension allows strategies that are community selected and meeting needs to continue forward. This approach provides a clear focus for Thurston County as local and state opioid settlement issues arise. New SMART objectives will be created for strategies in the plan for 2023 activities.

In 2022, for the first time, the Task Force identified individuals and organizations to recognize for their contributions. Their efforts have been greatly appreciated, especially by the work groups which help ensure strategies in the plan are moved forward and acted upon in the community.

The Thurston County Opioid Response Plan supports Thurston County Strategic Plan 2019-2020 Initiatives for Thriving Individuals, Families and Communities & Responsive Law, Justice & Public Safety, the Thurston County Comprehensive Plan Chapter 11 Health & Human Services, the 2020-2024 Thurston County Public Health & Social Services Strategic Plan and the Thurston County Board of Health Racism is a Public Health Crisis Proclamation.

Comprehensive information about other opioid settlement activities involving Washington State or other entities can be found online at: OpioidSettlementTracker.com.

Information about the Thurston County Opioid Response Task Force and Opioid Response Plan will be communicated through the Task Force website, meetings, and events.

Date Submitted: 12/7/2022

# THURSTON COUNTY
# OPIOID RESPONSE PLAN
# 2021-2022

## Thurston County Board of Health

**August 2021**

# PURPOSE

In June 2018, the Thurston County Board of Health unanimously passed Resolution H-1-2018 declaring the opioid epidemic a public health crisis in Thurston County. The resolution directed that a Thurston County Opioid Response Task Force be convened to develop and implement a community-driven Opioid Response Plan.

- See Appendix A, for the Thurston County Board of Health resolution.

The Thurston County Opioid Response Task Force consists of a wide range of local partners and is co-chaired by Jon Tunheim, Thurston County Prosecuting Attorney and Schelli Slaughter, Thurston County Public Health & Social Services Department Director. More information about the Thurston County Opioid Response Task Force can be found online.

In June 2019, the first Thurston County Opioid Response Plan was adopted by the Thurston County Board of Health and is available here. The plan resulted in twenty-five strategies and thirty-three SMART objectives. Nine of the thirty-three SMART objectives were discontinued due to barriers resulting from the COVID-19 pandemic.

By December 2020, nineteen of the SMART objectives had been completed, and remaining objectives continued forward. The nineteen completed SMART objectives by 2019-2020 action areas are:

- Treatment - seven
- Prevention - five
- Naloxone - four
- Data - one
- Pregnant & parenting - one
- Prescribing practices - one

In January 2021, the Thurston County Opioid Response Task Force developed an approach to update the Thurston County Opioid Response Plan for 2021-2022. This included gathering input from a variety of stakeholders through a series of strategy discussion groups. More information about the strategy discussion group process and findings is available here.

Input from the strategy discussion groups, Thurston County Opioid Response Task Force meetings, and work groups were used to inform the update of the Opioid Response Plan for 2021-2022. The plan addresses gaps in strategies and newly identified challenges or opportunities. Forty-eight organizations and one-hundred-and-twelve individuals, representing a diverse cross section of community stakeholders, participated in the Opioid Response Plan's update and finalization.

- See Appendix B, for the list of organizations and individuals who participated in the Thurston County Opioid Response Task Force and plan update.

## OVERSIGHT STRUCTURE

Implementation of the Thurston County Opioid Response Plan is overseen by the Thurston County Opioid Response Task Force. Six Task Force work groups are focused on accelerating cross-strategy efforts in the following 2021-2022 action areas:

- Prevention
- Treatment
- Overdose
- Pregnant & Parenting
- Legal System
- Equity

Work groups mirror the action areas identified in the 2021-2022 Thurston County Opioid Response Plan. Each work group develops SMART objectives for the related strategies, guides the related work within the community, gather input from subject matter experts, and regularly report back to the Thurston County Opioid Response Task Force.

The Thurston County Opioid Response Task Force meets every other month, and work groups meet according to a self-determined schedule. The Thurston County Board of Health is apprised of progress on the plan, no less than every six months.

## PLAN GOALS

The Thurston County Opioid Response Plan has six overarching goals:

- Prevent opioid misuse, abuse and dependency by improving prescribing practices.
- Treat opioid abuse and dependence through expanded access to treatment.
- Prevent deaths from overdose by working to educate and expand the distribution of naloxone to individuals who use drugs and educating individuals about the signs of an overdose.
- Use existing data and enhance data collection efforts to detect opioid and other illicit drug misuse/abuse and scientific evidence to inform the selection of strategies.
- Identify and implement innovative strategies that reduce the risk of overdose to individuals and diverse communities that are disproportionately impacted by the opioid epidemic and reduce stigma.
- Reduce exposure and access to opioids among infants, children, youth, and families.

## PRIORITY POPULATIONS

The Thurston County Opioid Response Task Force recognizes that the opioid epidemic has disproportionately impacted certain populations. Using community input and other sources of local information, priority populations were identified as being at an increased risk for opioid misuse, overdose, or who face systematic barriers or disparities. Populations for emphasis during plan implementation are:

- BIPOC (Black, Indigenous, and other People of Color)
- Youth age 12-17
- Young adults age 18-25
- Individuals whose primary language is other than English (or who have other language access barriers)
- Individuals experiencing homelessness
- Individuals at-risk for homelessness
- Individuals, both youth and adults, who are involved in the criminal and/or legal systems

## RESPONSE PLAN SUMMARY

The Thurston County Opioid Response Plan emphasizes a community approach that values:

- Advancing equity
- Reducing stigma
- Eliminating barriers
- Creating opportunities

The plan includes six action areas: Prevention, Treatment, Overdose, Pregnant & Parenting, Legal System, and Equity. The strategies in each action area connect to five required goals, outlined by the Thurston County Board of Health resolution, in addition to one goal identified by the Thurston County Opioid Response Task Force. A total of twenty-six strategies are included in the 2021-2022 Thurston County Opioid Response Plan.

- See Appendix C, for a crosswalk of strategies by the six identified goals of the Thurston County Board of Health and Thurston County Opioid Response Task Force.

| ACTION AREA - PREVENTION |
| --- |
| **STRATEGIES** |
| P1 – Expand resources to local communities at higher risk for substance use issues and maintain local coalitions working on youth substance use prevention. |
| |
| P2 - Improve understanding of the opioid epidemic and substance use disorder among partners and the community with an emphasis on reducing stigma. |
| |
| P3 – Improve awareness of local safe medication return disposal options that accept prescription opioids among county residents. |
| |
| P4 – Improve awareness of safer storage options for prescription medication, over-the-counter medicine, and other substances to prevent misuse and abuse. |

| ACTION AREA – TREATMENT |
| --- |
| **STRATEGIES** |
| T1 - Improve coordination among county Medications for Opioid Use Disorder (MOUD) providers. |
| |
| T2 - Promote availability of existing community-based Medications for Opioid Use Disorder (MOUD) providers and continuum of care services. |
| |
| T3 - Expand the number of Medications for Opioid Use Disorder (MOUD) providers available in the county. |
| |
| T4 - Improve understanding of Medications for Opioid Use Disorder (MOUD) among referral partners and the community. |

## ACTION AREA – TREATMENT continued

| STRATEGIES |
| --- |
| T5 - Expand access to treatment, including Medications for Opioid Use Disorder (MOUD), for people who are involved in the criminal-legal system. |

## ACTION AREA – OVERDOSE

| STRATEGIES |
| --- |
| O1 - Expand access to naloxone through services and systems that have direct contact with individuals at risk for overdose. |
| |
| O2 - Improve understanding of opioid overdose prevention, recognition, response, and naloxone use among partners and the community. |
| |
| O3 – Increase available education on stimulant overdose/overamping. |
| |
| O4- Increase information to partners and the community on fentanyl and the associated increased risks of overdose. |
| |
| O5- Expand available education to local pharmacies on naloxone access, Washington's statewide standing order, and insurance coverage for naloxone. |
| |
| O6 - Improve understanding of overdose data. |

## ACTION AREA – PREGNANT & PARENTING

| STRATEGIES |
| --- |
| PP1 - Expand information and referrals to local family planning services to reduce neonatal abstinence syndrome (NAS) and neonatal opioid withdrawal syndrome (NOWS). |
| |
| PP2 - Integrate and promote breastfeeding and chest-feeding best practices for people who use substances into direct services which have contact with people who are pregnant and/or parenting. |
| |
| PP3 – Expand education on available supportive services for individuals who are pregnant and/or parenting to address access to substance use prevention, intervention, treatment and recovery services. |

## ACTION AREA – LEGAL SYSTEM

| STRATEGIES |
| --- |
| L1 – Expand utilization of Peers and Community Health Workers (CHWs) to support and serve individuals with substance use issues who are involved with the criminal and/or legal systems. |
| |
| L2 – Integrate access to naloxone through the criminal and/or legal systems and associated services. |
| |
| L3 – Explore new or emerging opportunities to address the ways in which people who use substances or have a history of substance use, interact with and are impacted by the criminal and/or legal systems. |

| ACTION AREA – EQUITY |
| --- |
| **STRATEGIES** |
| E1 – Improve understanding of how racism and discrimination affects availability of treatment and recovery resources, what barriers marginalized populations face and what can be done locally to address inequities. |
| |
| E2 – Improve understanding of the intersections between housing status and substance use. |
| |
| E3 – Educate providers across health and dental professions about the impact of stigma on care of patients who use drugs or formerly used drugs, the signs of opioid misuse, and how to screen and refer for opioid misuse. |
| |
| E4 – Increase information available to the community on how addressing stigma and using trauma informed practices advances equity and supports those who use substances. |
| |
| E5 – Expand information about harm reduction approaches to substance use, availability of harm reduction services and how to access them. |

## RESPONSE PLAN PROGRESS

Progress of the Thurston County Opioid Response Plan will be measured using SMART objectives. SMART objectives provide a way to confirm whether ideas have turned into action. A SMART objective is one that has the following characteristics:

| | |
|---|---|
| Specific | ○ Provides a concrete, well defined description of the results. |
| Measurable | ○ Describes the number or amount that will occur. |
| Achievable | ○ Appears feasible and within reach based on resources, personnel, cost and time. |
| Relevant | ○ Connects to the goal and strategy in a meaningful way. |
| Time-Bound | ○ Includes a time frame by which the objective will be accomplished. |

For each strategy in the plan, no less than one SMART objective will be established for the 2021-2022 timeframe. Progress updates on SMART objectives will be provided to the Thurston County Board of Health every six months.

# APPENDIX A

Thurston County Board of Health Resolution H-1-2018

RESOLUTION NO. H-1-2018

A RESOLUTION declaring the opioid epidemic a public health crisis in Thurston County, and directing the Director of the Thurston Public Health and Social Services Department to convene a Thurston County Opioid Response Task Force that will create a response plan for approval by the Thurston County Board of Health.

WHEREAS, the Thurston County Board of Health under the authority of RCW 70.05.060 has supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction; and

WHEREAS, Washington State and Thurston County are currently experiencing an opioid epidemic leading to preventable deaths involving prescription opioids and heroin; and

WHEREAS, opioids prescribed and taken in the United States, Washington State, and Thurston County have led to a nationwide epidemic of opioid misuse, abuse, dependency, overdoses, and opioid related deaths; and

WHEREAS, the opioid epidemic affects our communities, devastates families, and overwhelms our health care, social services, law enforcement, and judicial systems. and

WHEREAS, Thurston County ranks 15th of 39 counties in Washington State for the rate of opioid related hospitalizations and 29th of 39 counties for opioid related deaths in Washington State: and

WHEREAS, opioid use disorders are life threatening, chronic medical conditions that destroy lives; and

WHEREAS, there is a need to increase education about and improve access to medications that save lives by reversing overdoses and treatments that support recovery; and

WHEREAS, The Thurston County Board of Health seeks to address practices and conditions that cause a threat to the public's health and the safety and welfare of our community related to the opioid epidemic.

NOW, THEREFORE, the Board of Health of Thurston County, State of Washington, does resolve:

Section 1. The opioid epidemic is declared a public health crisis in Thurston County.

Section 2. The Director of Thurston County Public Health and Social Services is directed to prioritize deploying available resources and seeking new resources and strategies to address the opioid epidemic by working together with others to form and convene a Thurston County Opioid Response Task Force to develop and implement a community-driven Response Plan. The Response Plan shall address the opioid epidemic and shall include implementation strategies. The proposed Response Plan shall be submitted to the Board of Health for approval. Once the Response Plan is approved, the Director of Thurston County Public Health and Social Services will report to the Board of Health, on a biannual basis, the progress of implementing this plan.

TC Opioid Resolution.docx Page 1 of 2

# APPENDIX A continued

Section 3. The Response Plan shall include but not be limited to the following goals:

- Goal 1. Preventing opioid misuse, abuse and dependency by improving prescribing practices.
- Goal 2. Treating opioid abuse and dependence through expanded access to treatment.
- Goal 3. Preventing deaths from overdose by working to educate and expand the distribution of naloxone to individuals who use heroin and educating individuals about the signs of an overdose.
- Goal 4. Using existing data and enhancing data collection efforts to detect opioid and other illicit drug misuse/abuse and scientific evidence to inform the selection of strategies
- Goal 5. Identifying and implementing innovative strategies that reduce the risk of overdose to individuals and diverse communities that are disproportionally impacted by the opioid epidemic and reduce stigma.

Section 4. That this Resolution shall take effect immediately upon adoption.

ADOPTED: June 14, 2018

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

JON TUNHEIM
PROSECUTING ATTORNEY

Deputy Prosecuting Attorney

BOARD OF HEALTH
Thurston County, Washington

Chair

Vice-Chair

Commissioner

TC Opioid Resolution.docx

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# APPENDIX B

Thurston County Opioid Response Task Force Participants and Plan Update Partners

## ORGANIZATIONS

Behavioral Health Resources
Capital Recovery Center
Cascade Pacific Action Alliance
Catholic Community Services
Chehalis Tribal Tsapowum Behavioral Health Center
Choice Regional Health Network
Emergent BioSolutions
ESD 113
Evergreen Treatment Services
Family Support Center of South Sound
Family Education & Support Services
Gather Church
HeartStrides Therapeutic Horsemanship
Ideal Options
Interfaith Works
JOLT News
Lacey Police Department
Mason General Hospital
Nisqually Health
Northwest Resources
Olympia Bupe Clinic
Olympia City Council
Olympia Police Department
Olympic Health & Recovery Services
Pacific Lutheran University
Providence St. Peter Hosptial
Providence Chemical Dependency Center
Sidewalk
St. Martin's University
St. Michael Parish
TeleCare
Thurston County Commissioner's Office
Thurston County Medic One
Thurston County Pretrial Services
Thurston County Prosecuting Attorney's Office
Thurston County Public Defense
Thurston County Public Health & Social Services
Thurston County Sheriff's Office
Thurston County Superior Court
Thurston Mason Behavioral Health Administrative Service Organization
Tumwater City Council
VOCAL-WA
WA Hope
Washington Recovery Help Line
Washington State Department of Corrections
Washington State Department of Health
Washington State Health Care Authority
YWCA

## INDIVIDUALS

Abigail Luka
Alissa List
Amy King
Andrew Worley
Angie Warner-Rein
April Gunderson
Arielle Benson
Arthur Andrews
Beau Antonelis
Ben Miller-Todd
Bonnie Peterson
Caitlin Moore
Carrie Ann Matyac
Carrie Hennen
Catherine Perez
Christy Peters
Cindy Grande
Cody Cohan
Cody Neuenschwander
Dani Madrone
Danilynn Benavente
Dimyana Abdelmalek
Emalie Huriaux
Garrett Leonard
Gretchen Thaller
Hallie Cranos
Hanna Baus
Hayley Demus
Herschel McFarland
Janet Stegall
Janine Koffel
Jason Bean-Mortinson
Jennifer Higgs-Coulthard
Jennifer Johnson
Jessica Olson
Jessie Knudsen
Jill Esbeck
Jim Downing
Jim Mack
John Lanning
John Snaza
Jon Tunheim
Jonathan Hoyer
Kassie Trotter
Kateri Wimsett
Katie Strozyk
Kecia Rongen
Keylee Marineau
Kim Kondrat
Kris Shera
Krissy White
Kristy Dees
Krystal Pierce
Kurt Hardin
Larry Jefferson
Laura Vogel
Leah Landon
Leatta Dahlhoff
Linda Barker
Linda Sisson
Malika Lamont
Maria Gallo
Marianne Clear
Marisa Berner
Marlo Martinez
Mary Ann O'Garro
Mary Ellen Biggerstaff
Matthew Rosales
Meg Martin
Melissa Gonzalez
Meta Hogan
Miae Aramori
Monica Miley
Naimat Gilal
Natalie Skovran
Neil Hilton
Patrick Hutnik
Patrick Judkins
Patrick O'Connor
Paul Frailey
Praveena Fernes
Priscilla Terry
ReDonda Gibbons
Ren Emerson
Robyn Martin
Rose Symotiuk
Sage Barber
Sam Costello
Samantha Davis
Samantha Gilbertson
Sara Ellsworth
Schelli Slaughter
Sean Hemmerle
Sean Wright
ShaMarica Scott
Sharon McKellery
Shelly Willis
Sierra Vance
Stacy Everett
Stacy Hamlin
Stephanie Klein
Tamara Heinz
Tanna Siler
Tarryn Biehlo
Teresa Winstead
Teya Harris
Thomasina Cooper
Tiffani Buck
Tiffany Griffin
Todd Thoma
Tye Menser
Wayne Graham
Zach Lynch

# APPENDIX C

Crosswalk of Strategies by the Six Overarching Goals

## GOAL 1.

Prevent opioid misuse, abuse and dependency by improving prescribing practices.

| STRATEGIES | |
|---|---|
| Equity | E3 - Educate providers across health and dental professions about the impact of stigma on care of patients who use drugs or formerly used drugs, the signs of opioid misuse, and how to screen and refer for opioid misuse. |

## GOAL 2.

Treat opioid abuse and dependence through expanded access to treatment.

| ACTION AREA | STRATEGIES |
|---|---|
| Treatment | T1 - Improve coordination among county Medications for Opioid Use Disorder (MOUD) providers. |
| | |
| Treatment | T2 - Promote availability of existing community-based Medications for Opioid Use Disorder (MOUD) providers and continuum of care services. |
| | |
| Treatment | T3 - Expand the number of Medications for Opioid Use Disorder (MOUD) providers available in the county. |
| | |
| Treatment | T4 - Improve understanding of Medications for Opioid Use Disorder (MOUD) among referral partners and the community. |
| | |
| Treatment | T5 - Expand access to treatment, including Medications for Opioid Use Disorder (MOUD), for people who are involved in the criminal-legal system. |
| | |
| Legal System | Expand utilization of Peers and Community Health Workers (CHWs) to support and serve individuals with substance use issues who are involved with the criminal and/or legal systems. |

## GOAL 3.

Prevent deaths from overdose by working to educate and expand the distribution of naloxone to individuals who use drugs and educating individuals about the signs of an overdose.

| ACTION AREA | STRATEGIES |
|---|---|
| Overdose | O1 - Expand access to naloxone through services and systems that have direct contact with individuals at risk for overdose. |
| | |
| Overdose | O2 - Improve understanding of opioid overdose prevention, recognition, response, and naloxone use among partners and the community. |
| | |
| Overdose | O3 – Increase available education on stimulant overdose/overamping. |
| | |
| Overdose | O4- Increase information to partners and the community on fentanyl and the associated increased risks of overdose. |
| | |
| Overdose | O5- Expand available education to local pharmacies on naloxone access, Washington's statewide standing order, and insurance coverage for naloxone. |

## GOAL 4.

Use existing data and enhance data collection efforts to detect opioid and other illicit drug misuse/abuse and scientific evidence to inform the selection of strategies.

| ACTION AREA | STRATEGIES |
|---|---|
| Overdose | O6 - Improve understanding of overdose data. |

## GOAL 5.

Identify and implement innovative strategies that reduce the risk of overdose to individuals and diverse communities that are disproportionately impacted by the opioid epidemic and reduce stigma.

| ACTION AREA | STRATEGIES |
|---|---|
| Prevention | P1 – Expand resources to local communities at higher risk for substance use issues and maintain local coalitions working on youth substance use prevention. |
| | |
| Prevention | P2 - Improve understanding of the opioid epidemic and substance use disorder among partners and the community with an emphasis on reducing stigma. |
| | |
| Equity | E1 – Improve understanding of how racism and discrimination affects availability of treatment and recovery resources, what barriers marginalized populations face and what can be done locally to address inequities. |
| | |
| Equity | E2 – Improve understanding of the intersections between housing status and substance use. |
| | |
| Equity | E4 – Increase information available to the community on how addressing stigma and using trauma informed practices advances equity and supports those who use substances. |
| | |
| Equity | E5 – Expand information about harm reduction approaches to substance use, availability of harm reduction services and how to access them. |
| | |
| Legal System | L2 - Integrate access to naloxone through the criminal and/or legal systems and associated services. |
| | |
| Legal System | L3 - Explore new or emerging opportunities to address the ways in which people who use substances or have a history of substance use, interact with and are impacted by the criminal and/or legal systems. |

| GOAL 6.<br>Reduce exposure and access to opioids among infants, children, youth, and families. | |
|---|---|
| **ACTION AREA** | **STRATEGIES** |
| Prevention | P3 – Improve awareness of local safe medication return disposal options that accept prescription opioids among county residents. |
| | |
| Prevention | P4 – Improve awareness of safer storage options for prescription medication, over-the-counter medicine, and other substances to prevent misuse and abuse. |
| | |
| Pregnant & Parenting | PP1 - Expand information and referrals to local family planning services to reduce neonatal abstinence syndrome (NAS) and neonatal opioid withdrawal syndrome (NOWS). |
| | |
| Pregnant & Parenting | PP2 - Integrate and promote breastfeeding and chest-feeding best practices for people who use substances into direct services which have contact with people who are pregnant and/or parenting. |
| | |
| Pregnant & Parenting | PP3 – Expand education on available supportive services for individuals who are pregnant and/or parenting to address access to substance use prevention, intervention, treatment and recovery services. |

**Thurston County Public Health and Social Services Department**
**Opioid Response Program**
**412 Lilly Road NE, Olympia, WA 98506**
**Phone: 360-867-2500, Fax: 360-867-2601**
**WA RELAY: 711 or 800-833-6388**

**To request this document in an alternative format contact: 360-867-2500**

# OPIOID SETTLEMENT OVERVIEW & Thurston County Opioid Response Plan Presentation

Thurston County Board of Health

December 13, 2022

THURSTON COUNTY
WASHINGTON
SINCE 1852

# Opioid Settlement

## Thurston County

- Keller Rohrback
- Involves
  - Manufacturers
  - Distributors

## State and Municipalities

- Distributors
- 2022 resolution $476 million opioid epidemic
  - Local and state split
  - Allocated over 18 years
  - Percentage to Thurston County
  - MOU with approved uses

# 2023 State Distributors

| | Thurston County | State |
|---|---|---|
| Method | Direct (2.325%) | RFP/RFA |
| Starts | 2023 | 2023 |
| Multiyear | 18 years of payments | Specified by Funder |
| Coordination | Required* | No |
| Funding | Direct to Local | Specified by Funder |
| Approved Uses | Connects to MOU** | Connects to state Plan |

* 7 County Opioid Abatement Council
Ensures public access to information on spending

** Signed by Thurston County
Includes list of use options primarily in prevention and treatment

## Local Settlement Preparation

- Signed MOU
- Active Task Force and work groups
- Gaps and strategies identified
- NEED local opioid response plan in place

# Thurston County Opioid Response Task Force and Plan

- Crisis Resolution H-1-2018, June 2018
- Task Force Convened, July 2018
- Response Plan adopted, July 2019
- Response Plan revised, August 2021

# Action Areas and Strategies: 2021/22

| Action Areas | Strategies |
| --- | --- |
| • 6 areas of focus<br>  • Prevention<br>  • Treatment<br>  • Overdose<br>  • Pregnant & Parenting<br>  • Legal System<br>  • Equity | • 26 total strategies<br><br>• Aims<br>  • Reducing stigma<br>  • Eliminating barriers<br>  • Creating opportunities<br>  • Advancing equity |

# Task Force Progress

## Community and workplace interest in overdose education and naloxone

- Overdose Awareness Day
- School districts, food establishments, law enforcement, government entities

## Prevention campaigns on safe storage and medication disposal

- English and Spanish radio PSAs

## Community education panels

- Criminal-legal system diversion
- Utilization of peers

## Regional and state partnerships

- Fentanyl fact-based education
- State opioid settlement priorities

# 2022 Task Force Recognition

- Wanted to recognize those who played vital roles in moving the Response Plan forward
- Work Groups were tasked with choosing an individual and/or an organization within their action area
- Leads for each Work Group also recognized

# 2022 Recognition

## Treatment

- Garrett Leonard (Capital Recovery Center)
- Capital Recovery Center

## Prevention

- Leatta Dahlhoff
- Family Education & Support Services

## Pregnant & Parenting

- Linda Sisson (Family Support Center)

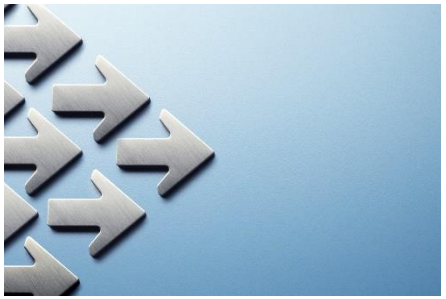
## Overdose

- Monica Miley & Naimat Gilal (Syringe Services Program)
- Thurston County Juvenile Detention (Reggie Gaither and all Facility Staff)

## Work Group Leads

- Jason Bean-Mortinson
- Katie Strozyk
- Kateri Wimsett
- Stacy Everett
- Marianne Clear
- Mark Freedman

## Plan Extension



- Requesting current plan be extended through calendar year 2023:
  - Addresses needs of rural residents, who lack access to treatment, naloxone and outreach services
  - Provides fact-based drug education to youth and young adults
  - Incorporates fentanyl, and other substances to allow response to changes in drug supply
  - Keeps partners current and supports collaboration
- Ensures, Thurston County is better prepared for opioid settlement funding opportunities

## Katie Strozyk

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Prevention Work Group
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## Mary Ann O'Garro

Senior Epidemiologist
Program Supervisor
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# OPIOID RESPONSE PROGRAM

- OpioidSettlementTracker.com
- Task Force Webpage: www.thurstoncountywa.gov/phss/Pages/opioid-response.aspx

# Board of Health
# AGENDA ITEM SUMMARY

Agenda Date: 12/13/2022 Date Created: 11/11/2022 Agenda Item #:

Created by: Gretchen Thaller, MCH Division Director - Public Health and Social Services - 13602807418

Presenter: **Gretchen Thaller, MCH Division Director - Public Health and Social Services - 13602807418**

**Item Title:**

Amendment 5 to the Lewis County Contract for the Purchase of Nurse Family Partnership Health Services

Action Needed: Pass Motion Class of Item: Department

**List of Exhibits**

Lewis County purchase of NFP services amendment 5 for 2023Final.doc
Microsoft Word 97 - 2003 Document
71.5 KB

☐ PAO ☐ FinSvcs ☐ HR
☐ Budget Office ☐ CAO ☐ Other

Notes:

PHSS fiscal

**Recommended Action:**

Move to approve amendment five to the Lewis County Contract for the Purchase of Nurse Family Partnership Health Services in the amount of $320,962.00 for the calendar year 2023, and authorize the Director of Thurston County Public Health and Social Services to execute the amendment.

**Item Description:**

This is an amendment to an ongoing contract with Lewis County that enables Thurston County Public Health and Social Services to continue to provide Nurse Family Partnership home visiting services to 50 clients in Lewis County. This amendment extends the contract through December 31, 2023, for an additional amount of $320,962.00 for the calendar year 2023.

This work addresses the following 2019-2020 Thurston County Strategic Plan Initiatives:
No.1 - Improve health outcomes for all, including increasing access and health outreach throughout Thurston County, with a focus on maternal/child health and improved breastfeeding.
No. 2. -Improve community health, wellness, and safety.

Date Submitted: 11/17/2022

**CONTRACT FOR THE PURCHASE NURSE FAMILY PARTNERSHIP HEALTH SERVICES**
**Amendment No. 5**

Thurston County, hereinafter "THURSTON," and Lewis County, hereinafter "LEWIS," mutually agree to renew for an additional one year their 2018 Contract for the Purchase of Nurse Family Partnership Health Services (hereinafter "Contract") in accordance with Section 2. The parties agree that the Contract executed on February 8, 2018, shall be amended as follows:

**I.** Section 2 shall be amended as follows:

Section 2. Term:

a) This Contract shall commence on January 1, 2018 and shall remain in effect through December 31, 2023 unless extended or terminated sooner as provided herein.
b) This Contract may be extended upon Lewis and Thurston mutual agreement and an amendment to this Contract being adopted by each party. No later than September 14, 2023, the parties agree to consult with each other regarding the potential extension of this Contract for a further calendar year.

**II**. Section 3. Scope of Services and Status of the Parties will be amended by adding:

Thurston County NFP will utilize a health equity lens by regularly reviewing program data to understand the populations served, the needs and outcomes as well as ensuring underserved populations are served through increased outreach efforts.

**III.** Section 4. Compensation shall be amended to add the following paragraph underneath the original text of Section 4:

Lewis will reimburse Thurston a maximum amount of $320,962.00 for NFP services for the calendar year 2023 according to the budget set out in Exhibit A, attached hereto and incorporated herein by reference. Thurston will submit invoices to Lewis on a monthly basis for providing NFP services performed in the preceding month. Thurston will submit invoices to the Lewis Contract representative set forth in section 5 of this Contract. Thurston will also submit a narrative description of the activities conducted during the preceding month.

**IV.** Section 5 Contract Representatives shall be amended to update the name and phone number for the Lewis County representative – Meja Handlen, (360) 740-1234.

Except as expressly provided by this Amendment No.3, all other terms and conditions of the original 2018 Contract for Purchase of Nurse Family Partnership Health Services remain in full force and effect.

In witness whereof, the parties hereto have caused this Amendment No. 5 to be executed in duplicate originals this _____ day of _____, 20___.

For the
BOARD OF HEALTH
Thurston County, Washington

_____
Kurt Hardin, Interim Director
Public Health & Social Services Department

ATTEST:

_____
Lydia Hodgkinson
Thurston County Clerk of the Board

Approved as to Form:
Jon Tunheim, Prosecuting Attorney

By: _____
Deputy Prosecuting Attorney

For the
BOARD OF HEALTH
Lewis County, Washington

_____

Director
Public Health & Social Services

Date: _____

Approved as to Form:
Jonathan Meyer, Prosecuting Attorney

By: _____
Deputy Prosecuting Attorney

# EXHIBIT A

**Budget - Lewis County Costs**

**Thurston County and Lewis County Joint NFP Team**

**January 1, 2023 - December 31, 2023**

| | Description | Costs | Comments |
|---|---|---|---|
| **1.0 Personnel** | | | |
| **1.1** | Salaries | | |
| | 1.0 FTE Nurse Home Visitor | $65,000.00.00 | Regular salaries, sick, holiday, overtime |
| | 1.0 FTE Nurse Home Visitor | $67,000.00.00 | |
| | .25 FTE Supervisor | $17,675.00 | |
| | .20 FTE Assistant | $10,764.00 | |
| | *Subtotal* | *$160,439.00* | |
| **1.2** | Taxes and Benefits | | |
| | | $71,205.50 | Federal withholdings (SSI, Medicaid, etc.) |
| | | | State withholdings (L&I, ESD, etc.) |
| | | | Employee health insurance |
| | | | Employee pension/401k contributions |
| | *Subtotal* | *$71,205.50* | |
| | **Total Personnel** | **$231.644.50** | |
| **2.0 Goods and Services** | | | |
| **2.1** | Program Goods and Services | | |
| | Telecommunications & Technology | $1,680.00 | Cellphones and Wi-Fi hardware |
| **2.2** | Professional Development and Training | | |
| | Model Training fees | $4,800.00 | |
| **2.3** | Program Equipment | | |
| | Computer/IS | $2666.60 | |
| | Nursing Supplies (scale, BP cuff/ locking bag, etc.) | $800.00 | |
| | **Total Goods and Services** | **$9,946.60** | |
| **3.0 Program Travel** | | | |
| **3.1** | Mileage | $6,500.00 | |
| | **Total Program Travel** | **$6,500.00** | |
| **4.0 Contracted/Professional Services** | | | |
| **4.1** | Professional Services (model fees for sites, affiliation, renewal, etc.) | $4,636.00 | |
| | Expansion Supervisor fee | $1,058.00 | |
| | **Total Contracted/Professional Services** | **$5,694.00** | |
| **5.0 Administrative/Indirect Charges** | | | |
| **5.1** | Indirect Charges | $67,176.90 | Indirect rate: 29% |
| | **Total Administrative/Indirect Charges** | **$67,176.90** | |
| | | ***$320,962.00*** | ***Grand Total*** |