

Strategy Discussion Group Report



Thurston County Opioid Response Task Force
July 2021

Acknowledgements

The Thurston County Opioid Response Task Force and Thurston County Opioid Response Program wishes to thank each of the participants of the strategy discussion groups and the organizations that they represent. Through this dedication and process, Thurston County is able to gather information to revise and update the Thurston County Opioid Response Plan in order to be more responsive to the impacts of the opioid epidemic in our community.

Background

The Thurston County Opioid Response Task Force was convened to address the opioid epidemic. The Task Force consists of a wide range of local partners and is co-chaired by Jon Tunheim, Thurston County Prosecuting Attorney and Schelli Slaughter, Director of Thurston County Public Health & Social Services Department. More information about the Thurston County Opioid Response Task Force can be found [online](#). The 2019-2020 Thurston County Opioid Response Plan is available [here](#).

Strategy Discussion Group Objectives

In looking to update the Thurston County Opioid Response Plan for 2021-2022, the Thurston County Opioid Response Task Force identified the need to solicit input from a variety of stakeholders through strategy discussion groups. These discussions would allow for cross-sector responses regarding the 2019-2020 Opioid Response Plan, gaps in strategies, and newly identified challenges or opportunities.

Strategy discussion groups consisted of a series of 90-minute sessions conducted between February and April 2021. These discussions were broken into four topic areas: treatment, overdose, pregnant & parenting, and criminal legal. Two discussion groups were held for each topic, with the second discussion building upon the first, rather than being separate stand-alone conversations. Strategy discussion groups were hosted virtually by Thurston County Public Health & Social Services Department and facilitated by Katie Strozyk, the Thurston County Opioid Response Coordinator. Kateri Wimsett and Jennifer Johnson, both from Thurston County Public Health & Social Services Department, also attended each session to take notes and assist in the facilitation of the discussions.

During these strategy discussion groups, participants were prompted with open-ended discussion questions designed to gather targeted feedback on the 2019-2020 Thurston County Opioid Response Plan and related efforts. At the end of each strategy discussion group, participants were given time to add any additional information which they felt should be included that may have not fit within the discussion prompts.

Prompt questions asked during the strategy discussion groups were:

- Session #1
 - Where should the Response Plan be expanded?
 - What barriers currently exist and what upcoming opportunities should be taken advantage of?
- Session #2
 - How can the Response Plan be revised in order for the strategies to be equitable? What changes are needed to advance racial equity?
 - How can the Response Plan be revised to address stigma?

Strategy Discussion Group Participation

A combined total of 65 individuals participated across the series of strategy discussion groups, representing 31 agencies as well as community member feedback. Participation was gathered virtually, with individuals pre-registering for the sessions that they would like to attend. There were no limitations or requirements placed on registrations, with each strategy discussion group being open to anyone in the community to attend. This allowed individuals from a variety of fields to attend, including treatment agencies, homeless service providers, community members, local government, law enforcement, and more. Affiliation with an agency was not a requirement for registration, as to encourage general community members as well as individuals with lived experience to participate in the discussions.

Represented agencies -

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| • Behavioral Health Resources | • Olympic Health and Recovery Services |
| • Capital Recovery Center | • Providence - Chemical Dependency Center |
| • Cascade Pacific Action Alliance | • Saint Michael Parish |
| • Catholic Community Services | • Sidewalk |
| • Choice Regional Health Network | • Telecare |
| • City of Tumwater | • Thurston County Corrections Bureau |
| • Emergent BioSolutions | • Thurston County Prosecuting Attorney's Office |
| • Family Education and Support Services | • Thurston County Public Defense |
| • Family Support Center | • Thurston County Public Health & Social Services |
| • Ideal Option | • Thurston County Superior Court |
| • Interfaith Works | • Thurston-Mason Behavioral Health
Administrative Service Organization |
| • Nisqually Health Services | • Washington Hope |
| • Northwest Resources | • Washington Recovery Help Line |
| • Olympia Bupe Clinic | • Washington State Department of Health |
| • Olympia Municipal Court | • Washington State Health Care Authority |
| • Olympia Police Department | |

Strategy Group - Common Themes

Across the series of strategy discussion groups, multiple common themes appeared, with the primary themes being stigma, homelessness, and equity. These themes transcended topic areas, as conversations pointed out the impact, they each have on the Opioid Response Plan as a whole. These common themes help to establish the complexity of responding to the opioid epidemic, as well as the systematic challenges that are encountered during response.

Stigma

- Substance use is often viewed as a type of moral failure
- Perception that individuals who engage in substance use are of a lesser societal standing, commonly presented through an ostracization or isolation from society
- Belief that if an individual wanted to cease their substance use, they would achieve and maintain abstinence quickly

Homelessness

- Misconception that substance use and homelessness are synonymous
- Experiencing homelessness often increases barriers to accessing treatment and/or maintaining long-term recovery
- Substance use may be used as a survival mechanism (i.e. stimulant use to stay vigilant and awake for safety or decreased vulnerability)

Equity

- The war on drugs is historically rooted in structural racism
- Black, Indigenous, and other People of Color (BIPOC) communities are disproportionately impacted by the criminal legal system, including family and juvenile courts
- Access and availability of services of all types are extremely limited, and sometimes non-existent, in rural communities
- Many norms and common practices are built on the traumatization of others
- Individuals with lived experience need to be compensated in meaningful ways and listened to, when they provide information for the benefit of others to learn from

Strategy Discussion - Treatment

Treatment strategy discussion groups focused on access to and expansion of treatment for opioid misuse, including Medications for Opioid Use Disorder (MOUD) and other substance use.

Priority Themes

- **Utilization of peers in all settings**
 - Embedding individuals with lived experience allows for unique relationships to be built and would be helpful within all service-delivery models

- Peers are able to connect on different levels and share experiences to support someone in a client-driven manner, rather than through compliance directives
- **Treatment logistics & eligibility**
 - Access to inpatient or detox treatment can be difficult for individuals with co-occurring behavioral health conditions or with complex medical needs
 - Insurance coverage is not consistent across all treatment agencies, and may only cover services at a certain facility or for a certain duration of time
 - Long delays to access higher levels of treatment, with wait times being weeks or over a month out to access a bed at an inpatient treatment agency
 - Complexities to accessing inpatient or detox treatment that are often not addressed in treatment support services – i.e., needing to get time off of work, childcare needs, temporary housing for pet(s), transportation to facility, etc.
 - Facilities may not align with quality-of-life measures needed to encourage someone to engage in treatment – i.e., not allowing options for someone who smokes cigarettes, being religion-centered when someone is not or is of another faith, etc.
- **Measure of “success” is not only abstinence**
 - Success should be person-driven, and not focused exclusively on ceasing substance use as the sole measure of success
 - Individuals often have other goals which are priorities for them, which may not be dependent on entirely ceasing their substance use: i.e., getting an ID or driver’s license, obtaining survival gear, addressing medical needs, etc.
 - Not all individuals want to completely cease their substance use and not making space for support without abstinence requirements can deter individuals from engaging in any services at all, now or in the future
- **Need for case management**
 - Case managers are often agency-specific and no longer follow someone when they leave or complete a program
 - Individuals may have case managers at multiple agencies across different systems of care (housing, treatment, etc.) who do not communicate
 - Need for post-treatment case management to ensure that discharge planning is comprehensive, rather than ending services when someone walks out the door
- **Continual learning opportunities & continuing education**
 - Need opportunities to educate professionals across multiple sectors on how to best serve individuals who use substances or who are in recovery in order to increase compassion and comfortability of service delivery
 - Providers are often siloed into addressing one type of substance use, so there is education needed around poly-substance use
 - Broader community conversations need to happen in order to reach new demographics and to decrease misconceptions around substance use
 - Significant need for education around the impacts of trauma and how experiencing trauma (direct, inter-generational, etc.) can impact substance use

Strategy Discussion - Overdose

Overdose strategy discussion groups focused on prevention of overdose related deaths, overdose response education, and naloxone distribution.

Priority Themes

- **Expansion to include stimulant overdoses/overamping**
 - Current overdose information is exclusively around opioid overdoses
 - Need to address common misconception that you cannot overdose if you are only using stimulants
 - Response to a stimulant related overdose is different from an opioid overdose, as the primary symptom is not respiratory distress
- **Pharmacy education about naloxone & Washington State standing order**
 - Individuals can obtain naloxone at a pharmacy without a prescription, which many are unaware of
 - Medicaid covers naloxone at a pharmacy and there is no out of pocket cost
 - Pharmacies are often unaware that there is a statewide standing order for naloxone and that an individual does not need their own prescription
- **Perception around carrying naloxone or experiencing an overdose**
 - Stigma around not wanting to be associated with individuals who use substances by carrying naloxone if someone does not use substances themselves
 - Individuals may feel like they do not need to carry naloxone if they do not use substances and are unaware of the potential need to have it on hand to respond to witnessing an overdose occurring in public
 - Normalizing having naloxone and knowing how to respond during an overdose can increase conversations around overdoses and decrease potential stigma or shame someone feels if they have experienced an overdose in the past
- **Fentanyl specific information**
 - Current education in the community is primarily around prescription opioids and heroin, with little information available specific to fentanyl
 - Fentanyl use has increased, especially regarding the presence of fentanyl in other substances (presence is not always known at time of use)
 - Due to potency, fentanyl poses a higher risk of overdose than other opioids
- **Youth education - should not just be abstinence based**
 - Historic efforts have been based almost exclusively around abstinence only messaging for youth and on primary prevention interventions
 - Youth are a group who are often missed when doing overdose prevention, response, and naloxone administration education
 - Peer based messaging is encouraged, as youth are likely to respond more positively when engaging with individuals similar to them rather than with larger systems of care or authority figures

- **EMS & law enforcement presence when responding to an overdose**
 - Individuals are often hesitant to seek emergency help during an overdose due to law enforcement responding alongside EMS providers
 - More education is needed around the Good Samaritan Law and how someone cannot be arrested for personal possession if they are calling 911 to seek emergency help to respond to an overdose
 - A follow-up system to connect with individuals after experiencing an overdose could be used as a mechanism to connect them with naloxone and/or establish a relationship that connects them to treatment or other supportive services

Strategy Discussion - Pregnant & Parenting

Pregnant & Parenting strategy discussion groups focused on supports for pregnant and parenting individuals who use substances and their families and/or related parties.

Priority Themes

- **Partner with jails to serve pregnant individuals while incarcerated**
 - Local jails provide a captive audience for outreach and connection to services
 - Individuals can start Medications for Opioid Use Disorder (MOUD) while they are in-custody at a local jail
- **Stigma & judgement around past or current substance use**
 - Seeking medical care can be a negative experience when pregnant due to stigma from providers about substance use, whether current or historic
 - Potential hesitancy in seeking medical care can occur while pregnant, if currently using substances, due to fear of involvement in the court system
 - Public perception that anyone who is pregnant should immediately cease using substances and that individuals who use substances are not capable of parenting their own children impacts connects to systems of care and services
- **Engage individuals besides the birth-giver (other parent, caregiver, etc.)**
 - Available services primarily address the individual who is giving birth, rather than providing support for other involved parties
 - There are minimal supports for the secondary parent who is not the birth-giver
 - Wrap-around teams and communication are important for success, as there may be multiple individuals involved with the care and well-being of the child and parent(s) – especially if there is court involvement around custody
- **Lack of consistent messaging around utilization of Medications for Opioid Use Disorder (MOUD) while pregnant**
 - Limited information available to pregnant individuals regarding the use of various types of Medications for Opioid Use Disorder during pregnancy
 - Conflicting information regarding whether treatment should be discontinued during pregnancy or whether adjustments should be made
 - Minimal education around how Medications for Opioid Use Disorder can be used during pregnancy in a safe manner for both the pregnant individual and baby

- **Breastfeeding/chest-feeding recommendations while using substances or on Medications for Opioid Use Disorder (MOUD)**
 - Inconsistent messaging around the impacts of substance use while breastfeeding/chest-feeding and the risks that are associated with specific substances
 - Complex breastfeeding/chest-feeding situations often exist if the birth-giving parent does not have primary custody of the child but is still breastfeeding/chest-feeding to some extent through visitation, pumping, or other means
 - Guidelines around breastfeeding/chest-feeding may not align with restrictions set by the criminal legal system, when there is court involvement with the child
- **Increase pregnancy screening & connection to family planning**
 - Many individuals who use substances are not connected to medical providers
 - Limited options and availability in the community for access to family planning services, especially outside of a primary care provider setting
 - Treatment providers offer an opportunity to screen for pregnancy intention and can serve as a referral point to long-acting contraceptives or to other family planning services
 - There is a gap in available services for individuals who are uninsured
 - Increased access to pregnancy screening would enable identification of pregnancy at an earlier stage and longer prenatal care prior to delivery

Strategy Discussion - Criminal Legal

Criminal legal strategy discussion groups focused on intervention, treatment and recovery support for criminal legal involved individuals and community-based services that prevent such involvement.

Priority Themes

- **Barriers to communication between jails & community providers**
 - While there are a multitude of services available for in-custody access, these different services may not communicate as effectively as is needed with one another
 - Potential for duplication or overlapping of service delivery to an individual
 - Specific barriers to communication and release of information exist as a result of privacy and confidentiality laws pertaining to substance use and/or incarceration
- **Increase in utilization of peers within in-custody setting**
 - Peers provide the opportunity for an individual to connect with someone who has lived experience and can relate in situations
 - Utilization of peers in correctional settings is often limited due to requirements for clearance to enter the jail to deliver services, such as prior criminal legal involvement
- **Focus should include juveniles, not just adults**
 - Program development has been focused on correctional facilities or services that serve justice involved adults

- Juvenile detention and probation are often not involved in conversations, creating a significant gap in services and awareness of needs for youth who are involved with the criminal legal system
- Focus on juveniles should also include education and supports for the individuals who are in their life, i.e., parents, caregivers, siblings, etc.
- **Need for re-entry supports, especially with *State v. Blake* impacts**
 - Planning for release can be complex, especially with release dates and times sometimes unknown until actual time of release
 - Potential influx of individuals releasing from Department of Corrections earlier than anticipated due to sentence adjustments as a result of *State v. Blake*
 - Lack of comprehensive re-entry planning can set individuals up for failure as they release from custody without supportive services in place
- **Treatment courts can have eligibility barriers to enrollment**
 - Not everyone with pending charges who uses substances are eligible, due to offense type or other factors
 - Treatment courts are not a “one-size-fits-all” model, as compliance-based abstinence is not successful for everyone
- **Education on jail-based Medications for Opioid Use Disorder (MOUD) services**
 - Thurston County Jail has expanded their Medications for Opioid Use Disorder (MOUD) programming, but there is not yet widespread awareness
 - Individuals may be hesitant to initiate Medications for Opioid Use Disorder (MOUD) while in custody for fear of admitting substance use
 - Connecting an individual to treatment while still in-custody provides a higher chance for treatment retention post-release
 - Increase service engagement by seeking out individuals who are in withdrawal while in-custody, rather than relying on screening questions during booking

Conclusions & Next Steps

The strategy discussion groups served to gather input from a variety of stakeholders and inform the update of the Thurston County Opioid Response Plan. The following next steps have since been established:

- Integrate feedback and themes from strategy discussion groups in the revised Thurston County Opioid Response Plan for 2021-2022
- Convene strategy discussion groups on an annual basis to inform the Task Force of new developments and potential changes or updates to the Thurston County Opioid Response Plan
- Seek additional funding to enhance opioid response efforts in Thurston County
- Develop a comprehensive approach to addressing stigma around substance use

More Information

- For more information about this report contact Katie Strozyk, Opioid Response Coordinator, Thurston County Public Health & Social Services Department at: katie.strozyk@co.thurston.wa.us
- To learn more about the Thurston County Opioid Response Task Force visit: <https://www.thurstoncountywa.gov/phss/Pages/opioid-response.aspx>