Pierce County Opioid Response Plan
Tacoma Pierce County Opioid Task Force

Purpose

Opioids and stimulant use pose a public health challenge that affects the lives of everyone in Pierce County. Communities demand and deserve a coordinated regional strategy to respond to the persistent and evolving epidemic of drug-related harms.

The purpose of this response plan is to provide guidance in developing a regional response to mitigate past harm and prevent future harm from opioids and other substances upon residents of Pierce County. The work is guided by data, best practices, and informed by those with lived experience with opioids and emerging substances.

This plan serves to:

- Inform the use of local resources in response to substance use disorders and overdose deaths;
- Coordinate activities and avoid duplicative efforts across agencies; and
- Support linkages with stakeholders across local agencies, local governments, health care organizations, academic institutions, civic and philanthropic organizations, and members of the public in general;
- Describe the context, history and evolution of the opioid epidemic.

In pursuit of a coordinated and collaborative solution to the issues, the Opioid Task Force has identified the following goals that serve as the underpinning of our work to address opioids, stimulants, and overdoses:

- Goal 1 – Prevention/education: The initial efforts will focus on students and the family and community around them to increase knowledge about opioids and related issues.
- Goal 2 – Access to treatment: Increase access to medication-assisted treatment (MAT) in clinical, community-based, and criminal justice settings.
- ensure people receive the appropriate medical, behavioral, and social services they need.
- Goal 3 - Ensuring “the right services at the right time”: Diversion away from inappropriate and expensive systems (i.e., Criminal Justice system, emergency rooms).
- Goal 4 – Medications for Opioid Use Disorder [MOUD] Integration: Increase access to medications for opioid use disorders, including reducing stigma associated with medications and opioid use disorders.
- Goal 5 – Transportation: Identify strategies and tactics to help people get to services, treatment and information about opioids.

Each goal has a suite of evidence-based practices, culturally appropriate strategies, and/or practice-based evidence strategies developed by workgroups. Workgroups meet regularly and are
composed of a diverse membership of partners in state planning efforts. Members provide expertise and leadership from the direct service delivery level to policy work.

This plan represents the work of countless professionals across government agencies, health care, academia, community organizations, and more throughout Pierce County. Without this collaborative work, the level of planning and coordination would not be possible. We owe our gratitude to those who work tirelessly to address substance use disorders to help create a healthier Pierce County.

Objectives

The Tacoma Pierce County Opioid Task Force will:

1. Create an effective regional strategy to respond to the opioid epidemic.
2. Shift from tertiary prevention toward wellness including primary and secondary prevention.

Objective 1: Create an effective regional strategy to respond to the opioid epidemic.

We bring people together across geographic, racial, social, cultural, political, financial, and institutional barriers to create a regional approach that allocates resources effectively and equitably throughout the county.

Objective 2: Shift from tertiary prevention to wellness and primary and secondary prevention.

We aspire for all people to achieve complete physical, mental, and social wellbeing and their full potential. Questions that guided the development of this objective include: How can we prevent substance abuse and addiction from occurring and detect and treat addiction early to prevent chronic problems? How do we lead the knowledge, attitudes, policies, systems, and environmental change needed?

Tertiary treatment towards wellness

As the Opioid Task Force continues to refine and implement the action plan, it will improve health, raise awareness, reduce stigma, and address many barriers to wellness. We strive to create an effective regional strategy to respond to the opioid epidemic and shift from tertiary prevention to wellness and primary and secondary prevention.

There are three types of prevention:

1. Primary prevention: prevent substance abuse and addiction before it occurs. This can be accomplished by preventing exposures to drugs, changing unhealthy or risky behaviors, and increasing resistance to addictive behavior.
2. Secondary prevention: detect and treat addiction early with the goal of preventing longer term problems or complications and returning the person to original health.
3. Tertiary prevention: manage long-term opioid addiction with associated complex social and health problems to prevent worse disability or death.

Further upstream, and more aspirational, is the concept of wellness:
Wellness: promote healthy choices and behaviors to achieve complete physical, mental, and social wellbeing and fulfill individual potential.

Across all sectors, we are hampered by two systemic quirks: a) we treat the symptoms rather than the root causes and b) we focus on tertiary prevention:

- Those abusing drugs may be arrested for robbery, assault, or violent behavior. Fines and incarceration are often ineffective “treatment” for these symptoms; the person will re-offend as long as they suffer from addiction. Drug courts are a step in the right direction but are not available for all residents.
- Using naloxone to bring an overdose victim back to life is miraculous and lifesaving. However, many victims refuse drug treatment and often may overdose again; and a recent study showed 10% will die within a year.
- Primary care providers can get paid for prescribing Medication-Assisted Treatment (MAT) but not for screening for drug use or counseling patients.
- Homelessness and drug addiction often go hand-in-hand; one may lead to the other. Housing First and supportive housing are strategies that provide stability and address root causes, but they have limited availability. Instead, homelessness and addiction are criminalized with resulting human, judicial, and correctional costs.
- School districts have suffered cuts to health education teachers and prevention intervention specialists. Students engaged in health-risking behavior instead may be disciplined by an administrator or school resource officer. Suspensions and expulsions often worsen the spiral of failure.

Response plan summary:
The Pierce County Opioid Task Force action plan focuses on wellness and the whole spectrum of prevention in its five domains: 1) Prevention/education, 2) Access to treatment, and 3) Ensuring “the right services at the right time.”, 4) MOUD integration, and 5) Transportation. Initial strategies have been proposed for each domain.

1. Prevention/education: The initial efforts will focus on students and the family and community around them. They will encompass media, community-based social marketing projects, and community education.
   - Implement/expand evidence-based health-risk behavior (including substance abuse) school programs.
   - Conduct education, outreach, and social marketing to parents and community members to create positive norms and behaviors.
   - Develop a fentanyl awareness community-based social marketing project aimed at parents, caretakers, and children most vulnerable.
   - Identifying opportunities to provide more opioid and SUD prevention and early intervention funding, resources, and services in Pierce County K-12 schools, particularly around trauma-informed care.
• Provide resources on Youth Mental Health Aid First (YMHFA) trainings - for school districts and youth serving organizations
• Provide training on Screening, Brief Intervention & Referral to Treatment (SBIRT) and Motivational Interviewing (MI)
• Incorporate equity into opioid prevention & education work
• Get information to the community and the schools regarding Narcan availability in each school
• Collaborate to support events such as Prescription Drug Take Back Day
• Support Overdose Awareness Campaigns by providing Narcan/Naloxone training.
• Support Prescriber Education by partnering with organizations like Virginia Mason Franciscan Health to provide education on topics such as prescription medication management or how to help patients get financial assistance and affordable prescription medicine, to prevent misuse or non-adherence to medication.
• Recruit members for this committee

2. Access to treatment: Increase access to medication-assisted treatment (MAT) in clinical, community-based, and criminal justice settings.

• Train and increase the prescription of buprenorphine (Suboxone) by primary care providers.
• Increase methadone treatment facilities, especially beyond the metropolitan core.
• Implement innovative, alternative delivery practices, such as:
  • Telemedicine
  • Mobile MAT
  • MAT at Needle Exchange
  • Initiate MAT in jail or emergency room
• Take inventory of care and treatment options in Pierce County to determine the most glaring gaps and further focus committee efforts
• Organize community presentation on existing resources / programs that support access to care such as: Tele-MOUD resources like BoulderCare, cellphone and transportation programs, mobile MOUD programs, etc.
• Explore partnerships with UW ADAO, UW Psychiatry & Addictions Case Conference, Mountain West AETC
• Support rural access to care, mobile OTPs like We Care Daily Clinic based on stated needs.
• Recruit members for this committee

3. Ensuring “the right services at the right time”: Diversion away from inappropriate and expensive systems (i.e., Criminal Justice system, emergency rooms); ensure people receive the appropriate medical, behavioral, and social services they need.

• Expand TFD CARES (Community, Assistance, Referral, and Education Service).
• Expand drug courts, mental health courts.
• Train and implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) in:
  a. Schools
  b. Medical clinics
  c. First responders
  d. Referral centers (e.g., 211, Coordinated Entry for homeless, veterans’ services)
• Establish a diversion center with referral to services and treatment that will provide pre-arrest diversion.
• Expand Mobile Community Intervention Response Team (MCIRT).
• Create best practices and referral systems to addictions specialists and substance abuse treatment providers throughout the county.
• Provide education on harm reduction strategies
• Increase utilization of CRC Services
• Recruit members for this committee

4. MOUD Integration: Diversion away from inappropriate and expensive systems (i.e., Criminal Justice system, emergency rooms); ensure people receive the appropriate medical, behavioral, and social services they need.

• Develop an MOUD anti-stigma education project aimed at students in the medical field (MA’s, nurses, providers).
• Partner with regional colleges to connect with students in the health care fields to deliver current information on medications to reduce stigma associated with opioids and treatments.
• Create needs assessment/survey
• Provide educational discussion panel for events at local higher educational institutions
• Recruit members for this committee

5. Transportation: Diversion away from inappropriate and expensive systems (i.e., Criminal Justice system, emergency rooms); ensure people receive the appropriate medical, behavioral, and social services they need.

• Partner with local transportation providers to expand distribution sites for Narcan, including Narcan Distribution Events.
• Partner with rural areas such as the Key Peninsula (KP) to expand transportation opportunities.
• Connecting schools and agencies to Narcan supply and funding streams
• Partner with transit agencies to increase knowledge staff/driver on education of Narcan
• Produce Narcan advertisements for local transit.
• Provide bus passes to individuals experiencing homelessness.
• Identify potential strategies for jail release transportation issue.
• Recruit members for this committee
Opioid Taskforce Structure

The Executive Leadership Team is comprised of regional leaders. The committee's goal is to provide oversight and direction that leads to effective regional strategies to respond to the opioid epidemic.

The Steering Committee is comprised of staff leaders with subject matter expertise in implementing strategies across the local region. The goal of this committee is to provide leadership, coordination, and organization to the Opioid Task Force and committees, and to update and directly communicate with the Executive Leadership team.

The Prevention & Education Committee is comprised of staff and stakeholders with subject matter expertise on education, communication, and community. The goal of the committee is to identify strategies and tactics that increase knowledge about opioids and related issues for students and the family and community around them.

Access to Treatment Committee is comprised of staff and stakeholders with subject matter expertise on clinical best practices, the criminal justice system, and community-based organizations. The goal of this committee is to identify strategies and tactics that increase access to medication-assisted treatment (MAT) in clinical, community-based, and criminal justice settings.

The Right Services/Right Time Committee is made up of staff and stakeholders with subject matter expertise on the interplay of systems within the local region. The goal of this committee is to identify strategies and tactics that better align available treatments and services to better align with those seeking the treatments and services.

Medications for Opioid Use Disorder [MOUD] Integration Committee is made up of staff and stakeholders with clinical and medication expertise, and information propagation expertise such as community-based social marketing. The goal of this committee is to identify strategies and tactics that increase access to medications for opioid use disorders, including reducing stigma associated with medications and opioid use disorders.

The Transportation Committee is comprised of staff and stakeholders with subject matter expertise on transportation resources in the region. The goal of this committee is to identify strategies and tactics to reduce transportation barriers to accessing treatment and information about opioids.
Response Plan Accomplishments

Action Area – Access to treatment

• Held meetings with new leadership and at a new time, October 2023
• Created lists of desired membership and started recruitment
• Facilitated conversation amongst stakeholders present to begin to organize around specific objectives
• Begun exploring local barriers and existing resources that hurt or help access to treatment in Pierce County
• Monthly meetings of the committee. Sharing of news/information by participants and solicitation of ideas for projects
• Telehealth presentations as above.

Action Area – Prevention and Education

• Youth Mental Health First Aid training, May 2023
• Screening, Brief Intervention and Referral to Treatment (SBIRT) and Motivational Interviewing (MI) training June 2023 for Tacoma School District staff.
• Engaged with Schools and Youth Serving Organizations. Youth forum on barriers to young adult employment on 5/2. (20 participants)
• Education on Tobacco and Vaping Health Risks, Prevention & Cessation Tools, Brief Intervention Strategies, and Lung Screening Guidelines, May 2023
• Presentation by MultiCare Pulse Heart Institute and MultiCare Center for Health Equity & Wellness, April, May and June 2023 (100+ participants in each of three monthly sessions).
• Opioid Task Force to coordinate hybrid overdose awareness event focused on grief and healing from drug poisoning, August 2023.
• OUDP: Puget Sound Educational District (PSESD) continuing to provide programs in support of Opioid Use Disorder Prevention.
• MultiCultural Child & Family Hope Center (MCFHC) and Answers Counseling (as subcontractor) were recently selected as awardees of HCA DBHR's State Opioid Response (SOR III) funding for OUDP.
• Learning sessions: August: Suzanne presented on MCFHC and AC's Mental Health Promotion Project (MHPP), which is funded by HCA DBHR. September: Ilyana Davis presented on Puyallup Tribe's youth substance use prevention programs, which is integrated with their educational and after-school programs.
• Strategic planning discussion around opioid and SUD prevention and early intervention.

Action Area – Transportation

• Created Narcan ad which Pierce Transit displayed on 10 bus stops for December 2021 and January 2022.
• Trained Committee Members how to use and distribute Narcan at last Subcommittee meeting 4/1.
• Narcan Distribution event at transit stop, connections made at this event will lead to more distribution projects, December 2022.

Action Area – MOUD Integration
  • Developed dynamic Opioid Task Force logo.
  • Consulted with public health campaign firm to develop scope of work and budget for fentanyl awareness campaign.
  • Compiled resources to provide to nursing students

Action Area – Right Services/Right Time
  • Absorbed into Access To Treatment for 2022 and 2023.

Action Area – Steering committee
  • Decided to put Right Services, Right Time committee on pause and integrate committee’s work into Access to Treatment committee, June 2022.
  • Drafted Opioid Task Force website, August 2022.
  • Implemented logo into branding of Opioid Task Force, June 2022.
  • Received Opioid Task Force funding from Pierce County and City of Tacoma, April 2023.
  • Received Behavioral Health Tax funding for youth fentanyl awareness community based social marketing project, June 2022.
  • Met with Pierce Transit to discuss their concerns around fentanyl and naloxone training for drivers and staff, October 2022.
  • Facilitated meeting on October 31st, 2022, for Opioid Settlement funds priority discussion.
  • Steering Committee met for a mini retreat on December 2022 to develop a timeline for deliverables priorities and strategic planning for the OTF in 2023.