



WHATCOM COUNTY
**HEALTH AND
COMMUNITY
SERVICES**



Operations Plan for Fentanyl Executive Order

May 30, 2024

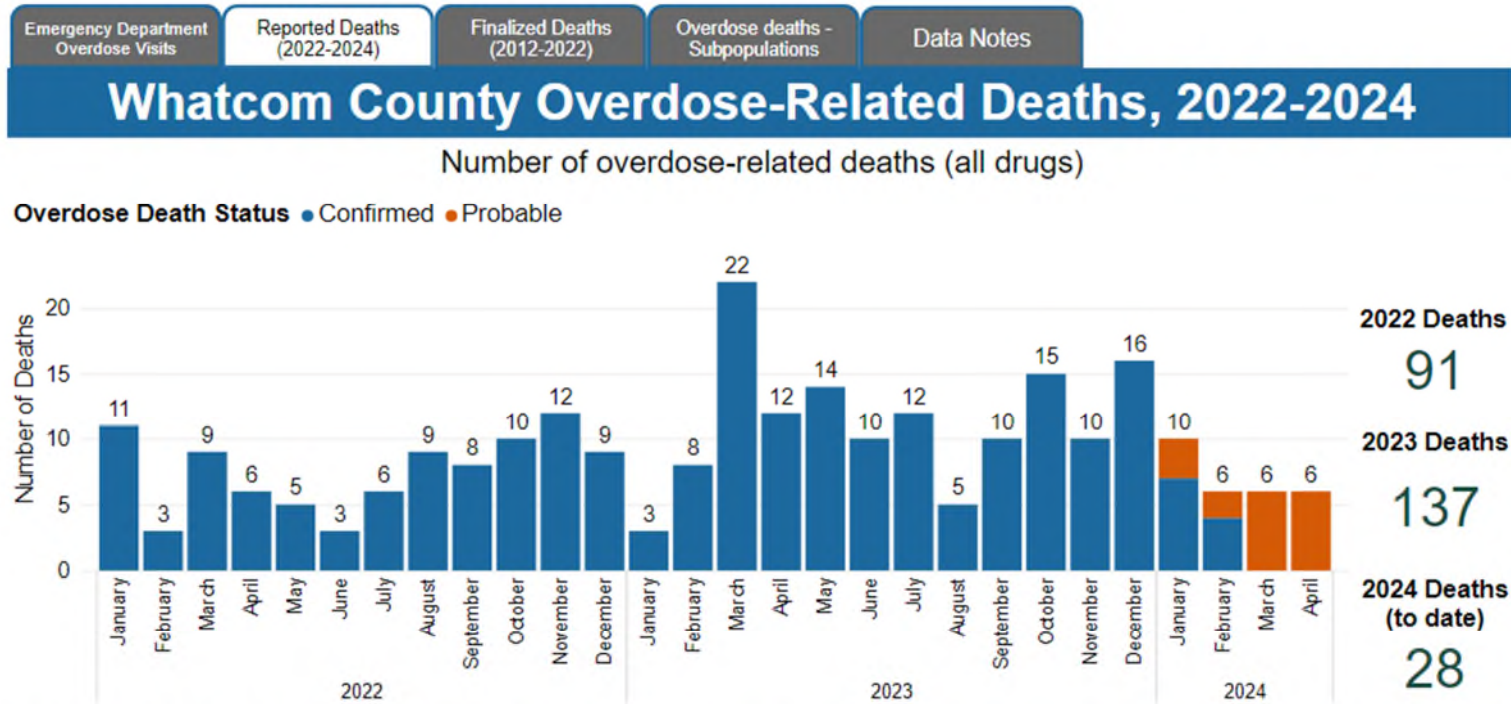
Whatcom County Health and Community Services' (WCHCS) stated purpose is to *promote* health through policy and systems improvement, *prevent* disease and injury, *provide* accurate and reliable health communication, *prepare* for and respond to emergencies, and *preserve* a healthy community where everyone can thrive. To that end, WCHCS plays a central role in community-wide planning around emergency threats to human health and the natural environment.

This Operations Plan describes how WCHCS has and will provide leadership, in coordination with the Whatcom County Council and Whatcom County Executive, to address the fentanyl/overdose crisis our community is experiencing. This document should be considered a thumbnail sketch of key priorities for WCHCS in the coming 3-6 months, as well as additional strategies within and beyond a year of this plan's release. The plan will be updated and revised as more information becomes available.

Background

Opioids, and in particular fentanyl, are causing great harm to individuals, families, and communities throughout the nation. Whatcom County fatal overdoses increased nearly 50% from 2022 to 2023, and non-fatal overdoses have increased significantly as well. The confluence of deadly fentanyl with a lack of local treatment and recovery options has created a crisis in Whatcom County that is stretching institutions to their limit and not supporting people suffering from opioid use disorder.

The current state and current actions will not achieve the desired outcomes: fewer people using fentanyl and fewer people dying from fentanyl overdoses. Based on local data, below are current deaths by month due to overdoses, emergency department visits, and 911 calls for suspected overdoses.

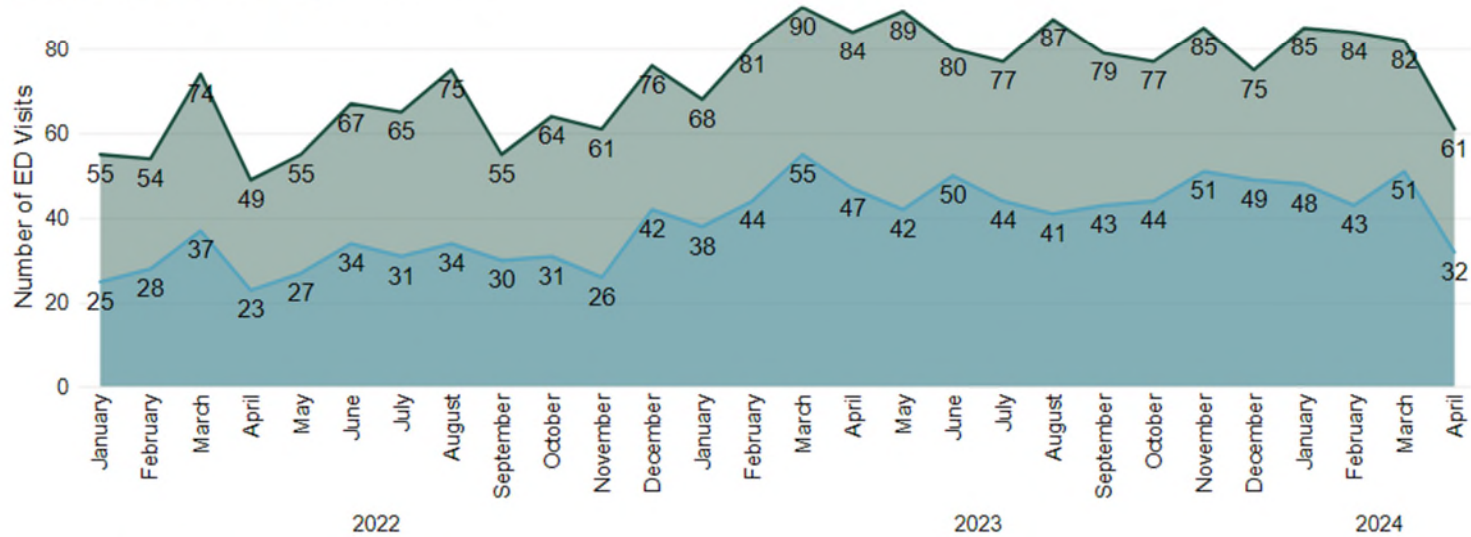


Overdose-related death data for 2022-2023 are provided by the Whatcom County Medical Examiner's Office. These data represent deaths that have occurred in Whatcom County but do not include Whatcom County residents who died outside the county. **Probable** indicates a positive result from a drug screening test during death investigation; laboratory analysis has not yet been completed. **Confirmed** overdose-related deaths have been confirmed by laboratory analysis. These deaths may not have drug overdose listed as the primary, underlying cause of death. **These data are updated monthly.**

Whatcom County Overdose Emergency Department Visits

Number of Emergency Department visits

● Any drug overdose ● Opioid overdose



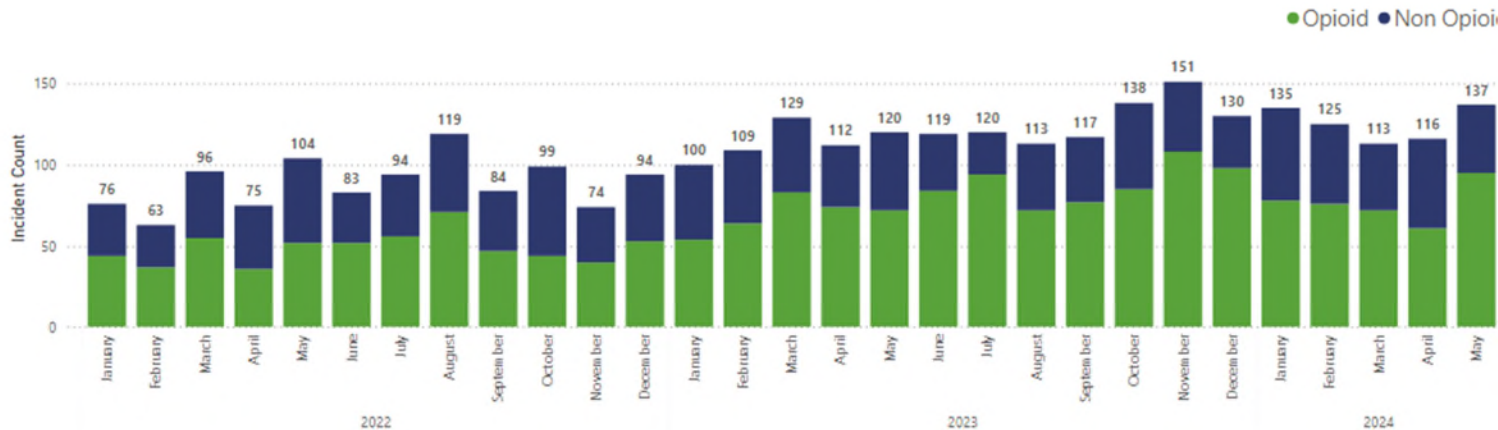
*Any drug overdose includes opioid overdoses.

Whatcom County EMS Dashboard



Year	Suspected Opioid	Total Suspected Overdoses	Opioid Incident %
2022	587	1061	55%
2023	965	1458	66%
2024	382	626	61%

EMS Dispatch Calls for Suspected Overdoses by Month
Whatcom County EMS System



Suspected Overdose: Identified by EMS personnel based on vitals/scene indicators. Actual overdoses can only be confirmed by toxicology results performed by a licensed healthcare provider.

Opioid Related: Suspected Overdoses are identified as opioid related based on evidence on scene and/or improvement after Narcan was given.

Data Through
5/29/2024

Addressing large scale, complex challenges like fentanyl and overdoses requires a grounding framework and a shared understanding among partners of the priorities for action. Our community uses a PITA model, a national framework most often applied to behavioral health and substance use disorder population-based and individual interventions. The PITA framework includes targeted actions over four phases: Prevention, Intervention, Treatment and Aftercare/Recovery. In addition, system coordination and improvement are necessary for success along the continuum. The following is the PITA phases and purpose of each, which align with each of the actions contained within this Operations Plan.

	PHASE OF CONTINUUM	PURPOSE
1	Prevention	Programs that prevent onset or curtail before regular use occurs, including Universal (targets general population with community-wide strategies), Selective (targets groups at risk or a sub-set of population), and Indicated (targets individuals who are exhibiting early signs of opioid use disorder)
2	Intervention	Programs that reduce the risk of harm and decrease negative health outcomes associated with opioid use disorder, ranging from early intervention to ongoing support for chronic and sustained opioid use disorder
3	Treatment	Programs that improve social functioning, quality of life, and life expectancy through diagnosis and the use of intentional intervention in the physical health, behavior, and substance use of an individual
4	Aftercare/Recovery	Programs that support stability, recovery, and relapse prevention

WCHCS and partners in emergency response, healthcare, social services, housing and many others have taken individual and collective action to address fentanyl and overdoses in recent years.

Specific to Whatcom County government, actions taken in the area of prevention include:

- Provided enhanced Behavioral Health sales tax funds to school districts to provide more services to students;
- Co-Founded and participates in All Hands Whatcom to deliver community training and engagement;
- Developed education and marketing tools regarding fentanyl and other opioids;
- Coordinate prevention efforts among four community prevention coalitions; and
- Launched an Whatcomoverdoseprevention.org website with local overdose data, education materials, relevant laws, and Narcan available for order.

In the area of Intervention, Whatcom County has:

- Funded additional re-entry specialists at jail to support transitions and ensure continuity of medication;

- Opened the Anne Deacon Center with detox provided by Pioneer Human Services and behavioral health support provided by Compass Health;
- Launched the Co-Responder program, the Alternative Response Team (ART) with embedded position at WhatComm 911 dispatch, and the Medical Reserve Corps (MRC) and Response Systems Street Medicine Teams;
- Expanded Ground-level Response and Coordinated Engagement (GRACE) and Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity (LEAD)
- Enhanced Mental Health Court to include Mental Health Sentencing Alternatives; and
- Distributed nearly 12,000 doses of Narcan in 2023 to community members.

In the area of coordination and system improvement, Whatcom County has convened both a Multi-Agency Coordination (MAC) Group and workgroups to improve Crisis System and Hospital care connection, and hired a dedicated Opioid Response Specialist position.

While Whatcom County government has taken many steps to address opioids locally, the urgency of the issue requires new strategies, both new and re-prioritized funding, and more immediate action across the prevention, intervention, treatment, and aftercare/recovery continuum.

In response to the County Council's Resolution to Declare a State of Emergency re: fentanyl and the Executive's Order to take immediate action, the following are strategies, partnerships, and activities we believe will create a noticeable and positive impact on the fentanyl crisis.

Strategies and Priority Actions

1. Prevention

Prevent onset or curtail before regular use occurs

Strategy	Initiative	Action Steps	Operational Period Cost	Funding Source	Department/ Division Responsible	Timeline for Completion*	Budget Supplemental required?
1a	Multi-jurisdictional education and prevention campaign, including proper storage and disposal of unused medications, resources for services and treatment, and Good Samaritan Law	-Identified a communications consultant -Developing campaign -Communicate with key partners -Launch and disseminate campaign	\$40,000	FPHS	WCHCS/ COD	Short-term	No
1b	Continue prevention coalition and other work to explore and apply evidence-based prevention models	-Pursue Communities that Care model through WC Cooperative Extension -Developing a Recovery Coalition	\$83,000	BH Fund; state grants	WCHCS/ CH&HS/ RS/CD&E	Ongoing	No
1c	Expand opportunities for community, first responder, and medical training on opioids, overdose prevention and intervention, and use of medication for opioid use disorder (MOUD)	-Convene partners via MAC workgroup -Hire an Opioid response Medical Advisor to assist with development and implementation of training -Identify challenges/ barriers and opportunities -Execute a plan and systems to ensure communication -Hire staff to provide overdose response	\$90,000/ year	BH Fund	WCHCS/ CH&HS/ Health Officers/ RS and EMS	Medium-term	Yes

Strategy	Initiative	Action Steps	Operational Period Cost	Funding Source	Department/ Division Responsible	Timeline for Completion*	Budget Supplemental required?
1d	Increase litter clean-up and encampment mitigation	-Continue contract with Sheriff's office -Continue contract with a private firm to provide cleanup services	\$63,000/ year	Solid Waste Fund	WCHCS/ EH	Ongoing	Yes, in 2025
1e	Implement strategies to reduce the number of people experiencing unsheltered homelessness and mitigate the individual and public health impacts of encampments	-Develop budget projections for an additional year-round low-barrier shelter for single adults (2024) -Discuss budget projections, operational model, possible locations, and policy choices with stakeholders, City of Bellingham, and Whatcom County Council -Apply for Trueblood grant through Disability Rights WA to reduce homelessness amongst Trueblood Class Members -Establish additional family shelter beds in partnership with providers -Providing EH tools to mitigate spread of disease, such as education/ training, offering solid waste cleanup, portable toilets, access to safe drinking water	\$3 million (scalable)	Various funding sources; need additional funding	WCHCS	Long-term	Yes
1f	Purchase and distribute lock bags for personal use safe storage of both prescription and illicit drugs	-Make contact with pharmacies, medical clinics, surgery offices, hospital and other key distribution partners -Order lock bags based on interest and bulk pricing -Create an ordering and distribution system -Evaluate uptake and determine best system for widespread use	\$20,000	Opioid Settlement Funds	WCHCS/ Health Officers/ CD&E/ CH&HS and EMS	Short-term	No

Strategy	Initiative	Action Steps	Operational Period Cost	Funding Source	Department/ Division Responsible	Timeline for Completion*	Budget Supplemental required?
1g	Install and promote the use of at least one naloxone vending machine at a central location	-Installed vending machine at Girard on 5/31/24. -Promoted on all public facing HCS websites and communications	\$25,000/ year	Council-directed ARPA funds for naloxone purchase	WCHCS/ CD&E Division	Short-term	No
1h	Ensure community resource hub and website include service and treatment options for fentanyl	-RFP closed spring 2024, draft contract pending internal review -Evaluate traffic and develop education strategies, if needed	\$65,000/ year	FPHS/ opioid settlement fund	WCHCS/ CH&HS	Short-term	Yes, likely late July

*short-term = 3-6 months; medium-term = 6-12 months; long-term = more than 12 months

2. Intervention

Reduce risk of harm and negative health outcomes

Strategy	Initiative	Action Steps	Operational Period Cost	Funding Source	Department/ Division Responsible	Timeline for Completion*	Budget supplemental required?
2a	Embed Substance Use Disorder Professionals in key sites like the Emergency Room to connect people who have recently overdosed, or new parents who are currently using fentanyl, with treatment beds and resources	-Identify contractors to provide services -Execute contracts -Monitor outcomes	\$200,000/ year	Multiple: Opioid Settlement Funds, BHASO, BH Fund	WCHCS/ RS/ Health Officers in partnership with PeaceHealth	Short-term	Yes

Strategy	Initiative	Action Steps	Operational Period Cost	Funding Source	Department/ Division Responsible	Timeline for Completion*	Budget Supplemental required?
2b	Embed Community Health Workers and Social Workers in outpatient healthcare clinics to improve outcomes, particularly for mothers and infants	-Develop and execute contracts -Monitor outcomes	\$200,000/ year	HCF; BH Fund	WCHCS/ RS/ CH&HS	Medium-term	Yes
2c	Explore making non-fatal overdoses a notifiable condition to HCS, implement electronic notification system, and add capacity to contact all individuals who have experienced an overdose within one business day	-Research best practices from other jurisdictions -Explore reporting software -Hire data staff -Determine which partners have to report -Draft ordinance and bring forward to Board of Health	\$5,000 for software Approx. \$54,000 for staffing/ year	FPHS	WCHCS/ Health Officers and IT	Medium-term	No; but need approval of ordinance
2d	Work with partners to open a temporary recovery facility, until a 23-hour crisis care center is built, to provide a range of services to individuals who need a safe place to recover post-overdose or transition from jail or other institutions to community	-Draft RFP for operational services at temporary center -Work with stakeholders to plan and coordinate services -Identify operational funding	\$400,000/ year	Multiple – Opioid Settlement Funds, BH Fund, EMS;	WCHCS/ RS/ CD&E	Medium-term	Yes

Strategy	Initiative	Action Steps	Operational Period Cost	Funding Source	Department/ Division Responsible	Timeline for Completion*	Budget Supplemental required?
2e	Partner with fire and emergency medical systems and other jurisdictions to support an Overdose Response Team to connect people to follow up care and services	-Convene partners via MAC workgroup -Identify challenges/ barriers and opportunities -Develop a budget and staffing plan -Execute a plan and systems to ensure communication	\$75,000/ year	Multiple, including outside funding	EMS, WCHCS/ RS/ Health Officers/CD&E, Fire Districts, Providers, PeaceHealth	Medium-term	Yes
2f	Expand community-wide access to services and supplies, such as naloxone, that decrease harm/risk to those who use fentanyl	-Purchase additional Naloxone -Leverage existing partnerships, distribution methods, and education campaign	\$40,000	Council-directed ARPA funds for naloxone purchase	EMS, WCHCS/ RS/ Health Officers/ CDE/ CH&HS	Short-term	No
2g	Explore the development of additional emergency shelter and transitional housing options specifically dedicated to substance use disorder	-Advocate at state level to establish regulatory framework and funding for supportive and recovery housing outside of a typical residential lease model -Continue to evaluate possible sites -Continue conversations with funders/partners/service providers	Over \$3 million for year-round shelter (Scalable)	Various funding sources; need additional funding	WCHCS/ RS/ CH&HS	Long-term	Yes
2h	Increase Law Enforcement Assisted Diversion (LEAD) Caseload by adding additional Behavioral Health Specialists; explore options for expanding Alternative Response Team (ART)	-Recruit and hire additional staff -Examine options for ART expansion	\$250,000/ year	State HCA Funds	WCHCS/ RS	Short-term	Yes, in Q3

Strategy	Initiative	Action Steps	Operational Period Cost	Funding Source	Department/ Division Responsible	Timeline for Completion*	Budget Supplemental required?
2i	Explore options for use of MOUD in the field	-Convene partners via MAC workgroup -Identify challenges/ barriers and opportunities -Develop a budget and staffing plan -Execute a plan and systems to ensure communication	In kind staff time	N/A	WCHCS/ Health Officers/	Medium-term	No
2j	Partner with a community provider to add mobile MOUD services	-Create operational agreement with identified provider to co-locate methadone and therapeutic services at the Division Street campus -Make facility improvements to accommodate operations	In-kind building space \$10,000 for facility needs	BH Fund	WCHCS in partnership with City of Bellingham and provider	Short-term	No
2k	Create an overdose death review panel with relevant partners	-Meet with Medical Examiner, Healthcare, Sheriff and Prosecutor's office representative -Agree on a schedule and criteria for review	In-kind staff time	N/A	WCHCS/ Health Officers, Medical Examiner, Sheriff's office, Prosecutor	Medium-term	No

3. Treatment

Address physical, behavioral health and substance use disorder of individual

Strategy	Initiative	Action Steps	Operational Period Cost	Funding Source	Department/ Division Responsible	Timeline for Completion*	Budget Supplemental required?
3a	Identify opportunities at the behavioral health campus on Division for public/private treatment projects or investments and develop a pipeline and prioritization of facility-based treatment projects, informed by stakeholder input	-Develop BH Campus workgroup and utilize BH advisory committee to develop priorities and implementation consistent with justice project -Plan for and build a 23-hour center	In-kind staff time	N/A	WCHCS/ RS	Long-term	Yes, in out years
3b	Enhance existing treatment and housing services to add capacity or improve outcomes	-Published an RFP to identify an outside expert to provide an assessment of PSH programs and gaps in services -Discuss expansion options with current providers -Include treatment focus to homeless housing strategic plan development	\$1 million/ year	CHG funds	WCHCS/ CH&HS	Short to Medium-term	Yes
3c	Expand and diversify jail treatment services	-Work with Sheriff's office to determine structure and positions needed to support expanded jail-based treatment and BH services	TBD - request from Sheriff's office	Opioid Settlement Funds/ BH Fund	WCHCS and Sheriff	Medium-term	Yes

Strategy	Initiative	Action Steps	Operational Period Cost	Funding Source	Department/ Division Responsible	Timeline for Completion*	Budget Supplemental required?
3d	Support Lummi Nation's Stabilization and Withdrawal Management Services (SWMS) facility	Executive's Office has provided letters of support for state and federal funding. Will await any further requests from Lummi Nation.	TBD	TBD	Executive's Office	Short-term	Yes
3e	Incentivize treatment providers to expand and hire locally	-Gauge interest in local expansion or new entrants -Develop mechanisms to provide incentives	\$100,000	Opioid Settlement Funds	WCHCS	Long-term	Yes

4. Aftercare

Support stability, recovery, and relapse prevention

Strategy	Initiative	Action Steps	Operational Period Cost	Funding Source	Department/ Division Responsible	Timeline for Completion*	Budget Supplemental required?
4a	Increase recovery housing	-Subject to procurement code updates, provide \$1.5M in funding to Lake Whatcom Treatment Center to complete Maplewood enhanced service facility project, Birchwood nursing home project for individuals with complex BH needs, repurpose Alabama Street house, and securing additional beds of recovery housing at Agate	\$1,500,000	1590 funds	WCHCS/ CH&HS/ RS	Medium-term	Yes

Strategy	Initiative	Action Steps	Operational Period Cost	Funding Source	Department/ Division Responsible	Timeline for Completion*	Budget Supplemental required?
4b	Provide land for a recovery-based tiny home village and work to secure permanent recovery housing	-Determine size and needs -Identify properties -Identify funding sources -Purchase property(ies), go through permitting and development processes -Develop property -RFP for a provider -Contract with a provider	Capital \$1.5 million; Operating \$500,000/ year (assume half is county)	City/County Opioid Settlement Funds	WCHCS/ CH&HS	Long-term	Yes
4c	Partner to create additional recovery support facilities and community networks	-Work with established providers to expand services	\$30,000	FPHS	WCHCS/ RS and CH&HS	Medium- term	Yes
4d	Enhance supported employment services	-Convene partners with MAC workgroup -Develop strategies and outreach campaign to increase coordination and number of employers interested in providing second chance employment, particularly those in recovery and/or previously CJ-involved	\$35,000 for contracted project manager	Opioid Settlement Funds	WCHCS and partners in employment services	Medium to Long-term	Yes
4e	Partner to provide additional transportation resources between jail/hospital/services	-Work with partners to identify needs, referral process, scope of work. -Create evaluation metrics and data collection process. -Determine which agencies/partners will provide services.	In-kind staff time	N/A	WCHCS/ RS, EMS, Service providers	Long-term	No

Interdepartmental and Multi-Agency Activities

In addition to items listed along the PITA continuum, interdepartmental and multi-agency activities are necessary to ensure system coordination and improvement. Those items, which will be facilitated and led by the Executive's Office or WCHCS, include:

- Prepare and submit a 24-month emergency response plan, staffing requests and budget proposal to the Executive – **completed by WCHCS on 5/30/24**;
- Prepare necessary budget requests to the Whatcom County Council to provide funding for all above activities – **WCHCS during budget process**;
- Institute an internal readiness group – **ongoing WCHCS group**;
- Support efforts by the Whatcom County Sheriff to reduce booking restrictions, enhance in-custody treatment/transition services, and bolster re-entry supports – **Executive's Office**;
- Create mechanisms for close coordination and reporting with the City of Bellingham - **Executive's Office**;
- Create a publicly accessible monitoring and evaluation system - **WCHCS**;
- Coordinate with the Whatcom County Council, city/tribal governments and other partners to advocate for increased funding - **Executive's Office**; and
- Regularly convene Whatcom County's independently elected officials to coordinate fentanyl response and Justice Project implementation - **Executive's Office**.

Staffing Requests

The Whatcom County Council requested significant and immediate action, and staff believe the deliverables above will provide a strong foundation and proven strategies for near-term and sustained reduction in fentanyl (and other drug) use and the suffering and death that often result from opioid use disorder. Given the extensive number and complexity of strategies, partnerships and activities listed above, additional staffing and resources will be necessary to successfully implement, measure success, and make changes to improve outcomes.

Health and Community Services anticipates and/or requests the following positions to support the Ops Plan work:

Position	Cost	Funding Source	Deliverables/Role in Ops Plan	Timeframe for Hire
Assistant Director	\$161,888	Existing funds; FPHS	Project Manage Ops Plan and Shelter planning; Help with hiring, contract/RFP development	Final interview week of 6/13
Special Projects Manager – Response Systems	\$141,200	Existing funds	Manage 23-hour crisis and temporary facility; justice project initiatives;	Council approved position on 5/7; start date in early June
Two LEAD Behavioral Health Specialists	\$206,306 total	HCA grant	Alleviate waitlist for criminal justice-involved individuals with SUD	Q3
Behavioral Health Specialist	\$103,153	Substance use block grant	Support clients receiving services from the Syringe Services Program, support the street medicine team.	July 2024
Informatics Supervisor	\$150,000	Need to identify funding source	Coordination of major data needs with Emer Order, Justice Project, HCF, etc	Needs position approval
Data Analyst	\$108,216	Need to identify funding source	Support additional data needs with Emergency Order, Justice Project, HCF, etc	Needs position approval
Homelessness/Environmental Health Specialist	\$116,470	FPHS	Coordinate/ facilitate EH services for the unhoused	Needs position approval

Position	Cost	Funding Source	Deliverables/Role in Ops Plan	Timeframe for Hire
Overdose support	\$75,897	Applied for outside grant funds	Provides support/ linkages/ care connection/ referral for people who have recently overdosed	Needs position approval

Numerous funding sources are available to provide a range of limited to full support for programs, services, and staff listed above. The following are funding sources for which the above are allowable expenses:

Funding Source	Available	Amount needed for Ops Plan	One Time	On Going
Behavioral Health Fund	\$1,000,000	\$692,459		\$692,459
Opioid Settlement Funds Installment 1	\$956,568 On Going Installments of \$138,230/year	\$1,070,000 \$1,000,000	\$155,000 \$1,000,000	\$915,000
Department of Commerce CHG Grant	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Foundational Public Health Services (FPHS)	\$191,470	\$191,470	\$75,000	\$116,470
Fund 133 - 1590	\$1,500,000	\$1,500,000	\$1,500,000	

Funding Source	Available	Amount needed for Ops Plan	One Time	On Going
HCA	\$250,000	\$250,000		\$250,000
Solid Waste Fund	\$100,000	\$63,000		\$63,000
ARPA	\$65,000	\$65,000	\$40,000	
Various Funds- Funds Undetermined		\$7,833,216		\$283,216
TOTAL		\$12,665,145	\$1,780,000	\$3,310,145

Conclusion

We appreciate the energy and effort Council has made to address the individual and community impacts that fentanyl and other drugs have in Whatcom County. We believe we can support individuals and support organizations in the continuum of prevention, intervention, treatment, and aftercare/recovery with the projects and initiatives outlined above. Coupled with the Justice Project priorities, these represent significant changes in the way we address and respond to fentanyl/opioid use disorder, and the people who struggle in our community.

(Appendix A) Key for Acronyms

Divisions:

CD&E = Communicable Disease & Epidemiology

CH&HS = Community Health & Human Services

COD = Community & Organizational Development

EH = Environmental Health

RS = Response Systems

WCHCS/HCS = Whatcom County Health and Community Services

Funding Sources:

ARPA = American Rescue Plan Act

BH = Behavioral Health

BHASO = Behavioral Health Administrative Services Organization

CHG = Consolidated Homeless Grant

FPHS = Foundational Public Health Services

HCA = Health Care Authority

HCF = Healthy Children's Fund

Programs:

ART = Alternative Response Team

GRACE = Ground-level Response and Coordinated Engagement

LEAD = Law Enforcement Assisted Diversion/ Let Everyone Advance with Dignity

Other Acronyms:

EMS = Emergency Medical Services

MAC = Multi-Agency Coordination

MOUD = Medication for Opioid Use Disorder

MRC = Medical Reserve Corps

PITA = Prevention, Intervention, Treatment, Aftercare/Recovery

PSH = Permanent Supportive Housing

RFP = Request For Proposal

SWMS = Secure Withdrawal Management and Stabilization