

Thurston County Opioid Response Plan

2026-2027



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 facilitated by Thurston County Public Health & Social Services. More information about the Thurston County Opioid Response Task Force can be found online at the Thurston County Public Health & Social Services Department website.

The Opioid Response Plan is reviewed on an annual basis to identify any gaps, changes in trends, community needs, and opportunities for expansion. Feedback is collected primarily through the action area work groups, with additional feedback collected at Task Force meetings, related presentations, and other community events. After any applicable revisions are made, the Response Plan is presented to the Thurston County Board of Health for adoption.

OVERSIGHT STRUCTURE

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



Each work group develops SMART objectives for the related strategies, guides the related work within the community, gathers input from subject matter experts, and regularly reports back to the Thurston County Opioid Response Task Force.

The Thurston County Opioid Response Task Force meets quarterly, and work groups meet monthly or every other month. The Thurston County Board of Health is apprised of progress on the plan every six months.

PLAN GOALS

The Thurston County Opioid Response Plan has five overarching goals:

Prevent opioid misuse and opioid use disorder.

Treat opioid use through expanded access to treatment and recovery support services.

Prevent deaths from overdose.

Use data to inform local response and communicate about local and state trends.

Prioritize individuals and communities that are disproportionately impacted by the opioid epidemic and reduce stigma.

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 People of Color)
- Youth aged 12-17
- Young adults aged 18-25
- Older adults aged 65+
- 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-legal system
- Individuals who are experiencing grief, trauma and adverse childhood experiences connected to overdose or substance use.

THURSTON COUNTY OPIOID RESPONSE PLAN - WORK PLAN

The Thurston County Opioid Response Plan emphasizes a community approach that values advancing equity, reducing stigma, eliminating barriers, and creating opportunities. The Response Plan work plan is structured to reflect the 5 goals identified in the Board of Health resolution. Each objective addresses specific strategies, tasks associated with each strategy, timeline, and lead work group.

Goal 1. Prevent opioid misuse and opioid use disorder.		
Goal 1, Strategy 1 Expand resources related to primary prevention, resiliency, and protective factors to local communities with an emphasis on peer education and youth led substance use prevention work.		
Objectives	Timeline	Lead Work Group
		Prevention
Goal 1, Strategy 2 Improve awareness among County residents of local safe medication return disposal options.		
Objectives	Timeline	Lead Work Group
		Prevention
Goal 1, Strategy 3 Improve awareness and increase options for safer storage of prescription medication, over-the-counter medicine, and other substances to prevent misuse and abuse.		
Objectives	Timeline	Lead Work Group
		Prevention

Goal 1, Strategy 4 Expand availability of fact-based drug education and information about harm reduction approaches to substance use for youth.		
Objectives	Timeline	Lead Work Group
		Prevention
Goal 2. Treat opioid use through expanded access to treatment and recovery support services.		
Goal 2, Strategy 1 Improve coordination among local Medications for Opioid Use Disorder (MOUD) providers.		
Objectives	Timeline	Lead Work Group
		Treatment
Goal 2, Strategy 2 Promote availability of existing community-based Medications for Opioid Use Disorder (MOUD) providers and full continuum of care services, including polysubstance use treatment, recovery supports, and harm reduction services.		
Objectives	Timeline	Lead Work Group
		Treatment
Goal 2, Strategy 3 Expand access and improve coordination for youth treatment services, including Medications for Opioid Use Disorder (MOUD) among referral partners and the community.		
Objectives	Timeline	Lead Work Group
		Treatment

Goal 2, Strategy 4 Improve understanding of Medications for Opioid Use Disorder (MOUD) among referral partners and the community.		
Objectives	Timeline	Lead Work Group
		Treatment
Goal 2, Strategy 5 Expand access to treatment, including Medications for Opioid Use Disorder (MOUD), for people who are involved in the criminal-legal system.		
Objectives	Timeline	Lead Work Group
		Treatment
Goal 2, Strategy 6 Expand utilization of Peers and Community Health Workers (CHWs) to support and serve people who use drugs across various settings and agencies.		
Objectives	Timeline	Lead Work Group
		Treatment
Goal 3. Prevent deaths from overdose.		
Goal 3, Strategy 1 Expand access to naloxone through services and systems that have direct contact with individuals at risk for overdose.		
Objectives	Timeline	Lead Work Group
		Overdose

Goal 3, Strategy 2 Improve understanding of opioid overdose response, naloxone use, and stimulant overdose/overamping within the community.		
Objectives	Timeline	Lead Work Group
		Overdose
Goal 3, Strategy 3 Expand information about harm reduction approaches to substance use, availability of harm reduction services and how to access them.		
Objectives	Timeline	Lead Work Group
		Overdose
Goal 3, Strategy 4 Expand education on drug checking and increase local availability of related services.		
Objectives	Timeline	Lead Work Group
		Overdose
Goal 3, Strategy 5 Expand education on naloxone access points, Washington's statewide standing order, and insurance coverage for naloxone.		
Objectives	Timeline	Lead Work Group
		Overdose
Goal 4. Use data to inform local response and communicate about local and state trends.		
Goal 4, Strategy 1 Improve availability and understanding of existing local overdose data, both fatal and non-fatal.		
Objectives	Timeline	Lead Work Group
		Overdose

Goal 4, Strategy 2 Increase available education on emerging trends in substance use, including drug changes and methods of use.		
Objectives	Timeline	Lead Work Group
		Overdose
Goal 5. Prioritize individuals and communities that are disproportionately impacted by the opioid epidemic and reduce stigma.		
Goal 5, Strategy 1 Improve understanding of the opioid epidemic and substance use disorder among all ages in the community with an emphasis on reducing stigma.		
Objectives	Timeline	Lead Work Group
		Prevention
Goal 5, Strategy 2 Increase information available to the community on how addressing stigma and using trauma informed practices advances equity and supports people who use substances.		
Objectives	Timeline	Lead Work Group
		Prevention
Goal 5, Strategy 3 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/or are impacted by the criminal-legal system, including local opportunities for diversion.		
Objectives	Timeline	Lead Work Group
		Treatment
Goal 5, Strategy 4 Enhance understanding of inequities related to treatment and recovery support services for BIPOC populations.		
Objectives	Timeline	Lead Work Group

		Treatment
Goal 5, Strategy 5 Expand access and availability of additional supportive services to improve the health of people who use drugs, including wound care, insurance enrollment, STI testing and treatment, mental health counseling, vaccinations, and other related services.		
Objectives	Timeline	Lead Work Group
		Overdose
Goal 5, Strategy 6 Improve understanding of the intersections between housing status and drug use.		
Objectives	Timeline	Lead Work Group
		Overdose

Goal 5, Strategy 7 Expand information and referrals to reproductive health care services for people who use drugs or formerly used drugs.		
Objectives	Timeline	Lead Work Group
		Pregnant & Parenting
Goal 5, Strategy 8 Integrate and promote best practices related to human milk feeding for people who use drugs into programs which have contact with people who are pregnant and/or parenting.		
Objectives	Timeline	Lead Work Group
		Pregnant & Parenting
Goal 5, Strategy 9 Educate local clinical and non-clinical providers, or those who are in training to become clinical service providers, about the impact of stigma on care of people who use drugs or formerly used drugs.		
Objectives	Timeline	Lead Work Group
		Pregnant & Parenting
Goal 5, Strategy 10 Expand education on available supportive services for individuals who are pregnant and/or parenting to increase access to prevention, intervention, treatment, and recovery support services.		
Objectives	Timeline	Lead Work Group
		Pregnant & Parenting

Goal 5, Strategy 11

Expand information and resources available to community providers across clinical and non-clinical services about recent policy and best practice changes that effect families who experience drug use.

Objectives	Timeline	Lead Work Group
		Pregnant & Parenting

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.

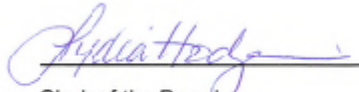
Section 3. The Response Plan shall include but not be limited to the following goals:

- 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 disproportionately impacted by the opioid epidemic and reduce stigma.

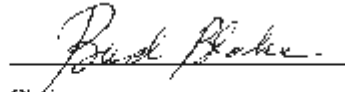
Section 4. That this Resolution shall take effect immediately upon adoption.

ADOPTED: June 14, 2018

ATTEST:

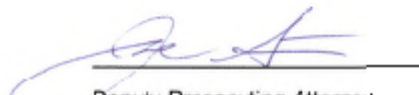

Clerk of the Board

BOARD OF HEALTH
Thurston County, Washington

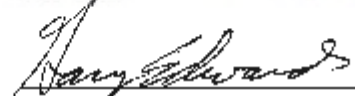

Chair

APPROVED AS TO FORM:

JON TUNHEIM
PROSECUTING ATTORNEY


Deputy Prosecuting Attorney


Vice-Chair


Commissioner