Overview

According to the 2018 Centers for Disease Control and Prevention (CDC) report "Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States," opioid use disorders and opioid overdose are complex phenomena shaped by numerous social, biological and psychological factors. The CDC report outlines 10 evidence-based strategies to prevent opioid overdose in communities, but acknowledges that fully understanding and accounting for all of these factors in overdose prevention activities is a significant challenge. Subjecting overdose prevention interventions to scientific testing and evaluation is the only way to know for sure whether these strategies work. Consequently, the CDC has identified "evidence-based" as strategies designed using three key sources of information: (1) high quality scientific research; (2) the professional opinions and experiences of clinical and public health experts; and (3) the preferences, priorities and values of the individuals who will be targeted or affected by that practice.

This GAP Analysis CDC Tool was developed by Jefferson County Behavioral Health Consortium (BHC), using the 10 strategies in the CDC report and adding two more relevant to the work of the BHC—Crisis Stabilization Center and Navigators. The BHC is a consortium of 10 full and 10 ad hoc members, created through funding from a Health Resources and Services Administration (HRSA) RCORP-Planning grant, to work towards developing a comprehensive plan for a Crisis Stabilization Center or other feasible option to be located in Jefferson County, WA for residents suffering from Opioid Use Disorder and Behavioral Health related issues.

This GAP Analysis Tool was presented to members of the BHC, who were asked to rate their own, their organization's, and their community's perception and commitment to the various strategies, and to update the services currently provided in Jefferson County, the known gaps in service, and the anticipated barriers and challenges to providing services.

Fifteen (15) members of the Consortium completed the GAP Analysis CDC Tool.

Executive Summary

This GAP Analysis Tool was presented to all members of the BHC, who were asked to rate their own, their organization's, and their community's perception and commitment to the various strategies, to update the services currently provided in Jefferson County, and to identify the known gaps in service and the anticipated barriers and challenges to providing services. Fifteen members of the BHC completed the GAP Analysis.

In general, across most of the strategic initiatives, Consortium members rated support and understanding of the various initiatives as follows:

- Members strongly understood and supported the strategy/initiative.
- Members perceived that their organizations understood and supported the strategy, but not as strongly as individual members did.
- Members' perception was that the broader community was less understanding or supportive of most of the strategies.
- Two exceptions to Consortium member's perception of strategy awareness and acceptance were:
  - Navigators (Strategy 11): Consortium members felt this had support from everyone, including the broader community. This may, in part, be due to the positive press the new Navigator with the Port Townsend Police Department has generated since his appointment a mere ____ months ago.
  - Academic Detailing (Strategy 3): This drew a lot of "no idea" comments, and many members felt it was misnamed and thus misleading. A more descriptive name might be "Marketing Evidence-based Practices to Providers" or merely "Educating Providers."

Some commonalities in member feedback suggests an opportunity to provide targeted communication and education around the validity of the 12 strategies to facilitate understanding and support for their use in our community.

NALOXONE: While Jefferson County has several options for providing Naloxone to residents, including EMS and law enforcement provision, both Targeted Naloxone Distribution (Strategy 1) and Naloxone Distribution in Treatment Centers and Criminal Justice Settings (Strategy 7) were identified as having strong support from Consortium members and their organizations, and rather weak to moderate understanding and support in the broader community. Some of the gaps or barriers identified were that access outside the city of Port Townsend is limited, not enough Naloxone is distributed, the cost of Naloxone is an issue, and the complexity of developing Naloxone distribution systems in criminal justice settings.

The lack of community support could be addressed through community education, which could also increase the use of Naloxone in the community. The cost issue is being addressed through consulting with a JPS consultant who will provide the Consortium with information on low-cost Naloxone. Initiatives will be explored to address other identified gaps, barriers and needs for expansion.

This section could benefit from cross-referencing the barriers with how the program works well, especially with regard to how people who use drugs can be targeted, and the barriers they face.

MEDICATION-ASSISTED TREATMENT (MAT): Jefferson County has two MAT options (Strategy 2): a standalone clinic on an outpatient basis, and primary care services available from clinics in the community. Coverage was rated as "mildly adequate to generally good," but communication about services was an identified gap, as was accessibility (MAT services are barely available outside office hours, and were hardly available at all in rural areas of the County, and transportation in the County is limited and poorly timed).

Jefferson County Jail recently received a grant to provide MAT services in the Jail (Strategy 8), but this is a new service and questions still exist about who they cover and whether or not there are gaps in provision (e.g., does it have all three forms of MAT? Does it cover everyone? Are there gaps when Medicaid is suspended on incarceration?). Some of the barriers identified were cost and insurance and client/patient follow through on release.

Jefferson Healthcare, the local hospital, does not offer MAT services in the Emergency Department (Strategy 9), which is a significant gap in service and could be quite a complicated and expensive process to introduce, and follow-up is always challenging. However, there is discussion ongoing at the hospital about providing this service. Because of resistance from ER providers, it may be worth conducting focus groups to get at what is driving resistance (Compassion fatigue? Burnout? Other?) and/or finding champions among the staff to shift culture.

All MAT strategies had support from Consortium members and their organizations, but there is a clear need for education in the broader community, as was evidenced by community push-back to an initiative in Sequim, a town in a more rural part of the County. We also don't have good data on the effectiveness of the Therapeutic Drug Court and the rate of recidivism.

FENTANYL SCREENING: Jefferson Healthcare, which carries out the majority of drug screens within Jefferson County, does not screen for Fentanyl in Routine Clinical Toxicology Testing (Strategy 5). While there are technical barriers to implementing Fentanyl screening at the hospital, the hospital is currently working with an Information Systems partner to make Fentanyl part of baseline drug screening tests. All Consortium members, and their organizations, understood and supported this initiative. Perceptions of understanding and support in the broader community was varied.

Caution needs to be shown to ensure that Fentanyl screening occurs only in clinical settings, and that it not be used in supervisorty situations, like drug courts, if the consequences of blowing a panel are discharge from the program, or incarceration. There is an opportunity here to confirm best practices at Therapeutic Courts.

ELIMINATING PRIOR-AUTHORIZATION REQUIREMENTS FOR MEDICATIONS FOR OPIOID USE DISORDER: While all Consortium members understood this initiative (Strategy 4), support from Consortium members and their organizations was medium to high, and perceived support in the broader community was low or unknown. Jefferson County is in the same position as most Washington Counties on this issue, although we do have a higher percentage of Medicare patients.

Changing insurance policy will be difficult, as will coordinating the players. Medicaid will be less challenging—once it goes through HACA it applies across the board. We will need to research the current landscape of Prior-Authorization Requirements for our area.

The grant team will reach out to fellow grantee Washington State Hospital Association to partner on this and explore options.

SYRINGE SERVICES PROGRAMS: Jefferson County Public Health provides a needle exchange program (Strategy 10) that is well established and operating well, but not all who need the service are aware it exists and there are few exchange options in rural parts of the County. Currently, we need an expansion of the program to rural areas and an expansion of the hours that services are available, and a method of communicating with all people who need this service of its existence.

All Consortium members and their organizations understand and strongly support this initiative and, while they feel the broader community *understands* it, they perceive that it has less support in the community.

GOOD SAMARITAN LAWS: Washington State has a law that protects the reporter of a drug overdose from prosecution for possession (Strategy 6), and that law applies in Jefferson County. The Port Townsend Police Department treats 911 overdose calls as civil, not criminal, calls, unless a death is involved. While all Consortium members understood and strongly supported this initiative, knowledge of or comfort with the law is not widespread in the community (as was evidenced in a recent high-profile death in town), and trust in the community who use drugs can be low, potentially undermining its efficacy (e.g., if phones are confiscated by law enforcement, and so on.)

Communication about this initiative was identified as a real need in the County, as it is not clear exactly what is covered and what is not (e.g., are bystanders covered?). Traditional methods of communication might not be as effective, also, with the target audience for this initiative.

ACADEMIC DETAILING: Jefferson County currently has no formal Academic Detailing program (Strategy 3), although MAT training does contain some elements. OCH/3CORP has a program, 6 Building Blocks, that provides opioid prescription guidance and support to providers, but providers' time is difficult to schedule (one suggestion was to focus on individual physicians with short term "academic detailing").

Most Consortium Members were unfamiliar with this initiative, and felt that the broader community also was. The strategy drew a lot of "no idea" comments from Consortium member, and many felt it was misnamed and thus misleading. A more descriptive name might be "Marketing Evidence-based Practices to Providers" or merely "Educating Providers."

NAVIGATORS: All Consortium members strongly understood and supported this initiative (Strategy 12), and all felt there was strong understanding and support in the broader community. This may, in part, be due to the positive press the new Navigator with the Port Townsend Police Department has generated since his appointment a mere ____ months ago. Initially, the Navigator was funded on a part-time basis by a grant from 1/10th of 1%, but has proved so effective and popular that the city has agreed to fund the extra cost for a full-time position.

However, everyone felt that there were significant barriers and gaps in the service. Currently, only Port Townsend Police Department has a Navigator—County law enforcement and EMS do not have one. Services are not currently offered beyond the 8-hour day shift. Although there is strong support for expanding the program, funding continues to be a significant issue. More research also needs to be done to determine the efficacy of the program. Also, it might be worth exploring if the new Navigator could be a conduit for Naloxone distribution.

CRISIS STABILIZATION CENTER: Jefferson County has no OUD emergency treatment or stabilization center (Strategy 11), even though the County has the second highest rate of non-heroin opioid death in the State. Some outpatient services are available, but for a resident in crisis, the Emergency Room or Jail are the

most likely destinations. All Consortium members understood and supported this initiative, but felt that there could be significant community resistance. A concerted effort to manage communications would need to be strategized to offset some of this opposition.

Strategy 1: Targeted Naloxone Distribution

Naloxone is an opioid antagonist that can quickly and safely reverse the potentially fatal effects of an opioid overdose. Targeted distribution programs seek to train and equip individuals who are most likely to encounter or witness an overdose—especially people who use drugs and first responders— with naloxone kits, which they can use in an emergency to save a life. There are many different approaches to distributing naloxone to people at high risk of experiencing or witnessing an overdose. Effective approaches include community distribution programs, co-prescription of naloxone, and equipping first responders.

This strategy works best when:

- Naloxone is provided to people at high risk of experiencing or witnessing overdose.
- Outreach workers, harm reduction staff, and trusted clinicians are properly educated and comfortable distributing naloxone to those using illicit opioids or receiving a high-risk opioid prescription.
- People who use drugs and first responders are well informed as to the potential effects and actions of naloxone. Comfort with carrying and administering naloxone is crucial.

CURRENT STATUS IN JEFFERSON COUNTY

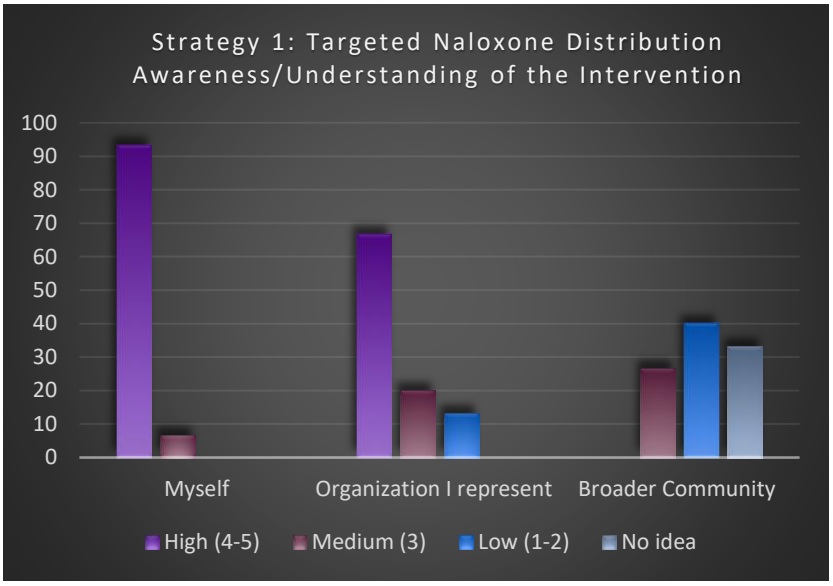
Jefferson County has several options for providing Naloxone to residents. The Port Townsend Police, Sheriff and County EMS providers all carry Naloxone. The Health Department provides Naloxone to residents at the needle exchange program.

KNOWN GAPS / NEED FOR EXPANSION

- Providing community education about the availability of Naloxone could be an opportunity to improve its use. Awareness needs to be developed in the community, with particular communication to actual users or those at risk to use.
- There is not enough Naloxone distributed.
- Access outside of Port Townsend is limited.

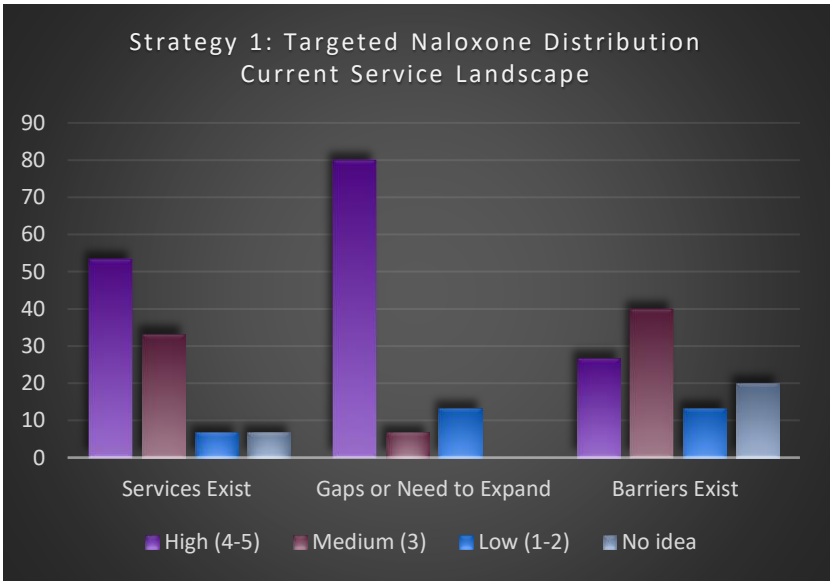
ANTICIPATED BARRIERS / CHALLENGES / SUPPORTS

- While the community has not “pushed back” on the use and distribution of Naloxone, that possibility exists and we should be prepared to provide data to confront that challenge.
- Needs to be more readily available at Doctor/treatment Provider – because families who are inexperienced would go to public health.
- Cost is an issue: At JCPH, the first and second kits were bought with a donation.



All participants (100%) were aware of and understood the intervention, with most (93%) strongly so. While all participants believed their organization understood, only 67% *strongly* believed this.

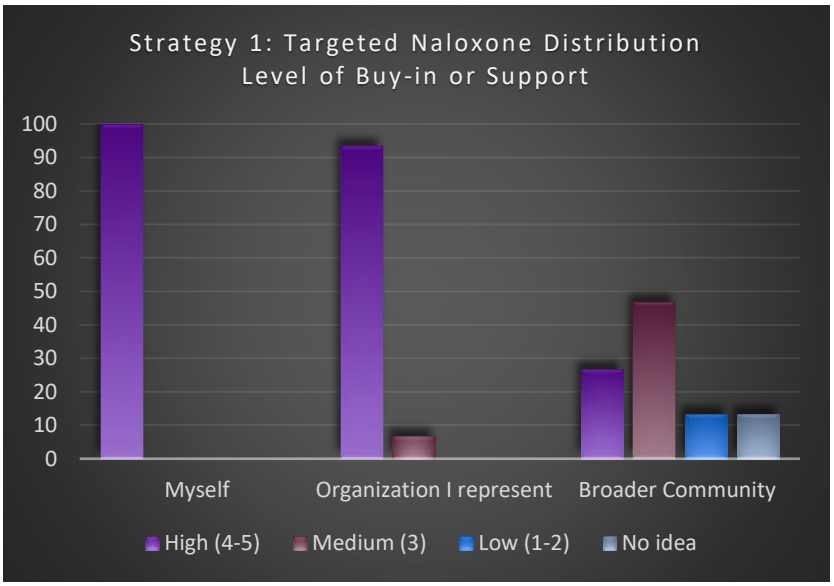
There was not great confidence in the broader community's understanding of the intervention—two-thirds of participants had a low to moderate confidence in the community, and a third had no idea.



While most participants agreed that services exist in the community, 13% had little or no knowledge of the services.

Most participants (80%) strongly felt that there were gaps or a need to expand services in this community.

Most participants (80%) agreed that barriers to meeting need exist, with 27% rating this high and 40% rating it medium. 20% stated they had no idea.



All participants rated their support for this intervention as high, and most (93%) rated their organization's commitment as high.

Confidence in the community varied, with 73% of participants having a medium to high confidence in the broader community's support, and 27% having low confidence or no idea of community support.

Strategy 2: Medication-Assisted Treatment (MAT)

MAT is a proven pharmacological treatment for opioid use disorder. The backbone of this treatment is FDA approved medications. Agonist drugs, methadone and buprenorphine, activate opioid receptors in the brain, preventing painful opioid withdrawal symptoms without causing euphoria; naltrexone blocks the effects of opioids. MAT is effective at reducing use and helping people to lead normal lives.

This strategy works best when:

- It is combined with ancillary treatment strategies like counseling and social support with fixed, safe, and predictable doses of medications.
- Public awareness of MAT as an effective medical intervention is promoted by local leadership. This helps to reduce stigma against MAT that discourages people from seeking this form of care.
- Entry into treatment is voluntary. Compulsory treatment programs through legal and social welfare systems are less effective than voluntary treatment.
- Patients have access to a variety of medication options. All patients are different, and treatment is best when individualized. Some people fare significantly better on buprenorphine than on methadone, and vice versa. Some may need to try several treatment options before discovering what works best, and some may not have access to all MAT medications.
- The challenges of receiving MAT are understood and mitigated. Many individuals face hurdles in receiving approval for MAT from their health insurance provider. Many methadone clinics require patients to attend daily to receive treatment. This can mean long, burdensome commutes at odd hours, which can conflict with professional, familial, or care-giving responsibilities. Those who live in rural areas, for example, may have to drive hours to receive care. Treatment is more successful when these obstacles are not placed in the way.

CURRENT STATUS IN JEFFERSON COUNTY

Jefferson County currently has two options in the community for MAT services. The first is a standalone MAT clinic providing MAT services on an outpatient basis. We also have services available from the primary care clinics located in our community; this service is augmented by an RN MAT coordinator. There are at least two private providers with DEA Waivers. DBH has 1 Bup-waived individual on staff, although the goal is to have another one within the year. Jefferson County Jail has MAT services for inmates

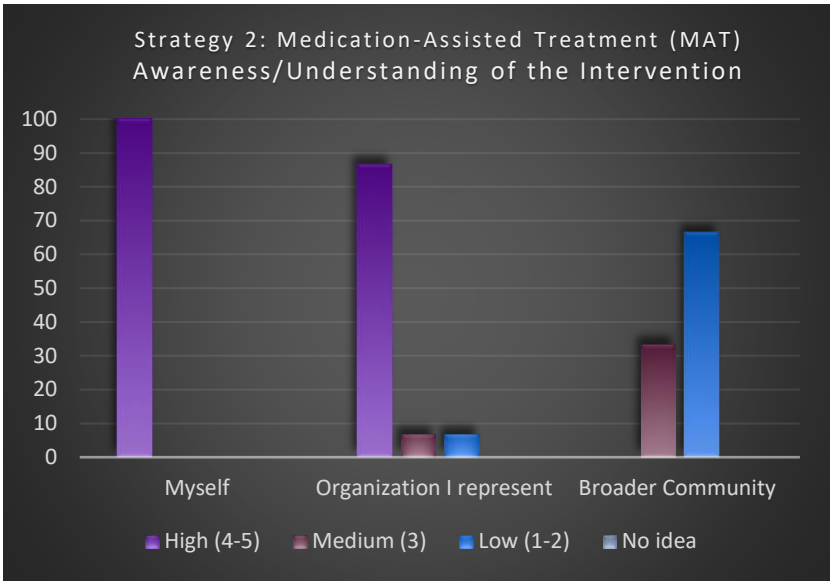
KNOWN GAPS OR NEEDS FOR EXPANSION

- While coverage for MAT is considered mildly adequate to generally good, the communication of these services is a gap that can be corrected. There also needs to be education to the community about OUD, MAT.
- Outside JHC, MAT services in Hadlock are only open Mon 9:30-12, Wed 4-7pm, and every other Friday 9:30-noon. If needed, OPHS is available M-F
- Ancillary strategies are not always well utilized in the current landscape, especially with jail inmates as they move out of incarceration
- Hub and Spoke modeled grant does not seem to be netting much referral to spokes, so patients are not getting well-rounded recovery treatment. Spokes are not referring to HUB either. OPHS does refer but does not make it mandatory, as this can be a barrier to receiving lifesaving MAT services. There are 2 H&S models: #1 MAT paid by JHC and distributed to agencies (work in progress; 43 served; 11 have left); #2 in Port Hadlock
- We don't have good data on the effectiveness of Therapeutic drug court and the rate of recidivism.

- MAT services for South County geography are non-existent and transportation is limited and poorly timed for patients who work, care for children, etc.
- Teach the science of drug dependence and addiction at an age appropriate level to students, grade school through high school

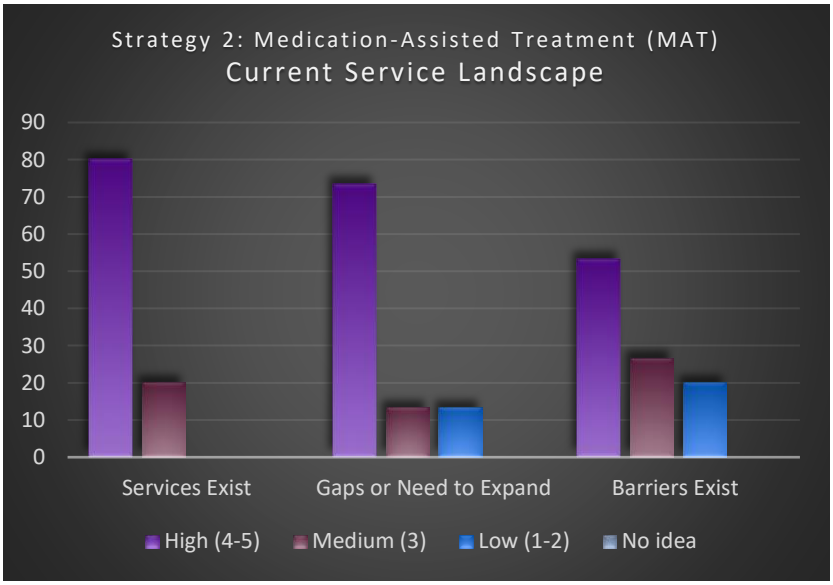
ANTICIPATED BARRIERS / CHALLENGES / SUPPORTS

- While the community has not "pushed back" on MAT services, that possibility exists, and we should be prepared to provide data to confront that challenge.
- Pushback was evidenced in Sequim for similar intervention
- I think we are seeing an articulation of pushback on the "fake JeffCo" FB page. This could be redirected, if addressed sooner rather than later.



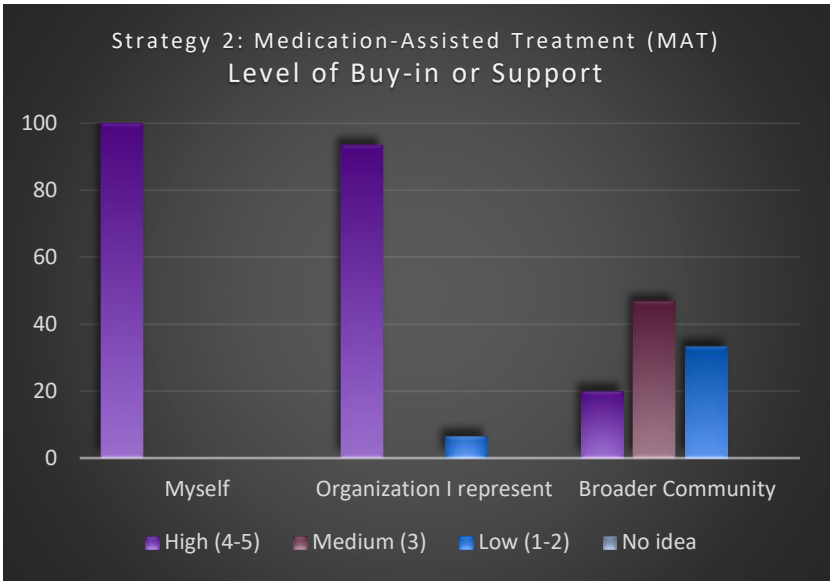
All participants (100%) were very aware of and understood the intervention. Most participants (87%) also believed their organization was very aware.

There was not the same confidence in the broader community's understanding of the intervention, with only one-third (33%) of participants believing the community had a moderate understanding of the intervention, and two-thirds (67%) with a low confidence in the broader community's understanding.



All participants agreed that services exist in the community, with 80% strongly believing it. All participants agreed that there were gaps or a need to expand services in this community, with most (73%) strongly agreeing.

All participants agreed that barriers to meeting need exist, with over half (53%) strongly believing this.



All participants (100%) rated their support for this intervention as high, and most (93%) rated their organization's commitment as high. Only one person rated their organization's support as low.

All participants believed their community had support for the intervention, though confidence in the community varied, with most participants having a medium (47%) to high (20%) confidence in the broader community's support, and a third (33%) having low confidence.

Strategy 3: Academic Detailing

"Detailing" is a structured educational strategy developed by commercial manufacturers of medical and pharmaceutical technologies to market these products to prescribers and pharmacists. "Academic detailing" consists of structured visits to healthcare providers by trained professionals who can provide tailored training and technical assistance, helping healthcare providers use best practices.

This strategy works best when:

- Dedicated and trained detailing teams are deployed for all academic detailing activities, as this strengthens the detailing approach and fosters consistency within the project.
- The individuals who receive academic detailing possess the means and resources to put their newly gained knowledge to use. For instance, physicians who treat patients receiving opioid medications often benefit from additional staff support, as evidence based opioid prescribing requires additional patient follow-up activities and administrative tasks.

CURRENT STATUS IN JEFFERSON COUNTY

Jefferson County currently has no formal Academic Detailing Program. Providers have participated in MAT training, which has some of the elements of a Detailing program.

As part of Hub & Spoke, JCH has access to expert/consultant on MAT/OUD treatment, and has access to PCHS

KNOWN GAPS OR NEED FOR EXPANSION

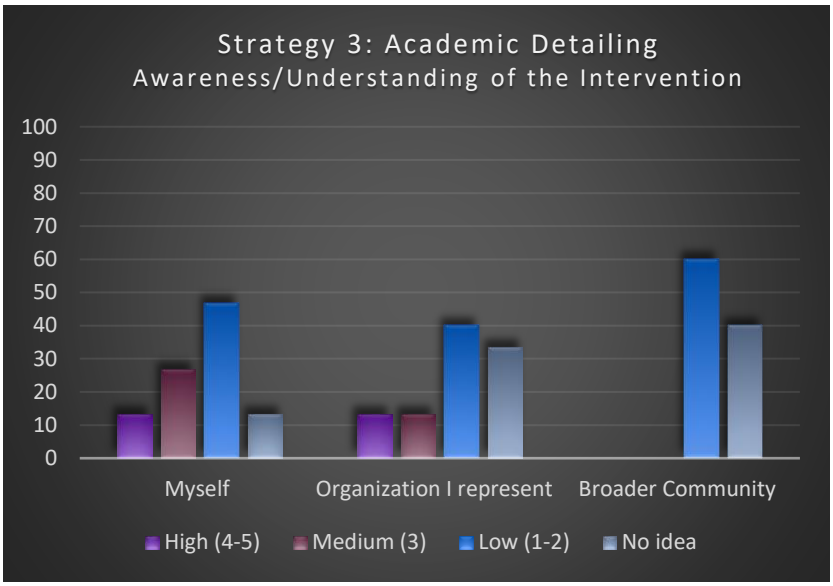
- OCH/3CORP has a program called "6 Building Blocks" that is working to provide guidance and support for best practices among healthcare providers for prescribing opioids for acute and chronic pain in Clallam and Kitsap.
- JHC does not currently anticipate participating in "6 Building Blocks."

ANTICIPATED BARRIERS / CHALLENGES / SUPPORTS

- Providers' time is difficult to schedule. Many competing priorities.
- In my experience, this approach (or something similar) is targeted at groups.
- Focusing on individual physicians with short-term "academic detailing" may be helpful.

NOTE:

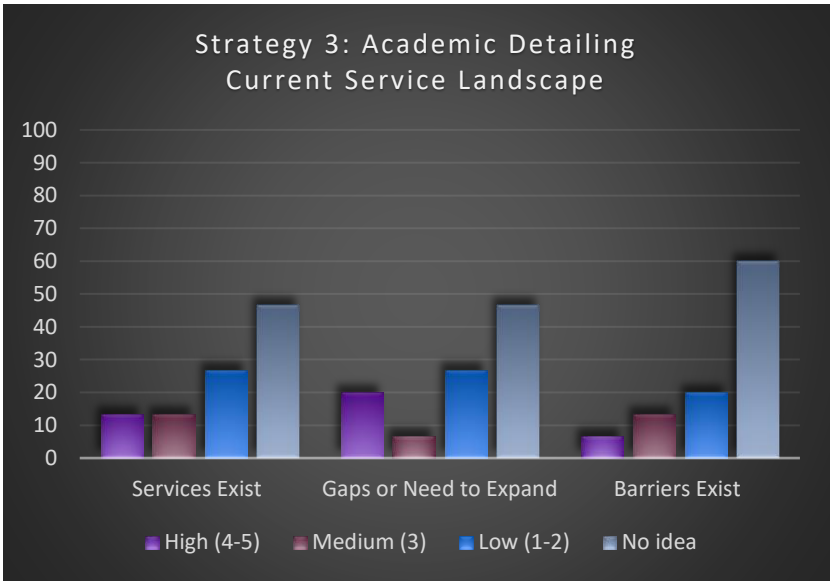
Academic Detailing seems to be a misnomer and a misleading title, making it difficult to understand. Perhaps something more descriptive like "educating providers" would be better? Or expanded to "marketing evidence-based practices to providers"



Fewer than half of the participants (40%) were very aware of or understood this intervention, and over half (60%) had a low or no understanding of the intervention.

While just over a quarter of individuals (26%) felt their organization understood this intervention, most participants (73%) had low confidence or no idea if their organization did.

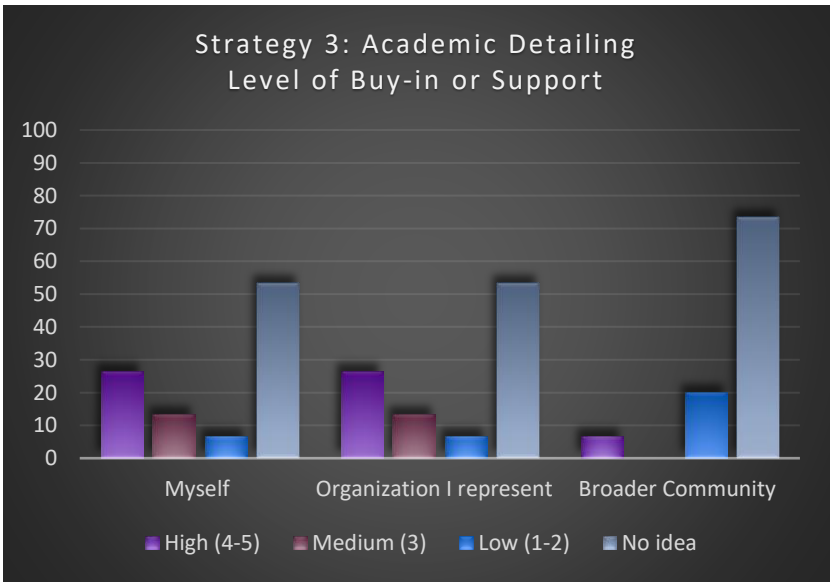
All participants had very little confidence in the broader community's understanding of the initiative, with over half (60%) with a low belief, and the remainder (40%) with no idea.



Most participants (73%) had little confidence or no idea if academic detailing services existed in the community, with only 27% of participants expressing moderate to high confidence.

Most participants (73%) said they had a low or no idea about gaps or any need to expand.

Over half of participants (60%) had no idea if there were barriers to meeting need, with only 20% indicating a moderate to high belief.



More than half of participants (53%) indicated they had no idea if they or their organization would support this initiative, with only 40% indicating medium to high support by either.

Most participants (93%) rated their community's commitment as low or unknown. Only one person rated their community's support as high.

Strategy 4: Eliminating Prior-Authorization Requirements for Medications for Opioid Use Disorder

In this scenario, health insurance providers cover the cost of MAT as a standard benefit and all requirements that a physician contact the insurance provider for approval prior to writing the prescription (a process called "prior authorization") are removed. Without these prior authorization requirements, prescriptions for MAT medications to treat opioid use disorder can be written and filled as soon as a physician deems this treatment necessary, free from artificial delays.

This strategy works best when policy makers and healthcare providers work collaboratively with health insurance companies and state Medicaid programs to design and implement these policy changes.

CURRENT STATUS IN JEFFERSON COUNTY

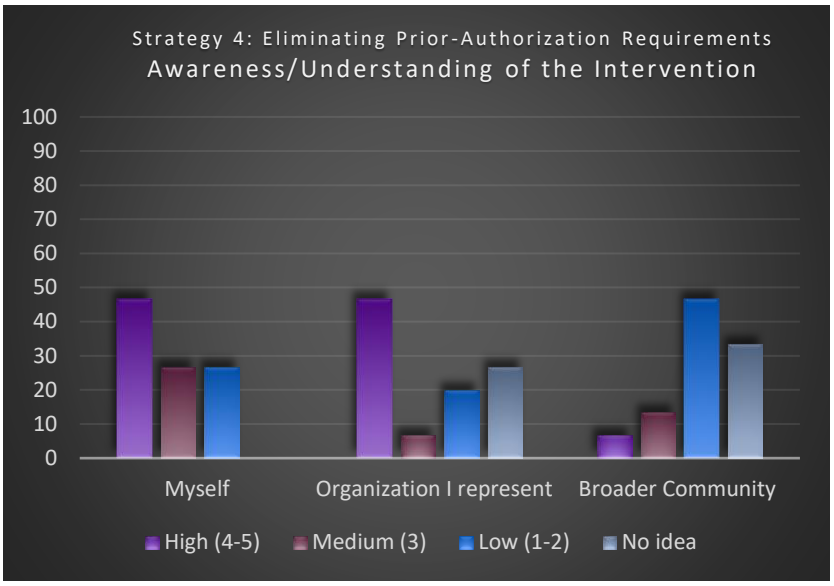
Jefferson County is in the same position as most Washington Counties on this issue. We do have a higher percent of Medicare patients.

KNOWN GAPS OR NEED FOR EXPANSION:

We will need to research the current landscape of Prior-Authorization requirement for our area.

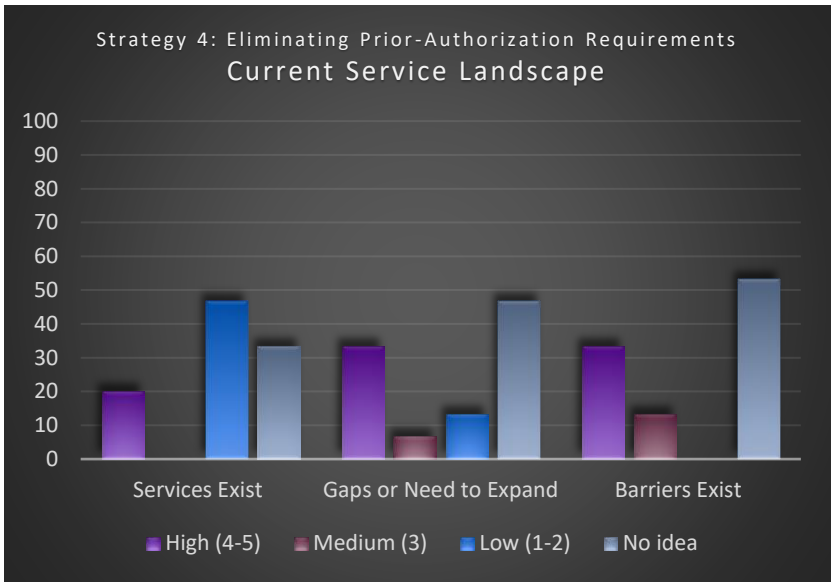
ANTICIPATED BARRIERS / CHALLENGES / SUPPORTS

- Changing insurance policy will be difficult.
- Coordinating the players – if best practice is coordinating policy makers and providers, that can be challenging.
- Medicaid will be less challenging; once it goes through HCA it applies across the board



All participants were aware of and understood this initiative, with almost three quarters (73%) indicating high to medium understanding. Almost half (47%) rated their organization's understanding as high, while the same number rated it low or had no idea.

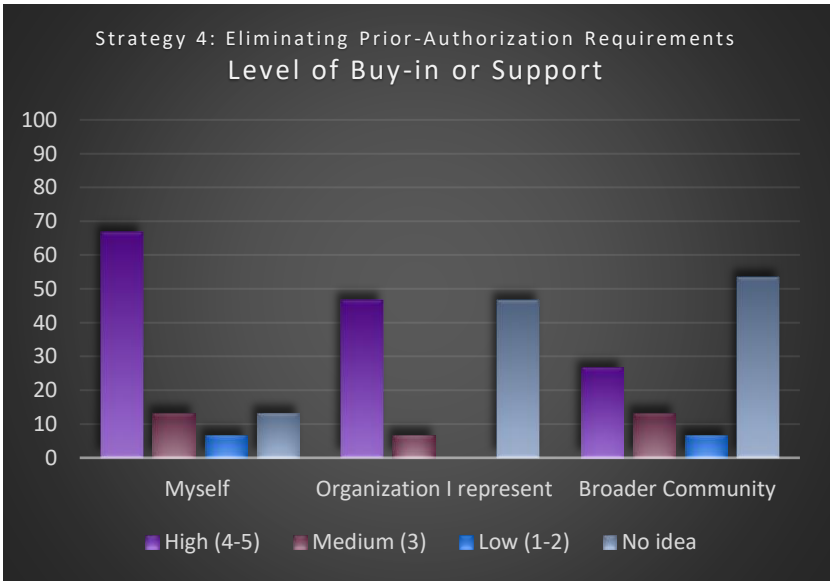
Participants did not have a lot of confidence in the community's understanding of the intervention, with almost half (47%) of participants indicating the community had a low understanding, and a third (33%) with no idea whether or not the community understood. Very few (20%) rated community support high or medium.



Almost half of participants (47%) had low confidence that eliminating prior authorization existed, and a further third (33%) had no idea whether it did or not. Only 20% had a high belief it existed.

Half of participants (73%) identified that there were gaps or a need to expand the initiative, though only 40% rated this medium to high. Almost half (47%) indicated they had no idea.

Most participants (53%) indicated they did not know if barriers to meeting need existed, but of those remaining, (47%) had a high to medium confidence they did.



Most participants (80%) rated their support as high or medium, with the remaining (20%) rating it low or having no idea. While almost half (47%) strongly believed in their organization's support, the same number (47%) had no idea of their organization's support.

Over half of participants (53%) had no idea of community support. Of the remainder, 40% rated their community's commitment as high to medium.

Strategy 5: Screening for Fentanyl in Routine Clinical Toxicology Testing

The standard panel of substances included in routine clinical drug screens (carried out in hospitals, clinics, treatment centers, etc.) should include screening for fentanyl exposure, particularly in jurisdictions where fentanyl is known to be prevalent in the local illicit drug market.

This strategy works best when:

- Adjustments are made to funding streams, standard lab procedures, and electronic medical records systems to accommodate and standardize this change in practice.
- Trends in the results of fentanyl screens are shared effectively across public institutions with the capacity to intervene amongst those who intentionally or unintentionally consume fentanyl and reduce the risk of overdose.

CURRENT STATUS IN JEFFERSON COUNTY

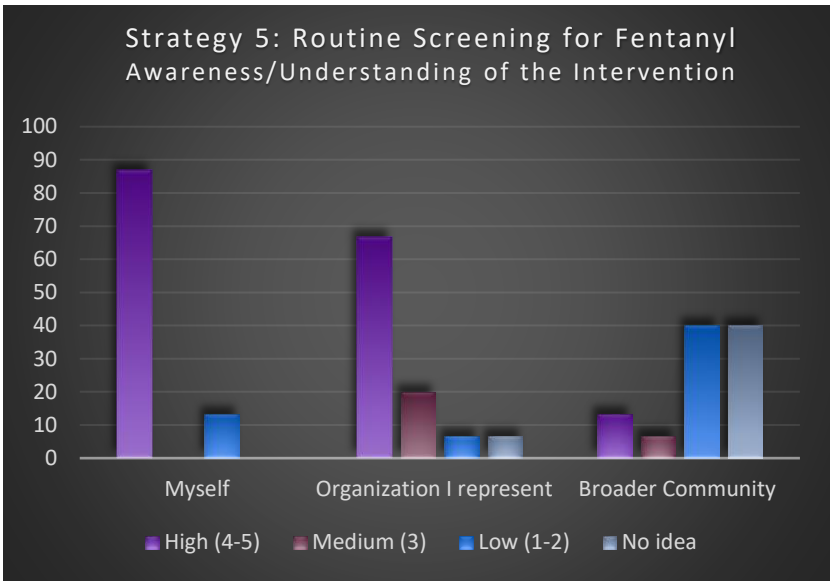
- The majority of drug screens within Jefferson County are performed by Jefferson Healthcare (the hospital). Fentanyl is not routinely screened as part of the tox screen provided there, but JHC is currently working with an Information Systems partner to make Fentanyl part of baseline drug screening tests.
- Some (not known if all) therapeutic court provider/vendors screen court participants often, and include Fentanyl.

Known Gaps or Need for Expansion

- Opportunity to confirm that there is a documented best practice at Therapeutic courts

Anticipated Barriers / Challenges / Supports

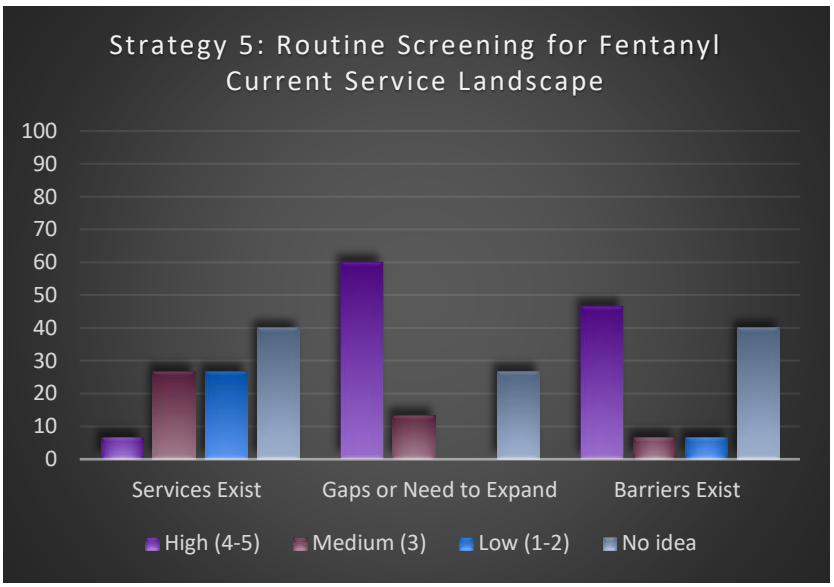
- There might be technical barriers to adding the test to Jefferson Healthcare's tox screen. Because the hospital contracts with another organization for its EMR, who does not currently order tests for Fentanyl, it might be difficult to implement the change.



All participants were aware of and understood this initiative, with most (87%) indicating high understanding.

Two-thirds of participants (67%) rated their organization's understanding as high, with only 13% rating it as low.

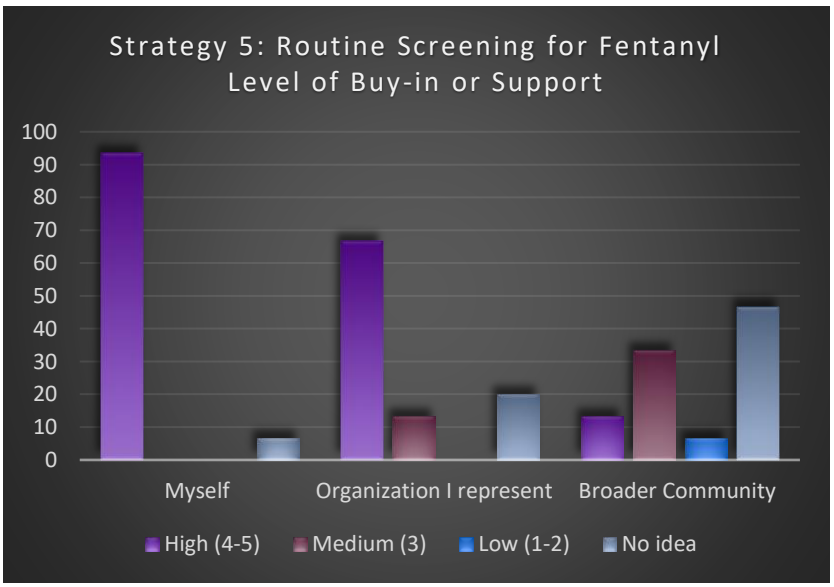
Participants did not have a lot of confidence in the broader community's understanding of the intervention, with 40% indicating the community had a low understanding and a further 40% indicating they had no idea. However, 20% indicated high to medium confidence in the community's awareness and understanding.



While 40% of participants had no idea of the current service landscape, 60% believed services exist. Only one participant rated this high.

Most participants (73%) believed there were gaps in service or a need to expand, with most of those (60%) rating this need high.

While 60% agreed that barriers to meeting need existed, almost half of participants (47%) rated this high. Almost 40% indicated they had no idea.



Almost all participants (93%) indicated a high level of support for this intervention.

Most participants (80%) believed their organization supported the intervention, with two-thirds (67%) having a high belief in their organization's support. Only 20% indicated they had no idea of their organization's support.

While over half (53%) believed in the broader community's support for the intervention, almost half (47%) indicated they had no idea of the community's support.

Strategy 6: 911 Good Samaritan Laws

The term "911 Good Samaritan Law" refers to local or state legislation that may provide overdose victims and/or overdose bystanders with limited immunity from drug-related criminal charges and other criminal or judicial consequences that may otherwise result from calling first responders to the scene. The scope of 911 Good Samaritan Laws varies across U.S. states, but each is written with the goal of reducing barriers to calling 911 in the event of an overdose.

This strategy works best when:

- Immunity is extended to all bystanders on the scene, not only to the individual in crisis and the individual who called 911.
- Bystanders are protected from parole violations and warrant searches in addition to receiving immunity from criminal charges. Any perceived risk to the freedom or safety of the bystander reduces the probability that 911 will be called.
- Police officers and other first responders are well informed as to their liabilities and responsibilities when responding to an overdose as outlined in their state's 911 Good Samaritan Law and other state and local regulations.
- People who use drugs are well informed about the 911 Good Samaritan law and have reason to trust that those protections will be consistently afforded to them when they call 911.
- The hospital experiences of people who use drugs are strengthened and improved. Individuals in crisis will not call for emergency care if they don't want to be transported to the hospital due to previous maltreatment.

CURRENT STATUS IN JEFFERSON COUNTY

Jefferson County has a 911 Good Samaritan law that protect the reporter of a drug overdose from prosecution for possession. This is the result of a state law.

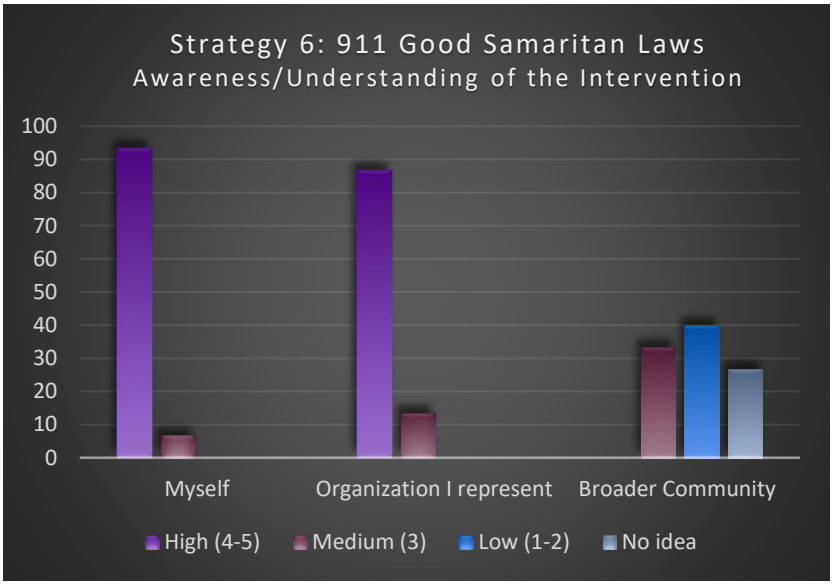
PTPD treats overdose 911 calls as civil, not criminal, unless a death is involved.

KNOWN GAPS / NEED FOR EXPANSION

- It is not clear if the 911 law covers bystanders.
- The law does not extend to outstanding warrants, probation or parole violations, drug manufacture or delivery, controlled substances, homicide, or other crimes besides drug possession.
- Knowledge of this law is not widespread in our community—communication is a real need.
- Level of awareness or understanding in the community depends on what population we are referring to.

ANTICIPATED BARRIERS / CHALLENGES / SUPPORTS

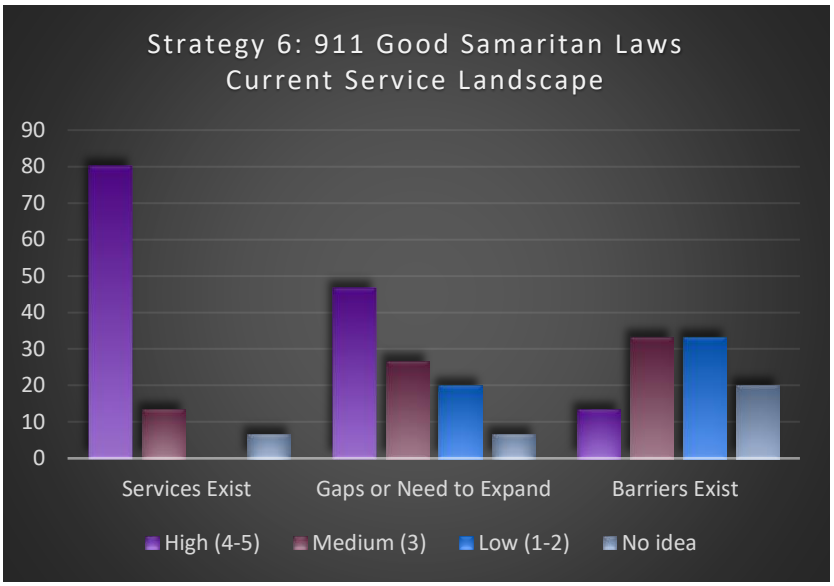
- Traditional methods of communication might not be as effective with the target audience for this message.
- Recent high-profile death in town would indicate potential "reporters" of drug overdose are not aware or are uncomfortable with ramifications of calling 911 in the instance of an overdose.



Almost all participants (93%) indicated a high level of awareness/understanding of this intervention.

While all participants believed their organization understood this strategy, (87%) strongly believed.

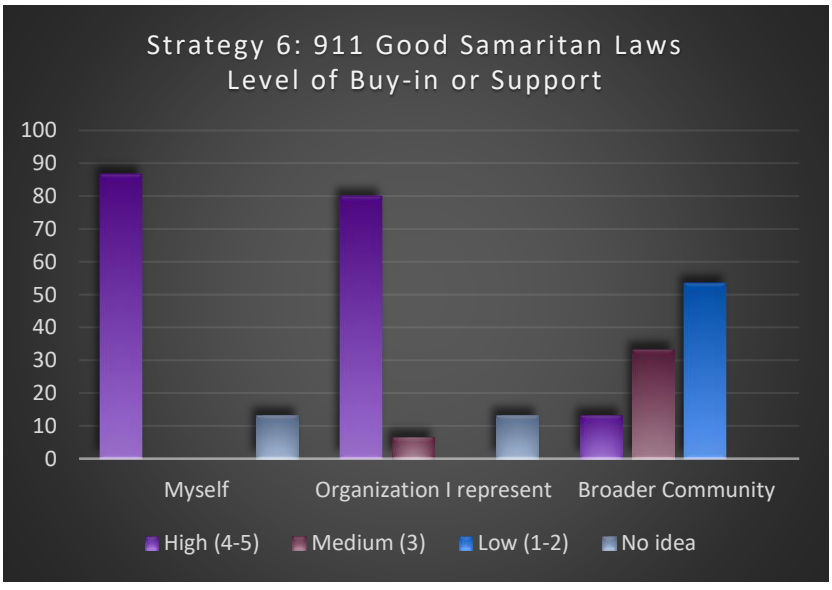
Confidence was less strong in the broader community. No participants rated community understanding high, and 27% said they did not know. The remainder rated community awareness as medium (33%) or low (40%).



Almost all participants (93%) indicated a belief that services existed in the community, with 80% strongly believing this.

Most participants (93%) agreed that there were gaps or a need to expand, with almost half (47%) strongly believing this.

Most participants (80%) agreed that barriers to meeting need existed, though only 13% believed this strongly. The remainder were evenly divided between medium (33%) and low (33%) belief.



Almost all participants (87%) strongly supported this initiative, with the remainder (13%) unsure.

Almost all participants (80%) also strongly believed their organization supported this initiative. Only (13%) indicated they were unsure.

Again, confidence was less strong in the broader community, though all participants believed in their support, either strongly (13%), medium (33%) or low (53%).

Strategy 7: Naloxone Distribution in Treatment Centers and Criminal Justice Settings

Naloxone distribution programs in criminal justice and treatment facilities (both inpatient and outpatient) target individuals who are about to be released from supervision and/or cease treatment to receive overdose response training and naloxone kits prior to their exit from the program or facility.

This strategy works best when:

- Coverage of these distribution programs is universal, providing all individuals leaving criminal justice settings or treatment with the opportunity to be trained and receive a naloxone kit. This is preferable to opt-in programs that require inmates to request special services to receive naloxone.
- Training is provided in a way that refrains from making negative judgments about drug use and focuses instead on the importance of every person's safety and wellbeing even in the context of drug use.
- Close contacts of the individual (family, partners, and children) are also trained in naloxone administration and overdose response.
- Naloxone distribution in treatment centers and criminal justice settings works best when there is certainty in the supply chain and in funding. In treatment settings, an individual's insurance can cover the cost of naloxone.

CURRENT STATUS IN JEFFERSON COUNTY

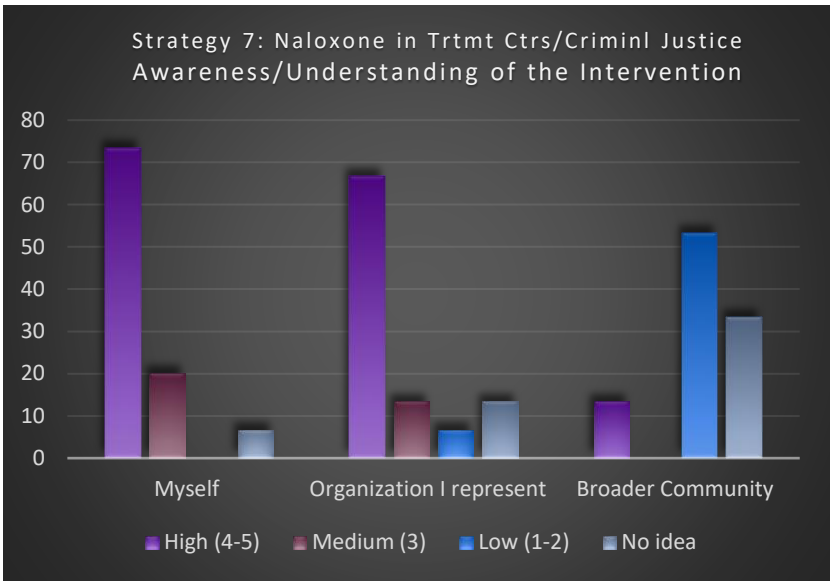
Jefferson County does not have an inpatient treatment center. While some outpatient and criminal justice locations have Naloxone, none provide distribution and training for patients or incarcerated individuals about to be discharged.

KNOWN GAPS / NEED FOR EXPANSION

- No program exists, so one would have to be developed.
- There are always gaps or a need to expand in awareness of current service landscape.

ANTICIPATED BARRIERS / CHALLENGES / SUPPORTS

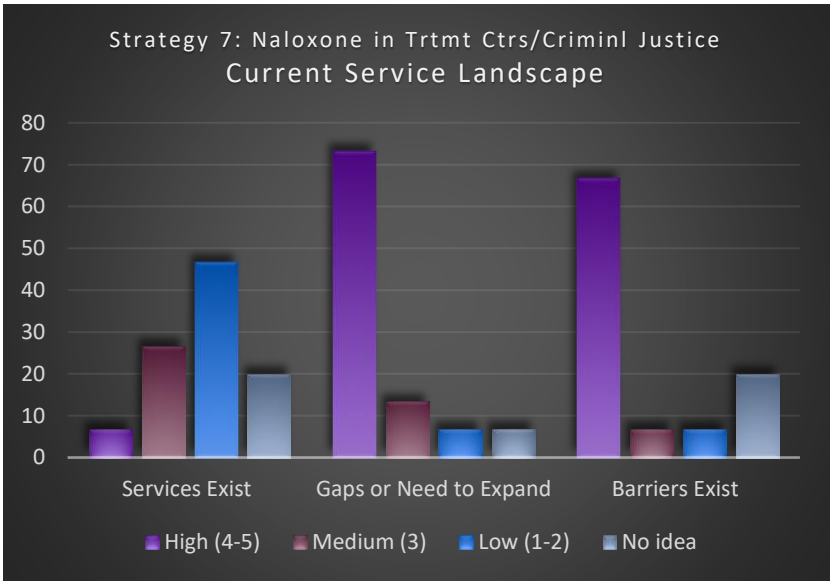
- Costs of Naloxone and development of training programs for agencies with small margins.
- Complexity of developing this type of program.



Most participants (93%) indicated they were aware of and understood the intervention, with the majority (73%) rating their understanding/awareness as high.

Most participants (87%) believed their organizations understood this intervention, with the majority (67%) believing it strongly.

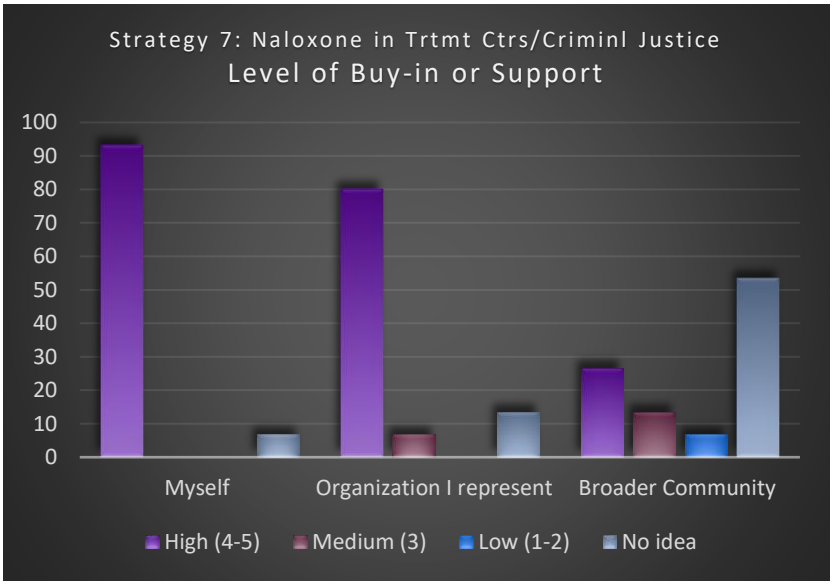
Belief in the community's awareness or understanding of this intervention was mostly low (53%), though 13% of participants strongly believed the community was aware and understood the intervention.



While most participants (80%) believed that current services existed, only 13% felt this strongly. The majority (47%) had a weak belief that services exist.

Almost all participants (93%) believed that there were gaps or a need to expand services, with the majority (73%) strongly believing this.

Most participants (80%) believed that there were barriers to meeting need, with the majority (67%) believing this strongly.



Almost all participants (93%) supported this initiative, with the remainder (7%) unsure.

Again, most participants (87%) believed that their organization also supported this initiative, with the majority (80%) strongly believing this.

Over half the participants (53%) said they did not know if there was support in the community. The remainder (47%) felt there was support in the community, with 27% strongly believing this.

Strategy 8: MAT in Criminal Justice Settings and Upon Release

In this intervention, MAT should be made available as a standard of care for incarcerated individuals with opioid use disorder. Those receiving MAT when they enter a criminal justice setting may continue receiving this treatment, and those who are not on treatment may initiate and continue this form of care while incarcerated and then be linked with appropriate care providers to continue MAT upon release.

This strategy works best when:

- MAT is uninterrupted for those who were receiving care prior to incarceration.
- MAT can be initiated in criminal justice settings.
- Individuals have access to all available forms of MAT medication. This choice is essential, as some individuals fare much better (or worse) on one of these drugs than on the other.
- An effective system for referral and linkage to care is in place so that individuals on MAT can receive a "warm handoff" to providers who are able to continue their care upon release. Otherwise, recently released individuals are forced to choose between enduring painful opioid withdrawal and quickly finding another source of opioids. The quickest and easiest sources of opioids are illicit ones.

CURRENT STATUS IN JEFFERSON COUNTY

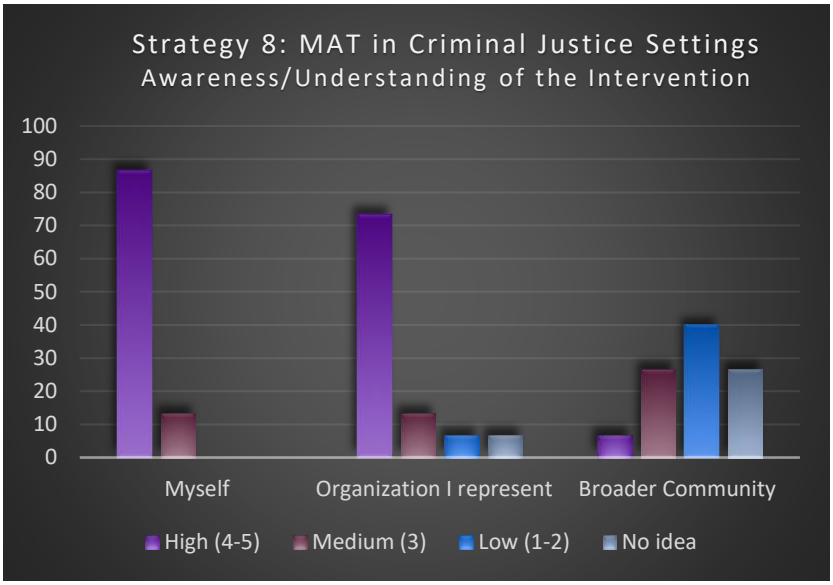
Jefferson County Jail has received a grant to provide MAT services in the Jail. MAT is also available for residents participating in Behavioral Health Court. The new Navigator for jail coordinates between agencies and provides transportation upon release.

KNOWN GAPS / NEED FOR EXPANSION

- These are new services; coordination and helping participants navigate these systems could be smoother.
- Need for more complete and consistent understanding of what the navigator role encompasses, and accountability for its full execution in the jail setting.
- Does the MAT services grant cover everyone? Are there gaps when Medicaid is suspended at time of incarceration?

ANTICIPATED BARRIERS / CHALLENGES / SUPPORTS

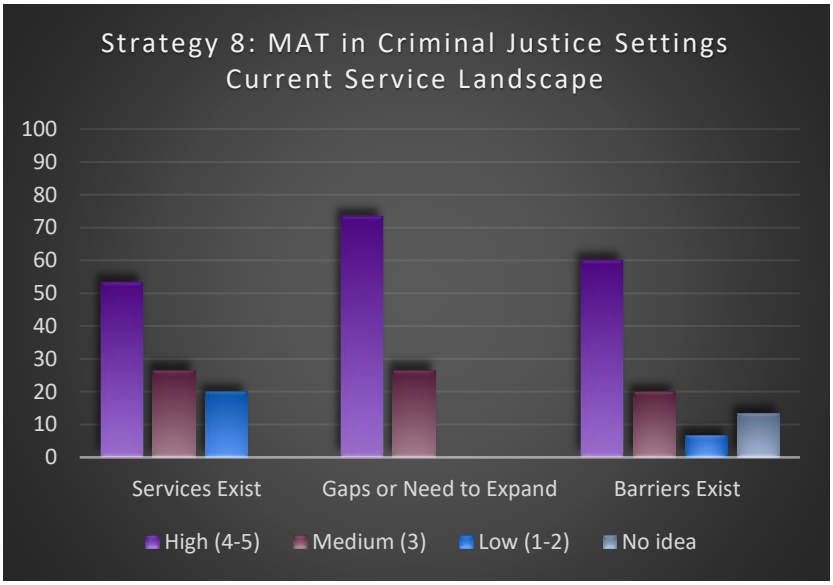
- Coordinating between multiple agencies and organizations with competing priorities could be difficult.
- Costs/Insurance are challenging.
- Client/patient follow through is challenging (limited or no case management)



All participants indicated awareness/ understanding of this initiative, with the majority (87%) strongly aware.

Most participants (93%) believed that their organization also supported this initiative, with the majority (73%) strongly believing this.

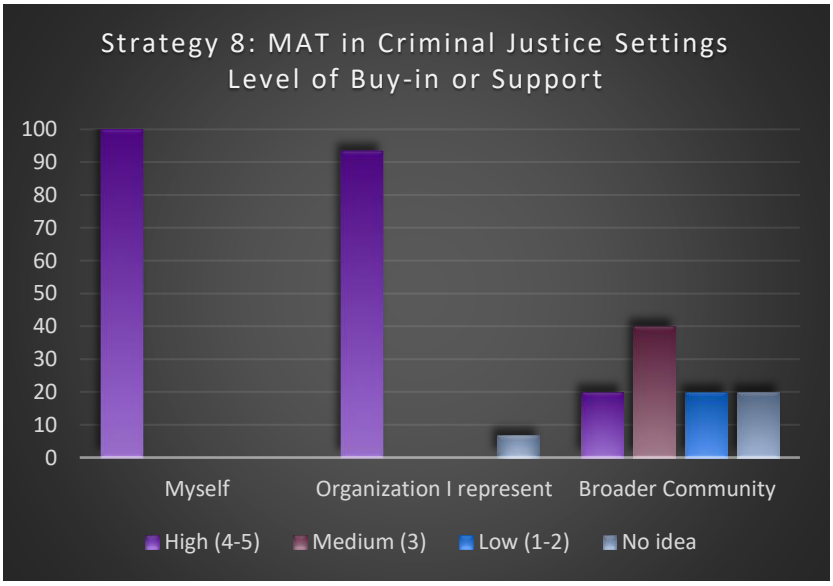
Most participants (73%) indicated that there was awareness and understanding of this initiative in the broader community, with only 27% having no idea.



While all participants indicated that these services exist in Jefferson County, over half (53%) felt this strongly.

All participants believed that there were gaps or a need to expand current services, with the majority (73%) strongly believing this.

Most participants (87%) believed that there were barriers to meeting need, with more than half (60%) believing this strongly.



All participants strongly supported this initiative.

Almost all participants (93%) strongly believed that their organization also supports this initiative. Only one participant indicated they did not know.

Most participants (80%) felt that there was support in the broader community, although only 20% strongly believed in this support.

Strategy 9: Initiating Buprenorphine-based MAT in Emergency Departments

Patients receiving care in emergency departments who have untreated opioid use disorder are referred to a provider for long-term buprenorphine-based MAT. This referral is accompanied by initial doses of buprenorphine or a short-term prescription that can be filled right away. The patient can begin treatment immediately, instead of waiting several days for their appointment with a new provider.

This strategy works best when:

There is no broadly accepted "best practice" for initiating patients onto buprenorphine-based MAT in an emergency department. This intervention is very new, and researchers are still studying how best to serve patients' needs and assist them in engaging with care. Patients who are initiated in the emergency department are very likely there because they have experienced an overdose crisis. It can be expected that such an experience may change the meaning of treatment for these patients, and the value of treatment may change in an inconsistent or counter-intuitive way over time.

What we do know, however, is that each instance of engagement in MAT, even if the patient eventually drops out of care, predicts higher success the next time treatment is sought. Furthermore, providing "bridging" doses of MAT medications to individuals seeking treatment greatly improves patient engagement in MAT care during treatment initiation—a key moment for those with opioid use disorder, when maintaining trust and stability is of utmost importance.

What Jefferson County Does

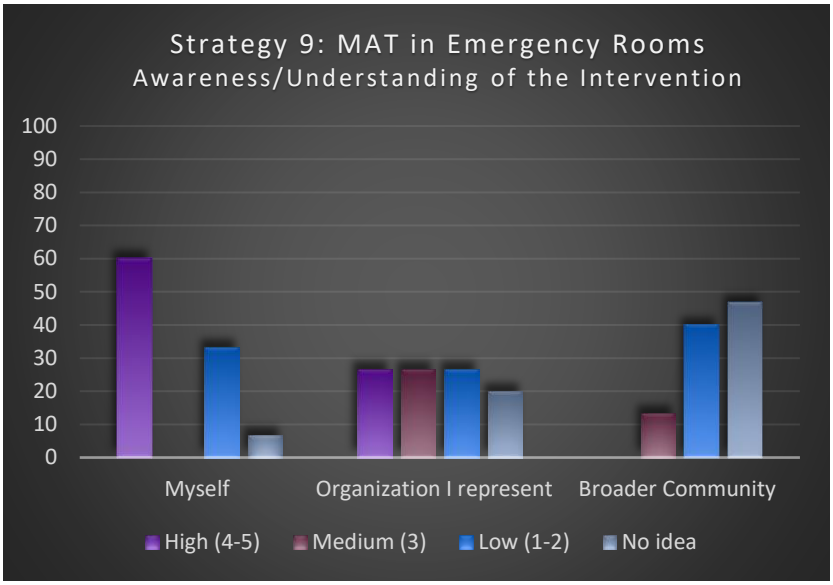
Jefferson Healthcare is the primary provider of emergency care in Jefferson County. They do not currently offer MAT services in the ED. Some discussion about providing the service is ongoing.

Known Gaps or Need for Expansion

This service is not currently available. Making Buprenorphine available in ER is moving along, but has some resistance from ER providers.

Anticipated Barriers / Challenges / Supports

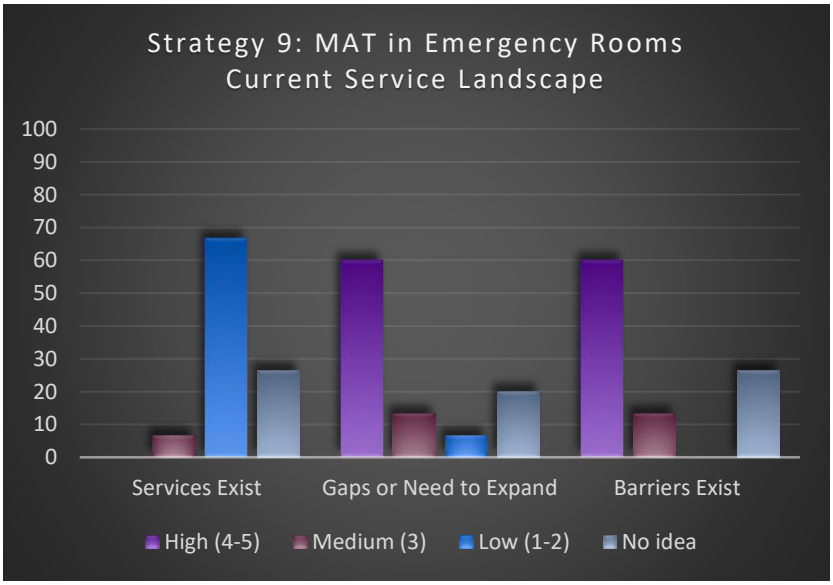
- Adding this service in ERs could be a complicated process. It will require the cooperation of several departments within the hospital.
- $$$$ always a challenge
- Follow up always a challenge.
- Level of buy-in in the community is generally low, because of pushbacks



Most participants (93%) indicated their awareness/understanding of this initiative, with over half (60%) strongly aware.

Most participants (80%) believed that their organization also supported this initiative. Only 13% had no idea.

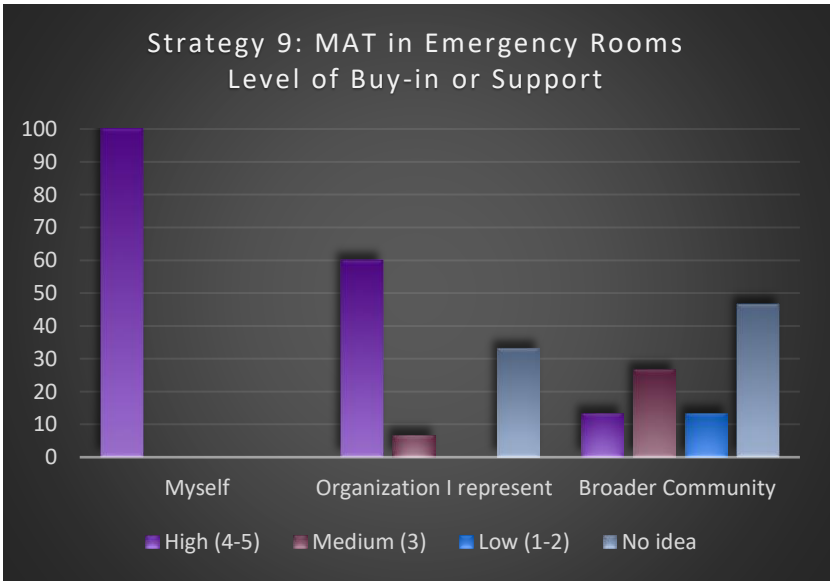
Over half of participants (53%) indicated that there was awareness and understanding of this initiative in the broader community, with most of the other half (47%) having no idea.



While most participants (73%) indicated that these services exist in Jefferson County, two-thirds (67%) rated this belief low. No participants rated this high.

Most participants (80%) believed that there were gaps in current services organization, with the majority (60%) strongly believing this.

Most participants (73%) believed that there were barriers to meeting need, with more than half (60%) believing this strongly.



All participants strongly supported this initiative.

Two-thirds of participants (67%) believed that their organization also supported this initiative. One third (33%) of participant indicated they did not know.

Over half of participants (53%) felt that there was support in the broader community, though only 13% strongly believed in this support. Almost half (47%) had no idea.

Strategy 10: Syringe Services Programs

Sometimes called "needle exchange" or "syringe exchange," syringe services programs provide access to clean and sterile equipment used for the preparation and consumption of drugs as well as tools for the prevention and reversal of opioid overdose, such as naloxone training and distribution, fentanyl testing strips, and more. Comprehensive syringe services programs also provide additional social and medical services such as: safe disposal of syringes and needles; testing for HIV and hepatitis C infection and linkage to treatment; education about overdose and safer injection practices; referral and access to drug treatment programs, including MAT; tools to prevent HIV and other infectious disease, such as condoms, counseling, or vaccinations; and linkage to medical, mental health, and social services.

This strategy works best when:

- They provide an adequate supply of sterile syringes. Limiting the number of syringes an individual may receive reduces the effectiveness of the intervention. Programs with one-for-one exchange policies, for example, allow participants only as many syringes as the number of used syringes they return, thus undercutting the program's own effectiveness. When no limits are set on the number of syringes distributed, participants are more likely to have clean syringes on hand when they need them, and they can provide syringes to many more people than can attend the program themselves, thus multiplying the program's effectiveness. This also increases participants' incentive to visit the program and interact with staff and counselors.
- The needs and concerns specific to the local drug using community are addressed and accommodated by the program.
- Program participants who are seeking treatment for opioid use disorder or for other physical or mental health concerns are offered assistance in accessing appropriate care.

CURRENT STATUS IN JEFFERSON COUNTY

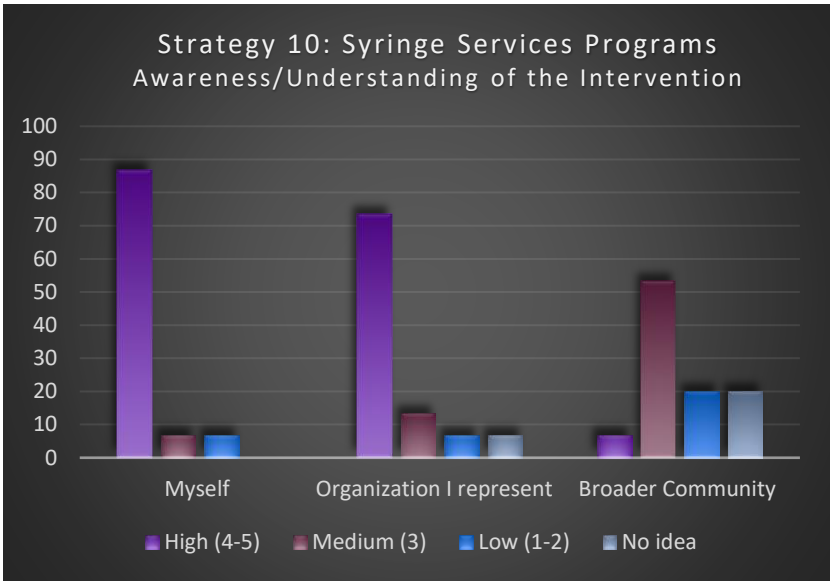
Jefferson County Public Health currently provides a needle exchange program. It also includes Naloxone distribution.

KNOWN GAPS / NEED FOR EXPANSION

- Not all people needing this service are aware that it exists.
- There are no needle exchange options in South County.
- An opportunity to compare the current program with what is outlined to see if County program is carried out to the extent described in the "works best when" section.
- Syringe Services not available every day
- Need expansion of hours/days syringe services are available.

ANTICIPATED BARRIERS / CHALLENGES / SUPPORTS

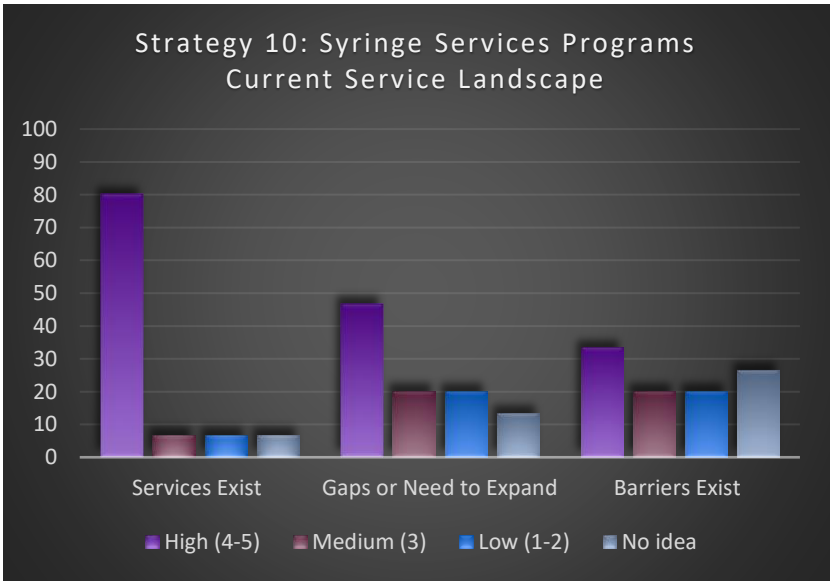
- This program is well established and operating without problems.



All participants (100%) indicated their awareness/understanding of this initiative, with the majority (87%) indicating they were strongly aware or had a strong understanding.

Most participants (93%) believed that their organization also supported this initiative, with the majority (73%) strongly believing this.

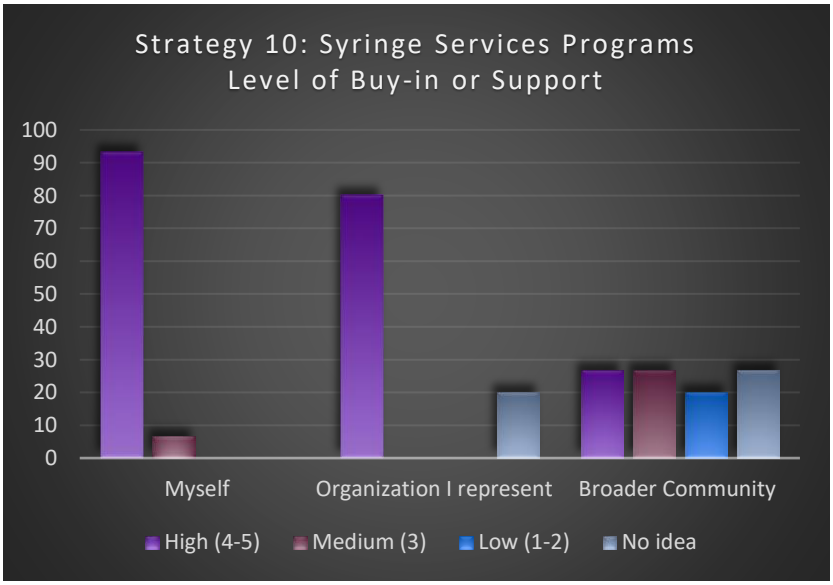
Most participants (80%) indicated that there was awareness and understanding of this initiative in the broader community, although only 7% strongly believed this. Twenty percent (20%) indicated they had no idea.



Most participants (93%) agreed that services exist in Jefferson County, with the majority (80%) strongly believing this.

Most participants (87%) believed that there are gaps in service or a need to expand services, with the majority (47%) strongly believing this.

Most participants (73%) believed that there are barriers to meeting need in the County, with a third (33%) strongly believing this. Over a quarter (27%) had no idea if barriers existed.



All participants indicated support for this initiative, with the majority (93%) strongly expressing support.

Most participants (80%) rated their organization's support as very strong. The remainder (20%) indicated they had no idea.

Within the broader community, support is not as apparent, although most participants (73%) indicated that the community provided some level of support.

Strategy 11: Crisis Stabilization Center (CSC)

Jefferson County has no OUD Emergency Treatment and/or Stabilization Facility, though the County has the second highest rate of non-heroin opioid death in the State, with over 90% increase in all opioid deaths over the last dozen years.

Ever-increasing OUD/MH-related issues in Jefferson County, and a dearth of OUD programs and services, underscore the pressing need for an Emergency Treatment and Stabilization Facility located within the County.

This strategy works best when:

- The goals of crisis services are to improve access to the most appropriate treatment resources and to decrease the utilization of hospital emergency departments, jails, prisons and homeless programs for behavioral health emergencies.
- Through improved crisis services we can ultimately provide crisis intervention, with the goal of creating a seamless integrated behavioral health care system, where consumers will receive appropriate, timely, and quality care.

CURRENT STATUS IN JEFFERSON COUNTY

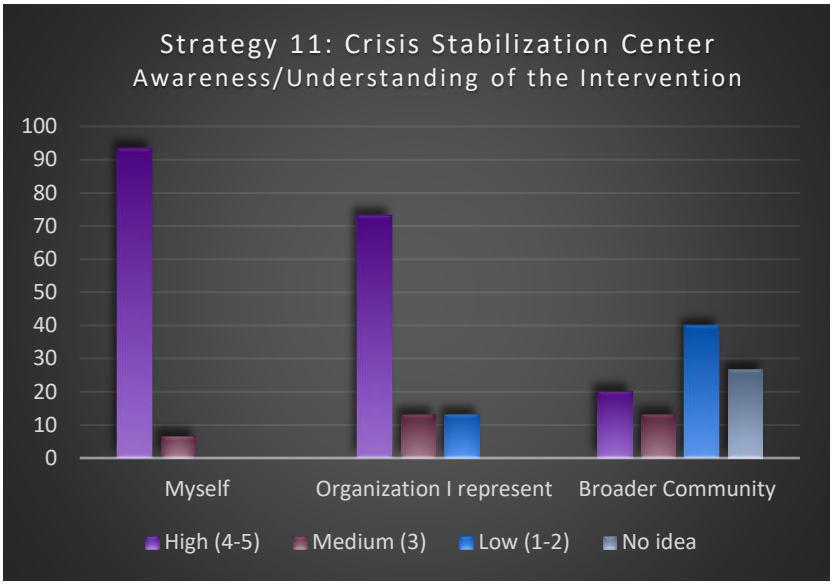
Jefferson County currently does not provide these types of services. Some outpatient services are available but for a resident in crisis the Emergency Room or Jail are the most likely destinations.

KNOWN GAPS / NEED FOR EXPANSION

- No service like this is available.

ANTICIPATED BARRIERS / CHALLENGES / SUPPORTS

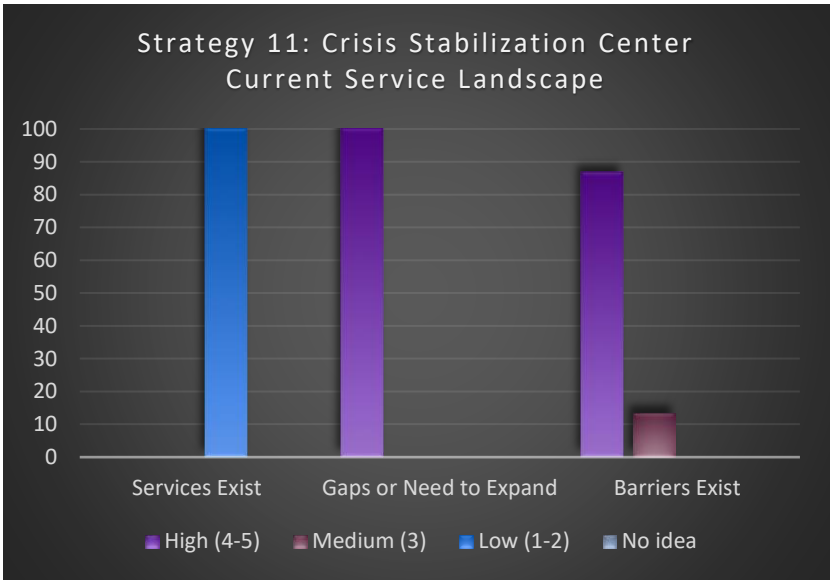
- Lots of community opposition could develop.
- Finding the proper leadership for the center could will be a challenge.
- Anticipate that resistance in the broader community will be high.



All participants (100%) indicated their awareness/understanding of this initiative, with the majority (93%) indicating they were strongly aware or had a strong understanding.

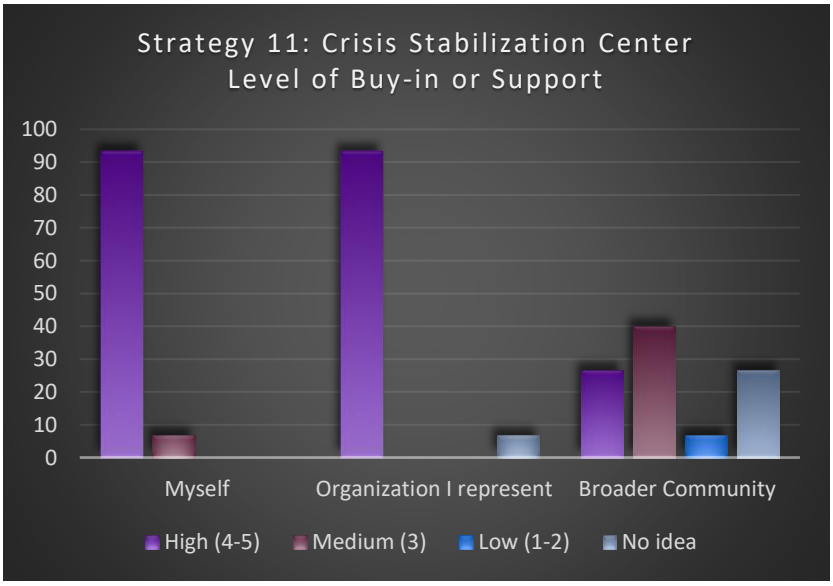
All participants believed that their organization also supported this initiative, with the majority (73%) strongly believing this.

Most participants (73%) indicated that there was awareness and understanding of this initiative in the broader community, although only 20% strongly believed this. The majority (40%) rated community low. Twenty-seven percent (27%) indicated they had no idea.



All participants rated existing services as low, and all participants strongly agreed that there were gaps or a need to expand this initiative.

All participants agreed that barriers to meeting need existed, with the majority (93%) strongly indicating this.



All participants indicated support for this initiative, with the majority (93%) strongly expressing support.

Most participants (93%) rated their organization's support as very strong. Only one indicated they had no idea.

Most participants (73%) indicated that the broader community would provide some level of support, with the majority indicating strong (27%) or medium (40%) belief in the community's support.

Strategy 12: Navigators

Behavioral health navigators, who collaborate with police, family members, lawyers, courts, and health care and housing providers to connect people with services and supports.

This strategy works best when:

- No data at this time (Explore data from other places who use a navigator approach?)

CURRENT STATUS IN JEFFERSON COUNTY

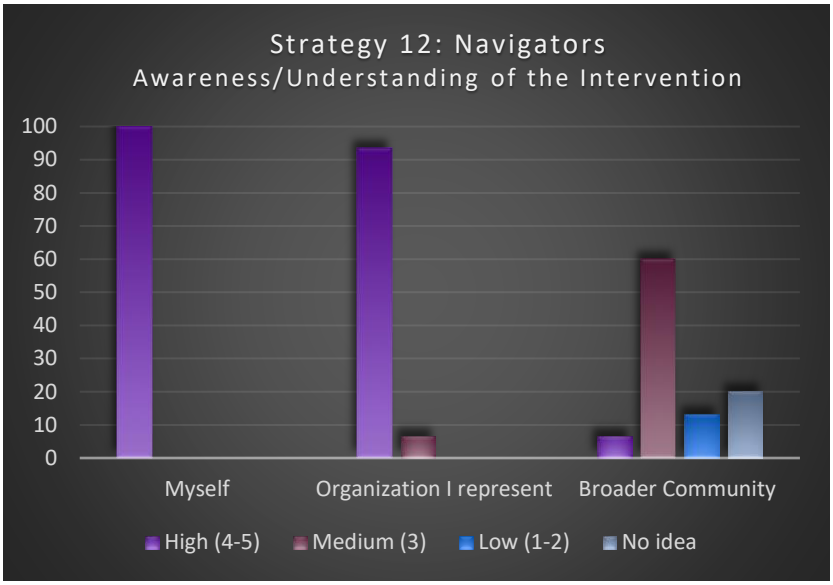
Jefferson County is currently piloting a program with the Port Townsend Police, funded by 1/10th of 1% and the City of Port Townsend.

KNOWN GAPS / NEED FOR EXPANSION

- County Law Enforcement and EMS do not have navigators.
- Also, the service is not offered beyond the 8 hours of day shift.
- Need for more complete and consistent understanding of what the navigator role encompasses, and accountability for its full execution in the jail setting.

ANTICIPATED BARRIERS / CHALLENGES / SUPPORTS

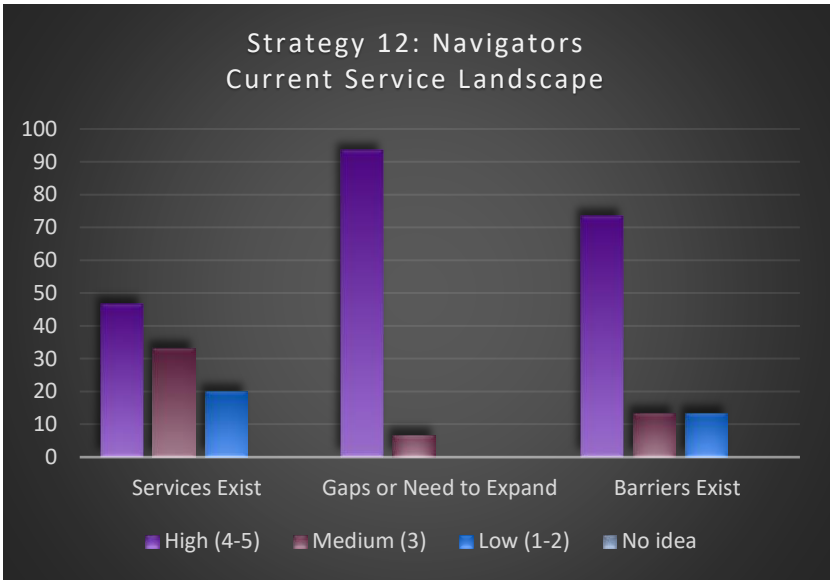
- Funding will be a significant issue as well as determining the best plan for this service.
- There is not a lot of information about the efficacy of this type of program. (But isn't there data related to diversion from jail and ER?)



All participants (100%) strongly indicated awareness/understanding of this initiative.

All participants believed that their organization also supported this initiative, with the majority (93%) strongly believing this.

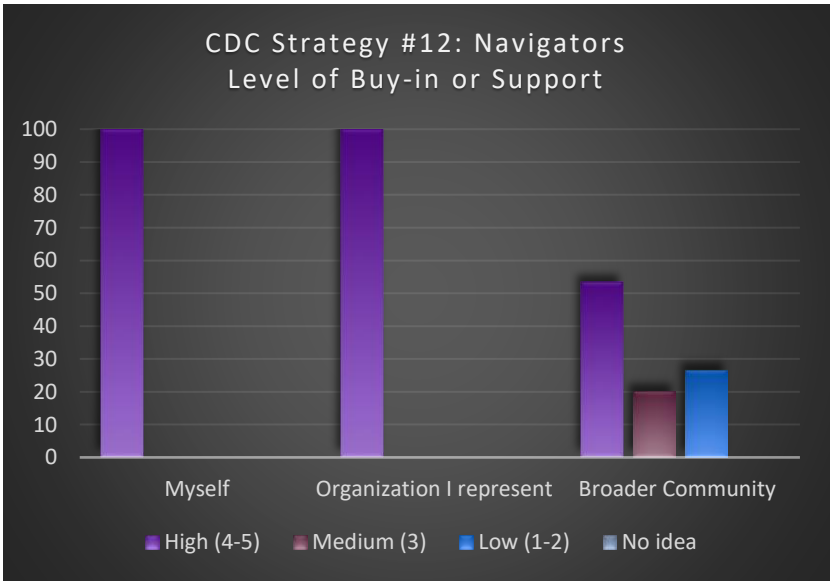
Most participants (80%) indicated that there was awareness and understanding of this initiative in the broader community, although only one participant strongly believed this. The majority (60%) rated community awareness as medium. Twenty percent (20%) indicated they had no idea of community awareness/understanding.



All participants agreed that services exist in the community, with almost half (47%) rating this high.

All participants agreed that there were gaps or a need to expand this initiative, with the majority (93%) strongly indicating this.

All participants agreed that barriers to meeting need existed, with the majority (73%) strongly indicating this.



All participants (100%) strongly indicated support for this initiative.

All participants (100%) rated their organization's support as very strong.

All participants indicated that the broader community would provide support, with the majority (53%) indicating strong belief in the community's support.