SCHOOL OF NURSING
UNIVERSITY of WASHINGTON
Department of Child, Family, and Population Health Nursing

Opioid Settlement Stakeholder Feedback

Recommendations for the use of opioid settlement funds allocated to Seattle & King County

June 2023

Prepared for: Public Health Seattle & King County's Overdose Prevention and Response Team

Prepared by: the University of Washington School of Nursing, guided by the Research with Expert Advisors on Drug Use (READU)

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Executive Summary

Communities in King County, WA have been heavily impacted by opioid overdose, and Public Health Seattle-King County (PHSKC) wanted to learn how best to use funds from the recent opioid lawsuit settlement to combat overdose and improve health outcomes for people who use opioids (PWUO). To do this, PHSKC asked the Research with Expert Advisors on Drug Use team (READU) at the University of Washington to design a community engagement consultation process to understand the experiences, needs, and goals of the community to identify priorities for the use of this funding. This consultation included: 1) A series of semi-structured focus groups with providers, stakeholders, and PWUO; and 2) surveys distributed to providers, stakeholders and PWUO.

This report includes results of the consultation and presents recommendations for the spending of opioid settlement funding in King County. The recommendations should be viewed as a guide by which to measure the adherence of spending to the needs of the community. While some of the recommendations may not be realistic with this funding and within this time frame, the recommendations shared by the community stakeholders are included in this report all the same, as they serve to provide both a short- and long-term perspective of what is needed.

Services for PWUO in King County are complex, and include multiple agencies, leaders, and service providers who are already working hard to provide care for PWUO. Specific implementation plans for each recommended option should be created by those who will be directly involved. We suggest the following recommendations to start these conversations:

1. **Create a directive (not advisory) committee of people who use drugs to provide oversight of spending.**
2. **Continue to engage the stakeholders consulted during these focus groups and create clear pathways of communication between community members and King County decision makers.**
    a. Decision makers should be visible and listen directly to the perspectives of stakeholders, in person when possible. King County should be proactive about informing community members when, how, and why decisions are being made, and return to community members regularly to give updates and ask for feedback. Relationship-building between stakeholders and decision-makers should be prioritized.
    b. Decisions should be communicated through multiple channels to ensure as many community members as possible can review and give feedback. Some ways to soligicit community feedback could include a website, posting flyers at current service centers or facilities, social media, quarterly in person/hybrid forums, email lists.
3. **Focus on funding low-barrier, flexible, easy-to access services that are peer-led and community-based.**
    a. Priority should also go to organizations that are led by and serve people who have been disproportionately impacted by opioid overdose (e.g., LGBTQIA2+, people

experiencing homelessness, people who engage in sex work, racial and ethnic groups that have been historically oppressed and marginalized).

b. King County should choose a diverse set of services and work to improve them, make them easier to access and more sustainable.

4. **Update specifics of spending regularly (every 1-3 years) to ensure spending is still reflecting community priorities.**
5. **Some funding should be set aside for attempting strategies that have not been widely implemented in King County, but have demonstrated efficacy elsewhere.**
6. **Gather existing data or conduct research to learn who in King County is most in need of services, who is not receiving services, and focus spending on supporting people within those communities.**

Introduction

On Oct. 3, 2022, Washington State settled a lawsuit against three companies (McKesson Corp., Cardinal Health Inc., and AmerisourceBergen Drug Corp.) found to have played key roles in causing the opioid epidemic, winning $518 million in settlements. Over the next 17 years, $476 million will be distributed to Washington cities and counties with a population over 10,000 to address the opioid epidemic. King County, WA specifically will receive $1-1.5 million each year through the 17-year period, starting Dec 1st 2022.

Public Health-Seattle King County (PHSKC) set out to solicit feedback from community stakeholders that are impacted by the opioid epidemic to learn what principles and priorities should be used to identify investment priorities using the funds received by King County. To do that, PHSKC contracted with the University of Washington community-based research team, READU (Research with Expert Advisors on Drug Use), to collect stakeholder feedback and create this report. READU is an interdisciplinary team that includes community-based researchers with lived and living experience with drug use and focuses on studies that improve health equity for people who use drugs.

Methods

With support from PHSKC, READU identified 18 coalitions or organizations with members who have expertise on services for people who use opioids in King County, including peer workers, substance use disorder treatment providers, community members, recovery advocates, and people who use drugs including opioids. READU reached out to each group to invite them to participate in a focus group lasting either 1 or 2 hours, in person or virtually over Zoom. Respondents also had the option to respond to the focus group questions through a survey, if they preferred. This consultation process was reviewed by the University of Washington Institutional Review Board and was determined not to be formal research.

READU conducted 10 focus groups in total and received 6 survey responses between January and May 2023. Data from the focus groups was collected via audio recording, note taking by members of the READU team, and “Jam Boards” (see an example of the virtual collaboration tools or “Jam

Boards" used in Figure 1 and 2 below) used by participants who attended virtual focus groups. Participants were invited to speak to share their perspectives aloud during each focus group, and/or add their thoughts to the Jam Board while the discussion was occurring, which allowed multiple people to share their perspectives simultaneously and in different formats, maximizing participant comfort and choice. After the focus groups were completed, the notes were synthesized and summarized for presentation in this report. Direct participant quotes are included throughout the report to share findings in participant voices.

PHSKC and the READU team will report back to participants of this consultation with the finished report as well as updates about spending decisions and information about future opportunities to provide more feedback on spending decisions as they arise.

"There is a dramatic shortage of inpatient beds right now as well as inadequate field and ED-based resources for PWUO who identify a desire to start Suboxone or other treatment options. There are no safe consumption sites. There are inadequate same-day primary care resources and no immediate overdose response units. There is a need to look upstream as well to address the quality of life issues that cause or exacerbate opioid use disorders, such as homelessness or housing instability."
- Focus group participant

Key Findings

Describing the scope of the problem and barriers

Participants described nuanced barriers to accessing support for people who use opioids (PWUO) and their families, and factors that contributed to harm in the community. This is not an exhaustive list, but rather is a short summary of the barriers that arose in the focus groups/surveys to provide context for the recommendations arising from the consultation process.

Barriers included:

- A health care system that stigmatizes people who use drugs, especially people who are already marginalized because of their race, gender, disability, immigration status, housing status or participation in street economies including sex work.
- Cycles of incarceration interrupting health care for people who use drugs.
- Housing instability and a lack of other supportive resources creating obstacles for people who are trying to stop using drugs or reduce their use and contributing to overdose death by creating conditions of isolation. Participants with lived experience navigating this

"There are too many disconnects, nothing is centralized. When an addict reaches out for help and a family member is trying to help them, figuring out what to do and where to go to get them into detox and to treatment from detox is confusing and overwhelming... The county and cities need to work together to offer appropriate resources and get people help when they are expressing desire for it."

- Focus group participant

system described housing resources as confusing and frustrating, with unclear pathways to obtaining housing and extremely long waits to receive support.

- Insufficient legal services, especially for people who are Child Protective Services (CPS) involved and people living in poverty.
- Difficulty accessing existing services and a lack of flexibility or capacity in services that do exist. Long wait times and high barriers to access substance use disorder treatment and detox, and medication for opioid use disorder (MOUD) clinics with very limited hours or strict rules that make it difficult to adhere to treatment goals were mentioned specifically.
- Ineffective referrals- a lack of communication between providers, high barriers for patients if they need to travel or wait to follow up on referrals. A lack of in-house care that would make it easier for patients to receive wrap-around services.
- Insufficient crisis resources, siloing PWUO into emergency rooms and jails.
- A lack of services available for people with co-occurring conditions, including physical disabilities and mental health conditions.

Community-articulated goals for spending funds

1. **Reduce overdose deaths by:**
    a. Implementing safer consumption sites
    b. Expanding naloxone distribution
    c. Increasing access to overdose prevention training
    d. Providing supportive services and practical education around drug use to youth
2. **Improve referrals and bridge gaps by:**
    a. Improving Emergency Medical Services (EMS) referrals
    b. Improving cohesion amongst providers
    c. Expanding access to on-demand treatment and crisis services
    d. Expanding wrap-around care and in-house resources, especially “hubs” that provide a spectrum of services in the same place
    e. Addressing logistical barriers, like insurance issues and transportation access
3. **Improve and expand treatment options, including:**
    a. Expanding access to medications for opioid use disorder like methadone and buprenorphine, and updating services to better meet the needs of patients
    b. Create simple and easy pathways to on-demand detox, especially longer-term detox (e.g., 30-day detox)
    c. Expanding access to long-term treatment and recovery (e.g., sober living houses)
4. **Address quality of life issues by:**
    a. Increasing access to housing support, including comprehensive housing case management, permanent supportive housing, “tiny homes”, and affordable housing. Stakeholders advised long term housing options instead of investing in a “broken” shelter system.
    b. Supporting people who need pain management resources
    c. Providing wrap-around and holistic long-term support, including employment and education support, for people who are using opioids or accessing treatment for opioid use.

    d. Supporting PWUO to connect deeply with their community
5. **Address stigma through:**
    a. Sensitivity training and education on opioid use disorder in the community at large, and in health care and legal systems
    b. Expanding peer-counseling and peer outreach
6. **Support the community as a whole by:**
    a. Funding support for families impacted by opioid use, including support groups and financial support for caretakers
    b. Involving community leaders and elders
    c. Providing education on opioid use disorder to community members
    d. Prioritizing funding opportunities for community-based initiatives
7. **Invest in underserved communities by:**
    a. Using data to determine who is not accessing services currently
    b. Improving and expanding services by and for underserved communities, especially tribal members and people who live in South King County

Principles that should guide spending

When asked what principles should guide spending, participants were curious about what principles currently guide spending decisions for substance use in the county. They recommended the following as core principles that future funding allocation decisions should adhere to, and articulated a vision for what each of these would mean in practice:

Accountable and Transparent:

- Clear communication between King County and stakeholders is prioritized, avenues for meaningful input are created and maintained and decision-makers follow through on community demands in a measurable way.

Sustainable:

- Funding is used to build capacity and longevity in services that are effective.

Inclusive:

- "Nothing about us without us"; PWUO are involved in decision-making and implementation.

Data-driven:

- Recent, ethically-sourced data is used to learn who is not receiving services and who is most impacted, and identified gaps are addressed effectively.

Community-based:

- Community members and leaders are consulted directly and are given the resources to provide support within existing social and family systems.

Intersectional and Equitable:

- Funding is used to provide services to people who hold multiple marginalized identities and who face the most barriers to accessing services.

Culturally competent:

- Funding focuses on services that are provided in multiple languages and that are provided by someone in the patient's community.

Collaborative:

- Funding prioritizes services that bring together different providers and community members to give the most effective support.

While all the following suggestions were raised multiple times throughout the focus groups, the most popular suggestions were improving access to SUD services and referral pathways, expanding harm reduction services, and addressing basic needs like housing.

Diverse:

- Funding decisions are centered on covering the spectrum of care and using multiple strategies (e.g. harm reduction, MOUD, treatment, housing, etc).

Innovative:

- Funding supports the creation and expansion of services that advance the service provision landscape using new, evidence-based strategies.

Accessible:

- Funding prioritizes low- and no-barrier services for PWUO. Services should be affordable and flexible.

Services that should be maintained, expanded and improved

Participants gave suggestions for services that needed improvement or expansion that fall into the following categories: substance use disorder recovery services, harm reduction services, physical and mental health services, community and family support, quality-of-life and ongoing support, crisis services, and legal services. These suggestions are described in detail below.

Substance use disorder recovery services:

There was wide consensus among focus group participants for the need to focus on improving the quality of substance use disorder recovery services, increasing non-judgmental, on-demand services and increasing the availability of MOUD like buprenorphine and methadone. Many stakeholders described the need for long-term treatment and recovery services and detox and emphasized the need for peer workers embedded in **all** kinds of services for people who use opioids.

To improve health equity in treatment services, participants stressed the importance of better hiring practices to recruit members of historically oppressed communities to work in care spaces, and especially into leadership positions, citing the need for service providers to be representative

of the population they serve. Most participants supported funding being used to expand peer counseling and community-based recovery resources.

Improvements to referral services were also deemed necessary, as cohesion between providers was widely considered a huge barrier. Focus group participants stressed that bi-directional referral pathways between outreach, clinical, and treatment services should be strengthened.

Participants also felt that increasing in-person outreach, like mobile medical vans or peer outreach, was a crucial component to providing substance use disorder recovery services, mental health services and medical care. Participants overwhelmingly supported a policy of "meeting people where they're at" in the community.

Harm reduction services:

The majority of focus group participants were supportive of spending opioid settlement funds on harm reduction resources, and described a range of strategies they want to see funded. Supervised consumption sites, drug testing, naloxone distribution, and expanded overdose prevention and response training were the most frequently suggested, with safer supply being suggested by some participants as well.

Many respondents, especially those who use drugs, mentioned the need for harm reduction strategies to continue evolving to keep up with changes in drug trends (for example, many people switched from injecting to smoking when fentanyl was introduced into the drug supply, so smoking supplies should be available).

This feedback highlighted a need for an iterative approach to spending, updating strategies as appropriate to meet new community needs as they emerge. Innovative harm reduction strategies that have demonstrated promise elsewhere were also cited, including contingency management for methamphetamine use. Participants highlighted the importance of recognizing polysubstance use and offering services designed to support people who use opioids alongside other drugs like meth. Several participants, especially people who identified as using drugs, said they wanted King County to prioritize new, experimental and innovative strategies to increase the chance of successful withdrawal from opioids, including medically induced comas and kratom. Some of these strategies exist at the intersection of harm reduction and substance use disorder treatment.

Funding for safer consumption sites, where people can use drugs under supervision and access recovery and healthcare resources, was widely supported by focus group participants as way to decrease opioid overdose death, preserve the health and dignity of PWUO, and prevent other community members from having unwanted contact with drugs or discarded supplies.

Physical and mental health services:

All respondents noted a major lack of physical and mental health services that meet the needs of people who use opioids and have co-occurring conditions. To address these needs, participants suggested a wide range of services that should be established and expanded, including: step-

down care for people transitioning out of the hospital; pediatric care for youth who use opioids; geriatric and palliative care that serves people who use opioids; support and counseling for trauma and mental health conditions; pain management resources; increased bed capacity for people who are involuntarily detained; increasing availability of services for opioid use disorder in primary care settings; and an overall reduction in stigma in the health care system.

Participants reflected on the frustrating reality of necessary services being available but specifically excluding people who use drugs. While all these suggestions were raised multiple times throughout the focus groups, the most popular suggestions for the use of the funds were reducing stigma in the health care system and increasing low-barrier, on-demand access to services including housing case management, mental health care, and medical care. Many participants were interested in creating walk-in "hubs" with 24-hour wrap-around care.

Community and family support:

Participants most frequently stressed the need to involve whole communities of people affected by opioid use and overdose and to provide support for people experiencing indirect harm related to opioid use. Support groups, community education campaigns, widely available overdose prevention and response training in multiple languages, and outreach to community leaders were named as specific ways to support communities. A few focus group participants wanted funds to be used for providing respite and financial support to people who are bereaved because of opioid-related death.

Indigenous participants in particular stressed the importance of encouraging inter-generational and community-based support, directing funds towards supporting mentorship of youth by elders and supporting elders themselves. Increasing the availability of community-based resources to respond to crisis was emphasized.

Quality-of-life and ongoing support:

To meaningfully address health disparities for people who use opioids, participants said a holistic approach should be used. Stressing the importance of addressing the housing crisis disproportionately impacting PWUD, focus group participants suggested implementing options that will work for everyone, ranging from tiny homes to permanent supportive housing to post-incarceration re-entry housing to affordable housing. Many participants recommended that funds be dedicated to supporting people to access long term housing instead of investing more money on a shelter system that does not result in stability or safety for people living outside. A smaller portion of focus group participants wanted to prioritize improving shelters that already exist and invest in more day shelters where people can go, get warm/cool off, do laundry, shower, store their things safely, and access case management. Investing resources into accessible transportation, employment and education resources for people who use opioids, as well as recreation and community-building activities were suggested by many of the participants.

Crisis Services:

Focus groups with providers in particular stressed the importance of improving services for people in crisis, particularly expanded overdose response services in EMS, and "post-overdose" landing centers dedicated as crisis centers for people who use opioids. Some participants, especially those who identified as having lived experience with drug use, described the importance of accessible storage and pet care for people who are referred to crisis services. Overall, improved cohesion among crisis resources and better referral pathways were named as the most important areas of improvement to successfully implement changes in crisis services.

Legal services and legislative changes:

Focus groups with people who identified as having lived experience with drug used highlighted the need for better legal services and advocacy for people who use drugs, especially parents who use drugs and have Child Protective Services (CPS) involvement and families of PWUO, to keep families together. There was a strong sentiment from participants that opioid settlement funds be used for diversion resources to prevent people from being incarcerated, and they recommended offering treatment and other resources to interrupt cycles of incarceration. Focus group participants also voiced strong support for legislative changes that decriminalize drug use and support harm reduction measures like supervised consumption sites.

Services to divest from

In each focus group, we asked participants if there were any strategies they felt were ineffective and harmful, where funding could be better directed elsewhere. Some respondents felt that there should be an "all hands on deck" approach to funding: that is, we need every strategy and

"We are prioritizing response over prevention and treatment in general. Mental health, including crisis services and physical locations are woefully underfunded, as are areas such as shelter, supportive housing, and inpatient treatment, detox, and recovery beds." -Focus group participant

"To right the wrong of this epidemic, we have got to do something different because what we have been doing is what allowed this epidemic to come about. Long-Term, we need to be providing whole person care for the full continuum of care required to address this chronic condition. That means investing in recovery support services to work in tandem with inpatient and outpatient services to provide treatment and stabilization so that we may work to maintain recovery stabilization." -Focus group participant

can't afford to divest from anything. Other respondents listed the following as strategies that are unhelpful, and do not need funding or support:

- Government-based work- diverting the money to community-based work.
- Paternalistic services- diverting the money to marginalized communities who know best how to serve each other.
- Abstinence-based treatment-diverting the money to organizations that can offer more flexible services.
- Stigmatizing services- diverting the money to organizations that demonstrate ability to provide services in a non-stigmatizing, trauma-informed, and compassionate way.
- Criminalization-diverting the money to jail diversion, re-entry and prevention.

- Non-inclusive services- diverting money to organizations that provide community-led, culturally competent, and low-barrier services in multiple languages.

Who should receive funding?

Participants had differing opinions on how funding should be spent: Some felt funding should go directly into the hands of PWUO, some felt funding should go towards organizations providing various services to PWUO, some felt that the families of PWUO, their loved ones, and children whose parents who died by overdose should receive funding.

Ensuring funds are being allocated appropriately

Many participants weren't clear on how funding had been spent in the past and were not aware of how funding decisions were made currently. Focus groups highlighted a desire to continuously update and consult stakeholders, and to create systems of accountability to ensure community feedback is being used. Participants described the following strategies to improve communication and accountability between PHSKC and community members:

- Informing the community about what services exist and why they're being invested in
- Giving educational presentations in the community on what funding streams exist and how to access them or influence their use
    - Knowing why and how decisions have been made in the past would empower community members to offer more targeted feedback
- Having well-advertised town hall meetings about decisions related to services for people who use opioids
- Forming a **directive** committee of people with lived experience with drug use. It was stressed that this is different from an advisory committee, which are seen as potentially performative or tokenizing.
- Involving community organizations or leaders who are already doing this work but may struggle to access enough funding or other resources.
- Having leaders in government who make funding decisions come into the community to listen to people who are impacted by overdose and hear their stories in person.
- Forming a community-based board, panel, or oversight body tasked with conducting regular audits of spending to determine alignment with community goals over time.
- Creating funding opportunities that are intentionally accessible for small, community-based organizations that may not have dedicated staff for grant writing, and working collaboratively with them to establish realistic metrics or deliverables to track progress.

> *"Accountability should look like ease of access, bolstering of capacity, educational aspect, successful long term engagement of those with substance use disorder." -Focus group participant*

Key takeaways

Feedback from focus group participants highlighted the enormous need for more and better services for PWUO and their communities. In recognition of the big changes that need to be made and the relatively small amount of money that King County will receive to address them through the opioid settlement, we suggest that these recommendations should be used as a guide to help King County align funding decisions with the needs of the community. **King County should focus on establishing robust pathways of communication between decision-makers and the community to inform the use of opioid settlement funds and all other funding for services for people who use drugs**. The need for accountability, transparency, and intentional relationship-building between decision-makers and community members was heavily emphasized during the focus groups. Participants felt strongly that it was important for King County leadership, including City Council members, if possible, to listen to community member's stories in person. Some of the feedback, including suggested legislative changes, was included in this report despite being outside the scope of this funding. While compiling this report, READU felt it was important to include all feedback from participants as they serve to provide both a short- and long-term perspective of what is needed.

Recommendations

1. **Create a directive (not advisory) committee of people who use drugs to provide oversight of spending.**
2. **Continue to engage the stakeholders consulted during these focus groups and create clear pathways of communication between community members and King County decision makers.**
    a. Decision makers should be visible and listen directly to the perspectives of stakeholders, in person when possible. King County should be proactive about informing community members when, how, and why decisions are being made, and return to community members regularly to give updates and ask for feedback. Relationship-building between stakeholders and decision-makers should be prioritized.
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4. **Update specifics of spending regularly (every 1-3 years) to ensure spending is still reflecting community priorities.**
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Tables and Figures

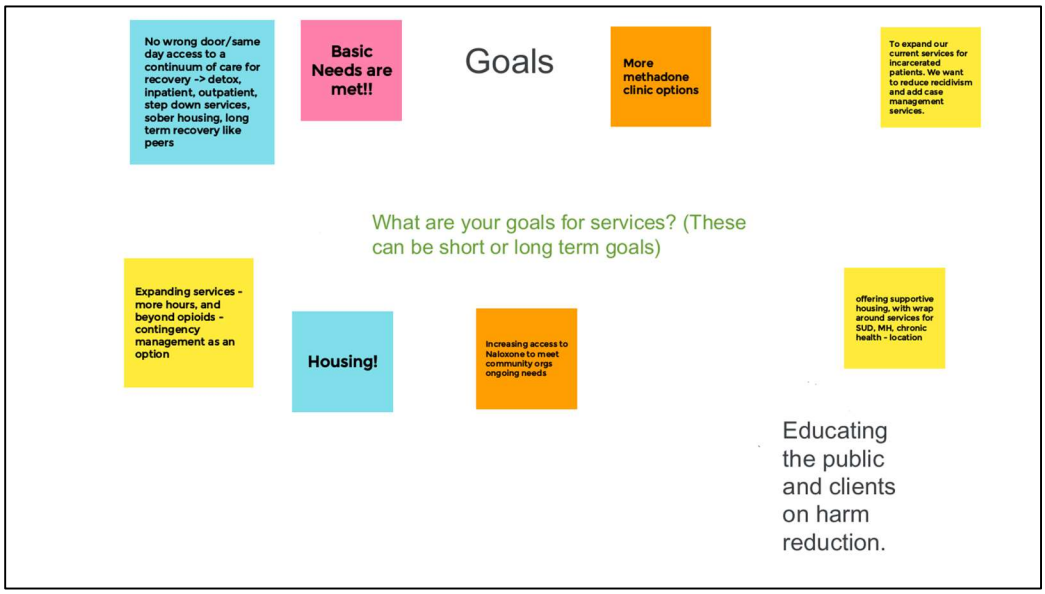
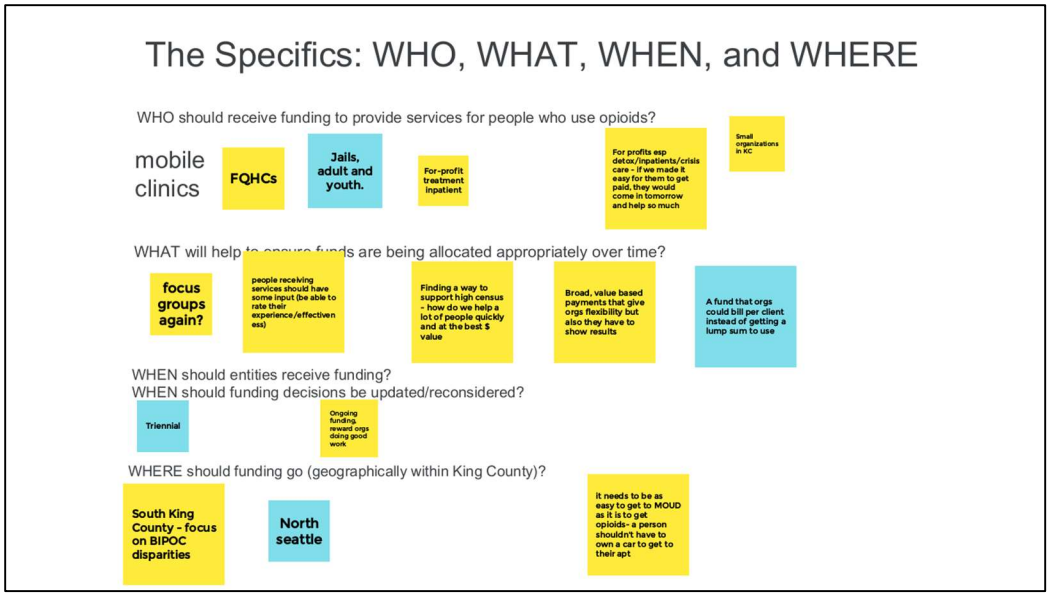


FIG. 1. EXAMPLE OF JAM BOARD FROM FOCUS GROUP



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