

Utilization of Opioid Settlement Funds

Written by Jason Biermann, Senior Policy Advisor

Executive Summary

Snohomish County will receive opioid settlement funds via the OneWashington MOU. The initial instalment represents a double payment of approximately \$1.4 million; there will be 15 subsequent annual instalments of approximately \$740,000. Snohomish County Council placed a budget condition on the County's allocation, which states that "Release of these funds is hereby conditioned on the receipt of an Opioid Abatement and Spending Plan, developed by the Executive's Office, to be approved by Council by Motion." The Executive's Office participated in several meetings with internal and external partners to develop a proposed spending plan.

Key Points

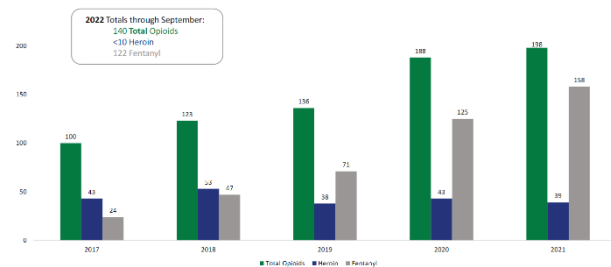
- Issue: Per Amended Ordinance 22-059, County Council appropriated these funds with a budget condition requiring approval of an opioid abatement and spending plan. The One Washington MOU also conditioned the use of these funds.
- Recommendation 1: Review and approve for submission to Council the recommended spend plan.
- Recommendation 2: Authorize staff to develop a long-term strategy for the use of these funds.

Context

Snohomish County continues to focus on multi-agency and multi-jurisdictional collaboration to address the impacts of the opioid epidemic. Beginning in November of 2017, the Executive directed the use of the emergency management system, which led to the creation of the Opioid Multi-Agency Coordination Group (MAC Group). The MAC Group coalesced around seven shared goals and established the practice of using SMART (specific, measurable, achievable, realistic, and time-bound) objectives. Between November of 2017 and March of 2020, the MAC Group completed 89% of its SMART objectives. It accomplished this without a dedicated funding source; unfortunately, COVID-19 forced a change in priorities from epidemic response to pandemic response.

The pandemic also most likely exacerbated opioid use (Ghose, Forati, & Mantsch, 2022). Snohomish County certainly experienced a continued upward trend in opioid overdose deaths, most of which are now attributed to fentanyl. This is a significant, and dangerous, difference from the early days of the epidemic response, when most deaths were attributed to heroin.

Opioid Overdose Deaths – counts per year, 2017-2021,
Snohomish County Residents



Source: Snohomish County Medical Examiner

A positive change is the settlement of the Washington Attorney General's Office lawsuit against three corporations, which resulted in Washington receiving \$518 million (Office of the Attorney General, 2022). Snohomish County is set to receive \$25.4 million spread over 17 years, with an initial double payment followed by annual payments. After accounting for legal fees, the County's portion of the total amount is expected to be ~\$14 million and the remainder will be allocated among the 12 cities that signed the One Washington Agreement.

The Executive and Executive Office staff, along with the Prosecuting Attorney, have held multiple meetings with elected leaders, staff from various cities, and with partners from the MAC Group. Their collective input did not result in unanimity toward any one use for the funds, but we did achieve consensus around several things that are reflected in the recommended spend plan.

Actions and Recommendations

Executive Office staff engaged partners on multiple occasions:

- Multiple dates, Fall of 2022 – Meetings with the Prosecuting Attorney
- November 30, 2022 – Meeting with Mayors and Tribal Leaders
- January 3, 2023 – Meeting with City of Marysville
- January 4, 2023 – Meeting with City of Everett
- January 6, 2023 – Meeting with City of Monroe
- January 10, 2023 – Meeting with City of Mukilteo
- January 31, 2023 – MAC-Group General Meeting
- February 22, 2023 – Meeting with the City of Mill Creek
- March 28, 2023 – MAC-Group General Meeting

Recommendation 1: Approve the proposed spend plan and submit to Council

- The proposed spend plan (attached) recommends a phased approach that reflects the initial double payment and anticipates expected future settlements.
- Phase I prioritizes ongoing coordination and data collection, while also addressing overdose deaths, community impacts, and the incorporation of community partners throughout the county. In addition, Phase I:
 - Addresses a need identified by the Strengthening Public Health Workgroup (i.e., additional epidemiology capacity for the Health Department).
 - Supports our first responder community via the existing “Leave Behind” program.
 - Provides the opportunity for cities and community organizations to partner with the County.
- Phase II reflects a desire of critical partners (Human Services and the Health Department) to ensure we investigate and implement an appropriate evidence-based practice.
 - We will provide a detailed plan for how we will evaluate these options to demonstrate the intent to use the funds in an appropriate amount of time.
 - This reflects the reality that these funds are relatively limited in both the amount and the conditions created by the One Washington Agreement, so they must be used carefully to get maximum impact.
 - This should also allow time for the State to develop its programs, which may include opportunities to partner with them and/or to avoid duplicating their efforts.

Recommendation 2: Authorize Staff to Create a Long-term Strategy for these Funds

- Proactively creating a strategy will, at a minimum, provide a baseline to explain the intent for using future years’ allocations.
- Ultimately, the annual allocation represents just one fund source. Creating a long-term strategy can include identifying the other resources available and ensuring we maximize all the available funding.
- We can leverage a subcommittee of the existing MAC Group, which would preclude the need to use funds to create this strategy.
- While coordination currently lives in the Department of Emergency Management, the partners recognize that the long-term home for coordinating opioid work may be elsewhere. This could/should be part of the long-term strategy development.

Opinion

“Although there are many competing priorities and expectations for the use of these funds, the amount does not come close to the millions needed (for example) to support a new treatment facility. What we can achieve is demonstrating that we are recommending the funds be used to take actions that address the needs of those suffering from substance use disorder and the impacts of SUD on the community. Finally, there is the reality that there are very diverse philosophical perspectives on this topic, which we must consider in whatever we propose.”



Limitations

There is limited awareness of what the State plans to do with its allocation of the settlement funds. What we do know is mostly anecdotal and indicates that they plan to prioritize other areas of the state. While we are part of an allocation region that includes Skagit, Whatcom, Island, and San Juan Counties, we did not solicit their feedback on this spend plan. That was done intentionally to focus on the immediate needs of Snohomish County; however, we recognize this as something that needs to be done over the life of these funds.

References

Ghose, R., Forati, A., & Mantsch, J. R. (2022). Impact of the COVID-19 Pandemic on Opioid Overdose Deaths: a Spatiotemporal Analysis. *Journal of Urban Health*, 316-327.

Office of the Attorney General. (2022, October 3). *AG Ferguson: Half-billion dollars to fight opioid epidemic will start flowing Dec. 1*. Retrieved from Washington State Office of the Attorney General:

<https://www.atg.wa.gov/news/news-releases/ag-ferguson-half-billion-dollars-fight-opioid-epidemic-will-start-flowing-dec-1>

Proposed Spend Plan – Phase I

What - Who	Why	Estimated Cost
Program Manager - DEM	Provide continued coordination for the MAC Group; to oversee any RFP and/or contract processes related to the settlement funds, and; to participate in the development of a long-term strategy for the settlement funds and the MAC Group.	\$135,000 per year
Epidemiologist II – Health	To improve data quality and timeliness as well as expand data sources, including qualitative data from community partners and those directly affected by the crisis; increase staffing closer to a reasonable level for this body of work; diversify and optimize data visualization for consumption by the public as well as external partners and media.	\$125,000 per year
Support 1 st Responder Leave Behind Program – Health	To reduce the number of overdose deaths by making Narcan/Naloxone more readily available via our Fire/EMS and other first responder communities.	\$121,125
Data Agreement – DEM	Contract with the WA Recovery Helpline to provide an additional data source.	\$10,000
Community Support – DEM	Provide support to community-based organizations and cities that wish to augment their opioid-related work.	\$150,000
Community Impacts – Multiple agencies	Provide support to the SAFE team model successfully incorporated to address community impacts throughout the county.	\$130,000
Total for Phase I		\$671,125

Proposed Spend Plan – Phase II

What	Why	Estimated Cost
Primary Prevention Educator	Provide school-based education to mitigate occurrences of substance use disorder.	\$200,000 per year
Mobile Medications for Opioid Use Disorder	Create a mobile resource that could provide medication assisted treatment and/or counselling closer to those suffering from SUD.	\$600,000 per year
	Total for Phase II	Up to \$800,000

Additional information:

- Some initiatives may require further study before implementation.
- The initial settlement will not sustain funding for Phase II. These would be considered “proof of concept” in anticipation of future settlements.
- Mobile MOUD offers potential partnership opportunities with jurisdictions that desire to provide a treatment option.
- We considered other ideas during the spending plan development process. The above represents consensus recommendations that are financially and operationally feasible.