

City of Redmond



Agenda Special Meeting

**Tuesday, October 22, 2024
6:00 PM**

**City Hall: 15670 NE 85th St; Remote: Comcast Ch. 21/321, Ziplify Ch. 34,
Facebook (@CityofRedmond), Redmond.gov/rctvlive, or 510-335-7371**

City Council

*Mayor
Angela Birney*

*Councilmembers
Vanessa Kritzer, President
Jessica Forsythe, Vice President
Jeralee Anderson
Steve Fields
Angie Nuevacamina
Osman Salahuddin
Melissa Stuart*

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Site: <http://www.redmond.gov/CouncilMeetings>**

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Please contact the City Clerk's office at (425) 556-2194 one week in advance of the meeting.**

Meetings can be attended in person, viewed live on RCTV (redmond.gov/rctlive), Comcast Channel 21/321, Ziply Channel 34, Facebook/YouTube (@CityofRedmond), or listen live at 510-335-7371

AGENDA

ROLL CALL

1. Human Services 2025-2026 Funding Recommendations

Department: Planning and Community Development, 60 minutes

[Attachment A: Presentation](#)

[Attachment B: 2025-2026 Funding Recommendations](#)

[Attachment C: Opiate-Funded Program Recommendations](#)

[Attachment D: Opiate Abatement Strategies](#)

Legislative History

| | | |
|----------|---|--|
| 10/15/24 | Committee of the Whole - Public Safety and Human Services | referred to the City Council Study Session |
|----------|---|--|

2. Preliminary 2025-2026 Biennial Budget: Council Budget Deliberations

A. Changes/Updates

B. Service Enhancements

- Healthy & Sustainable
- Safe & Resilient

Department: Finance, 2 hours

3. Council Talk Time

10 minutes

ADJOURNMENT

Meeting videos are usually posted by 12 p.m. the day following the meeting at redmond.legistar.com, and can be viewed anytime on Facebook/YouTube (@CityofRedmond) and OnDemand at redmond.gov/OnDemand



Memorandum

Date: 10/22/2024
Meeting of: City Council Study Session

File No. SS 24-065
Type: Study Session

TO: Members of the City Council
FROM: Mayor Angela Birney
DEPARTMENT DIRECTOR CONTACT(S):

| | | |
|------------------------------------|---------------|--------------|
| Planning and Community Development | Carol Helland | 425-556-2107 |
|------------------------------------|---------------|--------------|

DEPARTMENT STAFF:

| | | |
|------------------------------------|-------------------|------------------------|
| Planning and Community Development | Seraphie Allen | Deputy Director |
| Planning and Community Development | Brooke Buckingham | Human Services Manager |
| Planning and Community Development | Alaric Bien | Senior Planner |

TITLE:

Human Services 2025-2026 Funding Recommendations

OVERVIEW STATEMENT:

The Human Services Commission will present their 2025-26 human services funding recommendations.

☒ **Additional Background Information/Description of Proposal Attached**

REQUESTED ACTION:

☒ **Receive Information** ☐ **Provide Direction** ☐ **Approve**

REQUEST RATIONALE:

- **Relevant Plans/Policies:**
Redmond Municipal Code 4.30 Human Services Commission [REDMOND MUNICIPAL CODE \(codepublishing.com\)](https://www.codepublishing.com/WA/Redmond/)
[≤https://www.codepublishing.com/WA/Redmond/≥](https://www.codepublishing.com/WA/Redmond/)
Human Services Strategic Plan [Human Services Strategic Plan <](https://www.redmond.gov/DocumentCenter/View/22520/2022-Human-Services-Strategic-Plan)
[https://www.redmond.gov/DocumentCenter/View/22520/2022-Human-Services-Strategic-Plan>](https://www.redmond.gov/DocumentCenter/View/22520/2022-Human-Services-Strategic-Plan)
- **Required:**
N/A
- **Council Request:**
N/A
- **Other Key Facts:**

Every two years, the City invites proposals for receipt of Human Services funding from non-profits providing services in the community. In accordance with Chapter 4.30 of the Redmond Municipal Code, the Human Services Commission reviews all requests for funding of human services and makes recommendations to the Mayor and City Council. Recommendations address how to grant the City's human services funds for the provision of a range of services to Redmond residents, including food, mental health support, shelter, job assistance, and more.

126 applications were received (22 more than in the last biennium), with requests totaling over \$5.4M per year, which was an increase of 38 percent. Including the City's per capita formula, Community Development Block Grant, and opioid settlement funds, approximately \$2.6M per year has been budgeted for allocation. The review and award of proposals to be considered for Community Development Block Grant (CDBG) funding is incorporated in this process. Due to limited CDBG funding, funded programs may include both CDBG and general funds.

OUTCOMES:

The 2025-26 Human Services funding recommendations will be presented to Council by the Human Services Commission and will be approved as part of the overall adopted budget.

COMMUNITY/STAKEHOLDER OUTREACH AND INVOLVEMENT:

- **Timeline (previous or planned):**
Semi-monthly meetings with Human Services Commission April through September 2024.
- **Outreach Methods and Results:**
Human Services Commission meetings are posted online, with opportunities for the public to provide comment in writing, by calling in, or in person.
- **Feedback Summary:**
Public comment was received in support of:
 - Chinese Information and Service Center
 - Redmond Toddler Group
 - Imagine Housing
 - LifeWire
 - Kinderling Center
 - Kids Quest Museum - NoticiasPublic Comment was received in opposition to funding for:
 - Imagine Housing

BUDGET IMPACT:

Total Cost:

Budgeted estimates: \$2.2M/year (General Fund); \$35,000 (CDBG); and \$400K/year (opiate funds)

Approved in current biennial budget: ☐ Yes ☐ No ☒ N/A

Budget Offer Number:

0000037

Budget Priority:

Vibrant and Connected

Other budget impacts or additional costs: ☒ Yes ☐ No ☐ N/A

If yes, explain:

Costs associated with administering contracts and monitoring performance.

Funding source(s):

\$2,192,755 - General Fund

\$35,000/year - Community Development Block Grant (CDBG)

\$400,000/year - Opioid Settlement Funds

Budget/Funding Constraints:

Opiate settlement funds must be spent on programs and services that align with the Abatement Strategies. For more details, refer to Attachment D. CDBG funds are highly constrained, and recipients must also be able to meet all federal funding requirements.

☒ **Additional budget details attached**

COUNCIL REVIEW:

Previous Contact(s)

| Date | Meeting | Requested Action |
|------------|---|---------------------|
| 7/16/2024 | Committee of the Whole - Public Safety and Human Services | Receive Information |
| 9/17/2024 | Committee of the Whole - Public Safety and Human Services | Provide Direction |
| 10/15/2024 | Committee of the Whole - Public Safety and Human Services | Provide Direction |

Proposed Upcoming Contact(s)

| Date | Meeting | Requested Action |
|------------|------------------|------------------|
| 11/21/2024 | Business Meeting | Approve |

Time Constraints:

This item is being presented in alignment with the biennial budget process, and the grant funding recommendation will be presented to Council for final approval together with the budget.

ANTICIPATED RESULT IF NOT APPROVED:

N/A

ATTACHMENTS:

Attachment A: Study Session Presentation

Attachment B: 2025-2026 Human Services Funding Recommendations

Attachment C: Opiate-Funded Program Recommendations

Attachment D: Opiate Abatement Strategies

Human Services 2025-26 Funding Recommendations

October 22, 2024

Human Services Commission

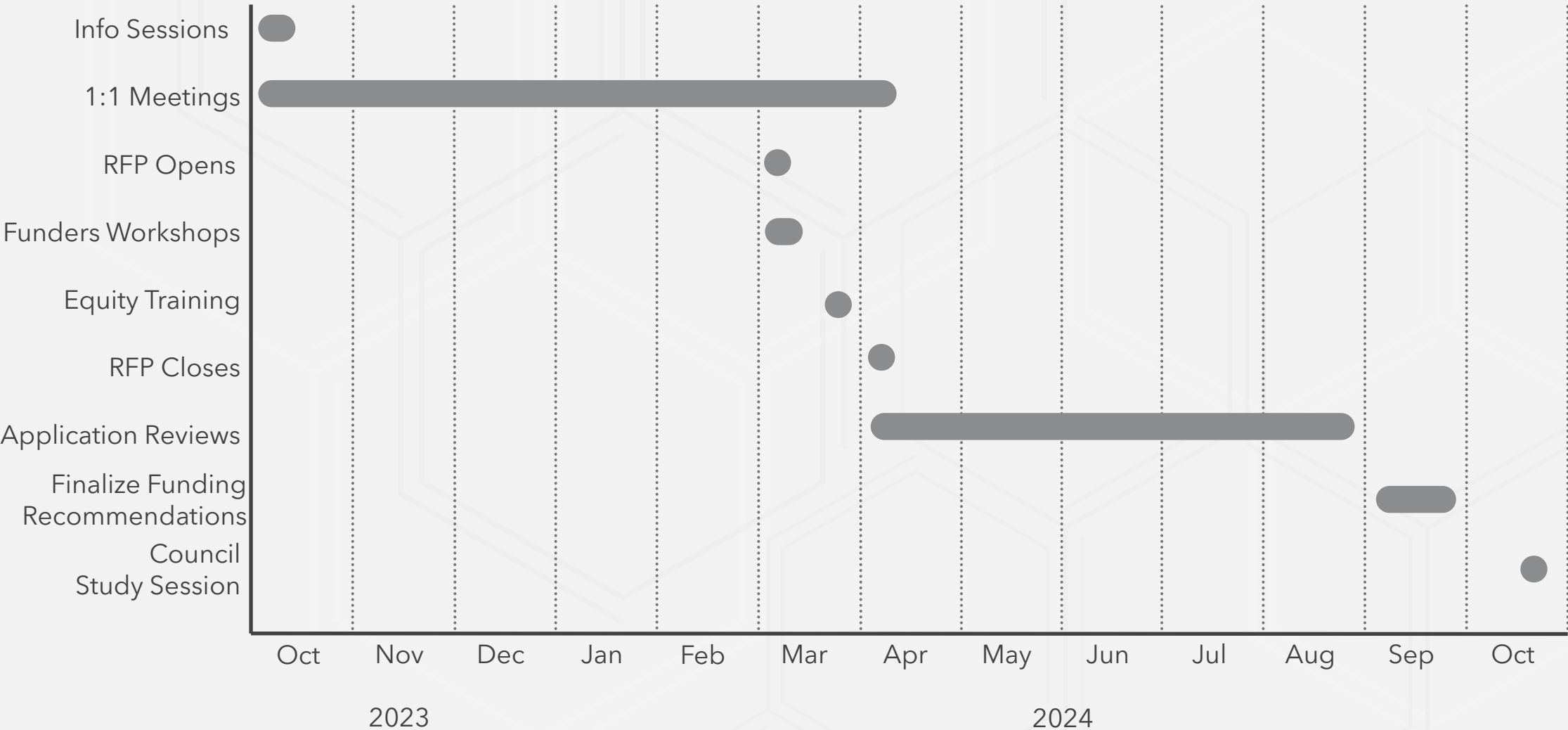


Agenda

- Receive an **overview** of the funding process
 - Understand the funding **priorities** and framework for the proposed recommendations
 - Learn about the **challenges** and constraints
- *Respond to any **questions** regarding the funding recommendations or need for more information*



Application Timeline

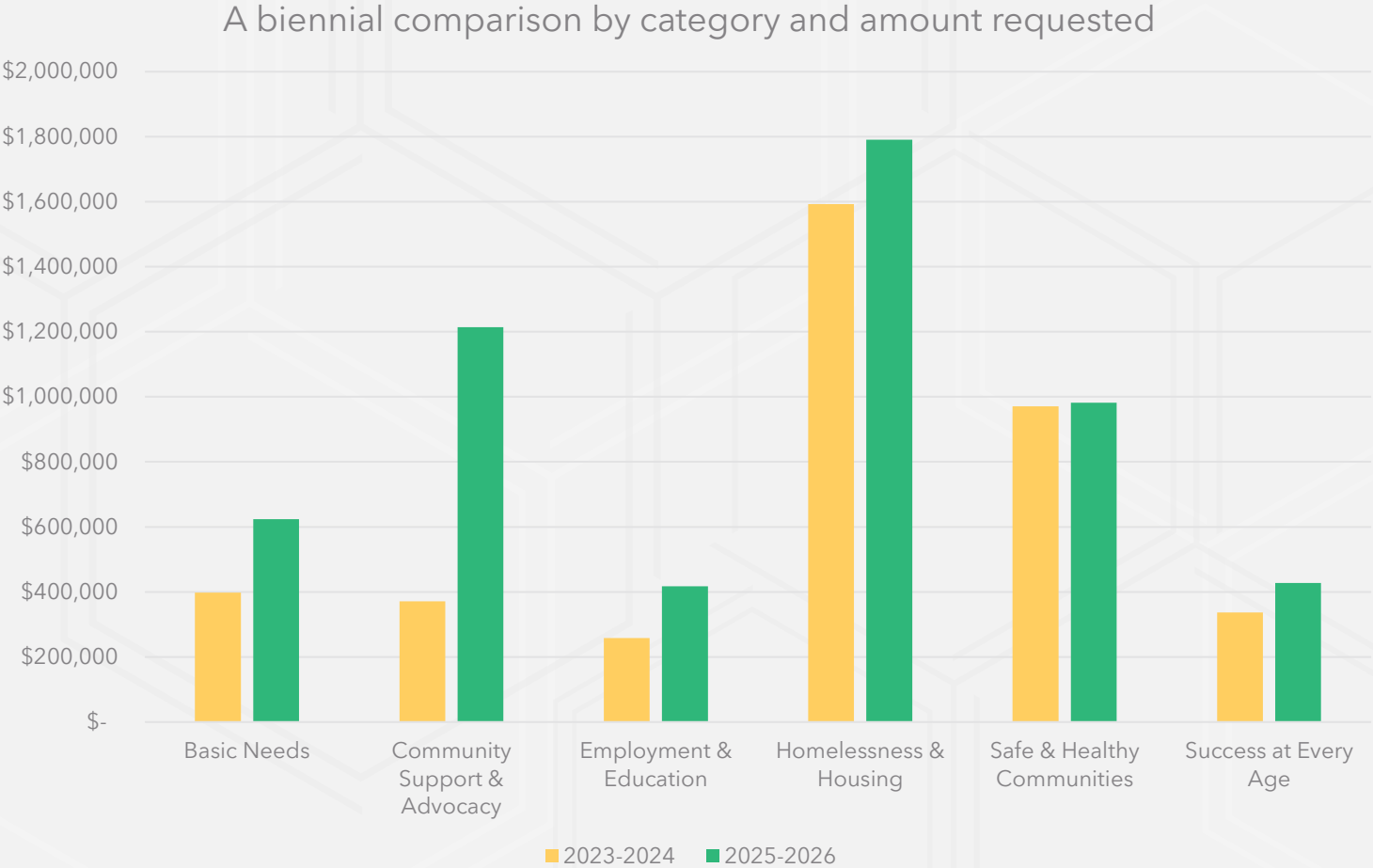


Summary of Requests

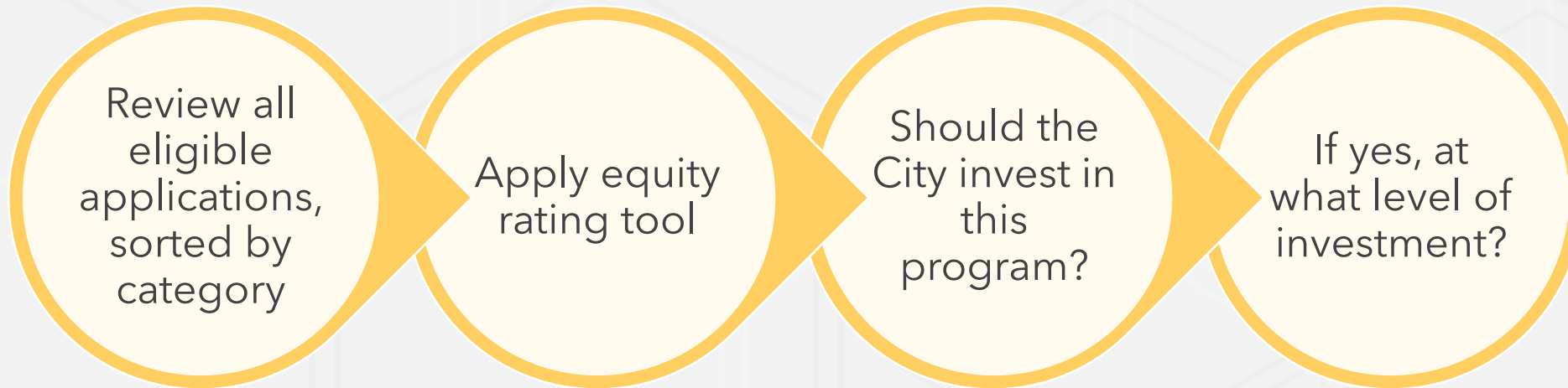
| All Cities | 2023-24 | 2025-26 |
|------------------------|--------------|--------------|
| Submitted Applications | 299 | 354 |
| Amount Requested | \$37,742,675 | \$63,984,443 |

| Redmond | 2023-24 | 2025-26 |
|------------------------|-------------|-------------|
| Submitted Applications | 104 | 126 |
| Amount Requested | \$3,938,854 | \$5,467,898 |
| New Applicants | 38 | 55 |
| Culturally Responsive | 24 | 32 |

Changing Community Needs



Commission Review Process





How do we, as individual reviewers and as a group, advance equity?

Available Funding



Opioid Settlement Funds

- Treatment
- Connections to care
- Prevention



- Equity focus
- Strategic
- Sustainable



2025-2026 Funding Investments

New Investments



Bridging the gap to
food and housing
security



Culturally-relevant
and linguistically
diverse grocery-style
food bank



Mediation and conflict
resolution services for
low-income immigrant
and refugee women
and families



LGBTQIA+ outreach
and programming



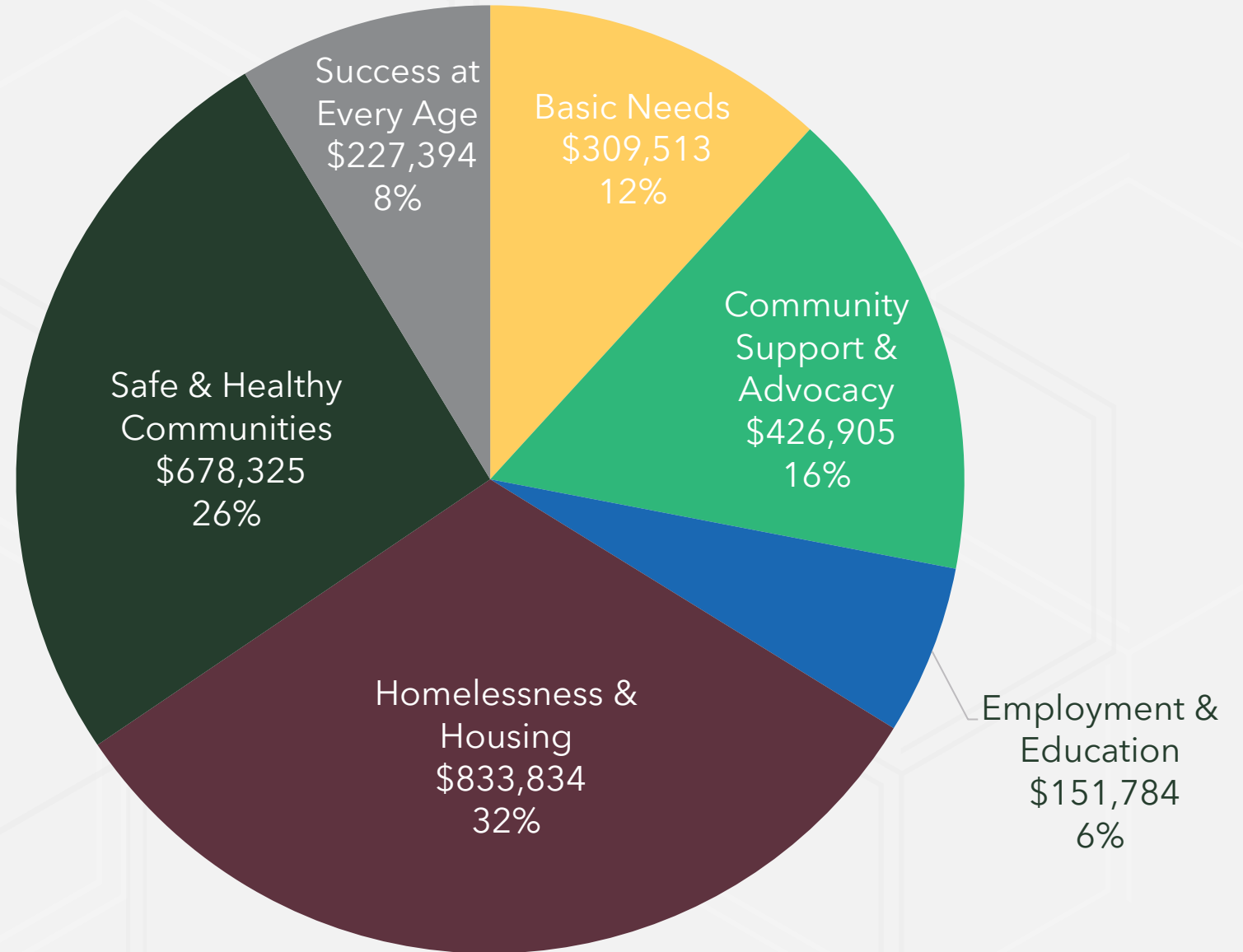
Culturally responsive
case management for
families of persons
with disabilities

Strategic Focus



- Commitment to Equity
- Community-Led and Informed Work
- Traditionally Underrepresented Organizations
- Alignment with Strategic Plan Priorities
- Addressing barriers to accessing services

Funding Recommendations by Category



Thank you

Any Questions?



2025 - 2026 Human Services Funding Recommendations

| Agency - Program Name | Annual Requested Amount | Annual Recommended Amount |
|--|-------------------------|---------------------------|
| Basic Needs | \$624,134 | \$309,513 |
| Assistance League of the Eastside - Operation School Bell | \$5,300 | \$0 |
| Bridge Disability Ministries - Meyer Medical Equipment Center | \$10,000 | \$10,000 |
| Eat Happy Now - Food Rescue and Delivery | \$35,000 | \$10,000 |
| Essentials First - Community Kits (+ Information & Assistance) Program | \$55,000 | \$0 |
| Essentials First - Volume Distribution Program | \$35,000 | \$32,651 |
| Essentials First - World Food Program | \$24,000 | \$24,000 |
| Hopelink - Food | \$186,000 | \$78,841 |
| Kent Kitchen - End Hunger Program | \$25,000 | \$0 |
| KidVantage - A Strong Foundation for Kids - Basic Needs | \$19,322 | \$19,322 |
| Kin On Health Care Center -Thriving Connections | \$50,000 | \$0 |
| Lake Washington Schools Foundation - Pantry Packs Food Security | \$15,000 | \$14,943 |
| MAPS - MCRC - Food & Gas cards | \$15,000 | \$15,000 |
| Redmond United Methodist Church - Redmond School Break Food Box Program | \$65,000 | \$65,000 |
| Renewal Food Bank - Culturally Relevant and Linguistically Diverse Grocery Style Food Bank | \$59,512 | \$29,756 |
| Sound Generations - Meals on Wheels | \$10,000 | \$10,000 |
| The Salvation Army Eastside Corps - Food Programs | \$15,000 | \$0 |
| Community Support & Advocacy | \$1,214,463 | \$426,905 |
| 4 Tomorrow - Life Services Program | \$55,000 | \$55,000 |
| Brazilian Community Services - Next Level Skillset Accelerator | \$70,000 | \$0 |
| BrightSpark - Child Care Information, Referral, and Resource Navigation Services | \$10,000 | \$0 |
| Centro Cultural Mexicano - Mi Casa and Maker Space: Empowering Communities | \$260,000 | \$56,650 |
| Chinese Information and Service Center - East King County Family Resource Center | \$65,000 | \$65,000 |
| Crisis Connections - King County 211 | \$20,000 | \$0 |
| Eastside Legal Assistance Program - Housing Stability Legal Aid | \$25,000 | \$19,313 |
| Eastside Legal Assistance Program - Pooled Cities General Request | \$30,000 | \$0 |
| Hopelink - Family Development | \$43,750 | \$24,411 |
| Indian American Community Services - Rahat Community Human Services Program | \$60,000 | \$60,000 |
| Indian American Community Services (IACS) - Crisis Services Program | \$56,000 | \$56,000 |
| Indian American Community Services (IACS) - Cultural Navigation Program | \$30,000 | \$30,000 |
| Kinderling Center - Families in Transition (FIT) | \$39,600 | \$11,031 |
| King County Bar Foundation - Neighborhood Legal Clinics | \$11,000 | \$0 |

2025 - 2026 Human Services Funding Recommendations

| | | |
|---|-------------|-----------|
| MAPS - MCRC - Information & Referrals | \$32,000 | \$32,000 |
| Pride Across the Bridge - LGBTQIA+ Outreach and Programming | \$10,000 | \$10,000 |
| Sankofa Consulting DBA Africans on the Eastside - Bridging the Gap to Food and Housing Security | \$7,500 | \$7,500 |
| Ubumwe Women Association Services - Immigrant and Refugee Youth and Women's Empowerment Support Group | \$115,813 | \$0 |
| Washington Autism Alliance & Advocacy - Autism Multi-System Navigation | \$47,800 | \$0 |
| WeeCare, Inc. (DBA Upwards) - BOOST | \$136,000 | \$0 |
| Congolese Integration Network (CIN) - Community Support | \$90,000 | \$0 |
| Employment & Education | \$417,513 | \$151,784 |
| BrightSpark - Child Care Technical Assistance & Training Program | \$8,000 | \$0 |
| BrightSpark - Infant Early Childhood Mental Health Program | \$7,048 | \$0 |
| Families of Color Seattle - Peer-led Parent Groups for BIPOC Families | \$7,500 | \$0 |
| Friends of Youth - Youth Employment Program | \$18,000 | \$16,995 |
| HERO House NW - Supported Employment | \$25,000 | \$12,500 |
| Hopelink - Adult Education | \$79,700 | \$39,850 |
| Hopelink - Employment | \$62,240 | \$33,990 |
| Hopelink - Financial Capabilities | \$29,160 | \$14,580 |
| Immigrant Women's Community Center - Conflict Resolution Training Program | \$12,500 | \$12,500 |
| Indian American Community Services (IACS) - Small Business Support Program | \$70,000 | \$0 |
| KidsQuest Children's Museum - Noticias | \$12,000 | \$11,369 |
| Kinderling Center - Child Care and Preschool Consultation | \$31,080 | \$0 |
| Kinderling Center - Parent Education and Family Support | \$15,750 | \$10,000 |
| Lake Washington Schools Foundation - Inclusive Libraries | \$19,035 | \$0 |
| IKRON of Greater Seattle - Integrated Employment Services | \$17,500 | \$0 |
| Northwest Education Access - Helping Opportunity Youth (OY) build a pathway to postsecondary education and a living wage career | \$3,000 | \$0 |
| Homelessness & Housing | \$1,790,674 | \$833,834 |
| 4 Tomorrow - Emergency Temporary Housing & Homelessness Recovery Program | \$50,000 | \$0 |
| 4 Tomorrow - Eviction Prevention, rental, move-in and mortgage assistance. | \$150,000 | \$150,000 |
| Archdiocesan Housing Authority- Coordinated Care Agency - New Bethlehem Programs | \$100,000 | \$100,000 |
| Catholic Community Services of King County - Emergency Assistance | \$12,000 | \$0 |
| Friends of Youth - Transitional Living Programs | \$38,000 | \$36,469 |
| Friends of Youth - Willows Youth Services Center (WYSC) | \$168,000 | \$115,242 |
| Friends of Youth - Youth Haven | \$108,000 | \$12,360 |
| HERO House NW - Supported Housing | \$20,000 | \$0 |
| Hopelink - Financial Resiliency | \$91,800 | \$0 |

2025 - 2026 Human Services Funding Recommendations

| | | |
|--|-----------|-----------|
| Hopelink - Housing | \$120,074 | \$0 |
| Housing Connector - Housing for All, Powered by Technology: Eviction and Homelessness Prevention and Housing Stability Support Services for Vibrant Communities | \$250,000 | \$0 |
| Imagine Housing - Behavioral Health Support | \$10,000 | \$0 |
| Imagine Housing - Resident Services | \$20,800 | \$0 |
| MAPS - MCRC - Emergency Rental Assistance | \$35,000 | \$35,000 |
| Mary's Place - A Place to Call Home | \$10,000 | \$0 |
| Overlake Christian Church - Emergency Financial Aid and Assistance Program | \$48,000 | \$0 |
| Overlake Christian Church - Safe Parking and Day Center Emergency Shelter and Support Program | \$45,000 | \$38,965 |
| Porchlight - Behavioral Mental Health | \$32,500 | \$25,076 |
| Porchlight - Enhanced Shelter Program | \$169,000 | \$133,900 |
| Porchlight - Housing | \$12,500 | \$10,300 |
| Porchlight - Rotating Shelter | \$15,000 | \$12,875 |
| The Sophia Way - Helen's Place | \$180,000 | \$106,916 |
| The Sophia Way - Sophia's Place | \$55,000 | \$30,793 |
| YWCA Seattle King Snohomish - Family Village (FV) | \$50,000 | \$25,938 |
| Safe & Healthy Communities | \$981,653 | \$678,325 |
| 4 Tomorrow - Mental Health Coordination & Gap Therapy | \$67,041 | \$67,041 |
| Asian Counseling and Referral Service - Children, Youth and Families (CYF) | \$14,700 | \$14,700 |
| Asian Counseling and Referral Service - Whole health Oriented Mental Health Program | \$20,000 | \$15,450 |
| Consejo Counseling and Referral Service - Domestic Violence Services | \$11,000 | \$10,300 |
| Crisis Connections - Regional Crisis Line | \$10,000 | \$10,000 |
| Crisis Connections - Washington Warm Line (Support After Suicide) | \$10,000 | \$0 |
| DAWN Domestic Abuse Women's Network - Community Advocacy Programs (CAP) | \$5,000 | \$0 |
| Essence Health and Research Foundation (EH&R) - Goals for Health Program: Healthcare Services for Chronic Disease, Trauma/Rape/PTSD, Addiction, Mental Health, & General Health Conditions (Discounted Services) | \$10,000 | \$0 |
| Essence Health and Research Foundation (EH&R) - Lift Up Campaign Program: Healthcare Services for Chronic Disease, Trauma/Rape/PTSD, Addiction, Mental Health, & General Health Conditions for Low Income Individuals/Families (Free Services) | \$20,000 | \$0 |
| Friends of Youth - Mental Health and Substance Use Disorder Services | \$26,000 | \$26,000 |
| Harborview Medical Center - Abuse & Trauma Counseling Services | \$26,500 | \$13,250 |
| HealthPoint - Dental Care Program | \$25,000 | \$25,000 |
| HealthPoint - Medical Care Program | \$29,000 | \$29,000 |

2025 - 2026 Human Services Funding Recommendations

| | | |
|--|-----------|-----------|
| IKRON of Greater Seattle - Behavioral Health Services | \$43,000 | \$43,000 |
| Indian American Community Services (IACS) - Mental and Behavioral Health Services Program | \$60,000 | \$60,000 |
| International Community Health Services (ICHS) - Behavioral Health | \$45,000 | \$0 |
| King County Sexual Assault Resource Center - Advocacy services for sexual assault survivors and their families | \$18,476 | \$18,298 |
| LifeWire - Emergency and Transitional Shelter (HSH Apartments) | \$45,000 | \$0 |
| LifeWire - Housing Stability Program | \$26,730 | \$25,029 |
| LifeWire - Survivor Advocacy Services | \$59,576 | \$55,785 |
| Medical Teams International - Care & Connect Mobile Dental Clinics for Underserved and Low-Income Communities | \$72,000 | \$0 |
| NAMI Eastside - Community Mental Health Education and Support Program | \$30,000 | \$0 |
| NAMI Eastside - Youth Mental Health Programs | \$5,000 | \$0 |
| Therapeutic Health Services - Substance Use and Mental Health Treatment Program | \$30,242 | \$30,242 |
| Washington Poison Center - Emergency Services and Education | \$24,885 | \$0 |
| Youth Eastside Services - Behavioral Health Care for Children and Youth | \$147,088 | \$139,794 |
| Youth Eastside Services - Community-Based Outreach | \$52,901 | \$50,278 |
| Youth Eastside Services - Early Childhood Behavioral Health | \$47,514 | \$45,158 |
| Success at Every Age | \$427,361 | \$227,394 |
| Big Brothers Big Sisters of Puget Sound - 2025-2026 Community Youth Mentoring Program | \$12,440 | \$0 |
| Boys & Girls Clubs of King County - Kirkland Boys & Girls Club Out-of-School Youth Development Programming | \$6,050 | \$0 |
| Bridge of Promise - Bridge Academy | \$5,000 | \$0 |
| BrightSpark - Child Care Financial Assistance Program | \$85,000 | \$61,127 |
| Catholic Community Services of King County - Volunteer Services | \$12,500 | \$10,000 |
| Chinese Information and Service Center - Russian Speaking Senior Day Program | \$15,000 | \$15,000 |
| Communities In Schools of Greater King County - Integrated Student Support | \$40,000 | \$40,000 |
| Community Homes, Inc. - Housing Stability for Adults with Developmental Disabilities and their Care Providers | \$12,000 | \$10,815 |
| Crisis Connections (formerly Crisis Clinic) - Teen Link | \$10,000 | \$0 |
| Friends of Youth - Healthy Start | \$10,000 | \$0 |
| KidsQuest Children's Museum - Sensory Access Programming | \$15,500 | \$0 |
| Kin On Health Care Center - Passionate Volunteer Navigation Program | \$15,000 | \$0 |
| Kinderling Center - ParentChild+ | \$30,069 | \$10,000 |
| Lake Washington Schools Foundation - LINKS Lunch Buddies Mentoring | \$20,000 | \$10,000 |
| MAPS - MCRC - Golden Times Senior Services | \$15,000 | \$15,000 |

2025 - 2026 Human Services Funding Recommendations

| | | |
|---|--------------------|--------------------|
| Old Friends Club - Dementia Social Respite Program | \$15,000 | \$0 |
| Open Doors for Multicultural Families - Multicultural Case Management | \$30,000 | \$15,000 |
| Redmond Toddler Group - Early Childhood Learning and Parenting Support for Children aged 4 months to 5 years. | \$21,240 | \$0 |
| Sound Generations - Volunteer Transportation Services (VTS) | \$10,000 | \$0 |
| Youth Eastside Services - Latine Programs | \$42,562 | \$40,452 |
| Athletes for Kids - Athletes for Kids | \$5,000 | \$0 |
| Grand Total | \$5,455,798 | \$2,627,755 |

2025-2026 Opiate Settlement Funds - Recommendations

| Agency - Program | Annual Award | Abatement Strategy(ies) |
|---|--------------|---|
| Porchlight - Behavioral Mental Health | \$25,076 | C14 |
| Friends of Youth - Mental Health and Substance Use Disorder Services | \$26,000 | G11 |
| IKRON of Greater Seattle - Behavioral Health Services | \$43,000 | A2c; A2d; A3; A6; A9; B4; B8; D1c; D3; D5; H1 |
| Therapeutic Health Services - Substance Use and Mental Health Treatment Program | \$30,242 | A1; B1 |
| Youth Eastside Services - Behavioral Health Care for Children and Youth | \$139,794 | C1; C2; C11; H3; G8; G10; G11 |
| Youth Eastside Services - Community-Based Outreach | \$50,278 | G8; G9; G10; G11 |
| Youth Eastside Services - Early Childhood Behavioral Health | \$45,158 | E4 |
| Youth Eastside Services - Latine Programs | \$40,452 | G8; G9; G10; G11 |

EXHIBIT A

OPIOID ABATEMENT STRATEGIES

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
2. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to:
 - a. Medication-Assisted Treatment (MAT);
 - b. Abstinence-based treatment;
 - c. Treatment, recovery, or other services provided by states, subdivisions, community health centers; non-for-profit providers; or for-profit providers;
 - d. Treatment by providers that focus on OUD treatment as well as treatment by providers that offer OUD treatment along with treatment for other SUD/MH conditions, co-usage, and/or co-addiction; or
 - e. Evidence-informed residential services programs, as noted below.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based, evidence-informed, or promising practices such as adequate methadone dosing.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction and for persons who have experienced an opioid overdose.
6. Support treatment of mental health trauma resulting from the traumatic experiences of the opioid user (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose

or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support detoxification (detox) and withdrawal management services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including medical detox, referral to treatment, or connections to other services or supports.
8. Support training on MAT for health care providers, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
10. Provide fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
12. Support the dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
13. Support the development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in treatment for and recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Provide the full continuum of care of recovery services for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, and connections to community-based services.
2. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.

3. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including supportive housing, recovery housing, housing assistance programs, or training for housing providers.
4. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
5. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
6. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
7. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
8. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to manage the opioid user in the family.
9. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.
10. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

**C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)**

Provide connections to care for people who have – or are at risk of developing – OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Support Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Support training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
6. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, or persons who have experienced an opioid overdose, into community treatment or recovery services through a bridge clinic or similar approach.
7. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or persons that have experienced an opioid overdose.
8. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
9. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or to persons who have experienced an opioid overdose.
10. Provide funding for peer navigators, recovery coaches, care coordinators, or care managers that offer assistance to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction or to persons who have experienced on opioid overdose.
11. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
12. Develop and support best practices on addressing OUD in the workplace.
13. Support assistance programs for health care providers with OUD.
14. Engage non-profits and the faith community as a system to support outreach for treatment.
15. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
16. Create or support intake and call centers to facilitate education and access to treatment, prevention, and recovery services for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.

17. Develop or support a National Treatment Availability Clearinghouse – a multistate/nationally accessible database whereby health care providers can list locations for currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis by persons who seek treatment.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are involved – or are at risk of becoming involved – in the criminal justice system through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest or post-arrest diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including established strategies such as:
 - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
 - b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
 - c. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative;
 - f. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise and to reduce perceived barriers associated with law enforcement 911 responses; or
 - g. County prosecution diversion programs, including diversion officer salary, only for counties with a population of 50,000 or less. Any diversion services in matters involving opioids must include drug testing, monitoring, or treatment.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, but only if these courts provide referrals to evidence-informed treatment, including MAT.

4. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction who are leaving jail or prison have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, and the needs of their families, including babies with neonatal abstinence syndrome, through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based, evidence-informed, or promising treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Provide training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
3. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
4. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

5. Offer enhanced family supports and home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, including but not limited to parent skills training.
6. Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

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| PART TWO: PREVENTION |
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F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
2. Academic counter-detailing to educate prescribers on appropriate opioid prescribing.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
 - a. Increase the number of prescribers using PDMPs;
 - b. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs or by improving the interface that prescribers use to access PDMP data, or both; or
 - c. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD.
6. Development and implementation of a national PDMP – Fund development of a multistate/national PDMP that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to:
 - a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to OUD.

- b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database.
- 7. Increase electronic prescribing to prevent diversion or forgery.
- 8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

- 1. Corrective advertising or affirmative public education campaigns based on evidence.
- 2. Public education relating to drug disposal.
- 3. Drug take-back disposal or destruction programs.
- 4. Fund community anti-drug coalitions that engage in drug prevention efforts.
- 5. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).
- 6. Engage non-profits and faith-based communities as systems to support prevention.
- 7. Support evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
- 8. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
- 9. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
- 10. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
- 11. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses or other school staff, to

address mental health needs in young people that (when not properly addressed) increase the risk of opioid or other drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based, evidence-informed, or promising programs or strategies that may include, but are not limited to, the following:

1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, or other members of the general public.
2. Provision by public health entities of free naloxone to anyone in the community, including but not limited to provision of intra-nasal naloxone in settings where other options are not available or allowed.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public.
4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
10. Support mobile units that offer or provide referrals to treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
11. Provide training in treatment and recovery strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction.
12. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items C8, D1 through D7, H1, H3, and H8, support the following:

1. Current and future law enforcement expenditures relating to the opioid epidemic.
2. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, and coordination to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Community regional planning to identify goals for reducing harms related to the opioid epidemic, to identify areas and populations with the greatest needs for treatment intervention services, or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to in various items above, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Invest in infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, co-usage, and/or co-addiction, or implement other

strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
5. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).
6. Research on expanded modalities such as prescription methadone that can expand access to MAT.



Memorandum

Date: 10/22/2024

Meeting of: City Council Special Meeting

File No. SS 24-061

Type: Study Session

Preliminary 2025-2026 Biennial Budget: Council Budget Deliberations

A. Changes/Updates

B. Service Enhancements

- Healthy & Sustainable
- Safe & Resilient



City of Redmond

15670 NE 85th Street
Redmond, WA

Memorandum

Date: 10/22/2024
Meeting of: City Council Study Session

File No. SS 24-066
Type: Study Session

Council Talk Time