

# WASHINGTON

## USE OF STR/SOR GRANT FUNDS TO ADDRESS THE OPIOID CRISIS

### Background on opioid-specific grants to States

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. These grants aim to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD) in the States. States received a total of \$500 million for each of FY 2017 and FY 2018 through STR. Additionally, in FY 2018, States received an additional \$1 billion in new funding through the SOR grants. In FY 2019, States received \$1.5 billion through SOR. Eligible applicants for both STR and SOR are the State alcohol and drug agencies.

### Allocations for Washington

Washington received \$11.7 million through STR for each of FY 2017 and 2018, and \$21.2 million through SOR in FY 2018. In FY 2019, Washington received a total of \$32.8 million through SOR.

### Overview of Washington's efforts to address the opioid crisis

Washington State uses STR and SOR funds in a collaborative and coordinated approach by actively engaging with partners and stakeholders across government, tribal organizations, healthcare, academia, and the community at large to support activities that prevent opioid misuse and addiction; increase access to treatment for OUD; and reduce the number of overdoses and overdose deaths. Work is coordinated across the diverse spectrum of organizations, institutions, and individuals with the use and ongoing development of a State Opioid Response Plan, which outlines the State's goals, strategies, and workgroups related to the opioid crisis and provides a framework for ongoing work and evaluating the effectiveness of interventions. All of the State's 18 STR projects and 14 SOR projects are directly tied to the primary goals of the State plan, including (1) prevention; (2) identifying and treating OUD; (3) reducing morbidity and mortality; and (4) the use of data to evaluate interventions.

# Primary prevention: stopping opioid misuse before it starts

## **Medication Safety**

STR supported secure home storage and safe medication return efforts around WA State, including, but not limited to: promotion of the Starts with One opioid prevention campaign; funding coalitions and community-based organizations to host Drug Take Back Events and distribute medication lock boxes to community members; and supporting State agencies with efforts to integrate prescription drug misuse and addiction prevention education with existing State services that parents and caregivers receive. SOR funds also support the Washington opioid public awareness campaign "Starts with One" ([www.getthefactsrx.com](http://www.getthefactsrx.com)) and the Tribal Treatment Campaign ([www.watribalopioidsolutions.com](http://www.watribalopioidsolutions.com)).

## **Provider Education**

- The STR grant provided partial funding to the University of Washington (UW) for a weekly TelePain program that provides access to a multidisciplinary panel of experts that provide didactic teaching and case consultation to primary care providers to reduce overdose related deaths by improving the knowledge and prescribing practices of primary care providers.
- The STR grant also funded education provided at two Dental Pain Care Conferences for dental prescribers on the new guidelines distributed by the WA State Department of Labor & Industries, "Dental Guideline on Prescribing Opioids for Acute Pain Management" and trainings to physicians and providers regarding the new post-operative opioid prescribing guidelines.
- STR funding provided a speaker for the WA Society of Health and Physical Educators (SHAPE) Conference with the goal of educating PE/Health teachers/coaches on their role in preventing nonmedical prescription opioid misuse among students and to discuss non-opioid alternatives to treating pain among students. SHAPE Washington supports coordinated efforts to foster healthy, active, educated youth in Washington State through professional development, advocacy, community outreach, and partnerships.
- The SOR grant funds the development of online e-learning courses that will be made available to healthcare providers to earn continuing medical education units and will include the dental and post-operative care guidelines for opioid prescribing, meeting the requirements for Washington State.
- The SOR grant funded activities at the Region 10 Opioid Summit to provide education and open dialogue with State, tribal, addiction/mental health professionals, medical providers, and community providers in an effort to reduce OUD. The Summit was held in partnership with Idaho, Alaska, and Oregon. This was held August 6-9, 2019, in Vancouver, Washington. There was a specific component that included interventions such as naloxone, harm reduction, and other topics that support the continuum of prevention, treatment, and recovery.

## Work with Local Coalitions

The STR and SOR grants support the implementation of Community Prevention and Wellness Initiative (CPWI) and community-based enhancement grants. Through these two grants, 23 CPWI coalitions were funded to conduct local strategic planning and decision-making to focus on addressing local needs by implementing evidence-based strategies and programs, as well as initiating educational events/activities to increase community awareness about prescription drug and opioid misuse/addiction. Thirteen grants were distributed to community-based organizations to implement direct prevention programs to communities to prevent opioid misuse.

The STR and SOR grants support the implementation of CPWI in high-need communities, which includes the placement of a Student Assistance Professional (SAP) position in each of the funded and identified high-need schools. The SAP:

- Provides prevention and intervention services to students and their families.
- Assists in referrals to treatment providers.
- Strengthens the transition back to school for students who have had problems of alcohol and other drug misuse.
- Provides LifeSkills Training program to middle schools to foster substance misuse prevention, intervention, and refusal skills development.

Through the STR grant, the State Health Care Authority (HCA), in partnership with Washington State University (WSU) conducted an analysis of evidence-based programs with outcomes in the most salient factors related to youth misuse of prescription drugs. This research resulted in the development of an evidence-based program list for the STR and SOR funded coalitions and community-based organizations to implement. Coalitions and communities also are involved with take-back and safe storage initiatives in their communities, including the purchasing of lock boxes and mail-back envelopes, and assisting pharmacies with securing permanent drop boxes.

## Special Populations

- Some STR and SOR funding is allocated towards Tribal Communities, through the support of tribal conferences, the Tribal Opioid Media campaign ([www.watribalopioidsolutions.com](http://www.watribalopioidsolutions.com)), and opioid response grants. The tribal opioid campaign has focused on providing Washington tribes with materials and tools they can use in efforts in their local communities. The campaign materials have been designed with tribal consultation and new materials in development are responding to specific requests tribes have made regarding topics and information. HCA and the Department of Health (DOH) developed a :30 and a :60 second video on safe storage and disposal that Tribes can use in their social media assets, digital advertising, on websites and internal video displays. The videos feature tribal members from a Washington tribe.
- The 23 STR/SOR Community Prevention and Wellness Initiative (CPWI) serve high-need and rural communities in Washington State, selected as high-need based on a

demonstrated need for substance use prevention services combined with the readiness to implement strategies to address this need. These communities vary considerably in demographics, locations, and history, but in the selection process they all demonstrated a high level of need, coupled with a readiness and willingness to invest in community-driven and evidence-based strategies and solutions.

- One of the CPWI communities, Wellpinit, is located in the Spokane Indian Reservation. The Children of the Sun Prevention Coalition works collaboratively with the Spokane Indian Reservation community in a partnership to address the opioid crisis through education, awareness, support, mentoring, and inspiring a positive healthy environment.
- The STR/SOR grants support the Annual Washington State Prevention Summit and Spring Youth Forum to increase the availability of educational opportunities for youth and prevention professionals (and related fields) by providing presentations and workshops geared toward opioid misuse and addiction prevention.

## Increasing access to treatment

### Access to MAT

- With SOR funding, the Division of Behavioral Health and Recovery (DBHR) has contracted with 17 organizations (8 emergency departments, 5 jails, 2 syringe exchanges, 1 shelter, and 1 fire department) to create Opioid Treatment Networks (OTNs) to expand access to treatment by providing: medication-assisted treatment (MAT) to individuals with opioid use disorder (OUD); funding to build OTN infrastructure; funding for staff; funding for MAT medications; and facilitation to transition individuals to community providers. Initiation sites are the funding recipients and contract holders – distribution of funding to OTNs was prioritized based on data of highest need and location of project in order to reach the populations at most risk for overdose and death.
- DBHR contracted with the University of Washington, Alcohol and Drug Abuse Institute (ADAI) to provide technical assistance and training to support OTN development and monitoring.
- With both STR and SOR funding, DBHR contracted with providers in all 10 regions of the state to increase access to MAT services for underinsured and uninsured clients. This funding offsets deductibles and co-pays for patients seeking treatment for OUD services but are unable to meet co-pay requirements.
- DBHR is working with the Department of Health (DOH) to provide services for OTNs and OTN clients, including WA Tobacco Quitline services, such as phone counseling and nicotine replacement therapy, Tobacco Treatment Specialist (TTS) training for OTN staff and training for providers on cross-addiction, and Quitline referrals processes.
- With STR and SOR funding, DBHR expanded statewide access to MAT and reduced unmet need by developing and implementing six (6) hub and spoke models. Hubs are regional centers serving a defined geographical area that support spokes. Hubs are responsible for ensuring that at least two of the three Federal Drug Administration

(FDA)-approved medications for the treatment of OUD are available. Spokes (five per hub) are facilities that will provide substance use treatment and/or primary healthcare services, wrap around services, and referrals to patients referred to them by the hub.

## Special Populations

- ADAI is providing technical assistance to the Department of Children, Youth, and Families (DCYF) Juvenile Rehabilitation for the development of an OTN. Juvenile Rehabilitation will be adding care navigation to their milieu of services to ensure that service provision includes warm hand-offs to community providers.
- DBHR has awarded grants to 13 tribes and 2 Urban Indian Health Programs. These efforts are designed to meet the unmet needs of previous State opioid tribal requests and will result in the development of a Tribal Opioid Epidemic Response Workgroup. In conjunction with the State Opioid Response Plan, an associated American Indian/Alaskan Native Opioid Response Workgroup began work on improved communication and collaboration among stakeholders throughout Washington State that have a vested interest in improving access to treatment services. DBHR is partnering with the American Indian Health Commission to implement the project.
- OUD Treatment Decision Re-entry Services & Care for Opioid Offenders Released from Prison (COORP) are ongoing DBHR efforts to enhance and expand two Department of Corrections STR projects. Project 1: The Treatment Decision Model (TDM) will expand to southwest (Clark County, Cowlitz County, Lewis County, Chehalis Tribal), northwest (Monroe Correctional Violator Unit, Snohomish and Skagit County) and southeast (Benton and Franklin Counties) Washington violator facilities. Project #2: COORP will utilize Re-entry Chemical Dependency Professionals (RCDP) to perform expanded Substance Use Disorder Assessments and Treatment Decision Making (TDM) for releasing inmates who have been identified as users of opioids. Contracting will be performance based on increasing warm hand-off referrals to MAT providers (+25% successful transition to Community OBOT provider) and retention.
- DBHR contracted with the Department of Corrections to provide linkage for incarcerated individuals who have violated conditions of parole and have been remanded to jail by providing screening for OUD as part of the re-entry process. The individual is provided a warm hand-off to community MAT providers or, where available, induction onto MAT.
- DBHR, along with the Alcohol and Drug Abuse Institute (ADAI), developed a low-barrier buprenorphine model to induce and stabilize highly vulnerable people with OUD on buprenorphine at the Seattle Indian Health Board. Individuals will be provided buprenorphine quickly, typically within 1-48 hours, then will receive flexible dosing/prescribing so that they are able to stabilize over 30-60 days. They will be provided with ongoing support from a nurse care manager and transitioned to maintenance at a community-based health clinic.
- DBHR has been working collaboratively with tribal communities to add treatment training tracks to currently established tribal conferences and provide funding for tribal participants to attend the conferences. Funding will also be used to create and

distribute media campaigns for tribes to build awareness related to trauma-informed MAT/ODU treatment options.

- DBHR has Hubs that are focused on individuals with concurrent OUD and Hepatitis C by providing wraparound MAT and Hepatitis C coordinated care. One Hub is focused on providing coordinated care with high risk pregnant MAT patients to work with health care providers, partners and to ensure positive birth outcomes.

## Overdose reversal efforts: saving lives

The STR Grant provided naloxone to vulnerable and underserved populations in partnership with the Alcohol and Drug Abuse Institute (ADAI) by providing naloxone to places at both high relative risk (in terms of the local opioid overdose mortality rate) and high absolute risk (in terms of the total number of fatal overdoses and estimated population using heroin). This included distribution of naloxone through syringe exchanges. In addition, STR funding was also provided to the Washington State Department of Corrections (DOC) to distribute naloxone to individuals upon release from incarceration.

## Supporting recovery

### STR activities include:

- PathFinder Peer Project that builds on the already established DBHR Projects for Assistance in Transition from Homelessness (PATH) program, provides peer recovery support in two environments: emergency rooms and homeless encampments. The project links individuals to needed MAT services and assists in navigating systems and addressing barriers to independence and recovery. There are 14 teams of Peer PathFinders across Washington State providing these services.

### SOR activities include:

- **ODU and MAT Training to Community Recovery Support Services** - Technical assistance/training will be provided to staff at: Catholic Community Services in Burlington, Everett Recovery Café, Seattle Recovery Café, Seattle Area Support Groups, Tacoma Recovery Café, Comprehensive Healthcare in Walla Walla, Okanogan Behavioral Healthcare, Spokane Recovery Café and Vancouver Recovery Café.
- **Client-directed Recovery Support Services** - Contracted direct recovery support services to Catholic Community Services in Burlington, Everett Recovery Café, Seattle Recovery Café, Seattle Area Support Groups, Tacoma Recovery Café, Comprehensive Healthcare in Walla Walla, Okanogan Behavioral Healthcare, Spokane Recovery Café and Vancouver Recovery Café.
- **Peer Recovery Support** - Contracted peer recovery staff for: Catholic Community Services in Burlington, Everett Recovery Café, Seattle Recovery Café, Seattle Area Support Groups, Tacoma Recovery Café, Comprehensive Healthcare in Walla Walla, Okanogan Behavioral Healthcare, Spokane Recovery Café and Vancouver Recovery Café.

## Collaborating with local entities

For prevention services, the State is collaborating with the Office of Superintendent of Public Instruction, nine Educational Service Districts, counties, and schools throughout Washington.

For treatment services, providers across the State for the provision of treatment payment assistance with STR and SOR funding, and for the Peer PathFinder project.

With SOR funding, DBHR is contracting with many local jurisdictions for the development of Opioid Treatment Networks, including Franklin County Sheriff's Office, the South King County Correctional Entity, Public Hospital District #1 of Klickitat County, Grays Harbor County Public Hospital, Public Hospital District #1 of King County, Jefferson County Sheriff's Office, Benton County Sheriff's Office, Kitsap County Sheriff's Office/Jail, and the City of Tacoma Fire Department.

## Positive outcomes

As of June 2019:

- 90 prevention trainings provided
- 5,002 youth and parents received primary prevention education
- 3,621 individuals participated in community engagement and coalition development
- 4.5 million impressions from coalition/community-driven environmental and media strategies; 33.6 million served through the Starts with One opioid prevention campaign
- 633 individuals participated in mentoring programs
- 1,871 individuals received services after release from the DOC
- 126 individuals served through mobile vans
- 359 served on low barrier buprenorphine
- 5,943 clients received MAT through the Hub & Spokes
- 1,177 clients received methadone, 4,326 received buprenorphine, and 515 received naltrexone
- 83 juveniles received services through Dialectical Behavior Therapy
- 3,448 naloxone kits distributed, and 3,208 individuals trained from July 2018-June 2019
- Peer PathFinders served 551 individuals
- 596 individuals received Recovery Support Services
- 1,752 clients received MAT through the Opioid Treatment Networks (OTNs)

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