

Washington SOR Initiatives

Addressing Opioid and Stimulant Misuse & Use Disorders: The Impact of State Opioid Response (SOR) Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the SOR grant program. SOR addresses the opioid overdose crisis by providing resources to states and territories to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and to reduce unmet treatment needs and opioid-related overdose deaths with prevention, harm reduction, treatment, and recovery supports. In 2020, SOR expanded to support evidence-based services for stimulant misuse and use disorders (StUD), including cocaine and methamphetamine.

This brief was developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in collaboration with the Opioid Response Network (ORN) as part of a series of state reports intended to showcase initiatives across the continuum of care that states have implemented with SOR funds. The ORN is a SAMHSA-funded technical assistance and training center that works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to support efforts to address the opioid and stimulant crisis.



Single State Agency (SSA): Washington State Health Care Authority (HCA) Division of Behavioral Health and Recovery (DBHR)

From FY18 through FY23, HCA DBHR received \$165 million in SOR funds. For FY23–FY24, it received \$28.4 million.

HCA DBHR leads efforts to continue the services implemented through the Washington SOR I and II grants. DBHR will address the state's opioid epidemic by implementing the Washington State Opioid and Overdose Response Plan with funds from the SOR III grant. DBHR developed prevention, treatment, and recovery support objectives to:

- Prevent opioid misuse and other drug misuse
- Identify and treat opioid use disorder (OUD) and StUD
- Ensure and improve the health and wellness of people who use opioids and other drugs
- Use data and information to detect opioid misuse, monitor drug user health effects, analyze population health, and evaluate interventions
- Support individuals in recovery



Preventing Opioid and Stimulant Misuse Before It Starts

Washington State has used SOR to implement substance use prevention programs, including evidence-based programs for youth, statewide media campaigns, and prescriber education programs.

Community Prevention and Wellness Initiative (CPWI)

Washington used SOR to partially fund 22 CPWI coalitions, which are high-need communities with the greatest risk for youth opioid, stimulant, and other drug use and misuse. CPWI communities use SAMHSA's Strategic Prevention Framework (SPF) for planning, implementation, and sustainability of the coalition; evidence-based and promising programs; environmental policies; and information dissemination through an upstream prevention framework centered in health equity.

Student Assistance Prevention Intervention Services Program

Each CPWI site receives a full-time student assistance professional who provides school-based prevention and intervention services for universal prevention programming and selected or indicated services for individuals most at-risk.

Fellowship Program

DBHR partners with Washington State University (WSU) for expansion of the Fellowship Program for 10 to 12 entry-level prevention professionals, building community capacity for local sites to implement opioid and other drug prevention services using SPF and community organizing techniques.

Community-Based Organization (CBO) Grants

DBHR funds eight CBOs in high-need communities that implement direct evidence-based prevention services, information dissemination, and environmental strategies, including the promotion of secure disposal and safe home storage of opioids.

Starts With One Public Education Campaign

DBHR contracts with Desautel Hege to enhance, implement, and evaluate the statewide "Starts With One" public education campaign. This includes hands-on tools for community prevention providers, content on never sharing prescription medication, and information on how to have a conversation with a friend or peer about the dangers of opioids.

Existing data shows that opioid misuse disproportionately impacts Spanish-speaking, Black, and LGBTQIA+ communities. Campaign activities include a specific focus on communicating campaign messages to these audiences in more meaningful, culturally appropriate ways. The state engaged members from these communities to advise the campaign and co-create new messaging, videos, and materials that effectively address cultural and communication barriers within each audience relating to prescription opioid use.

Prescriber Education, Training, and Workforce Development Enhancements

DBHR used SOR to support the Region 10 Opioid Summit, in collaboration with Idaho, Alaska, and Oregon. The conference included prevention, treatment, harm reduction, and recovery workshops. The state also supports the Annual Washington State Prevention Summit and Spring Youth Forum to increase professional development opportunities for youth and prevention professionals through opioid prevention workshops.

Overdose Reversal Efforts: Saving Lives

Washington used SOR to support its overdose reversal medication distribution and education initiatives.

Overdose Education and Naloxone Distribution (OEND)

In the most recent SOR grant cycle, DBHR provided SOR funds for OEND to treatment providers, who distributed 3,488 naloxone kits. During this timeframe, 107 overdose reversals were reported using the kits.

Naloxone and Overdose Prevention and Awareness Trainings

Programs provide naloxone and distribute overdose prevention education to staff, patients, people who use drugs, community members, and people at risk of witnessing an overdose. These events include town hall or larger community gathering (e.g., International Overdose Awareness Day) with community partners.

Implementing Harm Reduction Strategies

Washington State has expanded access to allowable harm reduction services through SOR-funded initiatives.

Wound Care Kits

DBHR provided SOR funds for low-barrier MOUD treatment providers to distribute wound care kits to the community and patients accessing MOUD in their emergency department. The kits included gauze, tape, antibiotic ointment, bandages, and fentanyl test strips in a fanny pack. They also included a lanyard identification holder to store medications on their body.

Infectious Disease Prevention

Washington State's SOR treatment programs provide viral hepatitis and HIV testing, referral to treatment, and treatment onsite when available.

In SOR III Year One, 3,374 individuals were provided testing or referral treatment for HIV and 3,377 were provided testing or referrals to treatment for viral hepatitis.

Fentanyl Test Strip Distribution

In SOR III, treatment providers purchased 114,360 fentanyl test strips and distributed 8,851. On July 1, 2023, Washington State passed SB5536, which clarified drug testing equipment, including fentanyl test strips, are no longer considered drug paraphernalia and removed potential civil infraction for distributing. Providers are working with their organizations, local public health agencies, and jurisdictions to develop effective distribution processes.

Increasing Access to Treatment

Washington State used SOR to increase access to treatment services, including MOUD and tobacco cessation.

Opioid Treatment Networks (OTNs)

There are 13 OTNs located across Washington in six medical facilities (including emergency departments), four jails, and three community-based MOUD treatment providers. OTNs initiate low-barrier MOUD in non-traditional treatment settings; provide harm reduction, such as naloxone, medical care, and infectious disease prevention services; and refer individuals with OUD to local treatment providers and community-based harm reduction programs.

Hub and Spokes

OTN hub-and-spoke treatment networks serve individuals with OUD or StUD. Hubs are regional centers serving a defined geographic area that support spokes. Hubs are responsible for ensuring at least two of the three FDA-approved MOUD are available. Spokes (five per hub) are facilities that provide SUD, mental health, or primary healthcare services; wraparound services; and additional service referrals. There are currently five contracted SOR-funded hub-and-spoke projects.

Tobacco Cessation Resources

DBHR has contracted with the State Department of Health to provide tobacco cessation services, which includes nicotine replacement therapy for individuals with OUD and tobacco use disorder.

Technical Assistance for OTNs

DBHR has contracted with the University of Washington Addictions, Drug, and Alcohol Institute to provide technical assistance and training to OTN staff through clinical skill-building and other sustainability sessions.

Contingency Management Training and Technical Assistance

In July 2023, Washington's 1115 waiver was approved by the Centers for Medicare and Medicaid Services. Under this waiver, HCA will implement a new contingency management (CM) benefit for eligible Medicaid beneficiaries with SUD in eligible provider settings that elect and are approved by HCA to pilot the benefit. In partnership, HCA and the WSU Promoting Research Initiatives in Substance Use and Mental Health (PRISM) Collaborative continue to develop and provide training and technical assistance for an evidence-based, federally compliant CM model that can be feasibly implemented in a variety of service locations.

WSU has supported HCA in developing, training, and creating the waiver and its outcomes. The goal of this project is to train treatment providers at each site on the background of CM, its proper implementation, and its regulatory requirements and considerations. The PRISM Collaborative will support efforts to develop a mix of traditional training sessions, coaching calls, fidelity monitoring sessions, and provision of CM materials adapted to the unique needs of the target populations across Washington.



Supporting Long-Term Recovery

To help individuals reach and maintain long-term recovery, Washington has implemented recovery support services.

Recovery Support Services

Seven providers have been offering recovery support services to individuals throughout the state since the beginning of SOR in 2018. Providers are in the following counties: Skagit, Snohomish, King, Pierce, Clark, Okanogan, Spokane, and Walla Walla. Along with providing services, the providers participate in quarterly learning collaboratives, where they bring questions and ideas to the group as a whole and hear presentations on topics of interest.



Reaching & Serving Populations of Focus

Washington has implemented programs targeted at serving populations of focus, including Tribal communities, individuals in correctional settings, and high-risk communities.

Care for Offenders with OUD Releasing From Prison (COORP)

COORP initiates MOUD in Department of Corrections facilities statewide and refers individuals to continued treatment upon release. More than 2,000 individuals received MOUD under COORP in SOR III Year 1.

Re-Entry Post-Release Treatment Decision (RPR)

There are 14 jails that participate in the RPR program. These programs identify individuals entering jail who have OUD or StUD and discuss treatment options. The program served 2,189 individuals in SOR III Year 1.

American Indian/Alaska Native Opioid Response Workgroup

DBHR has awarded grants to 18 Tribes and two Urban Indian health programs. These efforts 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 SOR plan, an associated American Indian and Alaska Native Opioid Response Workgroup began work on improved communication and collaboration among stakeholders throughout Washington that have a vested interest in improving treatment access. DBHR is partnering with the American Indian Health Commission to implement the project.

Community Prevention and Wellness Initiative

DBHR partially funds CPWI, a community- and school-based model for delivering evidence-based programs to delay the onset of and prevent substance use and misuse in elementary, middle, and high school aged youth. DBHR funds 22 high-need communities identified through a risk-ranking process. This process identified communities by administrative data indicators associated with consumption of substances (crime, truancy, mental health problems, lack of school success), with a focus on opioids from student self-reported survey data from Washington's Healthy Youth Survey. In these communities, more than 61% of students are eligible for free or reduced lunch, an indicator of poverty. On average, the racial/ethnic composition is 27% any minority and 73% White non-Hispanic. DBHR uses State Epidemiological Outcomes Workgroup data analysis to focus resources into the highest need, prevention-ready communities in an intentional, collaborative, and community-driven process. Communities with a rate higher than the state average for 10th graders who reported using a pain killer or stimulants to get high in the last 30 days were prioritized for inclusion in the local services contracts for CPWI grants.



About the Opioid Response Network (ORN): ORN is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA's SOR/Tribal Opioid Response (TOR) Technical Assistance (TA) grant, ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. **Visit the ORN website [here](#) or request training or TA [here](#).**

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