

# Addressing Opioid and Stimulant Misuse and Disorders: The Impact of State Targeted Response and State Opioid Response Grants

## Background on State Targeted Response and State Opioid Response Grants

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. The STR program was designed 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 support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)–approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of \$1 billion through STR. From FY 2018 through FY 2020, states, territories, and jurisdictions received a total of \$4 billion in SOR grants.

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

In FY 2017 and 2018, the Washington State Health Care Authority (HCA) Division of Behavioral Health and Recovery (DBHR) received a total of \$23.4 million in STR funding. From FY 2018 through FY 2020, the state received a total of \$81.2 million in SOR funding.

## Overview of Washington’s efforts to address opioid and stimulant misuse and disorders

Washington State uses STR and SOR funds in a collaborative and coordinated approach by actively engaging with partners and stakeholders across government, Tribal organizations, health care, 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 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.

## Innovative service delivery models

- Washington State Fellowship Program
- Community Prevention and Wellness Initiative (CPWI)
- Hub-and-spoke model
- Peer Pathfinder Projects
- Opioid Treatment Networks (OTNs)
- OUD treatment decision reentry services and Care for Offenders With Opioid Use Disorders Releasing From Prison (COORP)
- Low Barrier Buprenorphine (LBB) model at Seattle Indian Health Board

## Building workforce capacity

Through the SOR grant, HCA supports several workforce development and capacity-building efforts across the state and within the prevention field.

### Fellowship Program

HCA partners with Washington State University (WSU) to manage and co-develop the Washington State Fellowship Program. The 10-month Fellowship Program's goals are to increase the prevention workforce for Washington State by providing Fellows with prevention system experience at both the state and community level and to build capacity within high-needs communities to implement prevention services. Each cohort first spends 3 months with HCA in Olympia, WA, gaining intensive state-level prevention experience, then 3 months mentoring and shadowing an existing CPWI site, and the last 4 months of their fellowship with a new high-needs community beginning the CPWI Strategic Prevention Framework model.

### Provider education

HCA partners with state, university, and local entities for the implementation of education and training opportunities related to OUD prevention, prescriber guidelines, and increasing the capacity of the health care field to respond to the opioid epidemic. HCA hosts the annual Region 10 Opioid Summit, WA State Prevention Summit, and the Spring Youth Forum to increase professional development opportunities for youth, young adults, and prevention professionals through opioid prevention workshops.

## Collaborating with public and private entities

For prevention services, HCA collaborates with the Office of Superintendent of Public Instruction, nine Educational Service Districts, counties, public health departments, and schools throughout Washington State. For treatment services, Washington works with providers across the state for the provision of treatment payment assistance with STR and SOR funding.

HCA is contracting with many local jurisdictions for the development of OTNs, including Franklin County Sheriff's Office, the South 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.

### Medication Safety

The STR/SOR grants support secure home storage and safe medication return efforts around Washington State, including, but not limited to, providing public education related to opioid prevention, funding coalitions and community-based organizations to host drug take-back events and distribute medication lockboxes to community members, and collaborating with State agencies in efforts to integrate prescription drug misuse prevention education with existing State services that serve vulnerable populations. Washington is currently involved in the evaluation of the effectiveness of take-back strategies, including lockbox distribution, to ensure effectiveness.

Last year, HCA began a partnership with local pharmacies for a pharmacy pilot program as a new strategy for promoting safe storage that has potential for making significant positive impact on reducing opioid misuse. The idea for this pilot program combines three key ideas: (1) a conversation between the pharmacist and the customer about locking up opioids; (2) distribution of a free locking bag for people who need one; and (3) a visible commitment from people to lock up their medications. This year, HCA has expanded the pharmacy pilot program promoting safe storage from 3 to 21 locations. HCA believes that with the additional locations participating in this program statewide, they have the potential to make a significant positive impact on reducing opioid misuse and changing perceptions and behaviors around safe storage. In addition to the pharmacy program, HCA created focus groups to receive feedback on their program messaging from the BIPOC, Latinx, and African American communities. These focus groups were held online and as interviews to discuss opioid prevention and the impacts to these special populations. Based on the focus group findings and insight interviews, HCA adjusted their young adult and Latinx scripts to better serve these populations.

### Work With Local Coalitions

The STR/SOR grants support the implementation of CPWI and community-based organization (CBO) enhancement grants. Twenty-three 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 and activities to increase community awareness about prescription drug and opioid misuse. Thirteen grants were distributed to CBOs to implement prevention activities in a total of 39 high-need communities around the state. These organizations implement direct evidence-based prevention services, information dissemination, and environmental strategies to reduce and prevent opioid use.

Through the CPWI model, a Student Assistance Professional (SAP) is placed in each of the funded and identified high-need schools. The SAP addresses opioid and other drug misuse by:

- Providing prevention and intervention services to students and their families.
- Assisting in referrals to treatment providers.
- Strengthening the transition back to school for students who have had problems with substance misuse.
- Providing the Botvin *LifeSkills* Training program to middle schools to foster substance misuse prevention, intervention, and refusal skills development.

Through the initial STR grant, HCA, in partnership with 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 SOR-funded coalitions and CBOs to implement. HCA has also funded a project with WSU to conduct an analysis of evidence-based prevention strategies, the effectiveness of these strategies, and how to use Washington's statewide youth survey, the Healthy Youth Survey (HYS), data to support this work. As part of this project, WSU will map variables identified from the literature review to HYS data and conduct HYS analyses to determine the most salient risk and protective factors for stimulant use outcomes in WA youth, and will map those results to programs listed in their Evidence-Based Practice registry.

## Education and public awareness

### Public Awareness Campaigns

HCA implemented an opioid public awareness campaign called Starts With One ([www.getthefactsrx.com/](http://www.getthefactsrx.com/)) and the Tribal Opioid Solutions Campaign ([www.watribalopioidsolutions.com/](http://www.watribalopioidsolutions.com/)). HCA contracts with Desautel Hege to enhance, implement, and evaluate these campaigns, which include hands-on tools for community prevention providers as well as content on never sharing prescription medication and how to have a conversation with a friend/peer about the dangers of opioids. Campaign messaging may also expand soon to include the prevention of misuse of stimulants (such as Adderall and Ritalin) among youth and young adults.

### Provider Education

TelePain Program: The SOR grant provides partial funding to the University of Washington for a weekly TelePain program that provides access to a multidisciplinary panel of experts who 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.

E-Learning Courses: The SOR grant funds the development of online e-learning courses that are available to health care providers and prevention providers to earn continuing medical education units. These courses include the dental and post-operative care guidelines for opioid prescribing and meeting the requirements for Washington State; opioid prevention for student athletes; and opioid prevention for older adults. HCA is currently planning the development of a new series of e-learning courses for Washington health care providers on opioid prescribing practices for pain in partnership with the University of Washington, the Washington State Department of Health (DOH), the Washington State Department of Labor and Industries, and the Bree Collaborative. Trainings and e-courses will continue to be made available after the SOR funding period.

Region 10 Opioid Summit: HCA funds activities at the Region 10 Opioid Summit to provide education and open dialogue with state and Tribal personnel, addiction/mental health professionals, medical providers, and community providers to reduce OUD. The first summit was held in August 2019 and the second summit was held virtually in August 2021.

Annual Washington State Prevention Summit and Spring Youth Forum: HCA supports 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 OUD prevention.

## Overdose reversal efforts: saving lives

The STR grant provided naloxone to vulnerable and underserved populations in partnership with the Addictions, Drug and Alcohol Institute (ADAI) at the University of Washington 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 services programs. In addition, STR funding was also provided to the Washington State Department of Corrections (DOC) to distribute naloxone to individuals upon release from incarceration.

With the SOR grant, DOH is providing coordination, training, outreach, and technical assistance statewide regarding naloxone administration. As with the STR funds, SOR I funds are being used by DOC to distribute naloxone to individuals upon release from incarceration, as well as by four county jails and one city fire department.

## Increasing access to treatment

### Access to Medication for OUD

Opioid Treatment Networks: DBHR continues to contract with 15 organizations (7 emergency departments, 5 jails, 1 shelter, 1 community health center, and 1 fire department) to support the OTNs to expand access to treatment by providing and ensuring a low-barrier treatment model for medication for OUD (MOUD) to individuals at highest risk for OUD. These organizations serve as primary initiation sites for MOUD and assist in facilitating referral of individuals to community providers for continuing treatment after induction. DBHR has partnered with other State agencies such as the DOH to provide Tobacco Treatment Specialist (TTS) certifications and monthly training calls to OTN staff to offer tobacco cessation products and education for the individuals they serve. The Northwest Addiction Technology Transfer Center hosted a Contingency Management training for the OTNs in March 2021 to support the development of Contingency Management programs into these low-barrier MOUD treatment models. In addition, a Diversity, Equity, and Inclusion training was offered through the Opioid Resource Network, and all sites attended.

ADAI continues to provide technical assistance and training to support the ongoing developments with monthly training calls and special topic series for the OTN staff. The most current OTN Directory is located on the HCA website at [https://www.hca.wa.gov/assets/program/82-0215\\_otn\\_directory\\_2020.pdf](https://www.hca.wa.gov/assets/program/82-0215_otn_directory_2020.pdf)

Increased Access to MAT for Underinsured and Uninsured Clients: DBHR contracted with providers in five 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 who are unable to meet co-pay requirements.

Tobacco Cessation Resources: DBHR is working with DOH to provide services for OTNs and OTN clients, including Washington State Quitline services, such as phone counseling and nicotine replacement therapy, TTS training for OTN staff and training for providers on cross-addiction, and Quitline referrals processes. The first TTS training for the OTNs was successfully completed in September 2019. Of the 17 OTN sites, 15 have two TTSs in training. DOH presented the tobacco cessation program to the hub and spokes to expand attendees of the TTS training and expand distribution of nicotine replacement therapy to SOR-funded sites.

Hub-and-Spoke Models: In efforts to increase and improve access to MAT services, DBHR contracted with the six hub-and-spoke projects previously developed and implemented through STR funding. Hubs are regional centers serving a defined geographic area that support spokes. Hubs are responsible for ensuring that at least two of the three 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

health care services, wraparound services, and referrals to patients referred to them by the hub. Each of the hub-and-spoke projects has been renewed for another year of contracted services, starting in September 2020.

## Supporting long-term recovery

### Peer Pathfinder Projects

The Peer Pathfinder Projects build on the already established DBHR Projects for Assistance in Transition from Homelessness (PATH) program to provide substance use disorder (SUD) peer recovery support in emergency rooms and homeless encampments. The project links individuals to treatment options to include MOUD.

Peer Pathfinder SUD Peers assist individuals in navigating and obtaining services to address barriers to independence and recovery. These services address housing, financial resources, transportation, habilitation and rehabilitation services, prevocational and vocational services.

In addition to emergency rooms and homeless encampments, Peer Pathfinder Projects conduct streets outreach and coordinates efforts with law enforcement homeless task force to decriminalize homelessness and get resources to individuals most need.

### Recovery Support Services

Washington State provides OUD and MAT training, client-directed recovery support services, and peer recovery support at recovery cafés and other community recovery organizations and health providers across the state.

## Serving special populations

### Prevention services for special populations

Tribal Opioid Solutions Campaign: STR/SOR funding is allocated toward Tribal communities, through the support of Tribal conferences, the Tribal Opioid Solutions 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 is developing 30- and 60-second videos on safe storage and disposal that Tribes can use in their social media assets, in digital advertising, on websites, and on internal video displays. The videos feature members of a Washington Tribe.

The Community Prevention and Wellness Initiative: The STR/SOR CPWI serves high-need and rural communities in Washington State, selected as high 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.

One of the CPWI communities, Wellpinit, is located on 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.



## Treatment services for special populations

SUD Services for High-Risk Youth: ADAI previously provided technical assistance to the Department of Children, Youth and Families Juvenile Rehabilitation for the development of an OTN. Juvenile Rehabilitation added care navigation to their milieu of services to ensure that service provision includes warm handoffs to community providers.

American Indian/Alaska Native Opioid Response Workgroup: 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 and Alaska 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 Reentry Services and COORP: The OUD Treatment Decision Model (TDM) and COORP are ongoing DBHR efforts to enhance and expand two DOC projects. The TDM will be expanded to southwest, northwest, and southeast Washington violator facilities. COORP will utilize reentry chemical dependency professionals to perform expanded SUD assessments and the TDM for releasing inmates who have been identified as users of opioids. Contracting will be performance based on increasing warm handoff referrals to MAT providers (+25% successful transition to community office-based opioid treatment provider) and retention.

Reentry Services: DBHR contracted with DOC 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 reentry process. The individual is provided a warm handoff to community MAT providers or, where available, induction onto MAT.

Low-Barrier Buprenorphine Model at Seattle Indian Health Board: DBHR, along with ADAI, previously developed an LBB model to induce and stabilize highly vulnerable people with OUD on buprenorphine at the Seattle Indian Health Board. Individuals were provided buprenorphine typically within 1–48 hours, then received flexible dosing/prescribing so that they are able to stabilize over 30–60 days. They were provided with ongoing support from a nurse care manager and transitioned to maintenance at a community-based health clinic.

SUD Treatment Training at Tribal Conferences: 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 Tribal conferences. Funding will also be used to create and distribute media campaigns for Tribes to build awareness related to trauma-informed MAT/OUD treatment options.

Tribal Media Campaign: HCA is partnering with Desautel Hege for the fourth year of the Tribal campaign to continue to increase awareness of OUD and prevention and treatment services available to the Tribal community. HCA also sponsored the Tree of Healing Conference 2021, presented by the Kalispel Tribe of Indians, and the Tribal Behavioral Health Conference and Symposium with North Sound Behavioral Health Administrative Services Organization.

## Demonstrating outcomes for a healthier future

As of September 2020:

- 163 individuals received prevention training
- 3,372 youth and parents received primary prevention education
- 1,963 individuals participated in community engagement and coalition development
- 95.2 million served through the Starts With One opioid prevention campaign
- 28,636 individuals reached through coalition and community-based information dissemination (prescription drug education, take-back events, media campaigns)
- 3,212 individuals received services after release from DOC
- 126 individuals served through mobile vans (STR only)
- 506 served on LBB (STR only)
- 8,697 clients received MOUD through the hub and spokes
- For SOR I projects: 332 clients received methadone; 3,997 received buprenorphine; and 202 received naltrexone
- 83 juveniles received services through dialectical behavior therapy (STR only)
- With STR funding: 20,488 naloxone kits distributed, and 8,190 individuals trained as of December 2019
- With SOR I funding: Washington State did not use SOR I funding to purchase and distribute naloxone but instead used it to provide training: 3,468 individuals trained by DOH to administer naloxone from April 2019 to September 2019, and 7,204 individuals trained by DOH to administer naloxone from October 2019 to September 2020
- Peer Pathfinder Projects served 1,962 individuals
- 1,218 individuals received recovery support services (SOR I)
- 6,081 clients received MAT through the OTNs (SOR I)

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