

High-Intensity, Community-Based Teams for Opioid Treatment

Engrossed Substitute Senate Bill 5950; Section 215(136); Chapter 376; Laws of 2024

July 9, 2025

Executive summary

Engrossed Substitute Senate Bill (ESSB) 5950 provided \$1,500,000 of one-time funding for State Fiscal Year (SFY) 2025 and SFY 2026 to establish high-intensity community-based teams serving people with opioid use disorder (OUD) — the High-Intensity Community-Based Opioid Treatment (HICBOT) initiative. The funding's main objective was to significantly increase the administration of long-acting injectable buprenorphine to people at highest risk for overdose. This funding opportunity was open to:

- Existing field-based programs funded with federal state opioid response grants and their subcontractors
- Low-barrier buprenorphine programs
- Street medicine teams

ESSB 5950; Section 215(136) directs the Health Care Authority (HCA) to:

"...submit a report to the office of financial management and the appropriate committees of the legislature summarizing the implementation of this funding and identifying barriers which impact treatment access for people at high risk for overdose including, but not limited to: (a) State and federal regulations; (b) managed care provider network adequacy; (c) contracting practices between managed care organizations and behavioral health providers, including delegation arrangements with provider networks; (d) reimbursement models and rate adequacy; (e) training and technical assistance needs; and (f) other factors identified by the authority. The report must include recommendations for reducing barriers to medication for opioid use disorder, including long-acting injectable buprenorphine."

To address the requirement, this report summarizes the implementation of allocated funding and identifies barriers impacting treatment access for individuals at high risk for overdose.

Implementation

Background and purpose

HCA developed a program and staffing model and subsequently released a Client Services Request package soliciting interest and feedback from the community, as well as an accompanying FAQ (frequently asked questions) and facilitated a statewide webinar. In total, HCA received responses from 24 community-based organizations and behavioral health agencies across the state.

During the site selection process, HCA relied on subject matter experts across the agency to help determine which community-based providers would receive funding, while prioritizing Opioid Treatment Networks, low-barrier buprenorphine programs, and street medicine teams to evaluate their ability to provide comprehensive support, integrating medical treatment with psychosocial services to enhance

recovery outcomes. The allocated funds were intended to contract with the four inaugural sites that would be community-based teams serving individuals with OUD in communities across Washington State.

Contract information

Total funds allocated in the SFY25 budget were awarded through contracts with the intention to utilize SFY26 for continued client services, training, technical assistance, and program evaluation. HCA contracted with four programs who demonstrated existing ability to provide services within the proviso budget. Contractors were determined through a fair and equitable review process in collaboration with HCA Office of Contract and Procurement. Based on input and feedback from the program manager and subject matter expert review panel, the following contractors were chosen: Conquer Addiction, Gather Church, Compassionate Addiction Treatment, and City of Tacoma. The funding provided in these contracts was to develop necessary support staff and implement the required services.

Data elements

Legislative requirements established specific data elements for inclusion in this report. The plan was to collect data through the site's monthly narrative reports, virtual monthly meetings with the HCA contract manager, and by having the sites submit a data collection spreadsheet that included the following data:

- Number of initiations for medication for opioid use disorder (MOUD)
- Medications provided
- Engagement status
- Location of initiation
- Demographics
- Number and location of outreach engagements

HCA had also planned on contracting with an external entity to support data collection and evaluation of these programs.

What's next

Continued funding

The HICBOT initiative did not receive continued funding for the subsequent SFY26. The decision to rescind the contract for SFY26 and pause contracts in progress was made due to the limited time remaining in SFY25 to fully implement a program and awareness of broader state budget conditions that may hinder additional short-term investment. This could have caused confusion for providers and the population being served to start and stop this service, and setting up a program with no guarantee of additional funding in SFY26 would not have been an efficient use of limited state resources. As a result, the current implementation activities were halted, and no additional services, data collection, or programmatic evaluation could be completed beyond the initial planning phase. Without further financial support, the initiative was unable to fulfill its intended scope or advance community-based efforts to increase access to long-acting injectable buprenorphine for individuals at highest risk of overdose.

Addressing barriers

Due to the lack of continued funding, the HICBOT initiative was unable to complete the work required to identify and assess barriers to treatment access as outlined in ESSB 5950. Without resources to support, HCA was not able to fully investigate systemic challenges or develop comprehensive findings in the areas

High-Intensity, Community-Based Teams for Opioid Treatment

July 9, 2025

Page | 2

of data collection, stakeholder engagement, analysis, or produce a comprehensive report on the outcome of this funding and initiative.

Conclusion

HCA saw wide interest from community providers in relation to low-barrier, field-based services for individuals at risk of overdose. This funding provided a unique opportunity to pilot and model an innovative program that could meet non-treatment seeking individuals in places such as permanent supportive housing, shelters, and encampments. HCA plans on using the lessons learned and the core framework for what a HICBOT program could look like to help inform future efforts, such as piloting one site through discretionary grant funding. We understand that this type of work is already taking place in some areas of the state and will continue to partner with state and local interest holders to support goals of increasing the administration and utilization of MOUD, with additional awareness and focus on long-acting injectable agonist options.

Contact

WA State Health Care Authority
Division of Behavioral Health and Recovery
Mail Stop: 42730
Olympia, WA 98504-5503
hca.wa.gov