

State Opioid Response III (SOR III) grant

Overview

The Washington State Health Care Authority's (HCA) Division of Behavioral Health and Recovery (DBHR) leads efforts to continue the services implemented through the State Targeted Response (STR) and Washington State Opioid Response (SOR) I, II and III. DBHR will address the state's opioid epidemic by supporting the [Washington State Opioid and Overdose Response Plan](#) with funds from the SOR III grant.

Objectives

DBHR has developed **prevention, treatment, and recovery support** strategies/objectives.

- Prevent opioid misuse and other drug misuse
- Identify and treat opioid and stimulant use disorders
- 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

SOR III prevention projects

Community prevention and wellness initiative (CPWI)

CPWI provides substance use disorder prevention services and strategies through local coalitions in high-need communities. The SOR III grant funds 22 coalitions to deliver prevention programs and strategies to reduce underage use of opioid, stimulant, alcohol, marijuana, tobacco, and other drugs.

This model uses a data-informed, community-level decision making process to determine root social and emotional causes that predict problem behaviors and prevent substance use disorder. Each CPWI community is also supported with a full-time Student Assistance Professional (SAP) to implement prevention/intervention services in the CPWI school catchment area.

Community-based organization (CBO) enhancement grants

DBHR funds high-need grantees to provide direct prevention services to address opioid use disorder (OUD) through evidence-based programming.

Services include implementing direct service, youth and parenting program(s), the implementation of the statewide Starts with One opioid prevention campaign and participating in National Drug Take-Back Days twice a year.

Public education campaign

The [Starts with One Campaign](#) is focused on opioid use messaging for young adults, parents, and older adults. The purpose of the campaign is designed to educate Washingtonians about prescription drug and opioid misuse and abuse, increase awareness about safe storage and disposal, and increase awareness about how to respond to an opioid overdose.

Prescriber education, training, and workforce development enhancements

DBHR funds the Region 10 Opioid Summit in collaboration with Idaho, Alaska, and Oregon.

The SOR III grant also helps fund the Annual Prevention Summit, Spring Youth Forum, and consultation and training to internal and external Prevention Professionals and Staff for health equity in prevention services.

Fellowship program

DBHR contracts with Washington State University to manage and co-develop the Washington State Fellowship Program. The 10-month Fellowship Program 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 build capacity within high-needs communities to implement opioid and other drug prevention services.

Young adult services

Prevention services delivery for young adults/transition-age youth. This includes young adult evidence/research-based program development and implementation to better serve this population of focus.

SOR III data projects

Community prevention valuation

The goal of this project is to contract with Washington State University (WSU) to develop and disseminate community and state level reports for ongoing CPWI evaluation.

SUD prevention and MH promotion online reporting system

The goal of this project is to support the development and maintenance of an online reporting system to track local data on prevention services, feeding into the overall evaluation of community prevention services.

Research and data analysis division

The goal of this project is to contract with Department of Social Health and Service's Research and Data Analysis division (DSHS-RDA) for a project evaluator and a programmer analyst to evaluate data and coordinate grant-required data collection (data requirements under the Government Performance and Results Act-GPRA), ongoing contract monitoring, and program evaluation.

SOR III treatment projects

Opioid Treatment Networks

Opioid Treatment Networks (OTNs) are second-generation Hub & Spoke treatment networks serving individuals with OUD and/or stimulant use disorder. The thirteen OTNs are positioned to provide medications for opioid use disorder (MOUD) in non-traditional treatment settings.

OTNs were selected through a competitive solicitation process, and include jails, emergency departments, syringe exchanges, and a homeless shelter. OTNs have increased the availability of MOUD across the state. To address regional disparities, many OTNs are in counties not currently being served by the federal- and state-funded Hubs & Spokes.

Technical Assistance/Training

DBHR has contracted with the University of Washington (UW) Addictions, Drug and Alcohol Institute (ADAI) to provide technical assistance and training to support OTN staff through clinical skill-building training and other sessions regarding

82-0485 (10/24)

sustainability. This includes training around new and promising practices that align with principles of harm reduction for priority populations across various intercept points (e.g. carceral settings, emergency departments, and syringe service programs).

DBHR has contracted with WSU to provide on-going training and technical assistance for sites providing contingency management for stimulant use disorder.

Tobacco cessation

DBHR has contracted with Washington State Department of Health (DOH) to provide tobacco cessation services which includes Nicotine Replacement Therapy for individuals with co-occurring opioid and tobacco use disorders.

Grants to Tribal communities

Provides funding to Tribes and Urban Indian Health Programs to address unmet needs of previous state opioid tribal requests. Services include prevention, treatment, and recovery support services activities, harm reduction, and overdose prevention. Funding also paid for the development and continued management of an American Indian & Alaskan Native Opioid Response Workgroup.

OUD treatment decision re-entry services and COORP

The Treatment Decision Model (TDM) project includes funding for MOUD inside correctional facilities. HCA works in partnership with the Washington State Department of Corrections, to implement the following programs:

- **Project #1:** Reentry Post-Release Program is in more than seven correctional facilities across the state. The program provides reentry services for incarcerated individuals being released who have been identified as having a history of opioid use.
- **Project #2:** Care for Opioid Offenders Released from Prison (COORP) and Work Release (WR) will utilize reentry substance use disorder (SUD) professionals to conduct expanded SUD assessments and facilitate treatment decision-making for incarcerated individuals identified as opioid users at reentry. The program prioritizes increasing warm hand-off referrals to OUD

service providers and ensuring treatment retention.

OTN Hub & Spoke

Opioid Treatment Network (OTN) Hub & Spoke treatment networks serve individuals with OUD and/or stimulant use disorder. Hubs are regional centers serving a defined geographical area that support spokes. Hubs will be responsible for ensuring at least two of the three Federal Drug Administration (FDA) approved MOUD are available. Spokes (five per hub) are facilities that provide behavioral health treatment and/or primary healthcare services, wrap around services, and additional service referrals to individuals referred by the hub.

Tribal treatment media campaign

The SOR grant provides funding to Desautel Hege (DH) to create and distribute tribal treatment media campaigns. Current campaigns include the Tribal Opioid Solutions Campaign- addressing stigma and treatment and “stigma as a barrier to treatment,” as part of the “For Our Lives” Campaign: <https://fornativelives.org/>.

SOR III recovery support services projects

Technical Assistance/training for recovery support services will be provided to client, peers, and staff at:

- Catholic Community Services in Burlington
- Everett Recovery Café
- Peer Washington (Peer Seattle and Peer Spokane)
- Comprehensive Healthcare
- Okanogan Behavioral Healthcare
- Community Minded/Spokane Recovery Cafe
- Recovery Café Clark County

Client-directed Recovery Support and Peer Services

Direct recovery support services are contracted with the seven agencies listed above. Services are person-directed and include peer services, recovery coaching, and recovery planning. Additional services (employment support, housing support, mentoring, dental care not covered by Medicaid,

medical care not covered by Medicaid, basic needs, education support, transportation, and other supportive services) are provided based on individual needs and requests for support. Every individual will have access to trained peers and mutual support groups that are specific to OUD. Each site has a connection with an MOUD provider in the community.

Peer PathFinder project

The Peer PathFinder Project builds on the already established DBHR Projects for Assistance in Transition from Homelessness (PATH) program to provide SUD peer recovery support in emergency departments and homeless encampments. The project links individuals to treatment options to include MOUD.

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

SOR III eligibility

Key populations of focus for prevention are communities and schools with elevated substance use risk scores. Risk scores consider opioid prevalence, opioid prescribers, and tribal communities.

Key population of focus for treatment include Individuals with OUD and stimulant use disorder. This grant also requires screening, testing, referral, and/or treatment for viral hepatitis and HIV services. Priority populations include intravenous drug users and pregnant persons.

Primary focus for Recovery Support Services are individuals with a history of overdose, or opioid or stimulant use.

Authority

Federal Substance Abuse Mental Health Services Administration, Catalog of Federal Domestic Assistance (CFDA) number is 93.788.

Budget

SOR III total grant amount is \$27,480,888 for year two.

Total amount for program development:
\$24,732,799

- Prevention: \$4,946,560
- Treatment: \$14,839,680
- Recovery Support Services: \$4,946,560

People served

Prevention

In the second year of the SOR III Grant, 1,803 participants were served through evidence-based programs, coalition activities, and trainings with SOR II through the CPWI Program, with another 379,607 served through environmental/information dissemination strategies and over 23 million people were reached through our Starts with One campaign. We served 6,696 students through school-based prevention and intervention services. We served another 901 program participants through evidence-based programs with our community-based organization (CBO) grants.

Treatment: In year two of the SOR III Grant-the OTN Hub & Spoke project served 942 unduplicated individuals and 967 MOUD induction events; 563 had stimulant use disorder and of those, 728 received treatment within the Hub & Spoke network. Within the OTN project, there were 3,700 unduplicated individuals and 4,540 events; 3,301 had stimulant use disorder and of those, 824 received treatment within the.

There are two Washington State Department of Corrections (DOC) contracted projects. The first project, the COORP and WR program, recorded 1,934 unduplicated individuals and screening events, 902 started MOUD. There were 2,013 screenings, 511 referrals, and 178 enrollments.

The second DOC project, Re-Entry Post Release, recorded 2582 screening events, with 1778 individuals served, and, of those, 483 opted for a referral for MOUD treatment.

Recovery support services

For SOR III, providers collected unduplicated clients, screenings, referrals, enrollments, and eligible clients. In SOR III, of the individuals screened 773 individuals were enrolled in recovery services. Each enrolled person received individualized support services and mutual support groups specific to, and in support of, their recovery

plan and goals. Peer support was provided to all 773 individuals.

Oversight

Internal

Division of Behavioral Health and Recovery

External

Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention

More information

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www.theathenaforum.org/rx

www.getthefactsrx.com

<https://fornativelives.org/>