

# Distributors Settlement Recommended Budget

💰 Total amount available 2023 - 2025: \$53,836,378

Project Title	Agency	Description	Total	Year 1	Year 2	% of first 2 payments	State Plan Strategy	Exhibit E	SURSA Plan Recommendations
<b>State Administrative Funds</b>	HCA/DOH	Funding will be used to support staffing needs to support planning and implementation of opioid settlement funds, including community engagement, if not funded elsewhere in the plan.	\$2,691,818.90	\$1,345,909	\$1,345,909	5.00%		Schedule B Sec. J.1; J.3; J.4	
<b>Tribal &amp; Urban Indian Organization Set Aside</b>	HCA/DOH	This set aside is for Tribes to use as they see fit to benefit their communities. The process for using these funds has not yet been determined by Tribes.	\$5,383,637.80	\$2,691,819	\$2,691,819	10.00%	Supports the activities of the AI/AN Workgroup. Once specific proposals are identified, specific strategies supported can be enumerated. Goal 5 5.4.1		
<b>Data, surveillance, and evaluation</b>	DOH	Creation of an overdose/public health data surveillance data dashboard and development of a State Opioid and Overdose Response Plan (SOORP) data collection, evaluation, and usage plan that would support DOH with continually monitoring and improving the SOORP through regular metric reviews and reporting of progress on plan activities, and in particular opioid settlement efforts.	\$2,691,818.90	\$1,345,909.45	\$1,345,909.45	5.00%	Goal 4, Strategy 3 4.3.1; 4.3.8 Goal 4, Strategy 4 4.4.1; 4.4.4	Schedule A, Item I; Schedule B, Sec. J.1; J.2; Sec. L.1; L.4	
<b>Public Education Campaign</b>	HCA/DOH	Development of health promotion and education campaign, with a focus on synthetic drug supplies, including fentanyl, and accurate harm reduction messaging for communities, law enforcement, and others as specified that improves the public perception of PWUD by reducing stigma; funding could be available to BIPOC and LGBTQ+ communities that are disproportionately affected by overdose so they can develop culturally sensitive messaging and education for their communities about overdose and related topics.	\$3,768,546.46	\$1,884,273.23	\$1,884,273.23	7.00%	Goal 2 2.1.1; 2.1.2 Goal 5 5.4.1	Schedule A, Item G; Schedule B, Item G	Recommendation 12 <a href="https://hca.wa.gov/assets/sursac-plan-recommendation-twelve%20.pdf">hca.wa.gov/assets/sursac-plan-recommendation-twelve%20.pdf</a>
<b>Legal Systems training and support</b>	HCA	Fentanyl technical assistance and trainings for LEO, courts, corrections settings that includes addressing rampant misinformation about the harms of fentanyl exposure among LEOs and first responders and training on the appropriate use of naloxone.	\$1,076,727.56	\$538,364	\$538,364	2.00%	Not a specifically enumerated strategy, but as this issue has come up over the last two years, it should be added in the next iteration.	Schedule A Sec. B.3; Schedule B Sec. H.3; Sec. H.12; Sec. J.1; Sec. I.1	
<b>Prescription Opioid Education</b>	HCA	Through extensive efforts of the state agencies and prescriber community, overall opioid prescribing has declined significantly in WA; however, prescription related-opioid deaths still account for a quarter of the total opioid deaths. Given the evolving nature of the epidemic and advances in understanding pain management, continued support for provider training and education is necessary to reduce inappropriate prescriptions while maintaining access for patients that need them. The workgroup recommends funding for the following three activities: <ul style="list-style-type: none"> <li>WSU College of Nursing's initiative to develop and disseminate web-based opioid and pain prevention trainings for all WA state health science students, develop a web-based central repository of resources for pain self-management for patients, providers and community member and offer evidence-based programs to help primary care providers better manage pain patients, allowing them to keep their patients on chronic opioid therapy.</li> <li>WSMA/WSHA's Better Prescribing Better Treatment initiative that provide feedback to improve prescribing patterns. This peer-to-peer, clinician-driven program. WSMA/WSHA would like to expand to include more prescribers in our state and to add reporting and education around co-prescribing opioids with other controlled substances, and chronic pain management.</li> <li>L&amp;I/UW Occupational Epidemiology &amp; Health Outcomes Program (UW OEHOPE)'s evaluation of the implementation of Bree Collaborative opioid guidelines to prevent inappropriate opioid prescribing. This work can identify opportunities to improve implementation at the payor, healthcare system and provider level.</li> </ul>	\$1,076,727.56	\$538,364	\$538,364	2.00%	Goal 1, Strategy 2 1.2.3; 1.2.4; 1.2.5; 1.2.6; 1.2.8	Schedule A Sec. G.3; Schedule B Sec F.1; Sec. G.5; Sec. G.6; Sec. G.8	

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<b>Professional Continuing Education regarding fentanyl</b>	HCA	Fentanyl education that describes the biological properties of fentanyl and implications for medications for OUD, as well as the psychosocial and environmental factors that influence fentanyl use, services utilization, and medication utilization.	\$1,076,727.56	\$538,364	\$538,364	2.00%	Goal 3, Strategy 1 3.1.5	Schedule A Sec. H.4; H.12; H.13 Sec. K.1	
<b>SSP stabilization support</b>	DOH	Harm reduction programs in WA are not funded at the level of current need for these interventions and are often unable to cover the basic costs such as rent, insurance, staffing and other operations costs. Up to 1,000,000 of these funds will be used to support the purchase of harm reduction supplies, including naloxone.	\$5,598,983.31	\$2,799,492	\$2,799,492	10.40%	Goal 3, Strategy 3 3.3.4; 3.3.6; 3.3.8; 3.3.9	Schedule A Sec. H.1; Schedule B Sec. H.1; H.2; H.3; H.9; H.10	
<b>SSP operation stabilization support &amp; Health Engagement Hubs for PWUD</b>	DOH	This funding will be used to support and improve the operational capacity of SSPs across Washington by providing for unmet operational resource needs and establishing approximately 4 new health engagement hubs. Supporting and improving the capacity of SSPs will have an immediate impact on access to services and quality of care. Health engagement hubs, once established, will critical impact on the provision of services that will reduce overdose mortality, increase access to SUD treatment and recovery services and provide comprehensive health care and social services for people who use drugs (PWUD). DOH will establish a tiered RFP that would outline a process that will offer the needed support to SSPs taking into consideration variability in size, location, resource need, and services offered. Up to 10% of this funding will be used to support these efforts in Tribal communities.	\$13,459,094.50	\$6,729,547	\$6,729,547	25.00%	Goal 3, Strategy 2: Health Hubs are a system level improvement to increase availability of naloxone. Should be added as an activity in next version of SOORP Goal 3, Strategy 3 3.3.2; 3.3.6; 3.3.8; 3.3.9	Schedule A Sec. A.1; A.2; Sec. C.3; Sec H; Schedule B Sec. A.1; A.5; Sec. B.2; B.7; Sec. C.10; C.11; Sec. H.1; H.2; H.3; H.5; H.9; H.10; H.11	Recommendation 7 <a href="https://hca.wa.gov/assets/sursac-plan-recommendation-seven.pdf">hca.wa.gov/assets/sursac-plan-recommendation-seven.pdf</a>
<b>Emergency Department linkages to treatment and recovery supports</b>	HCA	Establishment of a Emergency Department bridge program for emergency departments to support staffing, clinical consultation for SUD, and linkage to recovery support services and services following acute SUD events. The bridge program will accomplish this by allowing ED systems and providers to directly obtain real-time clinical consultation and discharge planning with an electronic referral and appointment scheduling tool.	\$3,014,837.17	\$1,507,419	\$1,507,419	5.60%	Goal 2, Strategy 2 2.2.1; Goal 3, Strategy 1 3.1.8; Goal 5, Strategy 3 5.3.4	Schedule A Sec. E.1; E.2; Schedule B Sec. C.5; C.6;	
<b>Opioid Treatment Program expansion</b>	HCA	Expansion of OTP facilities with opportunity available to any applicant, with priority given to rural, frontier, tribes(fixed or mobile). Depending on OTP type (fixed location or mobile), the number of OTPs that could be established is variable.	\$3,768,546.46	\$1,884,273	\$1,884,273	7.00%	Goal 2, Strategy 2 2.2.1; 2.2.4; 2.2.8	Schedule A Sec. B.1; Schedule B Sec. A.1; A.5	Recommendation 15 <a href="https://hca.wa.gov/assets/sursac-plan-recommendation-fifteen.pdf">hca.wa.gov/assets/sursac-plan-recommendation-fifteen.pdf</a>
<b>MOUD technical support for jails</b>	HCA/DOH	Support for MOUD access in jails (sublocade) along with an FTE support to support regulatory navigation support for health care/pharmacy.	\$538,363.78	\$269,182	\$269,182	1.00%	Goal 2, Strategy 4 2.4.1	Schedule A Sec. F.1; F.2; Schedule B Sec. D	

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<b>Pregnant, Parenting &amp; Families with Children (PPFC) Support</b>	DOH	<p>DOH: \$2 million over two years to coordinate system changes through the PPFC workgroup, including a gap analysis/needs assessment that looks at services and outcomes by community. Funding will support 2.5 FTEs (nurse, epidemiologist, and program staff) Leverage recent birth certificate and CHARS data linkage to do a data analysis and create an online data tableau. Half of funding would support contracting with hospitals to support the work required for hospitals to transform the way they provide SUD care at birth.</p> <p>DOH: \$420,018 housing supports for PPFC/SUPP residential facilities while they are waiting to enter programming are or being discharged.</p> <p>WSHA: \$66,800 one-time funding needed to WSHA to support smaller critical access hospitals to integrate into QI data systems. WSHA and DOH have stood up bimonthly QI training and data collection/reporting for 46 hospitals, without funding, through an existing birth QI partnership and these funds will support the data reporting and EMR (universal screening) integration at birthing hospitals.</p> <p>DCYF: \$205,000 one-time funding needed to improve the plan of safe care according to CAPTA standards. At the end of 2019 DCYF began working with state/community partners to create a new notification pathway so infants who are born substance exposed (mothers and birth parents stable on MOUD) can receive voluntary wrap around services and a notification (this meets federal mandates without creating a CPS report). They have created funding for this program and the wrap around services and they are asking for funding to expand the IT infrastructure for the online notification/referral portal and to train hospital clinicians (mandated reporters) on the new policy and program.</p>	\$2,691,818.90	\$1,345,909	\$1,345,909	5.00%	Goal 2, Strategy 3 2.3.7	Schedule A Sec. C.2; C.3; Schedule B Sec. E.1; E.2; E.3; E.6	
<b>Workforce Support</b>	HCA	Establishment of an scholarship program available to BIPOC communities for tuition associated with obtaining SUDP, peer specialist, and/or behavioral health related certifications or college degrees to address workforce shortages in disparately impacted communities and increase engagement in communities with significantly high OD rates compared to state averages.	\$1,615,091.34	\$807,546	\$807,546	3.00%	Goal 2, Strategy 2 2.2.7; Goal 5, Strategy 3 5.3.1	Schedule A Sec. B.15; Schedule B Sec. A.11	Recommendation 8 <a href="https://hca.wa.gov/assets/sursac-plan-recommendation-eight.pdf">hca.wa.gov/assets/sursac-plan-recommendation-eight.pdf</a>
<b>Housing Support</b>	HCA	Funding will be used to support expansion Housing First supports that includes master leasing for to provide housing and site staff supports that includes peer support specialists, homeless outreach, and program support staff.	\$2,691,818.90	\$1,345,909	\$1,345,909	5.00%	Goal 2, Strategy 2 2.2.8; 2.4.5; Goal 5, Strategy 2 5.2.1; 5.2.2	Schedule A Sec. B.4; Sec. E.4; Schedule B Sec. B.1; B.2; B.4; Sec. C.10; Sec. E	
<b>Prevention Capacity Expansion (high risk communities)</b>	HCA	Funding will provide grants to new communities, schools and tribal areas for prevention services for youth, young adults and families through our evidence-based outcome driven model for community and school-based services, community prevention and wellness initiative (CPWI), and community-based (CBO) grants. Funding supports the addition of 10 new communities/school districts in high risk/high need areas to CPWI and make up to 15 new CBO grants available in high risk/high need prioritized areas. This will also provide expanded services specifically for young adults in a minimum of 2 statewide programs, and additional programs as funding is available. We will use evidence-based, research-based/informed, and promising programs and practices.	\$2,691,818.90	\$1,345,909.45	\$1,345,909.45	5.00%	Goal 1, Strategy 1 1.1.1; 1.1.2; 1.1.3; 1.1.4; 1.1.6	Schedule B Sec. G.5; G.6; G.7; G.8; G.10	

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