

# State Efforts to Address Substance Use Disorders

Robert Morrison, Executive Director, NASADAD

March 21, 2022

Milken Institute School of Public Health

George Washington University

# Overview of NASADAD

- NASADAD's mission is to promote effective and efficient publicly funded State substance use disorder prevention, treatment, and recovery systems.
- Office in Washington, D.C.
  - Research and Program Applications Department
    - Research Department houses component groups: prevention, treatment, women's services, and SOTAs
  - Public Policy Department
- Governed by Board of Directors
  - Sara Goldsby (SC), President
  - Cassandra Price (GA), Public Policy Committee Chair

# What do we do?



Serve as the national voice of State substance use agencies



Foster partnerships among States, federal agencies, and other key national organizations



Develop and disseminate knowledge of innovative substance use programs, policies, and practices



Promote key competencies of effective State substance use agencies



Promote increased public understanding of prevention, treatment, and recovery processes and services

# NASADAD Component Groups

Under the  
NASADAD umbrella  
are special interest  
groups that  
represent State  
alcohol & drug  
agency staff:



Prevention  
Coordinators



Treatment  
Coordinators



Women's Services  
Coordinators



State Opioid  
Treatment  
Authorities (SOTAs)



Youth  
Coordinators



HIV Coordinators

# Placement & Role of State Alcohol & Drug Agencies





# Substance Abuse Prevention and Treatment (SAPT) Block Grant

- Historically a \$1.8 billion formula grant administered by SAMHSA
- The Block Grant received a \$50 million increase in fiscal year (FY) 2022 (\$1.908 billion)
- Supports treatment for 2 million Americans per year
- 20 percent set-aside for primary prevention
- Flexible program that allows each State to direct resources for prevention, treatment, and recovery to meet their own needs
- Infrastructure for efficient and effective management and allocation of funds



# STATE TARGETED RESPONSE (STR) AND STATE OPIOID RESPONSE (SOR) GRANTS

- 21<sup>st</sup> Century Cures Act authorized account for State Targeted Response (STR) to the Opioid Crisis Grants
  - \$500 million in FY 2017 (year 1)
  - \$500 million in FY 2018 (year 2)
- Additionally, in FY 2018, appropriators allocate , above and beyond year 2 of STR, "\$1 billion in new funding for grants to States to address the opioid crisis"--the State Opioid Response (SOR) grants.
  - \$1.5 billion in FY 2021
  - \$1.525 billion in FY 2022
- The program aims to address the opioid crisis by increasing access to medication-assisted treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD)
- In FY 2020, Congress made stimulants an allowable use of funds under SOR

## FEDERAL POLICY PRIORITIES

Substance Abuse and Mental Health Services Administration (SAMHSA)

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Workforce

Linkage to State alcohol and drug agencies



## STATE-BASED WORK RELATED TO OPIOID CRISIS

- State Opioid Response (SOR) Grant
  - Originally began known as State Targeted Response to the Opioid Response (STR) Grants
  - Created in the 21<sup>st</sup> Century Cures Act (P.L. 114-255)
  - Created a \$1 billion account split between FY 2017 and FY 2018
  - Congress added \$1 billion to the account in FY 2018
  - Distributed to States via formula

# STATE USE OF SOR FUNDS

- NASADAD developed State profiles in 2019 describing use of SOR funds
- 47 States responded
- Information divided into categories
  - Prevention
  - Treatment
  - Overdose reversal
  - Recovery support

## USE OF SOR FUNDS: PREVENTION

- 94 percent or 47 States are using SOR funds to support educational programs that included prescriber education
- 92 percent or 46 States using SOR funds to support information dissemination through media campaigns, community health fairs, speaking engagements and material distribution
- 84 percent or 42 States are using SOR funds to support community coalitions, task forces, and community forums
- 48 percent or 24 States are using SOR funds to support environmental strategies including PDMPs, drug deactivation pouches, medication lockboxes, take back events
- 38 percent or 19 States are using SOR funds to support Screening, Brief Intervention and Referral to Treatment
- 14 percent or 7 States are using SOR funds to support alternative activities such as sober activities, provider training, non-opioid pain medications

## SOR FUNDS AND PREVENTION: EDUCATIONAL PROGRAMS

- The **Michigan Department of Health and Human Services** has implemented statewide training and expanded evidence-based prevention programming. The state is utilizing Strengthening Families, an evidence-based substance use prevention program targeting 10-14-year-olds and their families.
- Other evidence-based programs implemented under SOR funding include Botvin's Life Skills, Prime for Life, Guiding Good Choices, and Project Toward No Drug Abuse.
- They also implemented evidence-based prevention programs that target adults aged 55 and older and provide education aimed at reducing high-risk behaviors. Programs include Stress Less with Mindfulness, Chronic Pain Self-Management, and Wellness Initiative for Senior Education.

## SOR FUNDS AND PREVENTION: INFO DISSEMINATION

- The **Connecticut Department of Mental Health and Addiction Services** has provided 75 mini-grants to community coalitions across the state to disseminate “Change the Script” materials to parents, prescribers, pharmacists, dentists, and veterinarians.
- This statewide public awareness and educational campaign has increased awareness among the general public about opioid use, misuse, and overdose.
- The campaign was deployed across billboards, TV and radio stations, social media, and mall and bus advertising. The campaign has been customized for prescribers, funeral homes, realtors, libraries, and construction trades.

## SOR FUNDS AND PREVENTION: COMMUNITY BASED ORGS

- The **Kentucky Department for Behavioral Health, Developmental & Intellectual Disabilities** has added prevention support staff to strengthen the 14 Regional Prevention Centers (RPCs) to help align coalition efforts and shape community efforts.
- Collaboration Specialists work to engage and equip community coalitions and stakeholder agencies to become more effectively involved in opioid prevention efforts.
- Youth Empowerment Specialists work to empower young people to become part of the solution to problems within their communities. In addition, seven interns have been placed to support opioid prevention across the state to increase the number of professionals entering the prevention field with an expertise in opioid use disorder (OUD) prevention.

# SOR FUNDS AND TREATMENT

- 88 percent or 44 States used SOR funds to support Medication Assisted Treatment Service Expansion
- 66 percent or 33 States used SOR funds to support expand service delivery models across the spectrum of care
- 64 percent or 32 States used SOR funds to support services to justice-involved populations with OUD
- 60 percent or 27 States used SOR funds to support workforce development
- 50 percent of 25 States used SOR funds to support telehealth for patients with OUD
- 48 percent or 24 States used SOR funds to support services to pregnant and post-partum women with OUD

## SOR FUNDS AND TREATMENT: MAT EXPANSION

- **In North Carolina, the Department of Health and Human Services (DHHS)** has utilized over two-thirds of STR and SOR funding to expand access to MAT to uninsured individuals within the state. Prior to STR funding, North Carolina operated 53 OTPs—the majority of which were private pay programs. As of April 2019, there are 77 OTPs in operation statewide providing all three FDA-approved medications which more than half of (40) have contracts with managed care organizations (MCOs) for uninsured individuals. This has led to 20,000 individuals obtaining services daily. Additionally, several MCOs have extended contracts to OBOTs to better serve rural communities.



## SOR FUNDS AND TREATMENT: SERVICE DELIVERY MODELS

- With SOR funding, the **Washington State Division of Behavioral Health and Recovery (DBHR)** has expanded accessibility to OUD treatment by establishing delivery systems through Opioid Treatment Networks (OTNs) with 17 contracted organizations (eight emergency departments, five jails, two syringe support programs, one shelter, and one fire department). Funds have supported the OTN infrastructure, staffing, coverage of MAT medications, and linkage procedures to community-based providers.
- In addition, DBHR used STR and SOR funding to develop six hub and spoke models statewide to increase access to MAT, SUD treatment and/or primary healthcare services, wrap around services, and referral systems. As of April 2019, 1,752 individuals have received MAT through the OTNs, and an additional 5,943 individuals have received MAT through the Hub & Spokes.

## SOR FUNDS AND TREATMENT: JUSTICE-INVOLVED POPULATIONS

The **New York Office of Alcoholism and Substance Abuse Services (OASAS)** has used SOR funds to support MAT for individuals reentering communities from 20 local correctional facilities and three state facilities. Through a collaboration between OASAS and the New York State Department of Correction and Community Supervision (NYSDOCCS), DOCCS facilities have partnered with OASAS certified SUD treatment providers to facilitate the provision of SUD treatment. Eligible returning individuals receive SUD counseling, the option to begin MAT during detainment, education and resources on MAT, and a person-centered discharge plan for linkage to community-based treatment.

As of April 2019, 1,958 individuals in local correctional facilities have received SUD counseling and educational resources on MAT. Of these, more than half (1,356) have received a person-centered plan for linkage to community-based treatment upon correctional release with 49% (667) admitted to treatment post-release. An additional 631 individuals in state correctional facilities received SUD counseling and educational resources on MAT and a total of 145 of these individuals received a naltrexone injection as well as a person-centered care plan.

## SOR FUNDS AND TREATMENT: TELEHEALTH

- As a collaborative effort, the **California Department of Health Care Services (DHCS)** has used SOR funds to partner with American Indian and Alaska Native community stakeholders to implement a Tribal MAT Project. Under this project, which addresses the culturally unique needs of AI/AN populations, TeleWell Behavioral Medicine has used telehealth technology to provide psychiatric and addiction medicine services at tribal and urban Indian health programs. This initiative facilitates the provision of MAT to AI/AN patients with OUD and includes clinical assessment, drug screening, induction, prescribing, evaluation and management, psychosocial, and co-occurring psychiatric treatment services. Additionally, TeleWell offers monthly office hours for telemedicine support and clinical consultation regarding MAT care delivery. Through March 2019, tele-MAT services have been implemented in 15 new Indian Health Providers (IHP).

## SOR FUNDS AND OVERDOSE REVERSAL

- 94 percent of 47 States used SOR funds to support naloxone purchase and distribution to first responders, EMS, fire, law enforcement, criminal justice veterans orgs, schools, universities, SUD treatment programs and more
- 28 percent of 14 States used SOR funds to support capacity building
- 24 percent or 12 States used SOR funds to support public awareness and materials development
- 10 percent or 5 States supported post-overdose programs

## SOR FUNDS AND OVERDOSE REVERSAL: NALOXONE

- The **Florida Department of Children and Families (DCF)** has used STR funds to implement the Overdose Prevention Program (OPP) – a state program that provides access to naloxone kits to community-based organizations that serve individuals at risk of experiencing an opioid overdose and to friends and family who may witness an overdose. In addition, OPP provides overdose recognition and response training to participating organizations. As of 2019, there are 96 enrolled OPP organizations, including substance use and mental health treatment providers, homeless service organizations, harm reduction programs, recovery organizations, emergency departments, federally qualified health centers, and other community-based organizations.
- Through April 2019, OPP has conducted 49 overdose prevention and response training events that educated 1,643 individuals and purchased and distributed approximately 56,595 naloxone kits, including 5,000 kits for law enforcement agencies. Efforts have led to an estimated 2,647 reported overdose reversals. The SOR grant continues to support OPP's efforts, with an estimated \$3.5 million set to be allocated for naloxone kits each year of the grant.

## SOR FUNDS AND OVERDOSE REVERSAL: CAPACITY BUILDING

- The **Nevada Department of Health and Human Services, Division of Public and Behavioral Health (DPBH)**, has used STR funds to expand their naloxone distribution sites from two syringe service programs to three treatment hubs, eight community coalitions, four community-based organizations, and one jail. STR funding has also supported the development of an opioid spike action plan involving a real-time overdose mapping system. Planning efforts have brought numerous community stakeholders together across various counties to begin implementing the tool. In 2018, the overdose reversal tracking tool began seeing increased utilization across several agencies. As of April 2019 at least one agency in each county of Nevada has signed up for this mapping tool, expanding collaboration efforts to 45 agencies across the state.

## SOR FUNDS AND OVERDOSE REVERSAL: POST-OVERDOSE

- The **Massachusetts Department of Public Health (MDPH)** has used STR funds to support and expand their Boston-based Post Overdose Support Team (POST) initiative. POST aims to connect with individuals and families through in-person, home-based outreach following a 911 call for an overdose. Outreach events may result in substance use disorder treatment placements, family recovery support services referrals, or overdose prevention and naloxone training. Funded efforts include onboarding more personnel (e.g., harm reduction specialists and first responders), improving coordination between various treatment agencies, and expanding the team's community outreach hours. As of April 2019, three funded POST sites have reported making contact with approximately 418 individuals located at addresses where an overdose occurred. With SOR funding, POST continues to expand and enhance their three existing community-based first responder follow-up programs.

# SOR FUNDS AND RECOVERY SUPPORT INITIATIVES

- 76 percent or 38 States used SOR funds to support recovery coaches/peer support specialists
- 50 percent or 25 States used SOR funds to support recovery housing
- 30 percent or 15 States used SOR funds to support patients with access to recovery specialists after experiencing an overdose
- 22 percent or 11 states used SOR funds to support reentry programs
- 16 percent or 8 States used SOR funds to support recovery community organizations (RCOs)



# SOR FUNDS AND RECOVERY SUPPORT INITIATIVES: RECOVERY COACHES

- In **Rhode Island, the Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH)** has used SOR funds to continue expanding their peer-driven emergency department (ED) program, AnchorED. Utilizing the peer support model, peer recovery coaches are deployed to connect individuals with reported opioid-related overdose to recovery and treatment services. Recovery coaches facilitate linkage to withdrawal management, hospital-based and outpatient SUD treatment, MAT, and residential treatment. Additionally, AnchorED staff provide overdose prevention education, naloxone administration training, and follow-up with discharged individuals for at least 10 days to ensure treatment engagement. Other recovery support services include connecting individuals to housing, homeless assistance programs, employment assistance programs and job training. In 2018, AnchorED recovery coaches counseled more than 1,700 overdose survivors, with 82% of them deciding to engage in recovery support services upon ED discharge. As of April 2019, AnchorED's 24/7 on-site peer support services are available to all 12 hospitals in Rhode Island.

# SOR FUNDS AND RECOVERY SUPPORT INITIATIVES: RECOVERY COACHES

- In Rhode Island, the Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH) has used SOR funds to continue expanding their peer-driven emergency department (ED) program, AnchorED. Utilizing the peer support model, peer recovery coaches are deployed to connect individuals with reported opioid-related overdose to recovery and treatment services. Recovery coaches facilitate linkage to withdrawal management, hospital-based and outpatient SUD treatment, MAT, and residential treatment. Additionally, AnchorED staff provide overdose prevention education, naloxone administration training, and follow-up with discharged individuals for at least 10 days to ensure treatment engagement. Other recovery support services include connecting individuals to housing, homeless assistance programs, employment assistance programs and job training. In 2018, AnchorED recovery coaches counseled more than 1,700 overdose survivors, with 82% of them deciding to engage in recovery support services upon ED discharge. As of April 2019, AnchorED's 24/7 on-site peer support services are available to all 12 hospitals in Rhode Island.

## SOR FUNDS AND RECOVERY SUPPORT INITIATIVES: RECOVERY COMMUNITY CENTERS

- The **Massachusetts Bureau of Addiction Services** used STR funds to implement a peer-based support model for pregnant, post-partum, and parenting women. Known as Families Recovery, this peer recovery support model deploys a team consisting of a peer recovery coach and a clinician in six state-funded recovery support centers. The project aims to improve access to MAT for pregnant and parenting women and their families and supports women's efforts to maintain custody and reunify families. Through April 2019, 260 individuals and their families have been served; an additional 240 women and their families are projected to receive services in the next two years.

## SOR FUNDS AND RECOVERY SUPPORT INITIATIVES: REENTRY

- Another holistic recovery approach geared towards special populations is the Support Team for Addiction Recovery (STAR) program, funded by STR grants through the **New Jersey Division of Mental Health and Addiction Services (DMHAS)**. One of the aims of the STAR program is to help maintain justice-involved individuals with an OUD in recovery. The STAR initiative, comprised of two case managers and two recovery specialists, provided reintegration services to opiate-dependent individuals released from jails across 10 STAR programs statewide. Services involved assistance with housing, transportation, employment, education, health care, childcare, and legal issues.

# COMING SOON

- New profiles to be released by the end of April
- Look for the products at [www.nasadad.org](http://www.nasadad.org)

## MAJOR WORK MOVING FORWARD

- Continued increase in overdose deaths
- 988/crisis services
- Addressing workforce shortage
- Federal level: Reauthorization of SUD and MH programs

# DIALOGUE



CONTACT: [RMORRISON@NASADAD.ORG](mailto:RMORRISON@NASADAD.ORG)



[WWW.NASADAD.ORG](http://WWW.NASADAD.ORG)



(202) 293-0090