

# 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): Arizona Health Care Cost Containment System

In FY 2017 and FY 2018, the Arizona Health Care Cost Containment System received a total of \$24.2 million in STR funds. From FY 2018 through FY 2020, Arizona received a total of \$82.3 million in SOR funds.

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

STR and SOR funds are used in Arizona to support projects across prevention, treatment, and recovery, with the goal of reducing the prevalence of OUD and overdose. Objectives include increasing access to naloxone; expanding provider, stakeholder, and community-based education and training; increasing timely access to MAT; and increasing recovery support services.

### Innovative service delivery models

- Statewide coordinated primary prevention approach
- Project ECHO
- Expansion of MAT
- Community naloxone distribution project
- 24/7 Opioid Treatment On-Demand Centers

## Building workforce capacity

The state has implemented trainings to enlist new buprenorphine-waivered providers and provided practice consultation to support new providers.

### Project ECHO

Arizona implemented Mountain ECHO, with the primary objective being to increase access to treatment and coordination of care for individuals living with substance use disorder (SUD) in northern Arizona by providing support through education and collaborative case consultations. The state also implemented MAT ECHO, which is specifically designed to provide the knowledge, support, and resources necessary to increase the capacity and confidence of providers to effectively practice MAT.

### The Opioid Assistance and Referral Line

The Opioid Assistance and Referral Line allows patients, providers, and family members to receive information about opioids, local resources, and referrals 24/7 from local experts. Providers with complex opioid cases can call for consultation on how to manage cases safely, academic detailing on existing data, and virtual case management for prescribers with problematic prescribing patterns.

### The University of Arizona Beyond Addiction Telementoring Program

Arizona used grant funds to implement the University of Arizona Beyond Addiction Telementoring Program, which connects local and national peers who are working to solve the SUD health crisis in women. The interactive webinar series brings together experts in the field and practitioners from the front lines to share the latest in evidence-based practice and expert experiences.

## Collaborating with public and private entities

Local collaborations have occurred through community coalition meetings, town halls, task forces, presentation forums, strategic planning sessions, stakeholder meetings, and community panel discussions.

## Preventing opioid and stimulant misuse before it starts

Arizona used STR and SOR funding to implement a range of prevention activities, including prescriber education; training and practice consultation; the statewide Opioid Assistance and Referral line; Screening, Brief Intervention, and Referral to Treatment (SBIRT) screenings; trauma-informed prevention training and implementation; and youth and family evidence-based programming.

### PAX Good Behavior Game

PAXIS Institute provides training and implementation of the PAX Good Behavior Game evidence-based program that teaches self-regulation and coping skill development in children with demonstrated results for improving behavioral, academic, and lifetime outcomes, including long-term and sustainable reductions in youth and early adult opioid use.

### Collaborating with local coalitions

Grant funds allowed for the development of a statewide primary prevention approach to address the psychostimulant and critical primary prevention gaps in the opioid epidemic at the local level in Arizona. The projects are developed, implemented, and monitored for efficacy by the Substance Abuse Coalition

Leaders of Arizona (SACLAZ) and ensure that all local substance use prevention coalitions in the entire state of Arizona have a unified approach to addressing psychostimulant and emerging opioid misuse issues, as well as the appropriate resources to create a surround-sound prevention effect on these issues throughout the entire state.

The STR/SOR Project Director and the State Opioid Coordinator interface with the coalitions regularly, including by attending local coalition meetings and the statewide Substance Abuse Coalitions of Arizona meeting. The Governor’s Office of Youth, Faith, and Family are administering STR/SOR dollars to support the coalitions’ implementation of a prevention toolkit, as well as additional trauma-informed prevention activities in their local communities.

## Education and public awareness

### Statewide Prevention Toolkit

The state used STR/SOR grant funds to fund coalition leaders’ efforts to develop a toolkit to aid communities in preventing and reversing overdoses. The toolkit contains educational materials and resources that can be customized for each community the coalition serves. Implementation includes a statewide public awareness campaign for naloxone. Arizona has also implemented a statewide chronic pain self-management campaign and community-based education.

## Overdose reversal efforts: saving lives

STR/SOR funds have been used to provide naloxone to law enforcement, county jails, county public health departments, and community coalitions. Funds have also been used to expand the existing community naloxone distribution project that provides naloxone training and distribution statewide. Through STR/SOR, the state agency has distributed 187,994 kits and has had 19,558 overdose reversals.

## Increasing access to treatment

### Access to Opioid Treatment Programs (OTPs)

New OTPs have been opened around the state and existing OTPs have expanded their hours to better accommodate the growing need. Arizona has also started four 24/7 Opioid Treatment On-Demand Centers in identified “hotspots” in the state. The centers are 24/7 OTPs, where individuals can walk in for an intake, assessment, and induction on site. These locations have provided intakes to over 13,000 patients, including 8,500 that occurred during extended hours.

### Access to MAT

The state has continued to open new medication units in rural areas. The units provide access to all three FDA-approved medications and partner with local behavioral health agencies to provide psychosocial services. Arizona has also implemented targeted projects with emergency departments (EDs) to conduct ED-Buprenorphine Initiative and coordinated discharge to MAT.

## Supporting long-term recovery

### Peer and family support services

Arizona uses STR/SOR funding to sustain and enhance activities to provide recovery support services. This is achieved by adding several new peer support staff and enhancing family support, life-skills

training services, and employment assistance. These positions are critical for navigating individuals into OUD treatment, connecting individuals with OUD and stimulant use disorder to ancillary and support services, and helping retain individuals with OUD in treatment. Peers are heavily concentrated in identified hotspots and are key to the system and coordination flow in all the treatment projects. Special projects include enhancing home-visiting recovery support for pregnant women and parents receiving OUD treatment that are involved with the Department of Child Safety, peer support to parents who have recently been reunified with their children, and enhancing cross-system collaboration to connect veterans, military service members, and their families to opioid prevention, treatment, and recovery services.

### **Supportive housing**

STR/SOR funds increase access to recovery, transitional, and supportive housing with additional units specific to pregnant and parenting women, additional bridge shelters, and increased rental assistance for housing.

### **Community reentry projects**

STR/SOR programming aims to reduce recidivism with “reach-in” care coordination for individuals who transition from correctional settings and replicate the successful Yavapai Reentry Project in additional counties.

### **Community Health and Wellness Center**

The state is establishing a Community Health and Wellness Center in Phoenix, which will be comprised of a fitness area and workforce development center for individuals on MAT to spend time outside of the traditional clinic setting. This space, dedicated to individuals suffering from OUD, will promote a strong recovery culture by providing an environment that offers and encourages personal and professional self-growth, healthy habits, and strong social connections with like-minded individuals in recovery.

## **Serving special populations**

Arizona uses STR/SOR funding for services targeting justice-involved individuals; pregnant and parenting women; tribal populations; veterans, service members, and military families; individuals with physical disabilities; college students; older adults; and parents involved with the child welfare system.

### **Prevention services for special populations**

Prevention services are provided statewide, at the community level, as well as targeting specific populations, including veterans, service members, and their families; older adults; individuals with physical disabilities; tribal populations; college students; parents/caregivers; youth; and providers and caseworkers working with infant-toddler and early childhood families.

### **Treatment services for special populations**

Treatment programs target justice-involved individuals; pregnant and parenting women; tribal populations; veterans, service members, and military families; and individuals with physical disabilities.

### **Recovery services for special populations:**

The state established home-visiting programs for pregnant and parenting women and parents involved in the child welfare system.

## Demonstrating outcomes for a healthier future

- 103,409 people received preventive services, and five evidence-based programs were established
- 32,412 people were served with MAT through STR/SOR
- 1,045 Drug Addiction Treatment Act (DATA)–waivered practitioners have been newly certified since the beginning of STR
- 24,295 people received recovery support services through STR/SOR
- 42,628 individuals received treatment and recovery services through STR/SOR
- 187,994 naloxone kits were distributed through STR/SOR and 19,558 overdose reversals were reported

Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The information contained in this Brief was provided and verified by the state/jurisdiction. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.