STR/SOR ISSUE BRIEF

Crisis Service Initiatives

BACKGROUND AND OVERVIEW

The Substance Abuse and Mental Health Services Administration (SAMHSA) previously administered the State Targeted Response to the Opioid Crisis (STR) grant program and currently administers the State Opioid Response (SOR) grant program. 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.

The Opioid Response Network (ORN) is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA's SOR Technical Assistance (TA) grant, the ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. This issue brief was developed as a form of TA so states can share strategies and learn from one another, as well as seek ORN TA when needed.

The National Association of State Alcohol and Drug Abuse Directors (NASADAD), through its partnership with the ORN, sent an inquiry to the Single State Agencies (SSAs) for alcohol and other drug services in March 2021 requesting information on how they were using the STR and SOR grants to address the opioid crisis in their states. A total of 52 state and territorial responses were received. The results of the inquiry were summarized into state-specific briefs highlighting service delivery models; workforce activities; prevention, treatment, and recovery initiatives, services for special populations, and service outcomes. State briefs generally covered a reporting time frame between FY 2017 and FY 2020

This issue brief provides a summary of states' crisis services initiatives in addressing the opioid crisis. These initiatives provide crisis interventions to stabilize persons experiencing a substance use–related crisis and serve as pivot points of care to longer-term treatment and recovery support. The final section of the brief highlights examples of innovative state initiatives in crisis services.

STATES' MOST COMMON CRISIS SERVICES SUPPORTED WITH STR/SOR FUNDS

NASADAD's analysis revealed nine substance use crisis services commonly provided by SSAs. The chart below provides a summary of these services supported with STR/SOR funds.

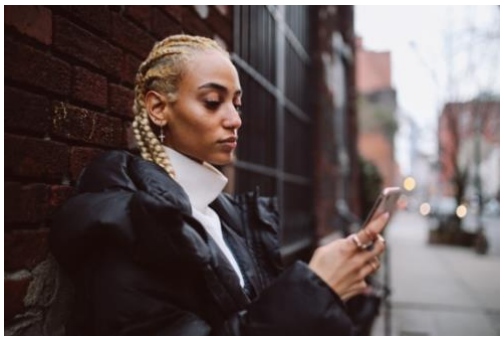
Crisis Services Areas	Service Activities	Percent of Respondents (*N*=52)
Naloxone Training and Distribution	Naloxone training and distribution; overdose education; Opioid Overdose Education and Naloxone Distribution (OEND) programs; naloxone kits	100% (52)
Low-Barrier Medications for OUD (MOUD)	Quick ability to start buprenorphine; counseling offered but not required; easy access to services through extended office hours; connections to crisis supports and community-based treatment	56% (29)
Peer Support Services and Recovery Coaching	Engaging individuals in crisis; providing support and information; connecting individuals to community resources, treatment, social assistance, and harm reduction programs.	56% (29)
Warm Handoffs and Linkages to Services	Screening and assessment; transfer to community treatment and recovery providers; care navigation; and transportation assistance	48% (25)
24/7 Crisis Lines/Helplines/ Warmlines	Emotional support; crisis intervention; information; referrals to community resources; and virtual and online engagement.	27% (14)
Crisis Planning and Management	Treatment locator applications; treatment capacity mapping applications; opioid overdose reporting and surveillance systems; and mobile recovery applications	27% (14)
Pre-arrest Crisis Services	Screening and assessment; referrals to MOUD providers; linkage to community providers; transitional housing support; transportation assistance; vocational assistance; and peer support	23% (12)

Mobile Crisis Teams and Co-response Teams	Crisis management; screening and assessment; collaboration with first responders; linkage to community providers; transportation assistance; peer-supported overdose education; and naloxone distribution	19% (10)
Crisis Stabilization Units, Crisis Centers, and Drop-in Sites	Crisis management; screening and assessment; care coordination; linkage to crisis beds; linkage to treatment providers; linkage to community resources; peer support; and transportation assistance	17% (9)

CRISIS SERVICES

Naloxone Training and Distribution

All 52 SSAs have allocated funds to naloxone training and distribution to ensure that individuals at high risk for witnessing and/or experiencing an opioid overdose have increased access to naloxone. Naloxone kits were commonly distributed to high-need groups such as individuals with OUD and their family and friends, first responders, individuals reentering communities after incarceration, overdose survivors, peer support specialists, harm reduction programs, homeless shelters, recovery housing providers (e.g., Oxford Houses), and substance use disorder (SUD) treatment programs (e.g., opioid treatment programs). States collaborate with various local entities to disseminate kits, including coalitions, health departments, universities, nonprofits, and other community-based organizations. Some states issued statewide standing orders to allow all pharmacies to dispense naloxone to anyone at risk of an opioid-related overdose or those in a position to assist someone at risk.



A significant amount of funding was used for opioid overdose education and training. Many states implemented statewide OEND programs. These programs target individuals at high risk of opioid overdose and aim to provide individuals and community organizations with education and training on opioid overdose prevention, recognizing the signs of opioid overdose, and opioid overdose rescue response. OEND services also include establishing naloxone distribution sites, as well as administration training. Other initiatives included providing training and technical assistance on overdose response to hospitals, law enforcement agencies, and criminal justice institutions.

Low-Barrier MOUD

Many SSAs have taken initiatives to reduce obstacles to MOUD to mitigate the danger of overdose and treat OUD. States reported using funds to implement low-barrier buprenorphine for people in crisis who are hospitalized in emergency departments (EDs) due to opioid

overdose, withdrawal, or other medical problems. Many states indicated that these programs aid clinical care coordination, connecting people who have been placed on MOUD with community-based behavioral therapy and support services. Several states reported enhancing their community-based programs (e.g., Opioid Treatment Programs [OTPs]) to expand service hours and provide extended crisis support. Examples of those started on low-barrier MOUD include individuals reversed from overdose by paramedics, patients at crisis centers, people at Drug User Health Hubs, persons in SUD treatment programs, and individuals in recognized "hotspots" via ambulatory clinics.

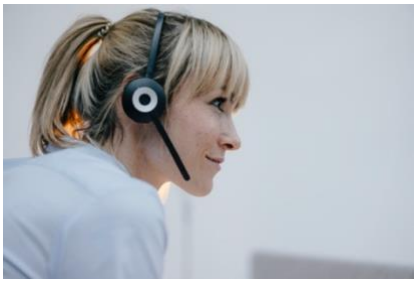
Peer Support Services and Recovery Coaching

Peer support specialists and recovery coaches use their lived experience and training to engage with individuals in the midst of a substance use crisis. By building rapport, empathizing, and sharing valuable information about recovery support and treatment options, peers can impact an individual's recovery path by connecting them to treatment, community resources, social assistance, and harm reduction services. More than half of SSAs reported utilizing peer support for individuals in crisis, most commonly those hospitalized following an opioid-related overdose. In certain states, hospitals employ full-time peer specialists and recovery coaches, whereas others have peer recovery staff "on call" in the event of a reported overdose. Other services and community organizations supported by peers include emergency medical services transport, law enforcement agencies, criminal justice institutions, domestic violence shelters, crisis residential and stabilization centers, and drug courts.

Warm Handoffs and Linkages to Services

Various community organizations aim to connect individuals to appropriate and more sustained care following hospitalization or a crisis event. This usually includes a transfer to community-based treatment, MOUD maintenance, or peer recovery support services. Warm handoffs ensure that these transition processes are successful and that individuals have access to resources. This may include information on overdose prevention, MOUD, and wraparound treatment options. States cited hospital EDs as settings where warm handoffs occur the most frequently and are engaged by either peers or case managers. Warm handoff services were also found to be integrated into crisis drop-in sites, police departments, crisis helplines, and mobile crisis teams.

24/7 Crisis Lines, Helplines, and Warmlines



Individuals and families can call crisis lines, helplines, or warmlines for support and services to help navigate substance use emergency events. Emotional support, crisis intervention, and care coordination are delivered via these lines. Typically, helplines provide emotional support, information, and referrals to community resources. Warmlines provide peer support and resources. These

services are offered through call, chat, or text and are typically available 24/7.

Crisis Planning and Management

Several states have established crisis system coordination initiatives to plan, inform, and facilitate crisis services. Initiatives include developing various platforms to enhance referral processes by tracking real-time bed availability for treatment services, mapping MOUD providers and triaging appropriately, and providing waitlist and interim services management (e.g., crisis intervention services [CIS], OpenBeds). Other states have developed surveillance systems that actively track and map overdose death rates. Emergent trends from the data are used by SSAs to develop appropriate preparedness plans and inform community providers about prevention and treatment needs.

Pre-arrest Crisis Services

Some states have established pre-arrest diversion programs, including Law Enforcement Assisted Diversion (LEAD) programs and similar models of care (e.g., Sequential Intercept Model, jail diversion centers, drug courts). In lieu of processing individuals through traditional criminal justice system avenues, individuals facing low-level offenses (e.g., drug possession, sales, or prostitution) and presenting with SUD symptomatology, are diverted to appropriate community-based treatment and recovery support services. Services include screening and assessment, MOUD, linkage to SUD treatment, peer support, transition to recovery housing, health care assistance, and vocational assistance. The goal is to triage and engage affected individuals with the system of care.

Mobile Crisis Teams and Co-response Teams

States reported deploying mobile crisis teams and co-response teams to individuals in substance use–related crisis to stabilize and engage them in treatment and triage to the appropriate level of care. Mobile crisis teams are often multidisciplinary, comprised of medical professionals, public safety workers, peer support specialists, licensed counselors, and nurses. Response calls often come from law enforcement, emergency medical personnel, and individuals or families. Funded efforts include establishing partnerships with law enforcement agencies to onboard personnel (e.g., peer support specialists or clinicians) as part of police ride-along programs to engage individuals in crisis and provide linkage to appropriate care.

Crisis Stabilization Units, Crisis Centers, and Drop-in Sites

State also used STR/SOR funds to support the development and implementation of crisis stabilization units and crisis centers. These community-based short-term units provide 24-hour access to care for individuals experiencing a substance use crisis. States also fund drop-in sites to provide a wide range of support services, including crisis stabilization, screening and assessment, observation and monitoring, peer recovery services, MOUD, and transportation assistance and linkage to appropriate substance use care. With SOR funding, several SSAs have contracted with first responder sites such as fire and police departments to

provide at-risk individuals with immediate access to community resources, peer support, and facilitate connection to the appropriate level of care.

EXAMPLES OF STATE CRISIS SERVICES

Naloxone Training and Distribution

The **Michigan Department of Health and Human Services** (MDHHS) implemented various initiatives to promote naloxone training and distribution across the state. One significant effort includes the Grand Rapids Red Project's Technical Assistance Program, which facilitates distribution of naloxone kits and provides statewide overdose trainings utilizing the SAMHSA Opioid Overdose Prevention Toolkit. Supported by the Police Assisted Addiction and Recovery Initiative, the Michigan State Police Angel Program has trained multiple police departments and community volunteers on naloxone administration and equipped all police posts with naloxone. Michigan also funds OEND and operates a centralized statewide Naloxone Portal allowing Pre-Paid Inpatient Health Plans (PIHPs—organizations that manage Medicaid services related to mental health and SUD treatment), law enforcement agencies, community organizations, and government agencies to request and order naloxone on demand. Other efforts include collaborating with the Michigan Opioid Prescribing Engagement Network (Michigan OPEN)—an initiative that utilizes a preventive approach to reduce opioid-related harms through prescriber recommendations, community education, and safe disposal of prescription opioids. Michigan OPEN has assisted EDs statewide to develop protocols for naloxone distribution. Finally, MDHHS partnered with the Inter-Tribal Council of Michigan to develop culturally informed overdose education training and disseminate naloxone to Tribal communities.

Low-Barrier MOUD

The **Arizona Health Care Cost Containment System** utilized funds to implement Opioid Treatment on Demand (OTOD) centers in hotspots throughout the state. For example, Community Medical Services, a SUD treatment provider, offers all three FDA-approved medications for OUD and treatment access to individuals seeking care 24/7. Around-the-clock services are provided by medical providers, case managers, counselors, and peer support specialists. Services offered include assessment and referral, treatment planning, and MOUD. Additionally, four OTOD sites conduct regular outreach to local hospitals, harm reduction agencies, justice and correctional health entities, and crisis service partners to assist with connecting people to treatment. Many other OTPs across the state have implemented the OTOD model of care by expanding hours of operations to accommodate needs in hotspot communities.

Peer Support Services and Recovery Coaches

The **Vermont Department of Health Division of Alcohol and Drug Abuse Programs** has used SOR funding to enhance peer recovery services in Vermont hospital EDs. In partnership with the Vermont Recovery Network, Vermont recovery centers, and their local hospitals, peer support specialists and recovery coaches have been deployed to EDs across the state to

provide resources and support to those in crisis. Utilizing the peer support model, peer recovery staff meet individuals in EDs following an opioid-related overdose and attempt to connect them to recovery and treatment services. Services provided include linkage to community-based treatment, substance withdrawal symptom management, MOUD, and recovery housing. Prior to discharge, peer recovery staff also provide overdose prevention education, naloxone administration training, and follow-up services to ensure treatment engagement.

Crisis Planning and Management

In collaboration with the **Delaware Division of Substance Abuse and Mental Health** (DSAMH) and Department of Safety and Homeland Security, the Delaware Criminal Justice Information System (DELJIS) developed a Law Enforcement Investigative Support System (LEISS) project. The LEISS project encompasses crime and crash reporting, impaired driving reporting, warrants and summons, tow requests, sex offender notification and tracking, and other ancillary investigative tools. Using this criminal justice monitoring application, an automated alert from the DELJIS system is sent to DSAMH's CIS when individuals presenting with SUD symptomatology or co-occurring mental illness are detained. CIS then provides immediate access to treatment, triaging and engaging the affected individual in the system of care through alternative community treatment services (e.g., bridge clinics and peer support services). The automated referral system provides law enforcement and treatment providers the opportunity to engage individuals at the time of crisis.

Mobile Crisis Teams and Co-response Teams

In collaboration with the Office of the Deputy Mayor for Public Safety and Justice, the Office of the Deputy Mayor for Health and Human Services, the Office of the City Administrator, and the Office of Unified Communications, the **Washington, D.C., Department of Behavioral Health** has implemented Community Response Teams (CRTs) to serve as specialized, rapid-response mobile units during crisis events involving substance use, psychiatric emergencies, or trauma. CRTs offer 24-hour services to communities, working closely with treatment providers, homeless organizations, and law enforcement agencies to respond to various crisis situations. Teams are comprised of behavioral health specialists, licensed clinicians, and peers in recovery. Services include on-the-spot assessment, short-term care management, referral to treatment, MOUD, harm reduction services, and diversion from the criminal justice system if behavioral health qualifications are met. In addition, CRTs are active in providing community education, outreach and consultation, and intervention support to partner agencies and community organizations.

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