

# 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 (StimUD), 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): New Hampshire Department of Health and Human Services (DHHS)

In FY 2017 and FY 2018, New Hampshire Department of Health and Human Services (DHHS) received a total of \$6.2 million through STR. From FY 2018 through FY 2020, the state received a total of \$85.8 million through SOR.

## Overview of New Hampshire's efforts to address opioid and stimulant misuse and disorders

DHHS is utilizing STR and SOR funds to implement a comprehensive approach to address the OUD crisis. The target populations include pregnant women, parents in recovery, relative caregivers, children and families involved with the child welfare agency due to substance use, and incarcerated women and men scheduled to reenter the community. DHHS is providing selected specialized prevention, treatment, and peer recovery support services, utilizing evidence-based practices designed for the focus populations and delivered through our system of community-based providers. There is an emphasis on strong collaboration between a multitude of State agencies, all experiencing the challenges of the opioid crisis.

## Innovative service delivery models

- Hub-and-spoke model (The Doorway Program)
- Recovery Community Organizations (RCOs)
- Increased MAT accessibility in State correctional settings

## Building workforce capacity

SOR funds support education and training opportunities for key target populations, such as SOR-funded vendors, families impacted by substance use disorders (SUDs), community institutions, and health care professionals. STR funds support targeted prevention and early intervention efforts for families involved in the Division for Children, Youth and Families.

## Collaborating with public and private entities

Prevention, treatment, and recovery efforts have all been implemented utilizing community-based organizations and providers (the spokes to The Doorways' hubs), with the exception of the Department of Corrections activities. The Doorways are expected to work with their local Regional Public Health Networks (RPHNs) and Integrated Delivery Networks (IDNs).

## Preventing opioid and stimulant misuse before it starts

### Education and public awareness

DHHS made a significant investment in the expansion and dissemination of a public messaging campaign around directing people to call 211 and to access their local Doorway locations. Work with local coalitions includes contracts with community-based organizations, providing accessible, integrated prevention and early intervention services to reduce and mitigate childhood trauma that results from substance use in the family. Efforts to focus on the underage population include evidence-based prevention services for children up to age 18 who are exposed to adverse childhood experiences as a result of opioid misuse.

## Overdose reversal efforts: saving lives

New Hampshire's STR/SOR funds are being used to purchase and provide naloxone kits to community-based providers for distribution to at-risk individuals. The State also provided funds to the Department of Corrections to provide education and naloxone kits to individuals transitioning back into the community. SOR-funded Doorways have developed wide-ranging naloxone distribution systems in collaboration with RPHNs and other community partnerships.

## Increasing access to treatment

A large portion of New Hampshire's SOR funds are being used to restructure the treatment access system through the implementation of a hub-and-spoke model (called The Doorway Program) for improved access and delivery of OUD/StimUD services. The nine Doorways receive referrals through the 211 call center and through existing referral networks. The Doorways provide regional access points (in-person and via telephone) for rapid evaluations, referrals to services, and continuous recovery monitoring. To go a step further, a one-stop-shop website (<https://www.thedoorway.nh.gov/>) was developed to ensure that the general public has access to the most current and accurate information

related to SUD in the state. SOR directly funds (and allows Doorways to apply flex funds) for respite shelter services to provide safe, monitored housing while individuals await entry into the appropriate level of treatment services. Doorway flex funds also support transportation and recovery housing needs.

## Supporting long-term recovery

- SOR funds the provision of recovery residence services and supports for certain individuals with OUD, including for females only and for the general population in need of housing in a supported, safe recovery environment.
- To ensure that individuals in recovery are able to gain meaningful employment, SOR funds workforce readiness and vocational training programs throughout the State.
- The Doorways also screen for and provide referrals to address needs in support of social determinants of health. This includes enrolling individuals in Medicaid.

## Serving special populations

SOR continues to fund STR-initiated efforts to address the pregnant and postpartum population by expanding the provision of MAT in integrated care settings (substance use services, obstetrics, pediatrics, and primary care). SOR funds are used to expand training opportunities for older adults who are caring for a minor child using the Parenting a Second Time Around curriculum. SOR also supports current Bureau of Drug and Alcohol Services statewide SUD residential and transitional living treatment providers by covering room and board costs for Medicaid clients.

Through RCOs, DHHS has provided peer recovery support services to pregnant women and parents with SUD and to children up to age 10 in families affected by SUD. In addition to Sober Parenting Journey and Parenting Journey II, the RCOs have provided trainings on Recovery Friendly Workplace, Recovery Coaching Hospital Training, Facilitator Training, and a Job Club.

Funding to the Department of Corrections supports reentry care coordinator positions for women and men with SUD who are transitioning back into the community.

Through mobile crisis programs, services and supports are provided to individuals who are in crisis related to their opioid use or post-opioid overdose impacts. Additionally, the State is funding workers through the Projects for Assistance in Transition for Homelessness Program (PATH) to help with the homeless OUD/StimUD population.

## Demonstrating outcomes for a healthier future

From October 2019 through September 2020:

- The Doorways served 6,540 individuals, including 5,003 assessments and referrals to treatment.
- 2,853 individuals received MAT.
- More than 14,000 naloxone kits were distributed to individuals and community organizations.
- Over 800 people released from the Department of Corrections accepted naloxone and were trained on its use.
- 40,700 room and board and 2,700 transitional living bed nights were covered.
- Six RCOs held 306 Parenting Journey in Recovery training sessions, provided more than 750 sessions of recovery coaching, and provided 2,000 telephonic recovery support sessions.
- 185 individuals in recovery received vocational services and employment specialist trainings to support their access to employment.

- More than 100 individuals who were in crisis related to their opioid use or post–opioid overdose were served through the mobile crisis team.
- Over 30 children up to age 18 who were exposed to adverse childhood experiences related to opioid misuse received evidence-based prevention services.

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