

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 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): Oklahoma Department of Mental Health and Substance Abuse Services (ODMHAS)

In FY 2017 and FY 2018, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHAS) received a total of \$14.4 million in STR funding. From FY 2018 through FY 2020, the state received a total of \$35.1 million in SOR funding.

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

ODMHAS is initiating a comprehensive effort to address the state’s opioid crisis using STR and SOR funds by increasing community outreach efforts, community-based prevention, and access to targeted treatment services statewide. Key objectives include increasing prevention and outreach efforts, responding to opioid overdoses, and the treatment of OUD utilizing evidence-based practices.

Innovative service delivery models

- Community Reinforcement Approach (CRA), Recovery Management Check-ups and Support (RMCS), Contingency Management (CM), Trauma Recovery and Empowerment Model (TREM) and Attachment and Biobehavioral Catch-up (ABC)
- Chess Health (A-CHESS)

- Community-, faith-, and campus-based prevention services
- 24/7 treatment access via iPad Project
- Project ECHO (Extensions for Community Healthcare Outcomes)
- Supportive services and assistance to overcome treatment barriers
- MAT expansion
- Integrated discharge planning for justice-involved population
- Specialty court collaboration
- STAR (Substance use Treatment And Recovery) collaborative for prenatal clinic for OUD/substance use disorder (SUD)
- SAFER (Safely Advocating for Families Engaged in Recovery) initiative)
- Verinetics tamper-proof medication lockbox
- Expansion of our okimready.org (OK I'm Ready) website

Building workforce capacity

Oklahoma continues to train providers in evidence-based practices to increase the likelihood of positive outcomes and long-term recovery. The State provides trainings on CRA, CM, RMCS, TREM, and ABC.

Community Reinforcement Approach

CRA is a cognitive-behavioral approach that recognizes the powerful role of the environment and its contingencies in encouraging or discouraging substance use. It helps the client identify behaviors that are more rewarding than substance use. As part of the training, trainees go through a certification process. So far, there have been 90 clinicians trained in CRA.

Contingency Management

CM encourages positive behavioral change through an incentive-based program and involves individuals potentially earning tangible rewards to reinforce positive behaviors such as abstinence. Following this training, trainees implement the program and then receive coaching calls to ensure adherence to the fidelity of the program as well as to discuss difficulties in implementation.

Recovery Management Check-ups and Support

RMCS provides substance use recovery monitoring and early reintervention to services for parents/caregivers who have been discharged from treatment, regardless of the discharge reason. RMCS includes frequent (at least weekly) in-person and/or telephone/text "check-ins" immediately following the referral. There have been 71 clinicians trained in RMCS.

Trauma Recovery and Empowerment Model

TREM is an evidence-based, facilitated group approach to healing from the effects of trauma experienced by women. It applies social skills training, psychoeducational and psychodynamic techniques, and peer support. The training prepares clinicians to implement the fully manualized, 24-session TREM approach to work with female survivors of physical and sexual abuse. Participants learn the group's rationale and process (including a range of cognitive-behavioral and psychoeducational interventions) as well as each session's content. Leader techniques are taught through role-play in mock groups. Trainers also provide consultation about adaptations of TREM for specific settings.

Attachment Biobehavioral Catch-up

ABC is a parent-child treatment approach designed to help caregivers provide nurturing care and engage in synchronous interactions with their infants. This home-visiting parenting program helps caregivers nurture and respond sensitively to their infants and toddlers to foster their development and form strong and healthy relationships. Statewide, there are a total of 22 ABC coaches from 12 agencies who were trained in August 2020. In July 2021, an additional 25 ABC coaches were trained.

Pain CBT (Cognitive Behavioral Therapy)

Funds were used to provide training to licensed mental health and SUD providers in Cognitive Behavioral Therapy for Chronic Pain. "Pain CBT" is an evidence-based modality for non-opioid pain management and is recommended in the Centers for Disease Control and Prevention's Chronic Pain Guidelines. The training is part of an ongoing effort to increase Oklahoma's capacity to provide alternative therapies for pain management.

Professional Development

The state is working to increase state trainers in Stimulant Use 101, Motivational Interviewing, and Celebrating Families. The state also worked with the Addiction Technology Transfer Center to provide Hepatitis C and SUD treatment services through telehealth. Oklahoma developed a career ladder for the CRA/A-CRA with the RMCS.

Collaborating with public and private entities

Community nonprofits are implementing outreach, training, and referral in more than 24 counties and overdose education and naloxone distribution (OEND) prevention services at more than 70 locations throughout Oklahoma, including the following entities: eight higher education campuses, including the two largest campuses (Oklahoma University and Oklahoma State University [OSU]); faith-based organizations via Oklahoma Conference of Churches, which is a statewide body with 600 member organizations reaching 600,000 Oklahomans and 1,600 houses of worship; DCCCA Behavioral Health Services; NorthCare; Gateway to Prevention and Recovery; Forest Grove; Red Rock Behavioral Health Services; Tulsa County Health Department; Wichita Mountains Prevention Network; and Northwest Center for Behavioral Health.

Universities implementing health care sector prevention/intervention services and community- and school-based prevention services include OSU Center for Family Resilience. OSU Seretean Wellness Center, University of Oklahoma Southwest Prevention Center, and University of Oklahoma Health Sciences Center.

Preventing opioid and stimulant misuse before it starts

Community-, Faith-, and Campus-Based Prevention Services

Funds have been used to contract with 12 community-based prevention agencies, 8 higher education campuses, and a statewide 600-member faith-based organization to implement outreach services, including training/education, information dissemination, and referral to specialty services. Community members will receive prevention education, training, and outreach services to increase participation in opioid prevention practices such as safe storage and disposal of medication, no peer sharing of medication, pain management with an array of non-opioid therapies, overdose prevention capacity, and

use of overdose prevention/ODU treatment services. Results for the period of September 30, 2020, to March 30, 2021, include:

- Number of people receiving training services – 1,782.
- Number of print and health promotion materials disseminated – 21,088.
- Number of intervention devices disseminated – 1,146.
- Number of people receiving referral to OEND services – 15,493.
- Number of people receiving referral to treatment services – 15,355.

Good Behavior Game

ODMHSAS has provided training in a primary prevention program, PAX Good Behavior Game (GBG), to elementary classroom teachers and school personnel. STR/SOR has enabled Oklahoma to expand upon school-based services to prevent new cases of opioid addiction by reducing childhood predictors of opioid misuse and related problems. Thirty-four trainings were conducted with 776 trainees for GBG from July 2018 to March 2021, and 238 on-site technical assistance hours for GBG were delivered to program providers. COVID-19 restricted on-site technical assistance in spring 2020. Therefore, 24 live remote technical assistance hours were delivered. PAX teachers were asked to report whether PAX GBG has changed the way they manage their classrooms. The following quote highlights the common responses: “By discussing expectations, my students know exactly what choices they can make. They are respectful of their classmates. They LOVE PAX games. They give me their best and they strive to always do better than last time.” Recruitment efforts were established to create partnerships with new school sites across the state and are ongoing. Planning is underway for potential collaboration with Chickasaw Nation and new schools for the upcoming year.

Education and public awareness

Medical Education and Interventions

Funding has supported the increase in the number of Oklahoma health care providers receiving continuing medical education (CME) in best practices for pain management, opioid management, and overdose prevention. This has occurred in partnership with state-level medical associations and boards of licensure. Physicians received instruction in pain management guidelines, cautious and appropriate use of opioid therapy, patient overdose education, and use of naloxone medication for patient safety. Additionally, continuing education courses for licensed pharmacists have been held.

Do No Harm Program

Oklahoma developed the Do No Harm primary care practice program with the goal of preventing new cases of addiction and overdose through safer and more effective pain management practices and identifying and treating OUD through integrated care. The Do No Harm program is a joint effort between ODMHSAS and the Oklahoma Primary Healthcare Improvement Cooperative at the University of Oklahoma Health Sciences Center. The intent of the program is to widely disseminate and implement evidence-based guidelines and best practices for pain management in Oklahoma primary care practices. The program’s practice support includes academic detailing of current guidelines, facilitation of implementing best practices, technical support to align electronic health record systems, feedback on performance with guidelines, and engagement in a virtual learning community.

Prescription for Change Outreach Services

Oklahoma has partnered with a network of local nonprofit organizations to provide training and outreach services to Oklahomans in 10 high-burden counties, with an expansion of 8 additional counties in the second year of SOR. The community organizations work with schools, churches, businesses, neighborhoods, and other sectors to train local residents on prescription drug misuse, opioid risks, treatment services in their area, and actions Oklahomans can take to prevent addiction, such as increased patient understanding of better pain care, promotion of medication disposal, and safer storage options.

The Prescription for Change website is being revamped so that individuals visiting the website can be led to various pages, depending on the type of user that they are. For example, a community member would be led to general knowledge about substance use/misuse. A family member would be led to pages offering general knowledge, support, and treatment. A person seeking treatment would be led to resources. Digital numbers for Prescription for Change include 3.25 million impressions and nearly 2 million targeted messages at persons with demonstrated behavior consistent with seeking services. Targeting generated approximately 21,000 direct links to the OK I'm Ready website to access information and referral resources.

Outreach Campaign

Funding has supported a statewide outreach campaign targeting high-risk populations and communities through the utilization of television public service announcements, digital and other electronic messaging, informational brochures and materials for patients, other targeted awareness activities, and community-specific planned and delivered interventions through grassroots partnerships.

Training

Various training and CME opportunities have been developed and conducted statewide on Best Practice Prescribing Guidelines. The state also delivers Parents Helping Parents to assist local coalitions in building capacity for expansion of resources to better serve rural communities.

Overdose reversal efforts: saving lives

OEND services, which include distributing naloxone kits and training to respond to an opioid overdose, have been provided to over 25,000 Oklahomans, including people who use drugs, people in treatment for OUD, concerned friends and family members, justice-involved persons, recovery housing providers, recovery support group members, and community members. Kits were provided to churches and faith-based organizations, youth-serving organizations, veteran-serving agencies, nursing homes, court staff, city and county governments, retirement living and nursing homes, shelters, food pantries, and private businesses. Additionally, training and kits have been provided to more than 300 Oklahoma law enforcement agencies statewide.

ODMHSAS has expanded to 92 the number of overdose prevention hubs serving communities statewide through distribution of naloxone at no cost and has continued work with pharmacies throughout the state to make naloxone available for Oklahomans to walk in and purchase.

Although it is not an overdose reversal mechanism, SAMHSA has given the approval for their federal grant monies to be used for the purchase of fentanyl test strips. These services paired with education and referral to treatment will increase the possibility that more Oklahomans will be introduced to treatment.

Increasing access to treatment

iPad Project

The iPad Project provides 24/7 treatment access through the use of mobile technologies. It allows for the ability to provide immediate, face-to-face access for treatment services, including relapse prevention, crisis management services, and consultation services to first responders, changing the way addiction treatment is viewed and provided.

Project ECHO

Project ECHO is a collaborative model of medical education and care management that empowers clinicians in rural and underserved communities to provide specialty care to more people right where they live. ECHO operates under a “guided practice” learning model where health care providers improve their management and responsibility for evidence-based patient care. The initiative is in collaboration with OSU Medicine to provide interactive and live consultation from addiction specialists in the field of opioids. This service is provided for free to prescribers, therapists, and other recovery support providers. It increases knowledge of up-to-date evidence-based substance use care, provides free CMEs, and provide support to assess and treat individuals and their families within the medical home.

Expanded Access

ODMHSAS has contracted with all Certified Addiction Recovery Centers and Community Mental Health Centers to identify addiction/mental health clinics, intensive residential providers, crisis centers, and Opioid Treatment Programs to expand services. All contracted providers offer MAT, case management, the Housing First model of supportive housing, outreach, and supportive employment services.

Supportive Services and Assistance to Overcome Treatment Barriers

STR/SOR is supporting proactive engagement strategies to overcome barriers, ensure open and accessible services, and support treatment compliance. Strategies include ensuring that all contracted treatment providers have been allotted funds to assist with co-pays and deductibles; providing transportation assistance (vouchers, bus tokens, and/or fuel cards); providing one-time emergency funds for a crisis that would prevent a person from obtaining treatment when the individual has a plan to avoid future crisis; and implementing an evidence-based CM program within all MAT programs.

Expanded Provider and MAT Services

The Oklahoma initiative has engaged providers to ensure expansion of services, including early intervention initiatives for OUD dependence and addiction, ambulatory withdrawal management, outpatient and intensive outpatient services, MAT, and residential care. All services have been expanded beyond initial capacity to approximately 54 counties. Some providers have expanded prescribers to satellite offices to reduce patient travel burden and eliminate potential barriers to treatment, while others have utilized telemedicine after induction to provide the ongoing support and some therapeutic services.

Telehealth-Supported MAT Services

Nineteen of the 22 SOR providers have been equipped and are successfully using telehealth technology (in varying capacities) to provide services. Of the 3 remaining providers, one is using it in other capacities and working toward using it for MAT service delivery. Multiple providers are using this

technology for post-induction service delivery, and several began using it for induction. ODMHSAS and OSU have each assisted the other with resources for telehealth MAT.

Emergency Room Virtual Handoff

In order to increase access to services for those who present at an emergency room due to an overdose, providers are using technology to create a “virtual handoff” so that an individual can meet with a local provider before leaving the emergency room. Providers educate the individual on MAT, address any stigma around seeking treatment, complete initial screenings, and schedule the intake appointment, all before the person leaves the emergency room. Currently, 4 providers have partnered with 11 clinics across 25 counties to provide this service, with additional expansion planned for 2020.

Community Response Team (CRT)

The CRT followed up with OUD consumers seen in the Urgent Care and Crisis Centers within 72 hours of release. The CRT worked closely with community partners, including Community Mental Health Centers, shelters, faith-based organizations, sober living houses, Oxford Houses, and other community and nonprofit stakeholders. These teams consisted of a lead triage professional and at least two trained peer recovery coaches to provide screening, assessment, and referral. The CRT was established in Oklahoma City in coordination with the Oklahoma County Crisis Intervention Center. Additionally, the initiative provided for data collection and analysis and engaged in individual compliance follow-up. All activity was coordinated with all appropriate community stakeholders. CRT was later discontinued because there were other practices put in place to ensure that referrals were made and acted upon, namely the Chess Health app, which is described later in this brief.

Regional Liaison

A regional liaison will work with prescribers, emergency detention centers, and local treatment providers to create communication and partnerships. The liaison will work to educate local coalitions on how to make referrals and provide direct assistance in locating prescribers for treatment providers in urban and rural areas.

Verinetics DispenSecure

ODMHSAS partnered with Verinetics, which is developing a tamper-proof lockbox that will be able to neutralize medications if tampered with and has GPS and other analytical data that can be customized. ODMHSAS and Verinetics will pilot this project in Opioid Treatment Programs, a residential facility, and a recovery residence with individuals who are currently eligible for take-homes. The goal is to increase access to methadone and other FDA OUD medications for take-home use and reduce the need for travel in a very rural state.

Supporting long-term recovery

Chess Health (A-CHESS)

A-CHESS is a recovery relapse prevention phone application that provides a sense of community, communication, and treatment support for individuals with OUD. Twenty organizations, representing 62 locations, are currently utilizing e-Intervention, the portion of the Chess Health app that sends and receives referrals. Fourteen treatment providers have integrated the e-Recovery and e-Therapy portion of the A-CHESS Health App, and another 15 organizations are in the process of implementing e-Recovery. All contracted treatment providers have access to use the CHESS app, it has been integrated

into the 211 system, and the public-facing use of the app is now on the OK I'm Ready website (<https://okimready.org>).

Individual Placement and Support (IPS)

ODMHSAS adopted the IPS model of supported employment for people with SUD and/or mental illness. IPS-supported employment helps people living with SUD work at jobs of their choosing. Mainstream education and technical training are included as ways to advance career paths. Currently, there are 13 teams with 31 employment specialists providing supported employment and education in 29 counties, with 500 individuals trained on the evidence-based practice. There is a waitlist of 449 individuals, with an average of 500 new referrals to IPS just in the first quarter of 2021.

Recovery Housing

Oxford House and Oklahoma Alliance for Recovery Residences (OKARR) are entities that support long-term recovery through recovery residences and sober living homes. There are 116 Oxford Houses across the state.

In January of 2020, OKARR was launched as a state affiliate of the National Alliance for Recovery Residences (NARR). NARR and its state affiliates work to expand the availability of well-operated, ethical, and supportive recovery housing. NARR has developed the most widely referenced national standard for the operation of recovery residences. OKARR performs the following:

- Links individuals seeking and sustaining recovery from substance use issues with quality recovery housing through our locator
- Promotes the quality of recovery housing by offering training and resources to recovery housing providers and workforce
- Certifies recovery housing that meets national best practices
- Organizes the recovery housing and stakeholder communities

OKARR has certified 42 recovery residences. Within this number are certified houses that include specific populations, such as those on MAT, pregnant individuals, individuals with children, families, and male sex offenders.

Serving special populations

Prenatal Clinic

Oklahoma established the Substance Use Treatment and Access to Resources (STAR) Clinic at the Oklahoma Children's Hospital. This is the first clinic in the state to provide patient-centered, comprehensive pregnancy care for women with opioid and other SUDs in a collaborative setting that also addresses their psychosocial needs. This clinic provides the individual with prenatal/postnatal care along with mental health and SUD services, including counseling, education, social work, case management, and MAT if needed. To date, there have been 64 STAR babies delivered at the Children's Hospital and 106 total number of patients served in the STAR Clinic.

Integrated Discharge Planning for Justice-Involved Population

This initiative has allowed for the development of a screening process for individuals in prison who are reentering the community, ensuring a warm handoff to local treatment providers prior to discharge. Twenty-three individuals have been successfully referred to and have contacted a treatment provider.

Women and Children Residential Services

This initiative is enhancing capabilities to use MAT services in residential treatment. Additionally, the state is enhancing support for women who come into treatment with OUD and their children using evidence-based treatment modalities for the mother and a two-generational and two-directional family-centered approach, meaning that the treatment modality assisted the mother and child by strengthening bonding, attachment, and family functioning.

Specialty Court Collaboration

Oklahoma is expanding services in the criminal justice and child welfare systems for those who qualify with the goal of reducing incarceration rates, increasing employment rates, and reducing child removal.

Demonstrating outcomes for a healthier future

- 53 primary care practices have been enrolled in the Do No Harm program, impacting approximately 50,000 adult patients.
- 1,214 medical professionals and 1,116 health care professionals have received continuing education.
- 75 behavioral health professionals were trained in Cognitive Behavioral Therapy for Chronic Pain.
- Prescription for Change outreach services served over 52,000 Oklahomans and made nearly 10,051 referrals to treatment and overdose prevention services.
- Media outreach has resulted in 29 million generated impressions, with over 20 million generated through television and nearly 9 million through targeted digital communications. Television efforts included the running of 13,416 spots, gaining an average target audience reach of 86% and average frequency view of 6.1.
- 23 providers are providing MAT telemedicine services.
- Federal funds have directly supported treatment and recovery services for almost 4,000 Oklahomans.
- 6,558 patients have engaged with the A-CHESS Connections since the beginning of the STR/SOR grants. There were 123 engagements in 2017 and 210 engagements in 2018. In 2019, e-Intervention was added, and there were 321 engagements for e-Recovery and 564 engagements for e-Intervention. In 2020, e-Therapy was added. That year, there were 901 engagements for e-Recovery, 2,654 engagements for e-Intervention, and 54 engagements for e-Therapy. So far, in 2021, there have been 764 engagements for e-Recovery, 1,553 engagements for e-Intervention, and 32 engagements for e-Therapy.
- Over 15,000 individuals have been educated on opioid overdoses and the use of naloxone.
- Approximately 25,431 naloxone kits have been distributed.
- Over 29,801 first responders were trained and equipped with naloxone in more than 300 agencies, and 469 overdose reversals were reported.
- 2,224 individuals have been provided IPS services with 481 job starts.
- OKARR has certified 42 recovery residences.

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