

# STR/SOR ISSUE BRIEF

## *Initiatives to Build Workforce Capacity*

### BACKGROUND AND OVERVIEW

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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.

The substance use disorder (SUD) workforce has struggled to maintain a fully staffed and trained workforce. When OUD reached crisis levels resulting in overdose deaths, a need for expanding the workforce became even more urgent. This issue brief outlines how states have used STR and SOR funds to build, expand, and enhance workforce capacity. The final section of the brief highlights examples of innovative state workforce initiatives.

## STATES' MOST COMMON WORKFORCE INITIATIVES SUPPORTED WITH STR/SOR FUNDS

NASADAD's analysis revealed six workforce capacity-building initiatives commonly provided by SSAs. The chart below provides a summary of these initiatives supported with STR/SOR funds.

WORKFORCE CAPACITY INITIATIVES	ACTIVITIES/RESOURCES	NUMBER OF INITIATIVES
Training	Training provided on medications for opioid use disorder (MOUD); naloxone administration; motivational interviewing; alternatives to opioid prescribing to health care professionals, medication prescribers, first responders, criminal justice professionals, child protective services staff, SUD treatment professionals, substance use prevention workforce, peer recovery support specialists, and teachers	169
OUD Education and Support	Referral line/website; resource centers; provider consultation; statewide/regional conferences	28
Project ECHO (Extension for Community Healthcare Outcomes)	Trainings on prevention, assessment, and treatment of OUD and stimulant use; providing educational sessions; telehealth technical assistance and training (TA/T) on MOUD; case reviews; guidance; support	16
Curriculum Development	Curriculum for training substance use professionals; medical school curriculum; higher education programs	14

<b>Fellowship and Internship Programs</b>	Fellowships in state and community-based organizations; mentoring; shadowing; internships with community organizations; stipends	6
<b>Credentialing/Certification</b>	Training for certification; free educational hours; credentialing fee support	4

## WORKFORCE CAPACITY THEMES

Of the states that use STR and SOR funds to expand and build their SUD workforce capacity, the most common strategy utilized is providing **training**. Training is focused on the traditional SUD



prevention, treatment, and recovery workforce, as well as new professionals on the front lines of the OUD crisis. The SUD workforce received trainings on strategies to prevent and treat OUD, such as MOUD and working with individuals with OUD and their families. STR and SOR funds were also used to train health care providers (physicians, nurses, emergency departments [EDs], medication prescribers, pharmacists, first responders,

criminal justice professionals (judges, attorneys, correctional facility staff), and child protective services staff. One group of professionals that has provided invaluable support during the opioid crisis has been peer specialists and recovery coaches, who assist in engaging and supporting individuals in their recovery process. Funds were also used to provide training on information and methods to prevent OUD and overdose deaths. This includes training on how to administer naloxone, the medication to rapidly reverse opioid overdose. Naloxone training has been conducted with first responders, family members of those with an OUD, and other community groups.

Several states used STR and SOR funding to provide **OUD education and support**. This included OUD information for providers and consultation from experts on how to manage complicated cases. Statewide and regional conferences were convened to disseminate OUD information to prevention, treatment, and recovery professionals. A few states set up 24/7 opioid assistance and referral hotlines, while others



created resource centers that housed information such as webinars, best practices, and T/TA on addressing OUD.

One-third of the respondents used STR and SOR funds to establish or expand upon **Project ECHO (Extensions for Community Health Outcomes)**. Project ECHO was developed by [Dr. Sanjeev Arora at the University of New Mexico](#) to provide a learning framework in which participants engage in a virtual community with their peers where they share support, guidance, and feedback to disseminate and implement best practices across diverse disciplines. ECHO programs have been valuable to raise the skills of practitioners to increase treatment and coordination of care for those living with SUD, especially in rural areas and in other underserved communities. ECHO programs have also been able to expand MOUD in medically underserved and rural areas with few MOUD providers.



States financed **curriculum development** to educate students about OUD and SUD in general. Some medical schools have developed and enhanced educational curriculum to include best practices to assess and treat OUD with the goal to better equip these future health care providers with a comprehensive approach to addressing SUDs. Institutions of higher education have also added course work and degree programs to increase the

future SUD workforce and ensure they have the skills, knowledge, and abilities to perform their job duties upon entering the workforce.

A few states indicated that they used STR and SOR funding to support **fellowship and internship programs**. These programs aim to attract current undergraduate and graduate students into the SUD workforce by providing an opportunity to obtain job experience by becoming part of a provider organization or state agency. Fellows and interns work on projects, are assigned mentors, and shadow staff.



Finally, states also used funding to bolster the SUD workforce by supporting **credentialing and certification**, by assisting individuals in obtaining training and continuing education and in paying for related fees. These initiatives aid professionals in obtaining appropriate credentials and certifications that are required to provide prevention, treatment, and recovery services.

# STATE EXAMPLES OF WORKFORCE INITIATIVES

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## Training

The **Montana Department of Public Health and Human Service** is working with Best Practice Medicine (BPM) to coordinate the statewide effort to train Master Trainers on the use of naloxone throughout the state. This “train the trainer” model greatly expands the number of individuals (authorized users) trained to administer and carry naloxone in their communities. BPM has certified 689 Master Trainers in 47 of the 56 Montana counties, and the majority are members of the law enforcement and emergency medical services workforce. As a result of their efforts, Montana has an additional 2,626 authorized users who can administer naloxone and are eligible to access the naloxone funded through the grants.

The **New Mexico Human Services Department’s** safer opioid prescribing trainings is a 5-hour, in-person training to help health care providers learn about best practices for using opioids to treat pain, including dangerous prescribing combinations and expands provider

awareness and skills in pain management using non-opioid pharmacological and nonpharmacological approaches. Additional TA is offered to providers to support their skills in safer opioid prescribing and treatment of chronic pain.

The **West Virginia Department of Health and Human Resources Bureau for Behavioral Health** has trained more than 700 professionals and peer recovery coaches on effective MOUD practices, with a particular focus on working with pregnant and postpartum women and their children; opioid overdose survivors—particularly those seen by emergency responders and in hospital EDs; and people who inject drugs. Training has been essential to the expansion of MOUD in outpatient specialty clinics (West Virginia’s “hub-and-spoke” initiatives), obstetrics practices (Drug Free Moms and Babies program), and EDs (the Mosaic Group’s Reverse the Cycle [RTC] model)

## OUD Education and Support

The **North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the Division of Public Health** hosted two statewide opioid summits in 2017 and 2019, which approximately 1,400 prevention, treatment, and recovery professionals attended from over a dozen states. Attendees learned about addressing opioid misuse, addiction, and overdose from national, state, and local prevention, treatment, criminal justice, and recovery leaders. In addition, attendees have been encouraged to focus on programmatic interventions and community strategies around preventing opioid misuse, addiction, and overdose

death. The North Carolina Opioid Misuse and Overdose Prevention Summit took place virtually in 2021. The theme was “More Than Opioids: Bolster Equity, Center Lived Experiences, Address Poly-drug Use.” More than 30 sessions covered a variety of topics, including prevention, harm reduction, criminal justice, and equity.

The **Delaware Department of Health and Social Services Division of Substance Abuse and Mental Health** created the Addiction Treatment Resource Center (ATRC), which serves as a web-based, central repository for best practices, TA/T, and up-to-date data and information pertinent to



treating patients suffering from OUD and SUD. The ATRC will also provide direct access to the most up-to-date national and local resources, including resources from SAMHSA, the National Institute on Drug Abuse, the Centers for Disease Control and Prevention, Health Resources and Services Administration, Centers for Medicare and Medicaid Services, and others. The ATRC serves as a community-based platform to share knowledge among similar cohorts of providers. The ATRC will also provide access to webinars, conferences, trainings, and materials offered by the state.

## Project ECHO

The **Idaho Department of Health and Welfare** initiated a subgrant with the University of Idaho ECHO to provide trainings on prevention, assessment, and treatment of OUD and stimulant use disorders designed for health care professionals and presented in a live video format to better reach providers in remote and rural areas. ECHO has provided 40 educational sessions from May 2020 to April 2021. These sessions have been widely attended by individuals from all sectors of the workforce, from peer recovery coaches to medical doctors specializing in addiction.

The **Ohio Department of Mental Health and Addiction Services** funded Opiate Project ECHO, which is a mentorship ECHO that provides weekly teleconferences on diverse topics led by

## Curriculum Development

The **Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities** partnered with the Hazelden Betty Ford Foundation to develop a curriculum tailored to the state that includes core competencies necessary for working with individuals with OUD and their families. Nine modules were developed:

The **Arizona Health Care Cost Containment System** created an Opioid Assistance and Referral Line that 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.

an experienced practitioner while a continuing education ECHO provides ongoing topical learning through didactic presentations and case reviews with a panel of experts.

The **Wyoming Department of Health, Behavioral Health Division** funded Project ECHO with specific emphasis on OUD prevention, treatment, and recovery. The heart of the ECHO model is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multipoint videoconferencing to conduct virtual clinics with community providers. This Project ECHO is a component of the Wyoming Telehealth Network. Between September 2018 and September 2019, 21 sessions were held with 452 attendees participating.

(1) SUD, (2) Opioids, (3) Treatment, (4) MOUD, (5) Return to Use, (6) Harm Reduction, (7) Stigma, (8) Trauma, and (9) Recovery-Oriented Systems of Care. A trainer guide, group activities, and take-home materials were also developed. Since 2019, this curriculum has been used to train more than 9,300 staff, including judges and

other court personnel, child and adult protective services, and family support workers.

Through SOR funding opportunities, the **Florida Department of Children and Families** partnered with the Colleges of Medicine in the state to support developing and enhancing medical education curriculum ensuring integration of best practices in assessing and treating OUD and opioid misuse. As of March 30, 2021, seven colleges of medicine have enhanced educational tools and practices for medical students, including assessments of current curricula, revision of curricula, and incorporation of MOUD.

The Historically Black Colleges and Universities (HBCU) Behavioral Health Student Expansion Program, funded by the **Maryland Department of Health, Behavioral Health Administration**,

provides specialized training, coaching, and mentoring support to students enrolled in substance use and mental health-related programs. Morgan State University, the University of Maryland Eastern Shore, Coppin State University, and Bowie State University are grant recipients. Also, in Maryland the Substance Use Disorder Workforce Expansion (SUDWE) program allows the University of Maryland School of Social Work to expand their workforce development programs to two other MSW programs in Maryland—Salisbury University and Morgan State University. Students who received a Bachelor of Social Work (BSW) from an accredited program may apply and are admitted to an accelerated master's program, which can be completed in 1 year. SUDWE will provide advanced-standing students with specialized SUD-related training to better engage and equip students to participate in the SUD workforce.

## Fellowship and Internship Programs

The **Washington State Health Care Authority** (HCA) Division of Behavioral Health and Recovery partners with Washington State University to manage and co-develop the Washington State Prevention Fellowship Program. The 10-month program's goals are to increase the prevention workforce for the state by providing Fellows with prevention system experience at the state and community levels, and to build capacity within high-needs communities to implement prevention services. Each cohort spends 3 months with HCA in Olympia, Washington, gaining intensive state-level prevention experience, then 3 months mentoring and shadowing an existing Community Prevention and Wellness Initiative (CPWI) site, and the last 4 months of their Fellowship with a new high-needs community beginning to implement the CPWI Strategic Prevention Framework model.

In collaboration with the University of Hawai'i, the **Hawai'i Department of Health, Alcohol and Drug Abuse Division** developed *The Hawai'i Opioid Initiative: A Statewide Response for Opioid and Other Substance Misuse Issues* to enhance workforce development by engaging undergraduate and graduate students in fellowships from social work and other health and human services programs to work on the initiative's projects in substance use prevention and treatment community organizations. The program provides activities and resources for the students to address opioid and other drug misuse and overdose.

The **Indiana Family and Social Services Administration** used SOR funds for stipends to over 200 college students completing an internship at local community mental health

centers, focusing on addiction treatment, in 41 counties across Indiana.

## Credentialing/Certification

The **District of Columbia Department of Behavioral Health** funded a robust peer certification training program and will expand to meet the needs of the workforce by creating a peer academy, where peers will be provided the training and internship opportunities needed to become internationally certified.

The **New Jersey Department of Human Services** supports credentialing as part of a larger professional development initiative that includes placement, tracking, credentialing assistance, mentoring, and supervision to assist SUD treatment agencies in increasing and strengthening their workforce for treating individuals.

The **Indiana Family and Social Services Administration** used SOR funds to pay for over 100 addiction professionals' training and credentialing fees.

The **Oregon Health Authority** supported an education training cohort that was started in 2020 to provide the free education hours for individuals serving rural and frontier communities to obtain their Certified Alcohol & Drug Counselor I certification. Over 80 individuals signed up for the opportunity.

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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.