

Addressing Opioid 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 SAMHSA 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 across the U.S. 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): Utah Department of Human Services Division of Substance Abuse and Mental Health (DSAMH)

In FY 2017 and FY 2018, the Utah Department of Human Services Division of Substance Abuse and Mental Health (DSAMH) received a total of \$11 million in STR funding. From FY 2018 through FY 2020, the state received a total of \$30.7 million in SOR funding.

Overview of Utah’s efforts to address opioid misuse and disorders

The State of Utah used STR funds to address the opioid crisis by:

- Enhancing existing evidence-based prevention activities
- Implementing a primary prevention media campaign
- Improving access to effective care
- Strengthening recovery support services
- Expanding naloxone distribution
- Increasing harm reduction activities
- Providing a substance use disorder (SUD) education and intervention media campaign
- Targeting unfunded, underserved youth (ages 12–17) and adults at risk for or with a diagnosed OUD

Under SOR, the state is addressing opioid use by continuing and building upon the STR efforts through:

- Preventing and reducing opioid misuse among youth and adults
- Reducing overdose deaths and the prevalence of HIV and hepatitis C virus (HCV)
- Expanding access and usage of MAT
- Expanding partnerships between physical health and addiction/mental health
- Promoting health and expanding recovery-oriented services
- Expanding the targeted populations to include incarcerated individuals, Tribal populations, and those at risk of or testing positive for HIV and HCV

Innovative Service Delivery Models

- Academic detailing/education for prescribers
- MAT induction in hospital emergency departments
- Peer recovery coaches in health care settings
- Grief and loss clinical training to support professionals and families
- Deflection or jail diversion
- Workforce expansion and education to care for and assess the needs of pregnant women and their infants

Building Workforce Capacity

Screening, Brief Intervention, and Referral to Treatment (SBIRT) training

Utah provided support through grant funds to ensure that physical health providers throughout the state have access to SBIRT training online. There is a robust virtual, interactive training and video tutorials for providers to understand SBIRT. The training includes how to bill SBIRT and implement SBIRT into their practice.

Academic detailing

Academic detailing occurs through Utah's Division of Occupational and Professional Licensing (DOPL) to prescribers who are not utilizing or are underutilizing the state's prescription drug monitoring program to ensure that they know how to access and use the tools available. The academic detailing toolkit also provides information on best practices for opioid prescribing, provides information for providers to complete SBIRT training, and informs providers about resources for themselves or those they are caring for who might be struggling with and SUD. A resource assessment and provider education are provided to pediatricians and to those in rural areas who are treating women who are pregnant. Follow-up consultation is offered on best practices for treating pregnant women who use opioids and coordination with pediatricians who are trained on infants that have been impacted by opioid use. Grief and loss support and education is being provided to first responders and counselors. Therapists are being trained on a grief and loss curriculum that is specific to those who have lost a loved one to overdose death. The clinical skills can be used with individuals or in group settings and provide the therapist with a support network of other clinicians who can provide continued care as well.

Collaborating with public and private entities

DSAMH has been able to partner with many providers and community stakeholders throughout the state. DSAMH participates in the Utah Coalition for Opioid Overdose Prevention, which is a statewide

coalition that has workgroups focused on advocacy, health care, public safety, harm reduction, public awareness, data, and treatment. DSAMH also participates in the Utah Opioid Task Force, where public and private entities come together to discuss ongoing efforts to address opioids and to continue to refer and coordinate programs within areas. DSAMH also works with one of the largest health care organizations in Utah, Intermountain Healthcare, on their Opioid Community Collaborative to find ways to include community health, physical health and resources in the hospitals, clinics, and offices that they oversee. Finally, DSAHM partners with the DOPL, the Department of Health, the Department of Public Safety, and the Department of Corrections as well as the treatment providers with whom they typically work to address the opioid problems in Utah.

Preventing opioid misuse before it starts

Youth services

One subgrantee, Weber County, implemented the evidence-based Botvin *LifeSkills* Training within the school district, focusing on sixth graders. Local coalitions within the local substance abuse authority (LSAA) are assisting in implementation efforts.

Tribal health care and substance use education projects: A specific campaign (Keeping Our Communities Sacred and Whole) has been developed with our Utah Department of Health (UDOH) partners with the aim of primary prevention and educating Tribal members on opioids. The team holds meetings within the Tribes to discuss what opioids are and the level of the “crisis”; provide naloxone training, naloxone kits, educational materials, and DisposeRx disposal packets for safe medication disposal; and promote responsible use of prescription medications. Communities were also asked to help define *crisis* in their specific Tribes.

Medication take-back events

Medication take-back events were held under STR in April and October annually. With support from SOR, the take-back events will continue. These events take place in collaboration with community support, including local grocery stores and pharmacies, to reduce the risk factor of access to prescription drugs in the community.

Education and public awareness

Media campaigns

STR provided funding for the Use Only as Directed campaign, educating Utahns about pain management. One local subgrantee used the campaign ads in local theaters to educate the public about opioid misuse. They partnered with local pharmacies and veterinarians to create medication bags with messaging about the dangers of opioid misuse. DSAMH updated the media campaign to reflect the changing needs of the priority population. The updated campaign is called Know Your Script and focuses on educating parents and individuals about risk factors relating to prescription medications. It educates patients to know the impacts of their prescriptions, focuses on empowering patients to ask questions, and identifies protective factors such as knowledge.

Provider education

Utah has implemented academic detailing/education for providers who currently prescribe opioids and to use the Controlled Substance Database. The program provides information to prescribers on their practices versus others in their same specialty, ensures that Centers for Disease Control and Prevention

(CDC) prescribing guidelines are understood, and provides toolkits for SBIRT and referrals in their local areas.

Overdose reversal efforts: saving lives

Increasing access to naloxone

Utah is increasing naloxone available to the public at various locations throughout its counties and regions. The state is also increasing the ability of syringe services providers to provide HIV/HCV testing, education, and overdose prevention, and supporting their goal of building relationships with those actively using opioids to link them with substance use treatment and recovery services. Utah is also increasing access of naloxone to first responders, law enforcement, and local health departments.

Media campaigns and education

Utah has implemented the Stop the Opidemic media campaign and created a training module to educate individuals on the signs and symptoms of an overdose and whom to contact. The campaign also shared stories from families who have lost loved ones to overdose, in efforts to help reduce stigma.

Increasing access to treatment

Use of SBIRT

Utah is increasing the use of SBIRT and implementing it in emergency departments and Federally Qualified Health Centers. They are also partnering with physical health providers and training them in SBIRT. Other goals of partnership include increasing the number of practitioners prescribing MAT; access and referral to physical health care for individuals in SUD services; and the use of recovery coaches in health care settings. This project also created an online SBIRT tool that is now publicly available to any Utah provider to be able to complete and earn continuing education credits.

Access to MAT

Utah is increasing access to and the use of MAT by training providers. Peer support/recovery coaches are working with first responders and in health settings to engage individuals in services with MAT if indicated. Local substance use authorities are building capacity for MAT by contracting with office-based opioid treatment (OBOT) programs and Opioid Treatment Programs (OTPs) in their geographic regions. DSAMH has been able to support OTPs in rural areas throughout Utah based on increased funds. The State also initiated a buprenorphine project in one of the largest emergency departments.

Supporting long-term recovery

Support groups

The State is increasing the number of family support groups as well as support groups for individuals at any stage of recovery. There are additional ways to engage in family support groups, including Community Reinforcement and Family Training (CRAFT) throughout the state. Training for facilitators has increased and expanded throughout the state.

Grief and loss due to overdose

Training and education are provided to any individual in the community who deals with overdose in their line of work. There is also counseling curriculum training for professionals who work with individuals and families who have been affected by overdose death.

HIV and HCV testing and linkage to treatment

DSAMH has continued to work with the Department of Health to ensure that rapid testing for HCV as well as referral for confirmation testing and treatment is available throughout the state. These services are now available through harm reduction programs as well as in all of the local health departments. The State continues to collaborate with OTPs and other treatment programs to make these services available to participants while they are seeking out treatment services.

Recovery Housing

Utah is increasing availability of publicly funded recovery housing through the LSAAs. They support the LSAAs in utilizing facilities that are licensed with the State to ensure that those seeking recovery are supported in well-maintained living spaces.

Serving special populations

Prevention services for special populations

Older Adults: One subgrantee, Summit County, partnered with Meals on Wheels to add kits to meals that included education about opioid misuse and disposal bags for unused medications.

Tribal Communities: One subgrantee, San Juan County, implemented Guiding Good Choices for Native American populations. Guiding Good Choices gives parents the skills needed to reduce their children’s risk for using alcohol and other drugs. Education and training are also conducted to distribute naloxone throughout Tribes; coordination and collaboration have occurred with the Tribal health system to ensure data and information sharing on SUD risks; and specific Tribal messaging has been created about opioids, signs and symptoms of overdose, and ways to access treatment.

Treatment services for special populations

Insurance Navigation Project: An insurance navigation project ensures that those who live in Utah have access to insurance and funding to get physical and behavioral health services. It also includes outreach activities and public education to engage individuals with OUD and their families to help navigate insurance options and facilitate enrollment in qualified health plans to ensure they have access to the required treatment services. This program trains many different touch points for people who might benefit from insurance screening. They ensure these touch points have an insurance navigator on staff to support people in enrolling and understanding how to find providers.

Provider Needs Assessment: DSAMH supports provider needs assessments for pregnant women with substance use concerns and training for obstetricians and pediatric providers. Through this initiative, care is provided to pregnant women in rural areas by conducting women’s obstetric and substance use treatment needs and resource assessments and increasing providers’ knowledge of the maternal and neonatal impact of substance use. The medical staff and grant administrator associated with this project also participate in the safety bundle Obstetric Care for Women With Opioid Use Disorder (developed by Alliance for Innovation on Maternal Health [AIM]) for providers in Utah and ensure that training on the safety bundle happens regularly.

Deflection or Jail Diversion Center: DSAMH implemented a program in a high-risk and high-need area where individuals can be assessed and inducted into MAT rather than be placed in jail or wait “on the streets” until they can enter a treatment program.

Professionals in Recovery Program Expansion: The Professionals in Recovery Program is a program through the DOPL that ensures those who are struggling with addiction can access treatment while maintaining their professional licensures. The program keeps others safe while professionals receive the required help.

Demonstrating outcomes for a healthier future

As of October 2020:

- 106,763 pounds of medication collected via take-back events.
- 3,132,000 media impressions from the Stop the Opidemic campaign.
- 5,076,800 impressions from the Use Only as Directed campaign.
- 45,505 pounds of medication disposed of in permanent dropboxes.
- 34 coalitions have implemented Communities That Care model.
- Utah’s opioid prescribing rate decreased from 70.4 per 100 in 2017 to 51.4 per 100 in 2019 (most current data).
- 2,547,965 impressions from the Know Your Script campaign.
- As a result of Use Only as Directed/Know Your Script and other hospital initiatives, opioid prescriptions have decreased by more than 30% over the last 3 years—3 million fewer tablets from January 1 through December 31, 2020—with a greater decrease seen in hospitals participating in Use Only as Directed/Know Your Script.
- 3,904 physical health providers trained on SBIRT.
- 82,135 naloxone kits distributed.
- 1,742 reported opioid overdose reversals.
- 2,415 individuals linked to peer support and recovery coaches working in health care settings.
- 288 providers became Drug Addiction Treatment Act (DATA) waived to prescribe MAT (funded under STR grant), and three new MAT clinics opened.
- 6,810 clients with OUD accessed MAT.
- 9,913 individuals with OUD were served with evidence-based treatment.
- 3,573 families were provided with education through the CRAFT recovery support program.
- 2,527 individuals participated in support groups and continuing care services.
- Increase in stable housing for those in public treatment from 1.6% to 13.4%, and increase in employment for individuals with OUD accessing treatment from 39.8% to 68.3%.

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.