

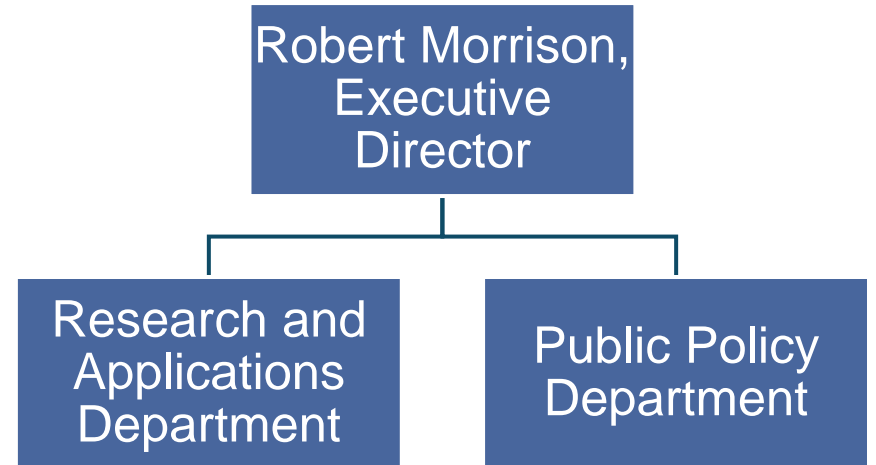


988 and Crisis System Transformation Grantee National Conference

Robert Morrison, Executive Director
National Association of State Alcohol and Drug Abuse Directors
(NASADAD)
Chicago, Illinois
April 30, 2024

Overview of NASADAD

- NASADAD’s mission is to promote effective and efficient publicly funded State substance use disorder prevention, treatment, and recovery systems.
- **Office in Washington, D.C.**
 - Research and Program Applications Department
 - Houses component groups: prevention, treatment, women’s services, and State Opioid Treatment Authorities (SOTAs)
 - Public Policy Department
- **Governed by Board of Directors**
 - Sara Goldsby (SC), President
 - Cassandra Price (GA), Public Policy Committee Chair



Role of State Alcohol and Drug Agencies

NASADAD National Association of State Alcohol and Drug Abuse Directors September 2022

The Role of State Alcohol and Drug Agencies

The Single State Agency (SSA) is the lead agency in each State or jurisdiction responsible for managing federal funds dedicated to addressing substance use prevention, treatment, and recovery. These agencies are governed by different statutes and regulations, vary in terms of their exact functions, size, and placement within State government. Yet these same agencies also share common characteristics as well. The development of effective federal policy requires an awareness and appreciation of the important role State alcohol and drug agencies play in managing our nation's prevention, treatment, and recovery system.

Managing the Substance Abuse Prevention and Treatment (SAPT) Block Grant: The SAPT Block Grant is a \$1.9 billion federal formula grant that is allotted to NASADAD members. By statute, twenty percent of the SAPT Block Grant must be dedicated to critical substance use prevention programming.

Managing opioid-specific grants to States: NASADAD members manage the State Opioid Response grants (\$1.525 billion in FY 2022) which address the opioid crisis by increasing access to treatment and reducing opioid overdose deaths through prevention, treatment, and recovery activities. SSAs previously managed the State Targeted Response grants in their State. These grants supplement existing opioid-related services being led by the State alcohol and drug agencies.

Promoting effectiveness through planning, oversight, and accountability: States work with stakeholders to craft and implement annual plans for State-wide service delivery. In the process, they employ mechanisms to ensure public programs are effective. State agencies use tools such as performance data management and reporting, contract monitoring, corrective action planning, on-site reviews, and technical assistance.

www.nasadad.org

<https://nasadad.org/role-of-ssas/>

Placement in State government varies: May be Departments of Health, Human Services, Social Services, Cabinet Level, and so on

Develop annual **State plans** to provide prevention, treatment, and recovery services

Manage the **Substance Abuse Prevention and Treatment (SAPT) Block Grant**

Manage **opioid-specific grants to States – including State Opioid Response Grant**

Promote **effectiveness through planning, oversight, and accountability**

Report Data

Promote and ensure **quality**

Encourage coordination across state government

Work with the provider community

Laura Garcia

Director, Division, Substance Use Prevention and Recovery, Illinois Department of Human Services

Member, NASADAD Board of Directors

Member, NASADAD Public Policy Committee



NASADAD houses, under its umbrella, are special interest groups that represent State alcohol & drug agency staff focusing on a particular population, part of the continuum, or topic:



Prevention Coordinators
(National Prevention Network)



Treatment Coordinators
(National Treatment Network)



Women's Services Coordinators
(Women's Services Network)



State Opioid Treatment Authorities (SOTAs)
(Opioid Treatment Network (OTN))



Youth Coordinators



HIV Coordinators

What do we do?



Serve as the national voice of State substance use agencies



Foster partnerships among States, federal agencies, and other key national organizations



Develop and disseminate knowledge of innovative substance use programs, policies, and practices



Promote key competencies of effective State substance use agencies



Promote increased public understanding of substance use prevention, treatment, and recovery processes and services

How do we work?

NASADAD Activities:



Public
Policy



States Helping
States Approach



Technical
Assistance



Topic Calls and
Webinars



Product
Development



Inquiries

Examples of substance use-related crises

- **Overdose risk:** When an individual consumes a toxic amount of alcohol or other drugs resulting in severe harm, including the risk of an overdose
- **Withdrawal:** When an individual experiences physical and psychological symptoms after discontinuing substance use, including negative emotions such as stress, anxiety, or depression, as well as physical effects
- **Intoxication:** When an individual consumes alcohol or other drugs and has impaired cognition and motor skills, putting themselves or others at risk
- **Relapse:** When an individual abstaining from substance use experiences distress after using a substance.

NASADAD's Role in 988/Crisis Work



Promote awareness regarding the importance of work to address substance use-related crisis as a core component to 988/crisis work



Promote learning and information sharing on various aspects of 988/crisis work through a “States-helping-States” approach



Ensure constant communication with SAMHSA and relevant stakeholders

Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant

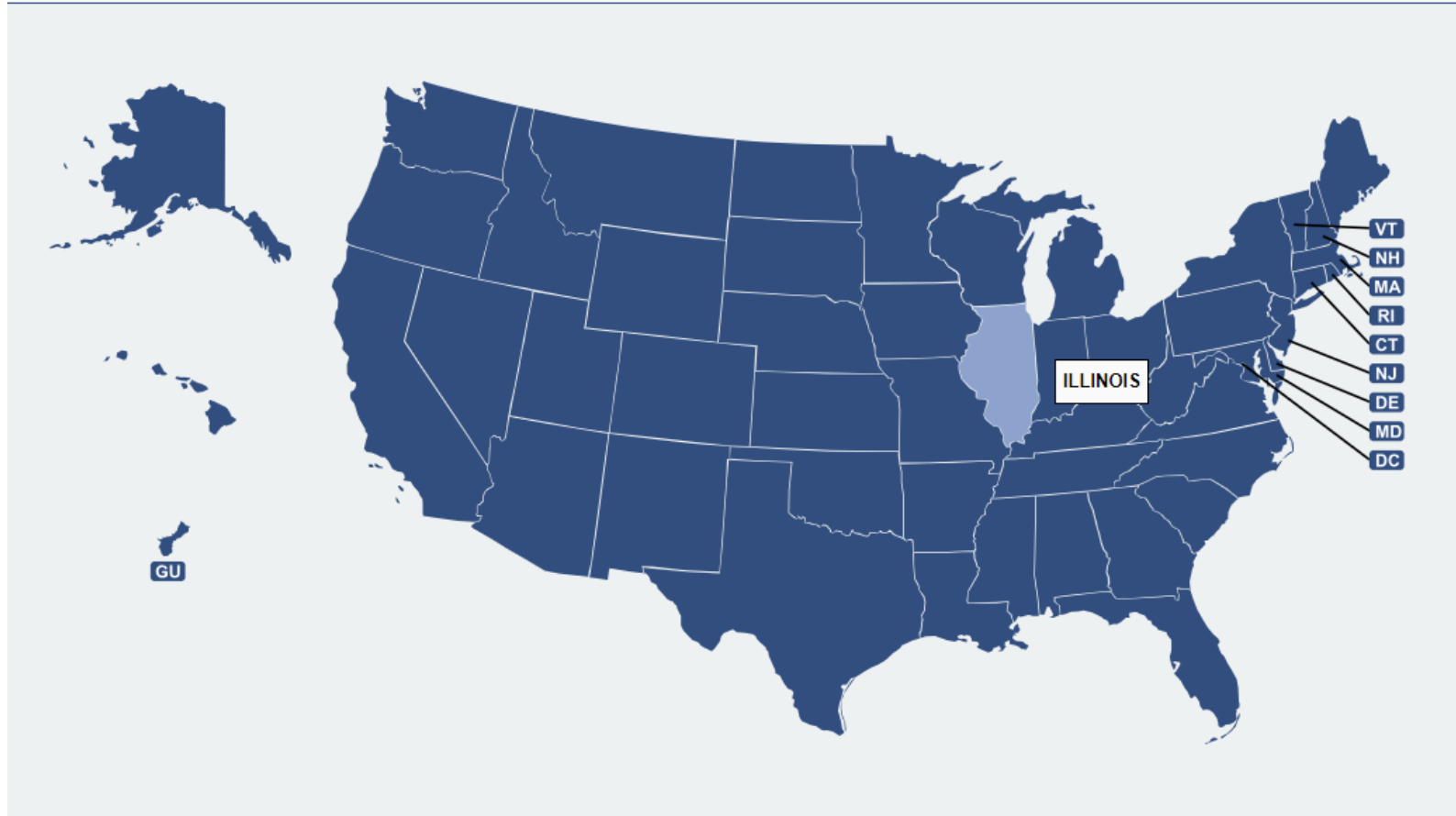
- \$2 billion formula grant administered by SAMHSA
- 20 percent set-aside for front-end primary prevention
- Flexible program that allows each State to direct resources for prevention, treatment, and recovery to meet their unique own needs
- Critical funding that supports infrastructure of each State’s substance use disorder system – including services not reimbursed

Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs. FY 2023	President’s FY 2025 Request	FY 2025 vs. FY 2024
SUPTRS Block Grant	\$1,858,079,000	\$1,858,079,000	\$1,908,079,000	\$2,008,079,000	2,008,079,000	Level	\$2,008,079,000	Level

State Opioid Response (SOR) Funding

Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	FY 2025 vs FY 2024
State Opioid Response (SOR) Grants	\$1,500,000,000	\$1,500,000,000	\$1,525,000,000	\$1,575,000,000	\$1,575,000,000	Level	\$1,595,000,000	+\$20,000,000

State SOR Interactive Map



Illinois Initiative Brief

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 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): Illinois Department of Human Services (DHS) Division of Substance Use Prevention and Recovery (SUPR)

In FY 2017 and 2018, the Illinois Department of Human Services (DHS) Division of Substance Use Prevention and Recovery (SUPR) received a total of \$32.6 million in STR funds. From FY 2018 through FY 2020, the state received a total of \$109.8 million in SOR funding.

Overview of Illinois' efforts to address opioid misuse and disorders

The State Overdose Action Plan (SOAP) forms the strategic framework for addressing the opioid epidemic in Illinois, setting a statewide goal of reducing opioid-related deaths by one-third in 3 years and formulating a set of evidence-based strategies to achieve this goal. The SOAP focuses on efforts falling into three pillars:

1. **Prevention:** preventing people from using opioids;
2. **Treatment and recovery:** providing evidence-based treatment and recovery services to Illinois citizens with an OUD; and
3. **Response:** avoiding death after overdose.

The programs supported through STR/SOR are designed to address the range of serious opioid-related problems and issues that are being experienced among residents across Illinois. These programs primarily

<https://nasadad.org/2022/09/interactive-map-impact-of-state-targeted-response-state-opioid-response-grants/>

Thematic briefs describe some of the most pressing issues faced by the SSAs in responding to the opioid crisis and stimulant misuse and use disorders, common strategies to address them, and innovative programs. The briefs cover:

- **Crisis Support Services**
- Special Populations Initiatives
- Initiatives to Build Workforce Capacity
- Demonstrating Outcomes for a Healthier Future
- Prevention Initiatives
- Treatment Initiatives
- Overdose Reversal Initiatives
- Recovery Support Initiatives

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.



How states are using State Targeted Response (STR) and State Opioid Response (SOR) funds to make a difference

PREVENTION INITIATIVES

In April of 2019, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) sent an inquiry to the Single State Agencies for alcohol and other drug services requesting information on how they were using the State Targeted Response (STR) and State Opioid Response (SOR) grants to address the opioid crisis in their states. The results of the inquiry were summarized into state-specific profiles highlighting prevention, treatment, overdose reversal, and recovery support efforts. State profiles generally covered a reporting timeframe between May 2017 - April 2019. A total of 50 state responses were received. Washington D.C. and U.S. Territories did not respond to the inquiry. Below is a brief analysis of the most common ways states have used STR/SOR funds for primary prevention initiatives, as well as select examples of innovative prevention initiatives.



STR/SOR ISSUE BRIEF
Initiatives to Build Workforce Capacity

BACKGROUND AND OVERVIEW

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STR/SOR OUTCOMES SNAPSHOT

Demonstrating Outcomes for a Healthier Future

Background and Overview

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 snapshot captures national data on three common state outcomes: naloxone kits distributed; overdose reversals reported; and individuals who received medication for opioid use disorder (MOUD). It also provides two examples of state-specific outcomes. The snapshot 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.

Nationwide Estimates*

3.1 million naloxone kits distributed (46 states reporting)

167,982 overdose reversals reported (25 states reporting)

294,978 individuals received medication for opioid use disorder (MOUD) (38 states reporting)

*Estimates were developed with data voluntarily reported by states. These estimates include data reported from 2017 to 2021. Some states did not report data for all years.

Example of State Programmatic Outcomes: California Department of Health Care Services

California has substantially increased access to treatment and other services for opioid and stimulant use disorder with STR/SOR funding. As of June 2021, more than 48,000 individuals have received treatment through the state's Hub and Spoke System (otherwise known as the Medication Assisted Treatment (MAT) Expansion Project), with significant expansions in treatment availability in the northern and central parts of the state, where individuals and communities have been most impacted by the opioid crisis.

Through STR/SOR investments, over 48,000 individuals have been connected to substance use navigators in emergency departments to reduce obstacles and facilitate access to treatment; 24,191 individuals have been identified with opioid use disorder (OUD); and 10,471 individuals have received MOUD during their encounter.

Additionally, as of March 2021, over 10,748 individuals have been treated with MOUD in county jails. This number is quickly growing.

The state has distributed more than 600,000 units of naloxone to law enforcement, first responders, harm reduction organizations, community organizations, county behavioral health agencies, schools, and homeless service programs. More than 37,000 overdose reversals have been reported. To learn more about the 30 projects in the California MAT Expansion Project, visit <http://www.cdhsformat.org>.

Outcomes Across the Continuum of Care: Maryland Department of Health Behavioral Health Administration

Prevention	Treatment	Recovery
<ul style="list-style-type: none"> Public awareness campaigns have made 392,719,634 impressions on the public, increasing knowledge of the opioid crisis and where to get help. 114,968 individuals have been trained to provide evidence-based prevention programs. In hospital emergency departments, 248,879 individuals were screened for OUD, and 2,961 were referred to treatment. 	<ul style="list-style-type: none"> 11,317 individuals received substance use treatment. Seven counties have established crisis stabilization centers, serving 4,731 individuals to date. 8,205 individuals have received MOUD. Of these individuals, 3,227 were referred to MOUD through Screening, Brief Intervention, and Referral to Treatment (SBIRT). 	<ul style="list-style-type: none"> 15,161 individuals who are at high risk of an overdose or are high utilizers of the emergency department have received intensive care coordination and recovery support services. 50,776 individuals have received critical peer recovery services.

Funding for this initiative was made possible in part by grant no. 14Y70R0003 from SAMHSA. The information contained in this brief was provided and verified by the data/producers. 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.

EXHIBIT 1: States' Most Common Crisis Services Funded with STR/SOR Grants

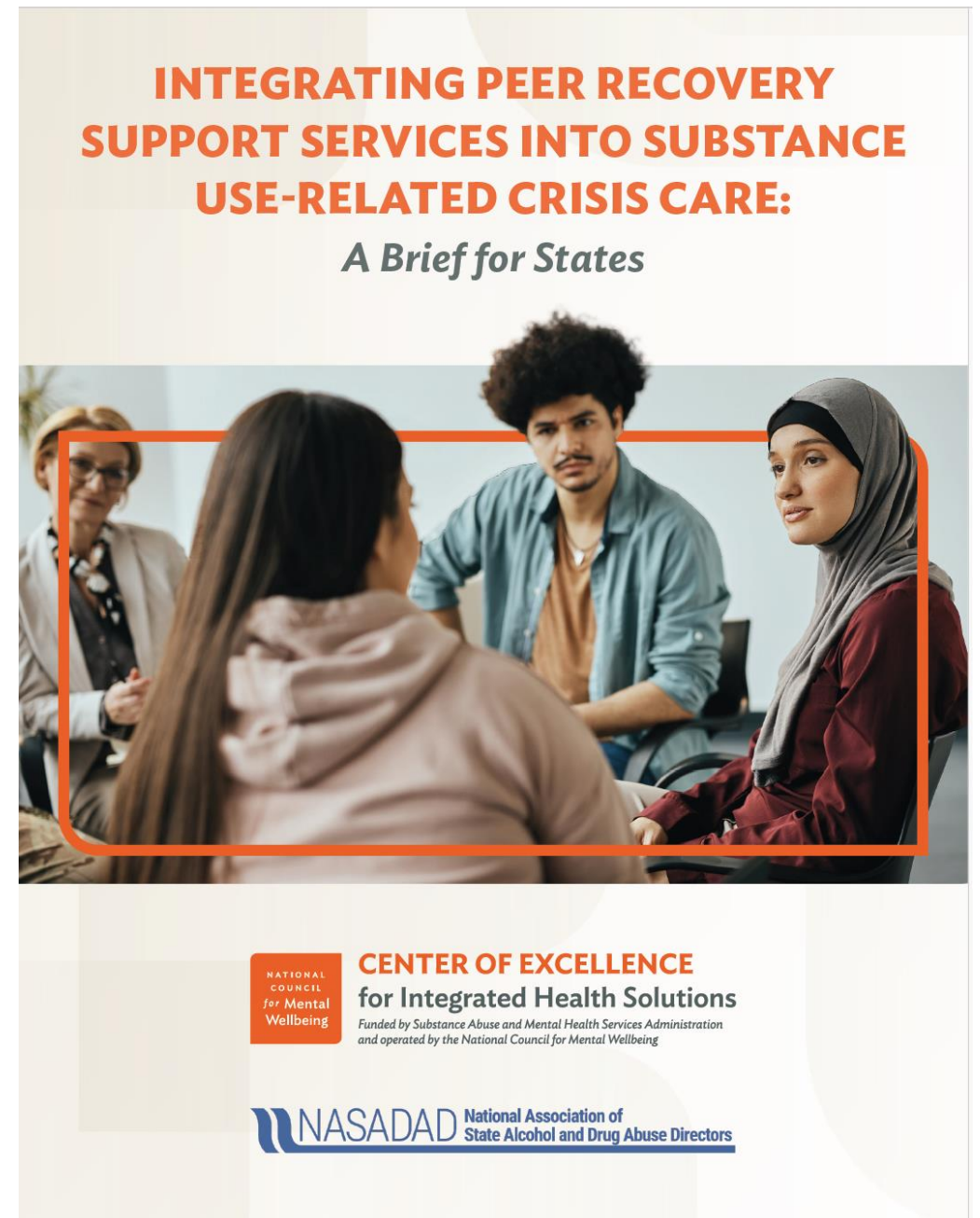
States' Most Common Crisis Services Supported with STR/SOR Funds

Crisis Services Provided	Number of State/Territory Respondents (N = 52)	Percent of State/Territory Respondents (N = 52)
Naloxone training and distribution	52	100%
Low-threshold access to medications for OUD (MOUD)	29	56%
Peer support services and recovery coaches	29	56%
Warm handoffs and linkages to services	25	48%
24/7 crisis lines/helplines/warmlines	14	27%
Crisis planning and management	14	27%
Pre-arrest crisis services	12	23%
Mobile Crisis Teams and Co-response Teams	10	19%
Crisis stabilization units, crisis centers, and drop-in sites	9	17%
Post overdose support teams	8	15%
Street-based outreach	7	13%
Temporary housing support for those with urgent safe housing needs	7	13%
Training on crisis services	6	12%
Transportation to crisis services	6	12%
Withdrawal management	5	10%
Bridge clinics	3	6%
Crisis residential services	1	2%

Integrating Peer Recovery Support Services Into Substance-Use Related Crisis Care: A Brief for States

SAMHSA's Center of Excellence for Integrated Health Solutions

[23.09.20_CoE-NASADAD-PRSS-Brief.pdf](#)



Integrating Peer Recovery Support Services Into Substance-Use Related Crisis Care: A Brief for States

- Includes information on 988/crisis work moving forward in Kentucky, Maryland, and New Jersey
- Additional specific resources (documents, regulations, guidance, etc.) from Indiana, Montana, Virginia, Washington State, Michigan, Missouri, Nebraska, Ohio

Future Considerations

Continue States-helping-States approach with a particular emphasis on financing strategies

Promote performance and outcomes data reporting and sharing

Promote the benefits of being precise with language and messaging

Contribute to the dialogue regarding 988-911 coordination

Thank you

Questions

Answers

Discussion

[Robert I.L. Morrison](#)

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