

Integrated Care: Meeting All of the Client's Needs

Capitol Hill Briefing
2060 Rayburn House Office Building

June 12, 2024



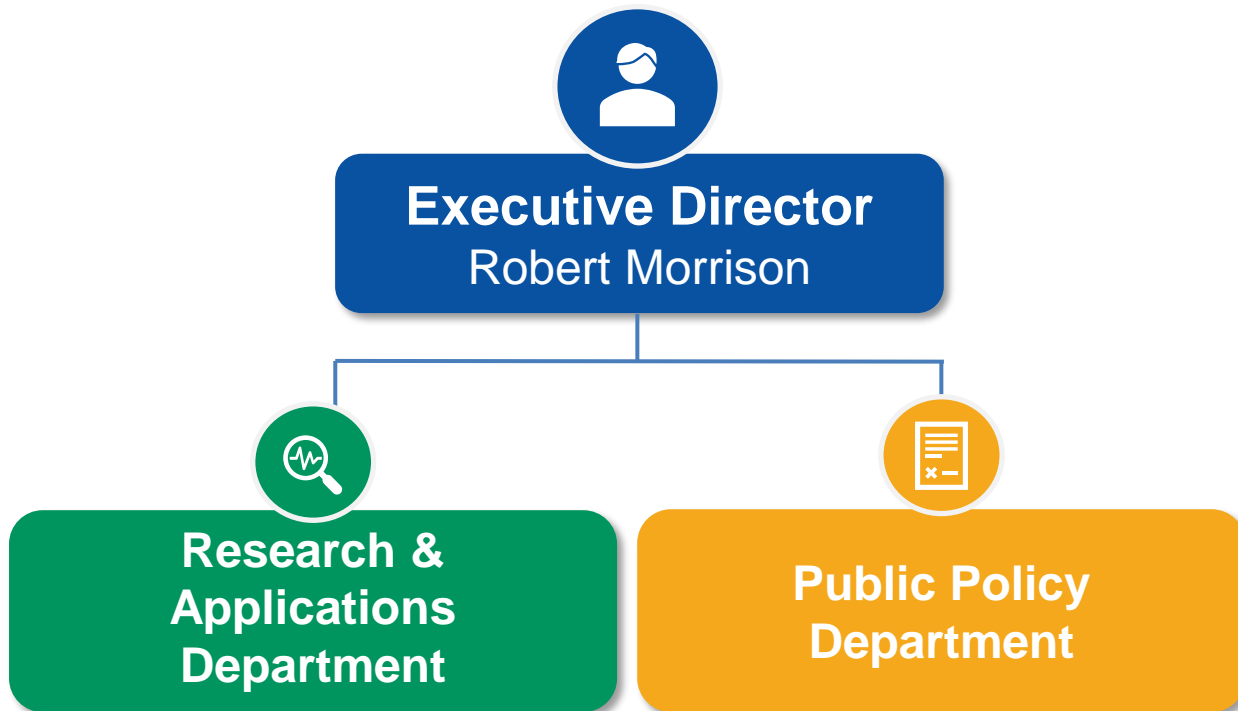
Robert Morrison, Executive Director

NASADAD

NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG AGENCY DIRECTORS

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.**
- **Governed by Board of Directors**
 - Sara Goldsby (SC), President
 - Val Mielke (N.J.), Vice President
 - Cassandra Price (GA), Public Policy Committee Chair

What do we do at NASADAD?



Serve as the national voice of State substance use agencies



Foster partnerships among States, federal agencies, and 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



In addition to State Directors, NASADAD serves as an umbrella group for State Staff focused on a population or part of the continuum.

Prevention Coordinators
(National Prevention Network)

HIV Coordinators

Treatment Coordinators
(National Treatment Network)

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

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

Youth Coordinators



Role of State Alcohol and Drug Agencies

Their placement in State government varies including Departments of Health, Human Services, Social Services, Cabinet-Level, etc.

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 (SOR) Grant

Promote effectiveness through planning, oversight, and accountability

Report Data

Promote and ensure quality


Encourage coordination across state government

Work with the provider community

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


How do State alcohol and drug agencies support providers?

 **Convene** provider community to ensure communication and awareness; seek and acquire input

 **Support training** to help support providers with education on evidence-based practices related to programs, practices and policies

- Includes help translating research-to-practice
- Includes facilitating a dialogue about practice-to-research possibilities

 Lead on issues related to **workforce recruitment, training, and retention**


 **Ensure oversight** of the system through guidance to those deploying policies, programs and practices

 Assist providers in leveraging opportunities offered by **federal partners**

Two examples of coordinating State and Federal funds

- **Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS)**
(formerly Substance Abuse Prevention and Treatment Block Grant [SAPT or SABG])
- **State Opioid Response (SOR) Grant**





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

- Distributed by formula to all States, Territories, Jurisdictions, and the Red Lake Band of Chippewa Indians (referred to as “States”).
- Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- The SUPTRS Block Grant supports treatment for 2 million Americans per year.
- 20 percent set-aside for primary prevention.
- Flexible program that allows each State to direct resources for prevention, treatment, and recovery to meet their own needs.

1. Primary prevention services

2. Tuberculosis (TB) services including TB screening, counseling, and referral for medical evaluation and treatment for individuals in SUD treatment services

3. Early intervention services for HIV/AIDS for individuals in SUD treatment services in designated states

4. Substance use services for pregnant women and women with dependent children

5. Recovery support services

<https://nasadad.org/substance-use-prevention-treatment-and-recovery-services-suptrs-block-grant/>



SUPTRS Continued...

Critical funding that supports infrastructure of each State’s substance use disorder system – including services not reimbursed.

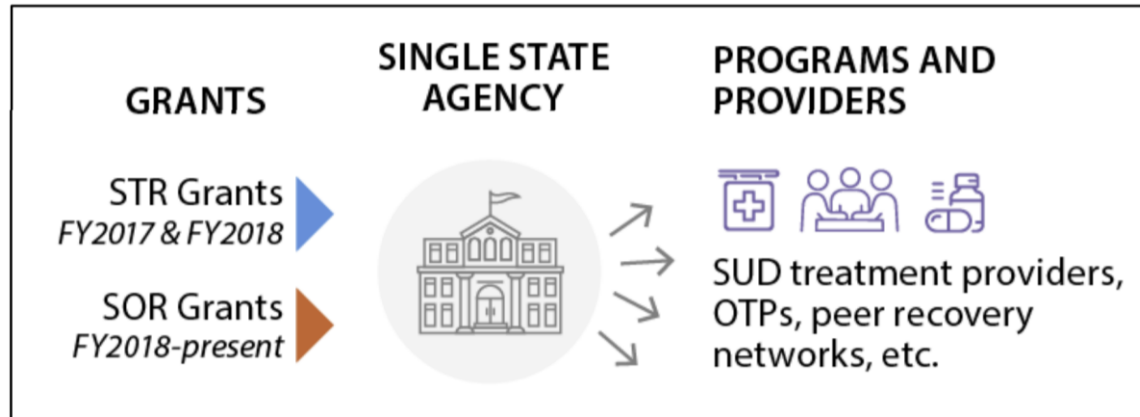
FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs. FY 2023	President’s FY 2025 Request	FY 2025 vs. FY 2024
\$1,858,079,000	\$1,858,079,000	\$1,908,079,000	\$2,008,079,000	2,008,079,000	Level	\$2,008,079,000	Level

COVID-19 Relief Supplemental Funding

Consolidated Appropriations Act, 2021 (Coronavirus Relief Package, December 2020)	The American Rescue Plan Act of 2021 (March 2021)
\$1,650,000,000	\$1,500,000,000

State Opioid Response (SOR) Grants & State Targeted Response (STR) Grants Overview

SOR Distribution

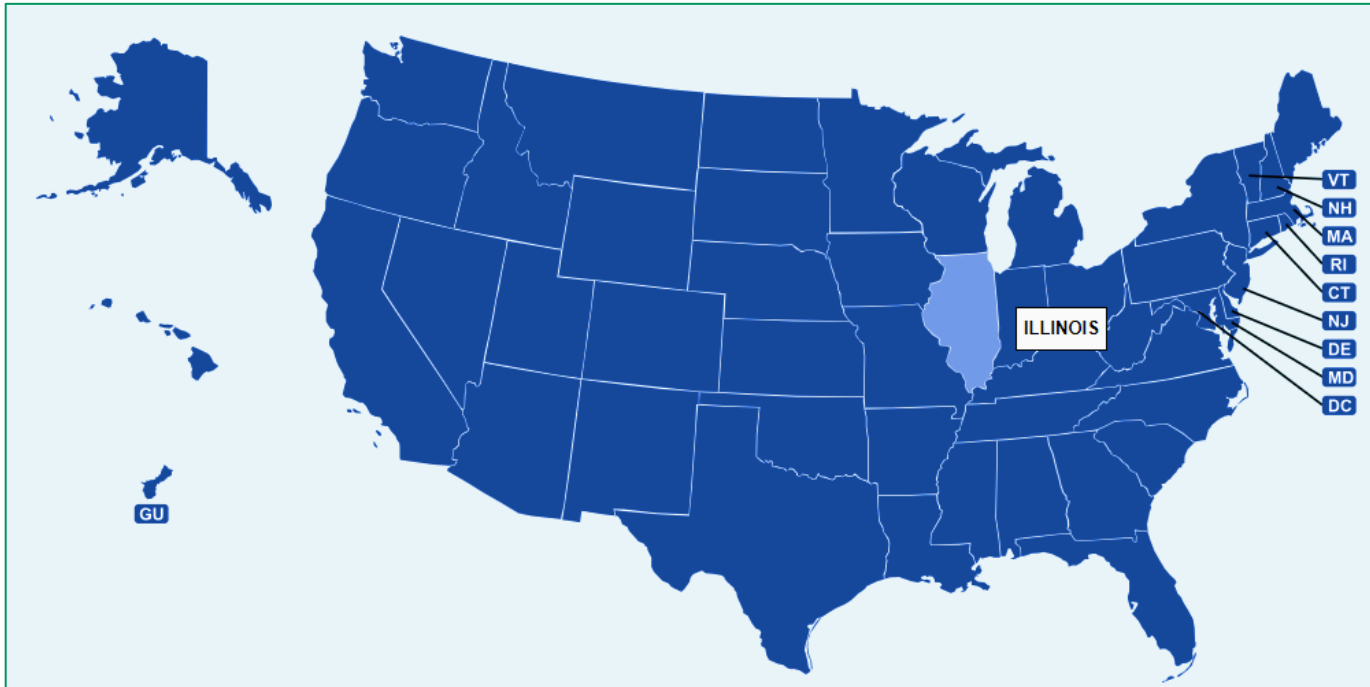


Source: Congressional Research Service.

“The purpose of this program is to address the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders. The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine. The SOR program aims to help reduce unmet treatment needs and opioid-related overdose deaths across America.”

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



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

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



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

STR/SOR ISSUE BRIEF

Initiatives to Build Workforce Capacity

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

March 2020

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.



NASADAD
National Association of State Alcohol and Drug Abuse Directors

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 (49 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 exclude 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 **40,000** individuals have received treatment through the state's Hub and Spoke System (otherwise known as the Medication Assisted Treatment (MAT) Expansion Project), with significant expansion 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 **40,000** 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 **15,871** individuals have received MOUD during their encounter. Additionally, as of March 2021, over **10,745** 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 <https://www.cdhs.ca.gov>

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 ways to get help. 114,968 individuals have been trained to provide evidence-based prevention programs. In mental health emergency departments, 298,579 individuals were screened for OUD, and 2,891 were referred to treatment. 	<ul style="list-style-type: none"> 11,217 individuals received substance use treatment. Diverse counties have established crisis stabilization centers, serving 4,731 individuals to date. 4,209 individuals have received MOUD. Of those individuals, 3,227 were referred to MOUD through Resolving, One Intervention, and Support to Treatment (SBIRT). 	<ul style="list-style-type: none"> 15,191 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. 46,174 individuals have received critical peer recovery services.

Funding for this initiative was made possible in part by grant no. 19P70B0343 from SAMHSA. The information contained on this brief was provided and verified by the data collection. The names of individuals and organizations and the number of individuals and organizations do not necessarily reflect the official position of the Department of Health and Human Services, nor does mention of state names, commercial practices, or organizations imply endorsement by the U.S. Government.

Thank You.



NASADAD
NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG AGENCY DIRECTORS

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