

## Oklahoma SOR Initiatives

### Addressing Opioid and Stimulant Misuse & Use Disorders: The Impact of State Opioid Response (SOR) Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the SOR grant program. SOR addresses the opioid overdose crisis by providing resources to states and territories to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and to reduce unmet treatment needs and opioid-related overdose deaths with prevention, harm reduction, treatment, and recovery supports. In 2020, SOR expanded to support evidence-based services for stimulant misuse and use disorders (StUD), including cocaine and methamphetamine.

This brief was developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in collaboration with the Opioid Response Network (ORN) as part of a series of state reports intended to showcase initiatives across the continuum of care that states have implemented with SOR funds. The ORN is a SAMHSA-funded technical assistance and training center that works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to support efforts to address the opioid and stimulant crisis.



### Single State Agency (SSA): Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)



From FY19 through FY23, ODMHSAS received \$67.4 million in SOR funding. For FY23–FY24, it received \$16.7 million.

ODMHSAS serves individuals who are uninsured or underinsured from diverse backgrounds and their families, focusing on LGBTQI communities, prenatal and postnatal parents, Native communities, people discharged from incarceration, people who have military service, adolescents, and urban and rural communities with limited access to substance use disorder (SUD) services.

SOR funds are primarily used in Oklahoma to increase access to evidence-based practices, including MOUD. Funds support non-Medicaid compensable services like supportive employment services, mobile units, outreach, anti-stigma campaigns, and recovery housing.

ODMHSAS has the following goals related to SOR funding:

1. Increase community knowledge base to prevent misuse of opioids and increase access to services

2. Implement prevention services to address opioids and stimulants in communities, colleges/universities, and faith-based institutions
3. Enhance knowledge base for the workforce and better support individuals at risk for or with opioid use disorder (OUD), families, and the community in prevention, harm reduction, treatment, and recovery support through training, consultation, and distribution of naloxone kits
4. Promote social and emotional health for Oklahoma students to decrease disruptive behavior and increase quality instruction time in the classroom
5. Increase collaboration and use of family care plans and sustain community referral bases for individuals with OUD, stimulant use, and co-occurring disorders
6. Increase access to array of treatments for individuals with OUD and stimulant misuse/use disorder, including cocaine and methamphetamine, who are uninsured and underinsured; target pre- and post-natal people, Native Americans, other disparate populations, people who have served in the military, those coming out of jails and prisons, and adolescents
7. Enhance existing infrastructure to deliver evidence-based treatment interventions for OUD and StUD (e.g., FDA-approved MOUD), including for cocaine, methamphetamine, and co-occurring disorders, such as trauma and suicidal ideation
8. Ensure contracted providers use office-based prescribers to provide MOUD services
9. Enhance recovery supports for individuals with OUD who are receiving MOUD

## Preventing Opioid and Stimulant Misuse Before It Starts

Oklahoma has used SOR to support prevention initiatives like community programs, higher education services, faith-based services, school-based programs, and healthcare-based services.

### Community-Based Prevention Services

Community coalitions in 12 high-need communities were awarded SOR funds to implement a comprehensive prevention workplan after completion of an in-depth assessment and planning phase. Community members in these funded areas receive prevention education, training, and services to increase opioid/stimulant 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 and OUD treatment services. Between July 2021 and September 2023, these funded coalitions handed out 2,295 lockboxes and 4,277 disposal bags. More than 3.7 million people were reached by media or other information sharing.

### Higher Education Prevention Services (HEPS)

College campuses are a well-known setting for community norms and favorable attitudes that drive increased drug use among young adults. For this reason, Oklahoma has prioritized prevention efforts for 13 higher education campuses, including both two-year and four-year institutions. Each HEPS provider works to raise campus awareness of the opioid and stimulant crisis by sharing information on campus social media pages, hosting campus-wide events, and submitting articles to the campus newspaper. Additionally, campus coalitions began the discussion of systems change on campus and review of current departmental policies. Between July 2021 and September 2023, these funded coalitions handed out 941 lockboxes and 1,872 disposal bags. More than 372,000 people were reached by media or other information sharing.



Additionally, a statewide HEPS Collaborative Action Group was formed. Members include both ODMHSAS-funded and non-funded higher education leaders. The mission is “to work to improve the well-being of individuals participating in post-secondary education across the state through a variety of collaborative efforts, including research, resource sharing, and peer support across the State of Oklahoma.” The goal of these efforts is to see positive, sustainable, and meaningful improvements in mental and physical well-being in students, faculty, staff, and others who work, learn, or live in the academic sphere. This collaborative also has three subcommittees: data and quality assurance, resource/peer sharing, and recruiting.

### **Faith-Based Prevention Services**

ODMHSAS contracted with Oklahoma Faith Network (OFN), a statewide 600-member faith-based organization, to implement outreach services, including training/education, information dissemination, and referral to specialty services. OFN equips churches and faith communities with the necessary information to understand proper use of opioids, risks that come with their use, proper storage of medication, and what to do if you suspect someone in your family or community is at risk for an overdose.

### **Healthcare-Based Prevention Services**

Oklahoma developed the Do No Harm primary care practice program with the goal of preventing new cases of SUD 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. Its intent is to widely disseminate and implement evidence-based guidelines and best practices for pain management in Oklahoma primary care practices. The program’s 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.

### **OK I’m Ready**

The OK I’m Ready statewide campaign and website provides Oklahomans prevention resources around safer use, storage, and disposal, as well as resources for accessing naloxone, fentanyl test strips, and treatment services. An interactive map easily identifies where individuals can find a permanent disposal site to safely discard unwanted medications and where to find a naloxone vending machine. Individuals visiting the website can be led to various pages, depending on the type of user 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. Funding has supported a statewide outreach campaign targeting high-risk populations and communities through the use of digital and other electronic messaging, informational brochures and materials, targeted awareness activities, and community-specific planned and delivered interventions through grassroots partnerships.

## **Overdose Reversal Efforts: Saving Lives**

Oklahoma has used SOR to support its overdose reversal medication distribution and education initiatives.

### **Vending Machine Launch**

ODMHSAS purchased 40 vending machines and continually stocked them. The vending machines distribute an average of 1,600 naloxone doses and 800 boxes of fentanyl test strips a week, with only 21 machines placed. The state will place the remaining machines in 2024.



### **Okimready.org**

Oklahomans now have easier access to life-saving resources like naloxone and fentanyl test strips through an optimized website, along with information on local treatment options. QR codes on each vending machine also take users to this website.

Since 2021, more than 320,000 doses of naloxone have been ordered through the mail-out program.

### **Superbowl Commercial**

Naloxone Saves Lives messaging will appear in a local Superbowl ad in Oklahoma, which has the potential to reach millions of households.

### **Overdose Response Team (ORT)**

The goal of this program is for ORT to contact individuals within 48 to 72 hours of an overdose to determine the patient's needs and connect them to services to support OUD treatment and recovery. This includes, but is not limited to, recovery outpatient programs at a partnering treatment center, support groups, and MOUD programs. When patients are experiencing severe withdrawal symptoms and meet criteria, the treatment goal is to stabilize symptoms quickly through an approved MOUD protocol so they can mentally attend and participate in a facilitated admission process to an outpatient recovery program.

## **Implementing Harm Reduction Strategies**

Oklahoma has used SOR to support allowable harm reduction services, described below.

### **Leave-Behind Kits**

Grassroots programs in the state, like OCARTA and Shred the Stigma, do street outreach and provide leave-behind kits that include fentanyl test strips, information for treatment, and naloxone.

### **Infectious Disease Care**

All ODMHSAS-contracted treatment providers are required to offer testing for hepatitis C, HIV, and other infectious diseases and make appropriate referrals for care. Additionally, ODMHSAS partners with Oklahoma Department of Health for training and education on prescribing guidelines for medical professionals, and for substance use providers on how to have conversations about testing for hepatitis C, HIV, and other potential diseases related to substance use.

## **Increasing Access to Treatment**

Oklahoma has used SOR to increase treatment access, including MOUD services and contingency management.

### **MOUD Services**

SOR-contracted agencies are required to provide MOUD and to offer or connect with opioid treatment programs to ensure all three FDA-approved MOUDs are available, as well as medications for StUD. In 2021, all Medicaid- or state- contracted residential facilities were required to offer or subcontract with a prescriber to do induction or continue MOUD medications for individuals who meet criteria and want the service.

### MOUD in Urgent Recovery Centers

Urgent recovery centers allow a person to be served for up to 23 hours to stabilize and hopefully prevent crisis stays or emergency department visits. They operate 24/7, 365 days a year and can provide induction and continuation of MOUD.

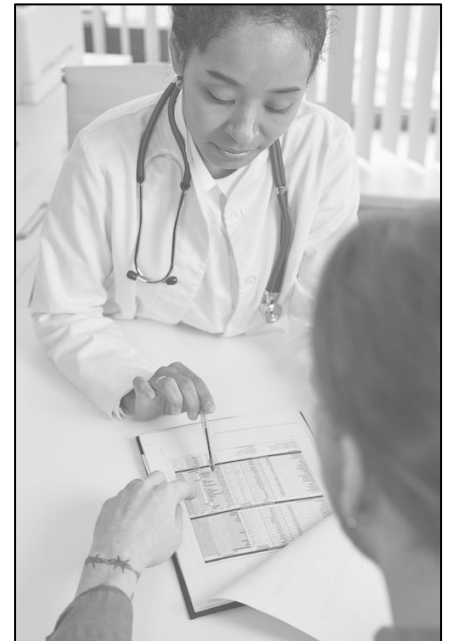
### Training Cohorts for Contingency Management

Oklahoma has had more than six cohorts of treatment providers in the state offering services for StUD and MOUD. There are currently five agencies implementing the program and outcomes are still being collected. The training includes four 90-minute training sessions and up to 13 months of consultation and coaching for program implementation.

### Substance Use Treatment and Recovery (STAR) Clinic

The Little STAR Clinic is a neonatal follow-up program for mothers and their babies at Oklahoma Children’s Hospital. The appointment occurs 30 to 90 days after the baby is discharged from the hospital. A team of experts provide the following services during the appointment:

- A medical check-up for the baby by a developmental behavioral pediatrician
- Developmental assessment by an occupational therapist
- Support, resources, and referrals, as needed
- Some appointments offered virtually for convenience
- Family Care Plans to empower pregnant and postpartum individuals with SUD with resources and tools to help navigate their recovery journey and promote healthy, intact families
- MOUD to support parents on their recovery journey with the SAMHSA-recommended therapy model
- Prenatal and postpartum care ensuring both parent and baby have their medical needs met by top OBGYNs in the state who specialize in serving this population
- Behavioral health supports and services through in-house clinical social workers who collaborate with local SUD treatment providers to offer treatment support and recovery services



## Supporting Long-Term Recovery

To help individuals reach and maintain long-term recovery, Oklahoma has implemented recovery support services like recovery housing and re-entry programs.

### Recovery Housing

ODMHSAS offers financial assistance for the first one to two months of a stay in a recovery residence to help individuals stabilize. It also provides support and training to members of the state’s 139 Oxford House sites, with a primary focus on addressing StUD and OUD. Throughout 2022–2023, the Oxford House network in Oklahoma served 4,511 individuals, maintaining an impressive average monthly abstinence rate of 95.6% and an





occupancy percentage of 79.6%. Notably, the state witnessed substantial growth with establishment of 15 new Oxford House sites and 141 new recovery beds. Additionally, Oxford House Inc.'s regional manager and outreach staff ensured all 139 houses across the state were equipped with Narcan and received proper training in its use. A fully accredited training and education coordinator conducted quarterly Narcan and rescue breathing training sessions.

### **Re-Entry Program**

ODMHSAS has mobilized a contract for four regional OUD treatment liaisons to conduct technical assistance and linkages between birthing and general hospitals, emergency departments, legal and correctional settings, child welfare agencies, and other service agencies. Using Chess Health, ODMHSAS discharge managers make referrals for incarcerated individuals nearing release to treatment providers.

## **Reaching & Serving Populations of Focus**

Oklahoma has used SOR to implement several programs and services to reach populations of focus, including pregnant and postpartum women, individuals in the criminal justice system, and school-aged children.

### **STAR Prenatal Clinic**

The STAR Prenatal Clinic provides pregnancy care tailored to the needs of pregnant individuals with a history of substance use and the unique challenges they face in receiving prenatal care. As a patient of the STAR clinic, one will receive specialized medical care, as well as access to a case manager, social worker, peer counselors, and group education sessions to support a healthy pregnancy.

### **State Opioid and Stimulant Prison Referrals**

Through this initiative, ODMHSAS reentry staff provide participants who are diagnosed with OUD or StUD a referral to a community provider of their choice. Participants receive at least one telehealth session with the provider prior to discharge. The program aims to improve the continuum of care for those leaving prisons.

### **School-Based Prevention Services**

ODMHSAS has partnered with the Oklahoma State University Center for Family Resilience to implement the primary prevention program PAX GBG to elementary classroom teachers and school personnel across the state. SOR has enabled Oklahoma to expand school-based services to prevent new cases of opioid addiction by reducing childhood predictors of opioid misuse and related problems. PAX teachers were asked to report whether PAX GBG has changed the way they manage their classrooms. The following quotes highlight the common responses: "After being trained, it was like being 'remarried' to teaching. I was excited again," and "I am able to get through lessons with less behavioral interruptions." In addition to school-based prevention supports offered through PAX GBG, PAX tools have been offered as family and community resources that equip caring adults with strategies to promote self-regulation and prosocial behaviors among children at home and in community settings.



**About the Opioid Response Network (ORN):** ORN is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA’s SOR/Tribal Opioid Response (TOR) Technical Assistance (TA) grant, 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. **Visit the ORN website [here](#) or request training or TA [here](#).**

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