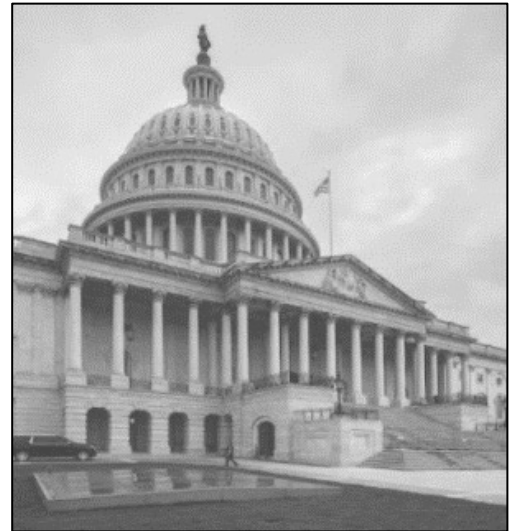


Tennessee SOR Initiatives

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): Tennessee Department of Mental Health and Substance Abuse Services Division of Substance Abuse Services (TDMHSAS)

TDMHSAS has received \$137,457,903 in SOR funding from FY18 through FY23. For FY23–FY24, it received \$61,979,112.

Tennessee SOR grants aim to:

1. Increase awareness of the dangers of opioids and stimulants, as well as the availability of opioid overdose prevention resources
2. Educate key stakeholders on safety around illicit drugs and preventing overdose
3. Reduce the number of overdose-related deaths through naloxone distribution
4. Train health professionals to assess and treat individuals with opioid use disorder (OUD) and/or StUD
5. Reduce opioid overdose deaths through an emergency department–initiated buprenorphine/naloxone pilot program
6. Expand access to MOUD in rural areas of the state





7. Expand access to MOUD for recovery court clients through a pilot program to provide injectable buprenorphine
8. Expand access to MOUD, clinical treatment, and recovery services through a hub-and-spoke model

Preventing Opioid and Stimulant Misuse Before It Starts

Tennessee has used SOR to invest in regional overdose prevention specialists, develop media campaigns, and fund other community events and trainings.

Regional Overdose Prevention Specialists (ROPS)

ROPS are located throughout the state, housed in substance use prevention coalitions. They provide training and education on drug overdose, overdose prevention, emerging substances, and available resources. Additionally, they serve as a point of contact for naloxone and fentanyl test strips (FTS) distribution in their catchment areas. In FY23, ROPS partnered with more than 2,500 organizations to provide training, outreach, and resources, including naloxone, FTS, and recovery resources. Through the Tennessee Save a Life Program, formal trainings offered through ROPS were provided to the Department of Children’s Services, Department of Correction, Rural Health Association, law enforcement, first responders, K–12 schools, higher education institutions, syringe services providers, substance use treatment and recovery facilities, criminal justice providers, mental health providers, civic organizations, social services, and medical providers. Informal trainings and outreach were conducted in a variety of settings, including health fairs, resource events, libraries, community centers, local businesses, hotels/motels, encampments of unhoused people, jails, and entertainment venues.

From July 2022 through June 2023, ROPS distributed more than 177,000 units of naloxone, marking a 55% increase compared to the amount distributed the previous fiscal year. TDMHSAS has documented at least 17,000 overdose reversals because of naloxone distributed during FY23 and previous years.

Media Campaigns

TDMHSAS media campaigns, led by TDMHSAS-funded substance use prevention coalitions, have been a crucial initiative. They employ diverse channels, such as television, radio, and social media, to reach broad audiences. Through compelling visuals and tailored messages for different age groups, these campaigns effectively engage communities and educate on the risks of substance misuse. Their dynamic storytelling and accessibility make media campaigns indispensable tools in fostering awareness and support for substance use prevention.

Drug Take-Back Days

In addition to ad hoc drug take-back events throughout the year, TDMHSAS-funded substance use prevention coalitions participate in the twice-annual Drug Enforcement Agency–promoted Drug Take-Back Days. These events offer a convenient and responsible solution for safely disposing of unused or expired medications. They provide designated drop-off locations, such as pharmacies or law enforcement agencies, where individuals can easily discard their unwanted drugs.

Community Trainings

TDMHSAS has leveraged relationships with medical professionals and other subject matter experts to provide free, virtual trainings on fentanyl, stimulants, and other emerging drug trends. These trainings educate and empower community providers to disseminate this vital information to the communities they serve. The trainings are advertised to substance use prevention coalition staff, treatment and recovery service providers, other state agencies, and community members. More than ten trainings were held throughout the year, with



more than 1,500 individuals trained by the end of FY23. In addition, prevention coalitions and ROPS received updated slide decks, information sheets, and social media materials about fentanyl, xylazine, and other emerging drugs to be used in their communities. More than 100,000 Tennesseans received training on these topics in FY23.

Youth Coalitions

TDMHSAS-funded substance use prevention coalitions have established youth-specific coalitions. These serve as dynamic alliances, uniting young individuals in a collective effort to combat the challenges of substance misuse. They empower youth by providing platforms for education, awareness, and advocacy in their communities. Through collaborative initiatives and targeted campaigns, these coalitions foster a supportive environment to encourage positive choices, resilience, and informed decision-making among youth.

Overdose Reversal Efforts: Saving Lives

Tennessee uses several mechanisms to reduce overdoses, including overdose reversal agent distribution and education.

First Responder Training

TDMHSAS provides free training to first responder agencies across the state. Training includes recognizing and responding to an overdose (including how to use naloxone), harm reduction, reducing stigma, and addressing specific issues of burnout and compassion fatigue among first responders. After completing the training, first responder agencies become eligible to receive naloxone for use in their communities.

First Responder Leave-Behind Program

Partnering with first responders, TDMHSAS is piloting several sites for distribution of resource kits (including naloxone, FTS, and resource information) to individuals for whom first responders have reversed an overdose. This project has been implemented in two major metropolitan areas and 10 rural communities. Throughout the next year, TDMHSAS anticipates expanding to include at least one partnering agency in all counties across the state.

Through FY23, more than 200 first responder agencies have partnered with TDMHSAS for training and naloxone distribution. First responder agencies contribute approximately one-third of the reported reversals annually, with more than 22,000 reversals reported since the program's inception in 2017.

Community Outreach

ROPS conduct community outreach across the state, offering informal education and naloxone distribution to high-risk individuals and their families. Examples of this outreach include health fairs, community events, International Overdose Awareness Day, and direct street outreach. In FY23, more than 32,000 Tennesseans received formal training sessions.

Community Overdose Education and Naloxone Distribution (OEND) Trainings

ROPS provide free trainings to community agencies on the overdose crisis, harm reduction, stigma reduction, and recognizing/responding to an overdose. OEND trainings are educational sessions designed to teach individuals how to recognize the signs of an opioid overdose and respond effectively, including administering naloxone, a medication used to reverse opioid overdoses. These training materials are developed collaboratively between subject matter experts and individuals with lived experience. Naloxone is provided to agencies, such as social services, libraries, public buildings, schools/colleges/universities, and faith



organizations. Trainings are also provided to organizations with individuals at high risk of overdose, during which naloxone is distributed to attendees. These organizations include treatment facilities, recovery support services, and recovery courts. Last year, more than 35,000 Tennesseans were trained through formal sessions.

Implementing Harm Reduction Strategies

Tennessee has also used SOR to support allowable harm reduction strategies.

Distribution of FTS

TDMHSAS has integrated FTS distribution with naloxone distribution and educational efforts for individuals at high risk of overdose. FTS are provided along with training, educational materials, and local resource information, while also ensuring the availability of naloxone. Survey data were collected to measure behavior change resulting from FTS use, which demonstrated a significant positive impact: 85% of survey respondents reported at least one behavior change, such as having naloxone on hand or using drugs more safely. Furthermore, 94% felt better equipped to protect themselves, highlighting FTS as a valuable tool not only for risk identification but also for fostering trust and engagement with service providers and programs.

Partnership With Syringe Service Programs (SSPs)

TDMHSAS provides naloxone, FTS, and other educational resources to the state's licensed SSPs. SSPs leverage these supplies, along with additional funding and support, to provide program participants with access to testing, wound care supplies, and connections to other supportive services. Collaboration with SSPs allows programming to reach individuals who use drugs and are at high risk for overdose.

Resource Materials

TDMHSAS includes educational and resource information for other harm reduction services and related conditions. It has partnered with the Department of Health to provide training to outreach teams about testing and treatment services for sexually transmitted infections, HIV, and other conditions commonly co-occurring with substance use, so that individuals can be connected to those services. Additionally, resource information and educational materials may also be included with overdose resource kits and outreach.

Training SSPs on Current and Emerging Drug Trends

TDMHSAS provides ongoing training opportunities for SSP staff to stay informed about current and emerging drug trends by leveraging collaborations with universities and medical professionals. Trainings were developed after receiving questions from providers and program participants to ensure relevant information. Additional resources and handouts were developed and distributed through SSPs and community partners.

Increasing Access to Treatment

Tennessee has used SOR to enhance treatment access for OUD by expanding MOUD services through the hub-and-spoke system. This system aims to improve care access, coordination between different levels of treatment, and overall quality of care for individuals with substance use disorder (SUD).

Hub-and-Spoke System

TDMHSAS has continued to use the hub-and-spoke model through SOR II and SOR III to provide MOUD, clinical treatment, and recovery support services. Tennessee created four hub-and-spoke systems in geographic areas of highest need to provide a network of coordinated care.

Hub-and-spoke agencies provide a full continuum of treatment and recovery services, as well as making all three FDA-approved MOUD available within each system. Hub agencies employ pathfinders and recovery coaches to coordinate linkages for clients who need more comprehensive services, which may include primary care, recovery support, dental treatment, or recovery housing.

Sublocade, a MOUD, was added as an option through all four hubs. Clients may access this medication through the hub or a spoke referral.

Telehealth and Extended Days and Hours for Treatment Services

SUD treatment providers have sought to reduce barriers for clients seeking treatment where possible. Some have accomplished this by providing services via telehealth or offering extended hours. Others have implemented a flexible schedule by closing for a day or two during the week and then offering Saturday hours.



Supporting Long-Term Recovery

Tennessee used SOR to assist individuals in recovery by expanding peer support services, enhancing warm-handoff procedures for discharged emergency department patients, and increasing access to transportation and housing assistance.

Rapid Access Addiction Medicine (RAAM) Clinic

TDMHSAS subcontracted with Vanderbilt University Medical Center through SOR II and III to pilot an evidence-based RAAM clinic for emergency department patients with SUD. The RAAM model provides discharged patients with three follow-up visits for assessment, pharmacotherapy, brief counseling, and harm reduction, and directly refers clients to Tennessee SOR II/III hub-and-spoke providers.

Patients discharged from the emergency department following an opioid-related hospitalization are referred to either the Bridge Clinic or the Rapid Access Clinic for monitoring and short-term follow-up care, followed by a warm handoff to Tennessee SOR II hub-and-spoke providers in the community.

TDMHSAS is working to identify additional emergency department settings to potentially replicate the RAAM program model.

Peer Support Services

Several SOR providers have hired former clients who have earned Certified Peer Recovery Specialist Certification to work as peers at their facilities. They serve as guides or mentors to current clients. Since 2019, 52 peer support staff have gone on to be fully employed by one of the agencies in the Tennessee spoke system.

Transportation Services

One of the barriers to treatment is transportation, either needing support with gas costs or a means of transportation. Many SOR providers have provided gas cards to clients for travel to treatment and recovery services. Some of the hubs can transport clients as needed. Over 2,100 clients have used SOR transportation services since 2020. This has helped with the barrier of transportation in some rural areas of Tennessee.

Transitional Housing

A service offered through SOR funding is transitional housing that pays a daily rate. The hub-and-spoke providers have recognized the need for housing. Several in East Tennessee have opened housing with other funding, including one for women. One of the spokes in Middle Tennessee has expanded and plans to open a new housing facility to accommodate more than 14 men and women. This support will benefit the clients on their recovery journey.

Reaching & Serving Populations of Focus

Tennessee has identified subpopulations for targeted initiatives: people in criminal justice settings and young adults in higher education.

Criminal Justice Populations

TDMHSAS has leveraged SOR to promote collaboration with other programs and services working with individuals involved in the criminal justice system. This includes providing OEND to participants in Recovery Court, offering training and education to program staff in jails, and partnering with the Department of Correction to provide statewide training to their staff on SUD and overdose.

Colleges and Universities

TDMHSAS partners with schools and higher education institutions across the state to provide training, education, and other resources on campuses statewide. Educational institutions receive training on overdose and naloxone. In collaboration with higher education student and campus groups, outreach and resources are provided to students. Trainings are also conducted for students in professional degree programs, including medicine, social work, nursing, and other helping professions, to increase awareness of SUD, reduce stigma, and familiarize them with community resources for their future work.



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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