

# State Initiatives for People with Stimulant Use Problems

*2024 State Opioid Response (SOR) Grant Issue Brief*

## Background and Overview

The State Opioid Response (SOR) grant is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide resources to states to address opioid misuse, opioid use disorder (OUD), and the opioid overdose crisis. States and territories can use SOR funds to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and the continuum of care for opioid and stimulant misuse and use disorders (StUD).



This issue brief will describe common service models and evidence-based practices that states and territories have implemented with SOR funding to provide stimulant use prevention, treatment, and recovery services.

## Most Common Stimulant Initiatives Implemented by States with SOR Funds

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) conducted an analysis of 2023 SOR funded initiatives that aim to prevent stimulant misuse and provide services to address the needs of people with StUD. The analysis revealed six stimulant initiatives and services commonly implemented by the Single State Agencies (SSAs) for alcohol and drugs that administer the SOR Grants. The chart below summarizes these initiatives.

Initiative	Summary	Number of State/Territorial Initiatives
Recovery Support Services	Recovery support services are non-clinical services that support individuals in their efforts to reach and sustain recovery. Examples of recovery support services for people with StUD include case management, peer support, recovery housing, employment support, transportation services, childcare, and recovery community organization programming.	55

<p><b>Treatment Services</b></p>	<p>Treatment for StUD is highly individualized, and states provide access to a range of treatment levels, programs, and settings to serve their residents. Examples of StUD treatment interventions include contingency management, cognitive behavioral therapy (CBT), community reinforcement, motivational interviewing, and the Matrix model. Interventions can be delivered in residential, outpatient, or other healthcare and community settings.</p>	<p><b>44</b></p>
<p><b>Prevention and Early Intervention Programs</b></p>	<p>Prevention and early intervention initiatives aim to educate the public about stimulant misuse and disorders, raise awareness about available resources and services, build individual protective factors, address individual risk factors, and facilitate connection to any needed treatment or recovery services. Examples of prevention and early intervention programs for StUD include screening, brief intervention, and referral to treatment (SBIRT), evidence-based curriculums, media campaigns, and community educational events.</p>	<p><b>31</b></p>
<p><b>Training and Technical Assistance (T/TA)</b></p>	<p>Training and technical assistance initiatives aim to build StUD treatment capacity among state provider systems and enhance StUD knowledge among other stakeholders like child welfare agencies, emergency medical services (EMS), hospital staff, and primary care providers.</p>	<p><b>29</b></p>
<p><b>Criminal Justice Re-entry and Diversion Programs</b></p>	<p>Diversion programs connect individuals to SUD treatment with supervision instead of criminal sanctions, and re-entry programs provide treatment and recovery support services to individuals who are re-entering the community from correctional settings. Services can also be provided for people who are currently incarcerated in jails or prisons. Services include treatment service referrals, recovery support, housing assistance, and other wraparound services to reduce recidivism and increase positive outcomes for participants.</p>	<p><b>14</b></p>
<p><b>Crisis Response Services</b></p>	<p>Crisis response services provide immediate assistance to individuals experiencing an SUD crisis like overdose, withdrawal, relapse, accidents, or violence. Individuals are connected to EMS if necessary, and crisis response teams support people and their families in great times of need and provide assertive engagement and connection to treatment and recovery services.</p>	<p><b>6</b></p>

## Summary of Initiatives for Stimulant Prevention, Treatment, and Recovery

States have used SOR funding to implement services for individuals with or at risk of stimulant use disorder across the continuum of care. States have outreached to those with StUD, established new initiatives, as well as added StUD components to existing services. Many of these initiatives integrate and provide services across the continuum of care, meaning that services can have prevention, treatment, recovery support, crisis response, and harm reduction components.

The most common initiative that states have implemented with SOR funding to serve individuals with StUD was **recovery support services**, including wraparound services that provide person-centered support for those with StUD and their families and help individuals reach and sustain recovery. These services include recovery housing and other housing support, peer support, employment services, care coordination, family support services, transportation to appointments, childcare, primary medical care, support groups, and referrals to any other necessary client services. States have also supported the use of mobile applications that support treatment and recovery by allowing individuals in treatment to access skill and strategy sessions, set goals, and receive StUD education and information on accessing resources.

The next most common initiative that states implemented with SOR funding to address StUD use aimed to **increase access to evidence-based treatment services**. Many states have established contingency management services as part of their treatment array, which is a highly effective treatment for StUD that involves offering motivation incentives for positive behavior changes. By providing rewards for stimulant abstinence, contingency management promotes positive changes and can lead to feelings of pride, joy, and increased self-esteem, and can strengthen the therapeutic relationship between patients and clinicians. States have also supported utilization of the Matrix Model, which is a comprehensive, evidence-based approach to treatment, encompassing individual and group therapy, early recovery skills, relapse prevention, family education, and social support. Additionally, states have supported **StUD crisis and mobile response services** to assist people experiencing substance use and mental health crises. These services involve providing emergency medical response if necessary and supporting individuals where they are providing warm handoffs to appropriate treatment and recovery interventions. States also support efforts to follow up with crisis callers to offer continued specialized and individualized assistance.

States have also implemented a range of **StUD prevention and early intervention programs**. These initiatives include distribution of drug disposal bags, media campaigns that provide education and resource information, school-based “focus zones” to support students affected by opioids and stimulants, community educational events, and prevention services in higher educational institutions. States have also implemented screening, brief intervention, and referral to treatment (SBIRT) programs to screen for StUD in mental health, hospital, primary care, dental, chiropractic, and veterans’ services settings and provide linkages to treatment and recovery services when indicated.

To support providers in effectively implementing services for StUD, states have provided **training and technical assistance opportunities**. Many of these training and technical assistance initiatives focus on supporting provider implementation of StUD evidence-based services like contingency management and the Matrix Model. States have also provided StUD education for first responders, primary care providers, Indian health programs, community-based partners, child welfare agencies, judges and court staff, military and veterans organizations, and other stakeholders that can encounter people with StUD.

States have also implemented **criminal justice treatment, re-entry, and diversion programs** for people with substance use disorders (SUDs), including StUD. Jails and prisons may offer treatment services, medications to treat SUD case management, recovery coaching, and recovery coaching certification. Re-entry programs provided connections to community treatment and recovery services, continuous case management and recovery coaching, distribution of overdose reversal medication, and housing and employment support. Diversion programs facilitated alternatives to arrest, booking, and incarceration for individuals whose minor criminal behavior is directly due to their stimulant or opioid misuse. Rather than facing legal consequences, individuals can receive services for the underlying cause of their arrest. Services include appropriate treatment service referrals, stable housing, and wraparound services to reduce recidivism and increase positive outcomes for participants.

## Selected Examples of State Initiatives to Address Stimulant Misuse and Use Disorders

### New Jersey's Family Support Centers

The New Jersey Department of Human Services Division of Mental Health and Addiction Services' Family Support Center initiative provides family support services to family members of individuals with OUD or StUD. The centers offer resources to families seeking information on SUD recovery, link families to resources, inform families about naloxone training, facilitate community reinforcement and family training model support groups, educate parents on navigating the treatment system, and provide direct family peer one-on-one and group support.

### Mississippi's Provision of Evidence-Based Treatment

The Mississippi Department of Mental Health Bureau of Alcohol and Drug Abuse Services has worked with its providers to implement the Matrix Model. The Matrix Model of drug rehabilitation provides a structured and organized model of StUD or other SUD treatment that keeps patients accountable and more receptive to treatment. While it's most commonly used with people who are addicted to stimulants like cocaine or methamphetamine, the Matrix Model is increasingly being applied to different types of SUD treatment, including for OUD. These programs generally last four months and provide comprehensive therapy and education on the disease of addiction and what can be expected from treatment and recovery processes.

### **School-based Prevention and Early Intervention in Arizona**

The Arizona Health Care Cost Containment System provided funding for the Cottonwood-Oak Creek School District and Help Enrich African American Lives (HEAAL) Coalition to implement “focus zones” to support students affected by opioids and stimulants. In these safe spaces, students receive quality counseling to shift negative-impulse behaviors into positive-choice behaviors. The zones allow students to remain in school rather than be sent home or suspended for challenging behaviors. Once a student’s behaviors are managed, they return to class with their peers and reengage in learning. Program surveys show that teachers found the programs particularly helpful for students adjusting to stressful life events, such as divorce or death of a parent or sibling, as well as students who found the resumption of in-person classes challenging. Teachers also reported that collaborating with zone staff was helpful, citing that they provided tools needed to help students manage anxiety and remain focused in the classroom.

### **Child Welfare System Behavioral Health Consultants in Florida**

To support families involved in the child welfare system access treatment and recovery support services, Behavioral Health Consultants (BHCs) are co-located at child welfare agencies. BHCs are licensed or certified behavioral health professionals who provide technical assistance and consultation to child protective investigators and case managers on identifying mental health and substance use conditions, their impact on parenting skills, and engagement techniques. They also assist staff in understanding the signs and symptoms of OUD and StUD, along with best practices for engagement and treatment. The role of BHCs is ensuring care coordination by developing contacts, facilitating referrals, assisting investigative staff in engaging clients in recommended services, and improving timely treatment access.

### **West Virginia’s Teen Court**

The West Virginia Department of Health and Human Services Bureau for Behavioral Health and Health Facilities established the Teen Court to prevent youth and young adults from misusing opioids, stimulants, nicotine, and other substances by giving them positive alternatives and connecting them with peer services and other supports. The program targets youth aged 12 to 17 with non-violent, low-level criminal offenses who are diagnosed with OUD, StUD, polysubstance use disorder, and/or a co-occurring mental health condition. Teen Court is a legally binding alternative system of justice that offers young offenders an opportunity to make restitution for their offenses through community service, educational classes, and jury service. Teen Court assists juvenile offenders in assuming responsibility for their behavior, holds them accountable for their actions, and teaches them to make better decisions in the future, while treating them with respect and dignity. The program involves the community through volunteer and community service opportunities and promotes better communication between youth, parents, schools, law enforcement agencies, and communities.

### **Massachusetts’ Post-Overdose Support Teams**

The Massachusetts Department of Public Health Bureau of Substance Abuse Services provides funding to harm reduction organizations to offer post-overdose support services to individuals who have recently experienced a nonfatal overdose, acute medical event, or crisis related to stimulants, as well as to their support networks. Post-Overdose Support Teams (POSTs) offer in-person, home-based, and venue-based outreach and support grounded in a harm reduction



approach after an overdose or stimulant-related acute medical event occurs and is reported to the program. Community programs receive reports of substance-related events based on data, such as police reports, 911 calls for service, emergency medical services records, and other data sources tracking overdose events.



**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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