

MASSACHUSETTS

USE OF STR/SOR GRANT FUNDS TO ADDRESS THE OPIOID CRISIS

Background on opioid-specific grants to States

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. These grants aim 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 activities for opioid use disorder (OUD) in the States. States received a total of \$500 million for each of FY 2017 and FY 2018 through STR. Additionally, in FY 2018, States received an additional \$1 billion in new funding through the SOR grants. In FY 2019, States received \$1.5 billion through SOR. Eligible applicants for both STR and SOR are the State alcohol and drug agencies.

Allocations for Massachusetts

Massachusetts received \$11.7 million through STR for each of FY 2017 and 2018, and \$35.8 million through SOR in FY 2018. In FY 2019, Massachusetts received a total of \$54.6 million through SOR.

Overview of Massachusetts's efforts to address the opioid crisis

With STR/SOR funding the Massachusetts Department of Public Health (MDPH) serves individuals affected by the opioid crisis using a data-driven, recovery-oriented system of care approach. Overarching goals for the funding include: 1) Improving, enhancing and expanding the State's infrastructure for reporting on the opioid epidemic, 2) Expanding and enhancing opioid misuse, addiction, and overdose prevention interventions by expanding overdose prevention in high-risk, high-need communities using innovative and evidence-based methods, 3) Expanding treatment and recovery support for people with OUD, 4) Increasing capacity through targeted workforce development and training activities, and 5) Increasing education and awareness to reduce stigma and increase access to medication for OUD through the development of strategic communications campaigns.

Primary prevention: stopping opioid misuse before it starts

With STR/SOR funds, Massachusetts is implementing the following activities to prevent opioid misuse: 1) Office Based Opioid Treatment (OBOT) training and technical assistance for providers and clinicians to ensure that practitioners associated with STR/SOR programs obtain training in evidence-based addiction treatment and obtain a Drug Addiction Treatment Act (DATA) waiver if applicable; 2) Telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD prevention, treatment, and recovery through Opioid ECHO; and 3) Targeted training for prescribers and other staff on safe prescribing of opioids.

Media Campaigns

Three main information/media campaigns will be implemented under SOR: 1) A public information campaign to reduce anti-medication-assisted treatment (MAT) stigma, building on and expanding the successful State Without StigMA campaign; 2) targeted communication campaigns to reach high-risk populations and provide targeted, culturally responsive information on prevention, intervention, treatment, and recovery supports; and 3) marketing and outreach to advertise the newly updated and enhanced MA Helpline.

Special Populations

In addition to the prescriber education and other training/technical assistance activities, Massachusetts is using STR/SOR funds to increase training for health and human services providers on overdose reversal and response, as well working with syringe service programs and through our post-overdose follow-up program, to provide overdose education and naloxone to individuals at high risk for witnessing and/or experience an opioid overdose.

The MDPH, Bureau of Substance Addiction Services also procured an opportunity through it's Office of Youth and Young Adult Services to implement targeted community-based intervention programs and direct care services to underserved youth at high risk for OUD/substance use disorder (SUD) by utilizing evidence-based and developmentally appropriate practices such as screening, brief intervention, and referral to treatment (SBIRT) and Adolescent Community Reinforcement Approach (A-CRA). Services will be integrated into schools for youth ages 8-17 and will offer case management, family support, and referral to external resources. With the SOR supplemental funding, the State plans to provide training and education to high-risk worker groups in the Commonwealth, including the fishing industry and the building trades.

Increasing access to treatment

With STR/SOR funding, Massachusetts is implementing the following activities to increase access to treatment:

1) Increasing access to MAT with a "Hub-and-Spoke model", where patients with OUD are stabilized in a specialized treatment setting focused on the care and treatment of OUD and associated conditions, and then transferred to community-based providers after stabilization.

2) Implemented a Transitional Addiction Treatment (TAT) program where clinicians identify individuals with OUD admitted to a hospital facility or an Acute Treatment Services (detox) program and provide assessment for medication, monitor induction on MAT, and then transfer to the partnering outpatient Opioid Treatment Program(s) (OTP) or OBOT for medication maintenance and treatment after discharge from acute care.

3) Expanding access to OBOT in both areas of identified high need as well as among high-risk, high-need populations. Enhanced services consist of community- or home-based outreach, innovative models to serve hard-to-reach patients, specialized case management, clinical and non-clinical services targeting needs of specialized population, training and certification costs associated with treating specialty populations, transportation or other ancillary costs to facilitate engagement in treatment and to support ongoing recovery.

Special Populations

Through STR/SOR, Massachusetts is specifically targeting the highest risk populations including individuals between the ages of 17-44, ethnic and racial minorities, pregnant and parenting women, persons with history of incarceration, persons with co-occurring disorders, individuals experiencing homelessness. Specific initiatives include:

- **Medication-Assisted Treatment Re-Entry Initiative (MAT-RI):** Expanding access to treatment and recovery support services for individuals with criminal justice involvement, including MAT induction, treatment and recovery planning, and post-release linkages to services. Through the STR grant, the DPH Bureau of Substance Addiction Services (BSAS) began working in six county Houses of Correction (HOC) to expand access to MAT for individuals who are within 90 days of release. In addition, individuals served at the HOC sites will be connected to the Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking (MISSION) Model or the Recovery Support Navigator (RSN) program, depending on geographical and logistical feasibility, to provide “wrap-around” recovery-oriented services and linkages to treatment post-release. Under SOR, MA expanded this program to serve a total of nine county HOCs.
- **Pre-Adjudication Engagement and Access to Treatment:** Broaden the existing work with criminal justice involved individuals to include those currently detained and awaiting court appearances and are at high-risk for overdose after release. This pilot program will provide access to MAT, overdose prevention and naloxone while they await their court appearance, and establish connections to community-based treatment providers when they are released.
- **Expansion of the “Moms Do Care” Program:** The existing “Moms Do Care” program, currently serving pregnant, post-partum and parenting women with OUD, has been expanded to six new service locations. Each project participant is paired with a perinatal peer mentor who acts as care navigator and peer support specialist in assisting participants to access MAT, as well as obstetrical, primary, mental health, and

pediatric healthcare, and links them with wrap-around treatment, recovery support, and family services. The expanded model supports a medical and behavioral health home for perinatal women with OUD, to increase engagement through service integration, patient-centered scheduling, care navigation and peer support. This MDC expansion model seeks to create seamless provider collaboration, either through the co-location or the close integration of services.

Overdose reversal efforts: saving lives

Overdose Education and Naloxone Distribution (OEND)

The overall goal for this project is to increase outreach, education and training on overdose reversal and naloxone for at least 2000 new individuals total over the two-year grant period. To meet this goal, DPH BSAS allocated funding in Year 1 of STR to seven new community-based Syringe Service Programs or other harm-reduction programs serving 12 high-priority communities. The seven newly funded sites have provided overdose education and naloxone to 1,464 individuals as of April 2019 (180% of target for this time period) and will continue to provide these services. With SOR Prime and Supplemental funding, an additional twelve high-priority locations have been funded.

First responder post-overdose follow-up program

The overall goal for this project is to expand and enhance three existing community-based first responder post-overdose follow-up programs using the “Knock and Talk” Model, now known as the “Post Overdose Support Team” (POST) Model, of in-person, home-based outreach and support after a 911 call for an overdose. The goal is to offer assistance to at least 832 individuals and families who may not be accessing other available services. The three funded sites have successfully made contact with at least 418 individuals located at addresses where an overdose occurred in year 1 of STR to date (100% of target for this time period) and will continue to provide these services in year 2. With the implementation of SOR funding, four new high-priority locations have been established.

Expansion of overdose prevention training and technical assistance

The overall goal for this project is to provide new cross-sector training to at least 2,000 clinicians and service providers statewide to improve the capacity of health and human services providers for overdose prevention and response. In Year 1 of STR, DPH BSAS contracted with Health Resources in Action (HRiA) to conduct a needs assessment and begin developing a curriculum based on findings from this assessment. With STR funding to date, HRiA delivered 128 trainings to approximately 1,200 staff members from the statewide Offices of Community Corrections and to State sister agencies on overdose prevention in priority populations, including people experiencing homelessness, and people with co-occurring mental health and substance use disorders. As part of SOR, MDPH has expanded this initiative to continue offering these trainings in additional locations around the Commonwealth.

Supporting recovery

Opioid Access to Recovery (ATR)

The overall goal for this project is to implement a model of Access to Recovery (ATR) focused specifically on individuals affected by opioid addiction (Opioid ATR) in the cities of Boston, Springfield, Worcester, and New Bedford. The project is providing support for basic needs, job readiness and employment training, and recovery coaching for up to 5900 individuals in early recovery. To date, the STR-funded project provided ATR services to over 5,500 individuals in early recovery). MDPH continued to fund ATR through the implementation of SOR, and anticipates serving an additional 3,000 individuals.

Recovery Support Center–based Peer Support Model for Pregnant, Post-partum and Parenting women (RSC-PPW)

The overall goal for this project, known as Families Recover, is to increase access to recovery support services for 240 pregnant and parenting women and their families in total over the two-year grant period by deploying teams consisting of a peer recovery coach and a counselor/clinician to six State-funded Recovery Support Centers (RSC) to further improve access to MAT for the women and families served, support efforts to maintain custody, and support reunification. With STR funding, the project served 260 individuals and their families. Families Recover also included a training and TA component delivered through a contract with the Institute for Health and Recovery that has given the RSCs the materials and support necessary to sustain elements of the program after STR grant funding ends.

Collaborating with local entities

Massachusetts funded a .5 FTE for the Office of Local and Regional Health within MDPH. The funding helped to support coordination of local public health department efforts around opioid intervention and prevention messages. MDPH has also collaborated with tribal partners as part of the SOR grant, and has communicated with local health partners as part of ongoing collaborations to address the opioid crisis at the community level.

Additional positive outcomes

- As of July 2019, 12,646 individuals were enrolled across all STR prevention, treatment and recovery programs
- Just over 1600 individuals and/or their family members were reached after a 911 call for an overdose offering critical post-vention services and support
- Added eight new OBOT sites under STR. With SOR, six OBOT sites received funding to provide outreach, engagement and culturally responsive services for hard to reach, high-risk populations with Opioid Use Disorder, including pregnant and parenting women, youth and young adults, people who identify as LGBTQ, individuals with justice involvement, people experiencing homelessness, as well as Black/African American and Latinx populations.

- With STR, over 700 overdose reversals with the use of naloxone and almost 7000 naloxone kits distributed. With SOR, MA has distributed an additional 7600 kits, and just under 1000 overdose reversals have been reported.
- 6,132 individuals received recovery support services with STR, and an additional 1900 have been served with SOR.

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