

MISSOURI

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 Missouri

Missouri received \$10 million through STR for each of FY 2017 and 2018, and \$18 million through SOR in FY 2018. In FY 2019, Missouri received a total of \$28 million through SOR.

Overview of Missouri's efforts to address the opioid crisis

The Missouri STR and SOR projects have expanded access to integrated prevention, treatment, and recovery support services for individuals with OUD throughout the State. The primary goals of the Opioid STR/SOR projects include: 1) Increase provider and student-focused opioid use and overdose prevention initiatives and programs; 2) Increase access to evidence-based medication-assisted treatment (MAT) for uninsured individuals with OUD through provider training, direct service delivery, healthcare integration, and improved transitions of care; 3) Increase the number of individuals with an OUD who receive recovery support services; and 4) Enhance sustainability through policy and practice changes as well as demonstrated clinical and cost effectiveness of grant-supported protocols.

Prevention: reducing opioid misuse

Prevention activities center on increased awareness and decreased availability of opioids, led by local agencies in high-risk areas. This includes training clinical providers and at-risk individuals on Overdose Education and Naloxone Distribution (OEND) practices and providing telemedicine didactic and consultation services to primary care providers treating chronic pain. The focus on the provision of evidence-based treatment services to uninsured

individuals diagnosed with OUD who present for care to State-funded programs has driven the rigorous, multidisciplinary provider training and education on the medical treatment of OUD.

Work with Local Coalitions

The STR grant has leveraged prevention efforts through partnerships with existing coalitions and organizations to more broadly disseminate prevention resources. Partnerships include, but are not limited to, the Missouri Telehealth Association, Community Partnership of the Ozarks, National Council on Alcoholism and Drug Abuse (NCADA), Missouri Pharmacy Board, Better Family Life, St. Louis Department of Public Health, and St. Louis Integrated Health Network.

Increasing access to treatment

Medication First Approach

Missouri's STR/SOR team, in consultation with local, State, and National experts, developed and disseminated the Medication First treatment approach, which is based off the Housing First approach to chronic homelessness. Agencies that provide OUD treatment services through the grant are required to deliver treatment in accordance with Medication First core principles: providing pharmacotherapy as quickly as possible, prior to lengthy assessments and treatment planning sessions; without arbitrary tapering or time limits; continually offering but not requiring psychosocial service participation; and not discontinuing pharmacotherapy unless it is worsening the patient's condition. This approach has been adopted by health care providers throughout the State and has gained national attention for succinct framing of evidence-based OUD treatment practices.

Special Populations

Missouri continues to collaborate in innovative ways to increase access to quality OUD treatment for specialty populations, including providing training and technical assistance on OUD care for pregnant and postpartum women, providing peer-based linkage to care in the emergency room through the Engaging Patients in Care Coordination (EPICC) program, and increasing outreach and access to communities hardest hit by overdose deaths in the St. Louis region, including the African American population through community-based street-level and church outreach initiatives.

Overdose reversal efforts: saving lives

Grants preceding STR focused OEND efforts on first responders and addiction treatment agencies. The STR grant expanded OEND efforts to high-need populations and produced various educational materials for the public. OEND staffs' target populations include criminal justice-involved individuals, individuals who seek services at Recovery Community Centers, faith-based communities, individuals who work in pharmacy settings, and individuals at open-air drug markets.

Supporting recovery

Recovery Housing

The Department of Mental Health, in partnership with the Missouri Coalition of Recovery Support Providers (MCRSP) and the National Alliance for Recovery Residences (NARR), has certified 65 recovery houses, with over 700 beds available in MAT-friendly recovery houses across the State. To be accredited, houses must pass the NARR accreditation process and indicate their willingness to serve clients receiving all forms of medical treatment for OUD.

Recovery Community Centers

STR has funded four Recovery Community Centers (RCCs) to provide OUD recovery support services. These RCCs are independent non-profit organizations that mobilize resources to increase the prevalence and quality of long-term recovery. Recovery coaching, telephone-based recovery services, recovery meetings, employment support, life skills groups, and other services are offered. There are two RCCs in St. Louis, one in Springfield, and one in Kansas City.

Family Support Services

Recovery Lighthouse provides Family Recovery services through SOR. This program includes open support groups for families, family education workshops, and connection to treatment.

Peer Workforce

Missouri has expanded the Certified Peer Specialist workforce by providing trainings every month across the State. Treatment agencies, Recovery Community Centers, and housing providers have increased the utilization of peer support specialists to engage individuals in meaningful recovery.

Positive outcomes

- *Medication utilization:* STR episodes of care (EOC) were more likely to involve OUD treatment medication than EOCs in the year prior. The largest gains were seen for the utilization of buprenorphine. Approximately 84% of STR EOCs involved medications for OUD compared to only 40% in the year prior to STR. Approximately 58% of STR EOCs involved buprenorphine compared to 24% in the year prior to STR.
- *Quick access to medication:* There were significant decreases in the overall time to receive medication, and specifically buprenorphine, for STR EOCs relative to the year prior. Most buprenorphine EOCs in the STR program involved the receipt of buprenorphine the same day as their first billable service.
- *Telehealth:* Access to medication in rural areas increased due to increased utilization of telehealth services. The purchase of 60 total telehealth units purchased to date (43 telehealth units purchased in year one, 17 telehealth units purchased in year two) has facilitated 26% of STR/SOR clients receiving a treatment services through telemedicine platforms. 29% of STR EOCs involved a telehealth encounter compared to 3% Pre-STR. Of the EOCs which involved telehealth services, 27% had more than 5 telehealth encounters.

- *Treatment retention:* Overall treatment retention was significantly higher among STR EOCs relative to Pre-STR EOCs (18% higher at 1 month, 18% higher at 3 months, and 19% higher at 6 months, and 18% at 9 months). Increases were primarily driven by increased retention among treatment episodes that involved buprenorphine. Medication utilization improved treatment retention, with treatment episodes involving methadone demonstrating the highest rate of retention at each time point.
- The Chronic Pain Management ECHO has had 37 sessions since May 2017, with 142 unique participants and an average of 15 participants per session.
- The St. Louis County Department of Public Health has connected 310 people to opioid-related trainings since May 2017.
- The Community Partnership of Ozarks has provided 4,729 students with Generation Rx training and has trained 241 individuals to be trainers since May 2017. NCADA has provided 6,972 children with the Generation Rx training since May 2017.
- 639 individuals received methadone; 5,555 received buprenorphine; and 509 received naltrexone.
- Since the start of the STR grant, and in collaboration with Missouri's prevention grant, 17,590 individuals have been trained in OEND, 29,220 boxes of naloxone have been distributed and 3,545 lives have been saved as reported in the statewide overdose field report system.
- The Mo' Heroes project has provided overdose education and naloxone distribution training to 1,504 individuals in criminal justice settings, including both staff and individuals in the jail pre-release.
- The Community Pharmacy Naloxone Expansion team have trained 1,248 pharmacy staff members on policies and procedures associated with carrying out Missouri's statewide standing order.
- Recovery Community Centers have provided over 4,000 activities to over 12,000 individuals with OUD and 1,700 family members.
- 400 Peer Specialists have been certified with 10 upcoming trainings in 2019.
- 65 medication-friendly recovery houses with over 700 beds available.

For more information, contact Robert Morrison, Executive Director, at rmorrison@nasadad.org, or Shalini Wickramatilake-Templeman, Federal Affairs Manager, at swickramatilake@nasadad.org.