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 Texas

Texas received $27.3 million through STR for each of FY 2017 and 2018, and $46.2 million through SOR in FY 2018. In FY 2019, Texas received $70.3 million through SOR.

Overview of Texas’s efforts to address the opioid crisis

The Texas Targeted Opioid Response (TTOR) strategies span the continuum of care, funding prevention activities, treatment and recovery services, as well as integrated projects. To meet federal grantee requirements, streamline deployment of funds, and maintain quality services, the Health and Human Services Commission (HHSC) plans to expand existing contracts and partner with governmental entities such as academic institutions and local mental health authorities (LMHAs) that provide Outreach, Screening, Assessment, and Referral (OSAR) functions.
Primary prevention: stopping opioid misuse before it starts

**Awareness** - These projects will provide services to Texans across the lifespan to enhance social and emotional skills, increase knowledge about opioid misuse-related dangers, and aid in finding help for opioid use disorder. The goals are to prevent opioid misuse before it occurs and help Texans know how to access care.

**Safe Drug Disposal** - This project includes safe drug disposal initiatives such as drug take back events, drug drop-boxes, and single-use drug disposal pouches. The goal is to reduce the availability of unused medications that can lead to opioid misuse.
Utilization of the Prescription Monitoring Program – The goal of this project is to increase prescriber and pharmacist enrollment and meaningful use of the Prescription Monitoring Program to ensure not only patient screening but identification of problematic opioid use and appropriate referral to treatment.

Safe Prescribing – This project supports prescriber education and online training aimed at reducing opioid misuse through safe prescribing practices.

Increasing access to treatment

Office Based Treatment – This project increases access to medication-assisted treatment (MAT) in a variety of settings outside of the traditional clinic by increasing the number of physicians providing both buprenorphine and extended release naltrexone, expanding opportunities for physicians to obtain Drug Addiction Treatment Act (DATA) 2000 Waiver training, creating a professional peer mentoring network, and expanding the network of State-funded treatment providers.

Clinic Based Treatment – This project increases access to all three U.S. Food and Drug Administration-approved medications for the treatment of opioid use disorder (methadone, buprenorphine, and extended release naltrexone) by expanding capacity at new and existing clinics. This will enable clinics to treat both primary opioid use disorder along with co-morbid conditions such as hepatitis C, psychiatric conditions, and wound care at a single clinic site.

Overdose reversal efforts: saving lives

Overdose Prevention – This project supports overdose prevention education, access to overdose reversal medication (naloxone), and overdose reversal tracking tools with the goal of providing timely community response and reducing overdose deaths.
Supporting recovery

**Peer Support** – This project expands peer recovery support services throughout the State in a variety of settings and provides opportunities for enhanced training in medication-assisted recovery for the peer support workforce.

**Employment Services** – This project provides job developer and supported employment services for individuals in medication-assisted recovery from opioid use disorders as well as support to the emergency services personnel referral program.

**Recovery Housing** – This project provides resources to increase safe housing and eliminate discriminatory barriers for individuals in medication-assisted recovery from opioid use disorder.

Collaborating with local entities

**Medical** – This project serves individuals at high risk for overdose and overdose survivors to ensure they receive treatment induction, recovery support, community medical support, and overdose prevention services.

**Community** – This project supports access to treatment, recovery support, overdose prevention, and linkage to care through OSAR services, Mobile Crisis Outreach Teams, and 24/7 overdose prevention community drop-in sites.

**Legal** - This project provides 24/7 overdose prevention pre-arrest diversion services located within sobering centers. Services include treatment induction, recovery support, overdose prevention, and linkage to care. In addition, this project will prepare individuals for release from incarceration back into their identified communities by providing pre-release medication-assisted treatment, linkage to on-going treatment, peer recovery support, and overdose prevention services.
Positive outcomes
Through evidence-based strategies implemented with STR funding, HHSC has seen the following outcomes:

- Reported overdose reversals increased from 82 in year 1 to 1,086 in year 2 - this is 13 times greater than the year before;
- Almost 100 percent increase in the proportion of OUD admissions admitted to MAT from year 1 to year 2;
- Increased the proportion of people served in evidence-based treatment for OUD from 23 percent to 47 percent;
- 110 Recovery Coaches have directly facilitated access to MAT services.

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