

UTAH

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 Utah

Utah received \$5.5 million through STR for each of FY 2017 and 2018, and \$7.9 million through SOR in FY 2018. In FY 2019, Utah received a total of \$12.1 million through SOR.

Overview of Utah's efforts to address the opioid crisis

The State of Utah used STR funds to address the opioid crisis by:

- Enhancing existing evidence-based prevention activities
- Improving access to effective care
- Strengthening recovery support services
- Expanding naloxone distribution
- Increasing harm reduction activities
- Targeting unfunded, underserved youth (age 12-17) and adults at risk for, or with a diagnosed opioid use disorder (OUD)

Under SOR, the State is addressing opioid use by:

- Preventing and reducing opioid misuse among youth and adults
- Reducing overdose deaths and the prevalence of Hepatitis C and HIV
- Expanding access and usage of medication-assisted treatment (MAT)
- Expanding partnerships between physical health and addiction/mental health
- Promoting health and expanding recovery-oriented services
- Expanding the targeted population to include incarcerated individuals, tribal populations, and those at risk or testing positive for HIV and Hepatitis C

Primary prevention: stopping opioid misuse before it starts

- **Media Campaigns:** STR provided funding for the *Use only as Directed* campaign, educating Utahns' about pain management.
- **Youth:** One local substance abuse authority (LSAA), Weber County, implemented the evidence-based *Botvins Lifeskills* within the school district focusing on 6th graders. Local coalitions within the LSAA's are assisting in implementation efforts
- **Medication take back events** were held under STR and will continue under SOR
- **Provider Education:** Under SOR, Utah will implement education for providers prescribing opioids and using the controlled substance database

Increasing access to treatment

Use of SBIRT

- Increasing the use of screening, brief intervention, and referral to treatment (SBIRT) and implement in emergency departments and Federally Qualified Health Centers (FQHC)
- Partnering with physical health providers and training them in SBIRT. Other goals of partnership include increasing the number of practitioners prescribing MAT; access and referral to physical healthcare for individuals in SUD services; and the use of recovery coaches in healthcare settings.

Access to MAT

- Increasing access to and the use of MAT by training providers
- Implementing MAT services specifically focused on pregnant women and incarcerated individuals
- Additional healthcare navigators to enroll individuals in Medicaid or marketplace insurance plans
- Peer support/recovery coaches working with first responders and in health settings to engage individuals in services
- Local substance use authorities to build capacity for MAT by contract with office-based opioid treatment (OBOT) programs and opioid treatment programs (OTP) in their geographical regions

Overdose reversal efforts: saving lives

- *Stop the Epidemic* media campaign
- Increasing the naloxone available to the public at various locations throughout counties and regions
- Increasing access of naloxone to first responders, law enforcement, and local health departments
- The State created a training module to educate individuals on the signs and symptoms of an overdose, and who to contact
- Utah is working to ensure public awareness of how to get naloxone and train on the use to prevent overdose death

Supporting recovery

- Continuing to promote access to MAT throughout a person's recovery process
- Increasing the number of family support groups
- Grief counseling training for professionals working with OUD clients who may be affected by opioid overdose and death
- Hepatitis C and HIV testing
- Increasing availability of publicly funded recovery housing through the LSAs

Positive outcomes

As of October 2018:

- 37,616 lbs of medication collected via "Take Back" events
- 29,898,117 media impressions from the *Stop the Opidemic* campaign
- 20,035 impressions from the *Use Only as Directed* campaign which helped lead to a 6.6% decrease in opioid prescribing rates statewide
- 24 coalitions implemented Communities that Care model
- 2,136 physical health providers trained on SBIRT
- 12,048 naloxone kits distributed
- 417 new individuals trained to use naloxone
- 74 reported opioid overdose reversals
- 238 individuals linked to peer support and recovery coaches working in health care settings
- 288 providers are Drug Addiction Treatment Act (DATA) waived to prescribe MAT and 3 new MAT clinics opened
- 569 clients with OUD accessed MAT
- 1,658 individuals with OUD were served with evidence-based treatment
- 252 families provided with education through the CRAFT recovery support program
- 577 individuals participated in support groups and continuing care services
- 8.5% increase in stable housing and 50% increase in employment for individuals with OUD accessing treatment

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