

How states are using State Targeted Response (STR) and State Opioid Response (SOR) funds to make a difference

RECOVERY SUPPORT INITIATIVES

In April of 2019, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) sent an inquiry to the Single State Agencies for alcohol and other drug services requesting information on how they were using the State Targeted Response (STR) and State Opioid Response (SOR) grants to address the opioid crisis in their states. The results of the inquiry were summarized into state-specific profiles highlighting prevention, treatment, overdose reversal, and recovery support efforts. State profiles generally covered a reporting timeframe of May 2017 - April 2019. A total of 50 state responses were received. Washington D.C. and the U.S. Territories did not respond to the inquiry. Below is a brief analysis of the most common ways states have used STR/SOR funds for recovery support initiatives, as well as select examples of innovative recovery initiatives.



STATES' MOST COMMON RECOVERY SUPPORT INITIATIVES WITH STR/SOR FUNDS

Services Provided/ Developed	Populations Served	Percentage of State Respondents (n=50)
Recovery Workforce Capacity	Recovery coaches and peer support specialists	76% (38)
Recovery Housing	Persons in recovery	50% (25)
Supported Employment Programs	Persons in recovery	32% (16)
Recovery Support in Hospital Emergency Departments	Patients who have experienced an opioid overdose	30% (15)
Reentry Community Programs	Criminal justice-involved individuals seeking or in recovery	22% (11)
Recovery Community Organizations (RCOs) and Recovery Community Centers (RCCs)	Persons in recovery	16% (8)
Telephonic Peer and Recovery Support Lines	Persons in recovery	12% (6)
Youth Recovery Programs	Adolescents and transitional-age youth (12-25) in recovery	12% (6)

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Of the 50 state responses, the majority of recovery support initiatives funded with STR/SOR focused on workforce development to hire, train, and certify peer support specialists and recovery coaches in a number of settings (e.g., RCCs, RCOs, child welfare agencies, school programs, emergency departments, criminal justice institutions, opioid treatment programs).

In terms of housing supports, funds were used to develop or expand recovery housing, to aid residents' access to and utilization of MAT for OUD. These efforts included providing temporary housing support, increasing group recovery home capacity, expanding Oxford Houses, and developing recovery residencies specific to women or justice-involved individuals in recovery. Employment service programs included employment training, placement, and support to individuals in recovery seeking (re)employment. Some programs sought to engage and educate potential employers on the importance of recovery supports in the workplace. Funding also allowed the delivery of recovery support in hospital emergency departments by having peer support specialists, recovery coaches, and patient navigators initiate MAT for patients that survived an opioid overdose and connect them to community-based substance use disorder treatment. Some emergency room programs also provided additional recovery supports, such as temporary housing, emergency food, childcare, education, and employment support for sustained community treatment.

Several states enhanced reintegration efforts between correctional institutions (e.g., jails, prisons, probation departments) and reentry community programs for opiate-dependent offenders. These efforts include assessments, service planning, targeted case management, connection to peer services, and supported housing and employment. Funds were also used to expand and operationalize RCOs and RCCs in high-risk regions of different states. Some states have allocated start-up funds towards organizational development and accreditation of RCOs; others have strengthened their RCOs' and RCCs' community-based supports by improving OUD recovery and harm reduction services, providing peer-run recovery meetings, and assisting with housing, employment, transportation, and education to enhance long-term recovery.

Various state departments and community crisis centers have launched 24-hour telephone-based recovery services. Funds have assisted with the onboarding and training of peer volunteers to provide crisis intervention, recovery resources, and linkage to care coordination to individuals with an OUD transitioning out of residential SUD treatment. States have used STR/SOR funds to expand or open youth recovery programs in different community settings (e.g., schools, health centers). Recovery high schools, collegiate recovery programs, youth clubhouses, drop-in centers and the Adolescent Community Reinforcement Approach (A-CRA) have been funded to keep adolescents and transitional-aged youth in recovery.

SELECTED EXAMPLES OF STATE RECOVERY SUPPORT INITIATIVES

Hospital Emergency Department Programs:

In Rhode Island, the Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH) has used SOR funds to continue expanding their peer-driven emergency department (ED) program, AnchorED. Utilizing the peer support model, peer recovery coaches are deployed to connect individuals with reported opioid-related overdose to recovery and treatment services. Recovery coaches facilitate linkage to withdrawal management, hospital-based and outpatient SUD treatment, MAT, and residential treatment. Additionally, AnchorED staff provide overdose prevention education, naloxone administration training, and follow-up with discharged individuals for at least 10 days to ensure treatment engagement. Other recovery support services include connecting individuals to housing, homeless assistance programs, employment assistance programs and job training. In 2018, AnchorED recovery coaches counseled more than 1,700 overdose survivors, with 82% of them deciding to engage in recovery support services upon ED discharge. As of April 2019, AnchorED's 24/7 on-site peer support services are available to all 12 hospitals in Rhode Island.

Recovery Community Centers:

The Massachusetts Bureau of Addiction Services used STR funds to implement a peer-based support model for pregnant, post-partum, and parenting women. Known as Families Recovery, this peer recovery support model deploys a team consisting of a peer recovery coach and a clinician in six state-funded recovery support centers. The project aims to improve access to MAT for pregnant and parenting women and their families and supports women's efforts to maintain custody and reunify families. Through April 2019, 260 individuals and their families have been served; an additional 240 women and their families are projected to receive services in the next two years.

Reentry Community Programs:

Another holistic recovery approach geared towards special populations is the Support Team for Addiction Recovery (STAR) program, funded by STR grants through the New Jersey Division of Mental Health and Addiction Services (DMHAS). One of the aims of the STAR program is to help maintain justice-involved individuals with an OUD in recovery. The STAR initiative, comprised of two case managers and two recovery specialists, provided reintegration services to opiate-dependent individuals released from jails across 10 STAR programs statewide. Services involved assistance with housing, transportation, employment, education, health care, childcare, and legal issues.

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Youth Recovery Programs:

The Oregon Health Authority, Addictions and Mental Health Division (AMH), has used SOR funds to open Oregon's first Recovery High School, Harmony Academy. Recovery High Schools are an evidence-based model that support adolescent recovery from SUDs by providing a safe, sober, and supportive peer culture in a school setting. While the objectives of academic competency and high school graduation remain paramount, Harmony's comprehensive recovery program also seeks to ensure students have individualized recovery plans that include linkage to other behavioral health services, peer support groups, integrated family support and comprehensive case management and resource coordination. In addition, an on-site recovery coach assists student navigate their recovery plans if students do not pass random, mandatory urinalysis drug tests. Harmony Academy opened its door on September 3rd, 2019; administrators expect a class of about 28 during the school's first year of operation.

Supported Employment Service Programs:

The Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities used SOR funds to partner with the Eastern Kentucky Concentrated Employment Program (EKCEP) to train and support individuals in recovery in gaining (re)employment and to aid employers in obtaining prevention, treatment, and recovery supports in the workplace. The EKCEP oversees 12 Kentucky Career Centers (KCC) and several Employer Resource Networks (ERN) statewide. Each KCC onboards a Job Entry and Retention Support Specialist (JERSS) to collaborate with KCC case management and business service teams, educate and train employers, and help in the development of six ERNs. The ERNs are comprised of employers that support the implementation of recovery-friendly policies for hiring and retaining employees recovering from OUD. At the workplace, a SITE Success Coach works to ensure job placements are successful for both the employee and the employer. A Success Coach is placed with employers within each ERN.