

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

## TREATMENT 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 between May 2017 - April 2019. A total of 50 state responses were received. Washington D.C. and 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 to restructure and improve access to treatment services, as well as select examples of innovative treatment initiatives.



## STATES' MOST COMMON TREATMENT INITIATIVES WITH STR/SOR FUNDS

Services Provided/ Developed	Populations and Partners Served	Percentage of State Respondents (n=50)
Medication-assisted Treatment (MAT) Service Expansion	Persons with OUD	<b>88% (44)</b>
Service Delivery Models across the Spectrum of Care	Persons with OUD	<b>66% (33)</b>
Correctional & Reentry Services	Justice-involved populations with OUD	<b>64% (32)</b>
Professional & Peer Workforce Development	Healthcare professionals, addiction and mental health clinicians, recovery coaches and peer support specialists	<b>60% (27)</b>
Telehealth	Patients with OUD	<b>50% (25)</b>
Pregnant & Postpartum Treatment Services	Pregnant and parenting women with OUD	<b>48% (24)</b>

## TREATMENT INITIATIVES

Of the 50 state responses, the majority of treatment initiatives funded with STR/SOR increased capacity and access to MAT for individuals with opioid use disorders (OUD). This expansion included establishing or enhancing Opioid Treatment Programs (OTPs) and office-based opioid treatment programs (OBOTs), providing services in federally qualified health centers (FQHCs), and opening medication units within substance use disorder and mental health agencies. To increase office-based MAT, funds were used to increase the number of Drug Addiction Treatment Act (DATA) waiver trainings offered throughout the country. Additionally, treatment service systems have expanded access to at least two of the three Food and Drug Administration-approved medications (methadone, buprenorphine, naltrexone) and have reduced or eliminated treatment costs for uninsured and underinsured patients.

Other state efforts included the implementation of service delivery models across the spectrum of care, such as hospital-based models that incorporate screening, brief intervention and referral to treatment (SBIRT) to identify individuals with OUD; provide MAT consultation or initiation; and offer peer support and direct linkage to community-based substance use disorders (SUD) treatment. Many delivery models identified throughout states largely followed the hub and spoke approach to improve treatment accessibility by extending contracts or agreements with SUD treatment programs, primary care, and other human services programs in more rural and underserved state regions. Primarily, opioid treatment hubs or OTPs/clinics serve a defined geographical area that support spokes. Spokes facilities (e.g., OBOTs, FQHCs), provide ongoing SUD treatment, primary healthcare services, and wrap around recovery services. Hub and spoke systems and other service delivery

models have utilized funding to provide a full array of comprehensive psychosocial services, including but not limited to: toxicology screening, rapid assessment and evaluation, counseling, case management, transportation assistance, supportive housing, vocational assistance, and other recovery support services.

State grantees have allocated funds to improve reentry services for opiate-dependent criminal justice populations working with jails, prisons, and drug courts. Funds have largely provided coverage for MAT in criminal justice settings and enhanced in-house services and treatment transition. Services consist of screening, assessment, MAT maintenance and induction, treatment and recovery planning, peer support services, and post-release linkage to community-based treatment providers.

STR/SOR funds have supported workforce development to provide on-site technical assistance and trainings on OUD (e.g., OUD care for specialty populations, DATA waiver trainings, integration of SBIRT), as well as to mentor a number of multi-disciplinary professionals such as primary care physicians, psychiatrists, physician assistants, and substance use and mental health clinicians. Further, other community MAT education initiatives span across first responder, law enforcement, criminal justice, and academic settings.

Funding has also allowed states to expand access to MAT by utilizing telehealth technology. State telehealth efforts include implementing the Project ECHO (Extensions for Community Healthcare Outcomes) model across several university medical centers and community providers in SUD care. This collaborative model of medical education and care management has enhanced the delivery

of evidence-based OUD care by linking multi-disciplinary team of specialists with healthcare professionals in the substance use disorders field. Such joint efforts have given clinicians in rural and underserved communities the tools to provide specialty care to OUD and chronic pain patients in-house. Other telehealth efforts have involved providing ongoing clinical checkups and consultations via technology.

States have also increased their capacity to serve pregnant and postpartum women with OUD. To reduce the incidence of neonatal abstinence syndrome (NAS), states have integrated obstetric and substance use treatment. Through direct

provider-to-provider collaboration and case management, substance use, mental health, and obstetric care are being coordinated, as is peripartum and postpartum pain management. Many states have provided recovery and wrap-around support services for women during the postpartum period, as well as developmental screenings for infants with neonatal exposure to opioids. Additionally, states have implemented community outreach efforts to make OB/GYNs aware of these specialty services for pregnant and postpartum patients.

## SELECTED EXAMPLES OF STATE TREATMENT INITIATIVES

### MAT Expansion:

In North Carolina, the Department of Health and Human Services (DHHS) has utilized over two-thirds of STR and SOR funding to expand access to MAT to uninsured individuals within the state. Prior to STR funding, North Carolina operated 53 OTPs—the majority of which were private pay programs. As of April 2019, there are 77 OTPs in operation statewide providing all three FDA-approved medications which more than half of (40) have contracts with managed care organizations (MCOs) for uninsured individuals. This has led to 20,000 individuals obtaining services daily. Additionally, several MCOs have extended contracts to OBOTs to better serve rural communities.

### Service Delivery Models:

With SOR funding, the Washington State Division of Behavioral Health and Recovery (DBHR) has expanded accessibility to OUD treatment by establishing delivery systems through Opioid Treatment Networks (OTNs) with 17 contracted organizations (eight emergency departments, five jails, two syringe support programs, one shelter, and one fire department). Funds have supported the OTN infrastructure, staffing, coverage of MAT medications, and linkage procedures to community-based providers. In addition, DBHR used STR and SOR funding to develop six hub and spoke models statewide to increase access to MAT, SUD treatment and/or primary healthcare services, wrap around services, and referral systems. As of April 2019, 1,752 individuals have received MAT through the OTNs, and an additional 5,943 individuals have received MAT through the Hub & Spokes.

## SELECTED EXAMPLES OF STATE TREATMENT INITIATIVES

### Professional & Peer Workforce Development:

The Maryland Department of Health, Behavioral Health Administration (MDH/BHA) has used SOR funds to partner with the University of Maryland School of Medicine to implement the Maryland Addiction Consultation Service (MACS). Services include free technical assistance to prescribers with clinical questions, referral information, professional resources, and training opportunities related to SUDs and chronic pain management. By providing a comprehensive curriculum on key aspects of prescribing (e.g., overview of OUD and MAT, medication induction, specifics of dosing, MAT and co-occurring disorders, MAT with special populations, etc.), and psychosocial supports, Maryland providers are better able to start or expand MAT for OUD. As of April 2019, 366 prescribers have signed up for MACS, 10,476 prescribers have received overdose response training and naloxone, and 192 calls have been received through the referral line.

### Correctional & Reentry Services:

The New York Office of Alcoholism and Substance Abuse Services (OASAS) has used SOR funds to support MAT for individuals reentering communities from 20 local correctional facilities and three state facilities. Through a collaboration between OASAS and the New York State Department of Correction and Community Supervision (NYSDOCCS), DOCCS facilities have partnered with OASAS certified SUD treatment providers to facilitate the provision of SUD treatment. Eligible returning individuals receive SUD counseling, the option to begin MAT during detainment, education and resources on MAT, and a person-centered discharge plan for linkage to community-based treatment. As of April 2019, 1,958 individuals in local correctional facilities have received SUD counseling and educational resources on MAT. Of these, more than half (1,356) have received a person-centered plan for linkage to community-based treatment upon correctional release with 49% (667) admitted to treatment post-release. An additional 631 individuals in state correctional facilities received SUD counseling and educational resources on MAT and a total of 145 of these individuals received a naltrexone injection as well as a person-centered care plan.



## SELECTED EXAMPLES OF STATE TREATMENT INITIATIVES

### Pregnant & Postpartum Treatment Services:

The Illinois Department of Human Services Division of Substance Use Prevention and Recovery (IDHS/SUPR) has used SOR funds to pilot a new service enhancement program for pregnant and postpartum women with OUD (PPW- OUD). With an emphasis on family-based services to PPW with a diagnosis of OUD, this innovative program trains and certifies staff on various evidence-based practices such as: Community Reinforcement and Family Training (CRAFT), Motivational Interviewing, Seeking Safety, Real Life Parenting, and Individual Placement and Support (IPS). Additional service enhancement efforts provide each family with a Doula Certified Peer Recovery Specialist—an individual in active recovery who has obtained dual certification as a birth and a postpartum doula to aid recovering mothers through all phases of obstetrics and addiction recovery. The Doula Certified Peer Recovery Specialist provides up to 12 months of recovery support services to mothers post-birth. Thus far, PPW-OUD pilot programs have been initiated at all five provider sites, selected through a competitive bidding process. Through April 2019, 16 women have received these enhanced services.

### Telehealth:

As a collaborative effort, the California Department of Health Care Services (DHCS) has used SOR funds to partner with American Indian and Alaska Native community stakeholders to implement a Tribal MAT Project. Under this project, which addresses the culturally unique needs of AI/AN populations, TeleWell Behavioral Medicine has used telehealth technology to provide psychiatric and addiction medicine services at tribal and urban Indian health programs. This initiative facilitates the provision of MAT to AI/AN patients with OUD and includes clinical assessment, drug screening, induction, prescribing, evaluation and management, psychosocial, and co-occurring psychiatric treatment services. Additionally, TeleWell offers monthly office hours for telemedicine support and clinical consultation regarding MAT care delivery. Through March 2019, tele-MAT services have been implemented in 15 new Indian Health Providers (IHP).

