Addressing Opioid and Stimulant Misuse and Disorders: The Impact of State Targeted Response and State Opioid Response Grants

Background on State Targeted Response and State Opioid Response Grants

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. The STR program was designed 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 support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)–approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SOR program supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of $1 billion through STR. From FY 2018 through FY 2020, states, territories, and jurisdictions received a total of $4 billion in SOR grants.

Single State Agency (SSA): Alabama Department of Mental Health (ADMH)

In FY 2017 and FY 2018, the Alabama Department of Mental Health (ADMH) received a total of $15.8 million in STR funding. From FY 2018 through FY 2020, the state received a total of $50.5 million in SOR funding.

Overview of Alabama’s efforts to address opioid and stimulant misuse and disorders

The State of Alabama set the following priorities for the use of STR/SOR funding:

1. Expansion of MAT, particularly in populations or areas where disparities in access exist or where OUD is most prevalent;
2. Outreach to providers to increase the provision of MAT;
3. Continuation of prevention efforts from the strategic plan;
4. Introduction of publicly funded evidence-based recovery housing; and
5. Improvement in the state’s coordination efforts and data analytics to better plan and implement its strategic response to the crisis.
Innovative service delivery models

- Center of Excellence
- Recovery housing meeting the standards of the National Alliance for Recovery Residences (NARR) standards
- Peer-run recovery community centers
- 24/7 peer-run helpline
- Increased MAT accessibility outside of Opioid Treatment Programs (OTPs)
- Increased outreach to rural and underserved communities
- Expansion of peer recovery support services

Building workforce capacity

The ADMH Opioid Management Team works to ensure that prevention providers and local coalitions receive the training and technical assistance (T/TA) necessary to implement all strategies. This T/TA is provided through partnerships with federal agencies, state agencies, and local community initiatives and networks.

The Alabama Opioid Training Institute is one of the initiatives. It offered live educational events targeting health care providers and laypersons

- The first of the continuing medical education programs were held in Fairhope and Huntsville on June 18–19 and June 26–27, 2019, respectively.
- Live event total attendance included 640 health care providers and 413 community members.
- Duration of the digital promotion campaign yielded on average 1 million Alabama residents exposed to the Opioid Training Institute message an average of 5.13 times.
- Webinar offerings will continue through 2024.
- As a result of the 4-month face-to-face trainings, 1,066 total registrants attended the statewide offerings (455 community/611 health care).

Collaborating with public and private entities

The ADMH Opioid Management Team collaborates with state and local jurisdictions to promote, educate, and engage all partners on the STR/SOR project. This includes promotion and education through meetings on the opportunities that are available through the grant funding; hosting events that include raising awareness and education on opioids; and T/TA with key partners and stakeholders. The prevention providers continue collaboration efforts at the local level with the implementation of the six SAMHSA prevention strategies.

ADMH has identified 10 certified prevention providers to implement the STR/SOR grant within the state in 16 of its 67 counties. The prevention providers collaborate with local coalitions to implement SAMHSA’s six strategies, including environmental strategies, education, information dissemination, alternative strategies, problem identification, and community-based processes (CBP). Local coalitions particularly use the CBP strategy to build, strengthen, and retain coalitions, and to engage and strengthen community buy-in.

The 10 prevention providers are implementing the SAMHSA prevention strategies within high-need areas, reaching communities that serve 5,000–50,000 individuals. Examples of prevention strategies include:
• Environmental: promotion of prescription drug take-back days, permanent drop boxes, drug incinerators, and changes in college campus policies.
• Education: the utilization of evidence-based curriculums.
• Information dissemination: community health fairs, speaking engagements, media campaigns, and more.

Preventing opioid and stimulant misuse before it starts

Education and public awareness

• My Smart Dose: This is a media campaign designed to break the cycle of prescription drug use among young people through prevention, education, and awareness.
  o The campaign offers a self-assessment tool for individuals to take.
  o Resources include the 24/7 ADMH helpline, substance use provider listings, and five signs of prescription drug misuse.
  o For more information, visit www.mysmartdose.com

• Courage for All: This is a media campaign to promote awareness of OUD.
  o The campaign’s website houses resources designed to educate families, friends, co-workers, and community agencies about opioid misuse and provide strategies for locating services.
  o To date, the campaign has reached people at multiple university sporting events. In addition, more than 41 businesses have partnered with ADMH to utilize the Courage for All materials within their establishments.
  o For more information, visit www.courageforall.com

Overdose reversal efforts: saving lives

ADMH has developed a partnership with Jefferson County Department of Health (JCDH), as part of the Governor’s Opioid Overdose and Addiction Council Rescue Committee, to develop a Naloxone Need Index (NNI). The NNI helped ADMH focus on distributing naloxone to the communities with the most identified need. JCDH assists ADMH with educating the community on naloxone and distribution of Narcan kits. The agency launched a free online training in September 2020; individuals who complete the training can receive a Narcan kit through the mail. Kits for individuals residing outside of Jefferson County are provided by ADMH. As of March 30, 2021, 695 kits have been mailed.

STR/SOR funding allowed ADMH and JCDH to partner on an initiative to provide naloxone to emergency departments in Jefferson County hospitals. This allowed the hospitals to provide Narcan kits to individuals who present with an OUD or an overdose. JCDH provides the naloxone for Jefferson County residents, and ADMH provides the kits for individuals who are from the remaining 66 counties. Currently, three hospitals are participating in this initiative, with a fourth in the works.

STR/SOR funding allowed ADMH to increase availability of naloxone in unserved areas of the state. These Narcan kits were distributed to ADMH providers, community-based organizations, and first responders throughout Alabama. To date 17,514 Narcan kits have been distributed.
Increasing access to treatment

Alabama is using a variety of methods to increase access to evidence-based treatment for OUD and to support individuals in recovery:

- **Access to MAT:**
  - The use of FDA-approved medications for OUD was expanded by providing reimbursement for buprenorphine and naltrexone.
  - As a result of STR/SOR funding, 31 agencies have added MAT to their roster of services. This represents 47% of the ADMH-certified agencies who had not previously provided MAT.
  - Of ADMH’s 21 OTPs, 18 (86%) have received STR/SOR funding. This funding has allowed the OTPs to provide services to individuals who could not previously afford medication.
  - The number of individuals receiving services for OUD has increased by 33% due to STR and SOR funding.

- **24/7 helpline:** ADMH launched the first 24/7 peer-run addiction helpline in the state in July 2017. The purpose is for anyone to call, personally or professionally, and receive assistance in accessing treatment resources.
  - The number (1-844-307-1760) is promoted through ADMH’s opioid webpage and other state agency websites.
  - In addition, multiple state agencies advertise the helpline as part of their opioid efforts.

Supporting long-term recovery

- **Recovery housing:**
  - ADMH continues to provide funding for recovery housing through SOR and state funding. Different supportive housing options are available for individuals in recovery, particularly those who have been diagnosed with an OUD or stimulant use disorder. ADMH funds the Oxford House, which is an evidenced-based model of recovery housing, with 28 houses in Alabama. As of March 31, 2021, 85 individuals with an OUD or substance use disorder (SUD) have received financial assistance from ADMH in approved recovery housing.
  - ADMH’s Housing Committee requested assistance from the Opioid Response Network to begin the process of establishing a NARR chapter in Alabama. Recovery housing operators were brought together and have established the Alabama Alliance for Recovery Residences (AARR). AARR became an official organization in January 2021 as a nonprofit entity in the state. AARR is currently seeking accreditation by NARR to be the state chapter for Alabama.

- **Certified Recovery Support Specialists:**
  - STR and SOR resources helped ADMH increase the number of Certified Recovery Support Specialists (CRSSs) across the state by 49%. The number certified prior to STR and SOR funding was 193; with the help of STR and SOR funding, the state now has a total of 394 CRSS as of March 2021.
  - Alabama has continued to expand the use of CRSS in rural and underserved areas of the state. Prior to implementation of STR and SOR, there were 193 CRSSs working in the state.
in a peer capacity. As of March 2021, there were 394 CRSSs, with 303 of those working in a peer role in the SUD system of care.

- ADMH has implemented a mentorship program, which was designed to recruit and support people in recovery to become certified as peer specialists. This program recruits people in the community with 18 months of recovery and mentors them until they have met the 2-year requirement to become certified. There has been a total of 21 people enrolled in the program, and 12 have completed the certification process.

- **Recovery Community Centers:** SOR funding supports Recovery Organization of Support Specialists (ROSS), a state-funded peer-run agency. Funding allowed the establishment of four Recovery Community Centers in the four substance abuse planning regions and has allowed the centers to expand their hours to 12 hours per day. The centers provide a safe place for individuals to go for support meetings, social activities, and meals during holidays, and to talk to a CRSS one-on-one.

- **Recovery transportation:** STR and SOR funding has allowed ROSS and People Engaged in Recovery (P.E.I.R.), another state-funded peer-run organization, to provide transportation to individuals seeking or engaged in treatment services. CRSSs transport individuals to certified treatment providers, doctor’s appointments, and support meetings. CRSSs also pick individuals up from emergency departments and transport them to residential treatment facilities throughout Alabama. ROSS peers are currently engaged with four hospitals in which they are “on call” in the event an individual who presents with an overdose or substance use concerns is seen in the emergency department.

### Serving special populations

- **Pregnant and postpartum women:**
  - ADMH continues to provide funding to certified providers specializing in treatment of pregnant and postpartum women, allowing them to bring their children into treatment with them. STR and SOR funding has allowed increased outreach to pregnant and postpartum women and veterans. State certified providers and CRSSs conduct outreach throughout the state to identify individuals who need services for substance use. ADMH has partnered with ROSS and P.E.I.R. to hire individuals from identified special populations to work as CRSSs to improve access to treatment. As of March 31, 2021, six women from the pregnant and postpartum population and two veterans have been hired as CRSSs.
  - ADMH is piloting a program for peer support specialists to become certified doulas. Doulas are nonmedical persons who are trained to provide emotional, physical, and informational support to women before, during, and after childbirth. The peer support specialist will be trained and qualified to assist with not only the recovery aspects of the women’s journey but also the birthing process; thus, providing integrated services addressing the whole person. The goal of this pilot program is to provide continuous support pre- and postbirth, which is associated with reduced mortality rates and improved overall health of the mother and the baby. Two peer support specialists began
in April 2021, and the projected implementation of this enhanced service is October 1, 2021.

- **Reentry populations:** SOR funding has allowed ADMH to partner with the Alabama Bureau of Pardons and Paroles (ABPP) to provide recovery support services to individuals reentering the community from jail or prison. ROSS and P.E.I.R. have established a Memorandum of Understanding with ABPP that allows them to identify individuals reentering the community who have been diagnosed with an OUD or stimulant use disorder. There are currently 6 CRSSs working full-time in ABPP’s day reporting centers (DRCs) in four major cities and nine rural counties throughout Alabama. The CRSSs provide transportation to doctor’s appointments, assistance with locating jobs and housing, and individualized recovery support to individuals identified by the DRCs’ therapists as being at risk. As of March 31, 2021, 40 individuals have been assisted with recovery support services. CRSSs working with ABPP have lived experience in both substance use and being incarcerated.

- **High-risk youth, college students, and pregnant women:** Prevention efforts are specifically targeting high-risk youth, college students, and pregnant women. ADMH aims to improve health disparities for the populations of focus by identifying each population’s needs, then developing and implementing policies and services for them that align with the National Standards for Culturally and Linguistically Appropriate Services.

### Demonstrating outcomes for a healthier future

Alabama has achieved the following outcome measures as reported at the time of admission and at the time of discharge:

- In FY 2016, prior to STR/SOR funding, Alabama treated 5,650 individuals with an OUD. At the end of FY 2020 that number increased to 11,078.
- During the first two quarters of FY 2021, a total of 3,254 individuals with an OUD received treatment.
- From October 2020 to March 2021, 2832 individuals with stimulant use disorders were served.
- A total of 17,514 naloxone kits have been distributed; 695 of those were mailed to individuals who participated in online training. Of Alabama’s 67 counties, 65 have received naloxone kits as a result of community trainings, online opportunities, or requests from first responders.
- In FY2021, the rate of abstinence from illegal drugs increased by 33% at the 6-month follow-up point.
- From October 1, 2020, to May 1, 2021, there was a 22% increase in individuals reporting employment.
- A 6.7% increase in stable housing was reported in FY 2021.
- As of April 30, 2021, 17,520 total calls have been received on the 24/7 helpline by peers assisting people in all counties across Alabama.
- SOR funding allowed Alabama to assist 85 individuals with an OUD to obtain housing.
- As of March 31, 2021, 40 individuals reentering the community have received recovery support services.
- As of December 2020, Alabama had a total of 781 DATA-waived practitioners.
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