

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 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): Delaware Department of Health and Social Services Division of Substance Abuse and Mental Health (DSAMH)

In FY 2017 and 2018, the Delaware Department of Health and Social Services Division of Substance Abuse and Mental Health (DSAMH) received a total of \$4 million in STR funding. From FY 2018 through FY2020, the state received a total of \$68.4 million in SOR funding.

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

Both the Delaware STR grant and the SOR grant funds are being used to improve the treatment and recovery systems in Delaware. The overarching intent of the STR and SOR projects is to improve the entire continuum of care for those with OUD: prevention, access/gateway, treatment, and recovery. Goals relate to (1) decreasing opioid overdoses through the development and expansion of programs and resources focused on low-threshold access to treatment and targeted referral systems; (2) improving the understanding of and engagement and retention in OUD and stimulant use disorder (STUD) treatment for those currently accessing the system by enhancing and expanding current prevention, treatment, and recovery services for patients, families, and communities; and (3) identifying and engaging high-risk populations in treatment through universal screening and direct, efficient referral of OUD/STUD patients and others affected by the illness to existing treatment and recovery services.

Innovative service delivery models

- Statewide Addiction Treatment Resource Center (ATRC) for providers
- School-based Multi-Tiered System of Support for behavioral health
- School-based Wellness Centers
- Delaware Substance Use Treatment and Recovery Transformation (START) Initiative
- Delaware Treatment and Referral Network (DTRN) and Treatment Connection
- Bridge clinics and Mobile Bridge vans
- Law Enforcement Investigative Support System (LEISS)
- Delaware Opioid Response Provider Network (ORPN)

Building workforce capacity

Delaware START Learning Collaborative

The START Learning Collaborative began by serving substance use treatment providers and a certified recovery specialist provider and was expanded to include primary care providers, hospitals/emergency departments, institutions for mental disease (IMDs), Federally Qualified Health Centers (FQHCs), and community mental health and substance use providers. The Learning Collaborative emphasized a quality improvement process, based on the Institute for Healthcare Improvement Breakthrough Series model, to implement and test innovative approaches for engaging and retaining individuals with substance use disorders (SUDs)/OUD in high-quality, comprehensive, coordinated, evidence-based, person-centered treatment and care, including the provision of wraparound services. Participating providers/organizations developed case management and systems to provide innovative and rapid-response services to engage individuals with OUD and assist them in navigating Delaware’s SUD system; implemented standardized screening processes for SUD; increased access to MAT services; and utilized DTRN. The aim was to support all Learning Collaborative participants in engaging any client who accesses the system.

ORPN

In FY 2020, the START Initiative evolved into the ORPN to drive proactive response by enhancing substance use screening, creating stronger referral pathways, and implementing evidence-based SUD services. The ORPN aims to decrease both opioid overdose and death rates by implementing statewide prevention, treatment, and referral initiatives and harm reduction programs; expand services for the treatment and recovery of OUD and STUD clients, including ensuring low-threshold access to MAT and other evidence-based treatments or therapies; support providers engaged in statewide initiatives and programs through a required, quality improvement–concentrated, learning collaborative; ensure adequate coordination, oversight, and auditing of statewide initiatives and contract deliverables; and ensure access to a network of support for providers engaged in statewide initiatives and programs, including at the agency, provider, and client levels.

ATRC

The ATRC will serve as a web-based, central repository for best practices, training, technical assistance, and up-to-date data and information pertinent to treating patients suffering from OUD and SUD. The ATRC will also provide direct access to the most up-to-date national and local resources, including

resources from SAMHSA, National Institute on Drug Abuse, Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration, Centers for Medicare and Medicaid Services, and others. The ATRC will strengthen the ORPN by serving as a community-based platform to share knowledge among similar cohorts of providers. In addition, local ORPN members will have the opportunity to showcase their efforts with the vision of improving the quality and availability of services across the health care landscape. The ATRC will also provide access to webinars, conferences, trainings, and materials offered by the state.

Collaborating with public and private entities

Community Well-Being Initiative (CWBI)

The CWBI is engaging cross-sector partnerships to enhance well-being in targeted pilot areas that were identified by the CDC as having the highest vulnerability to gun violence. The CWBI partners will work collaboratively with diverse stakeholders, including Wilmington Community Advisory Council, grassroots coalitions, educational institutions, health care sectors, community organizations, and other state agency partners to promote well-being and coping. Targeted engagement is aimed at creating trained well-being “ambassadors” in communities that have been made vulnerable due to high levels of inequities and trauma.

SOR Grant Advisory Council

DSAMH is establishing an Advisory Council to provide feedback and guidance on program development and implementation. The council will meet quarterly and include people with lived experience (OUD/STUD), providers, and other key stakeholders across the state.

Pre-Arrest Diversion Program

DSAMH has partnered with the Delaware State Police to implement a pre-arrest diversion program in three troop stations statewide, one per county, to divert individuals in custody to SUD treatment. Each troop office has on-site care managers and has developed workflows for the referral pathways to treatment.

Preventing opioid and stimulant misuse before it starts

School-based interventions

In FY 2019, DSAMH provided funding to the Department of Education (DOE) to support Local Education Agencies and charter schools to implement a Multi-Tiered System of Support for behavioral health. To assess assets and opportunities around school health in school districts across the State, DSAMH and its partner, Delaware’s Division of Public Health, worked with DOE to support districts in undertaking a comprehensive school health resource and needs assessment. Districts completed the assessments, and the data was used to inform their requests for funding, which included primary, secondary, or tertiary interventions. Districts received funding and technical assistance for:

- The creation or enhancement of school- and district-level health committees as part of school improvement and management teams
- Primary prevention of substance use
- Selection and implementation of an evidence-based, developmentally appropriate health education curriculum

- A series of trainings on Screening, Brief Intervention, and Referral to Treatment (SBIRT) for school nurses, primary care providers, and attendees at the Delaware State Education Association conference
- Creation of enhanced responsive and informative data systems

Work with Local Coalitions

DSAMH supported the Delaware Healthy Neighborhoods Initiative, focused on addressing population health challenges by creating sustainable interventions to improve the health of communities. One of the four priority areas was addiction. To build on the existing infrastructure started under Healthy Neighborhoods, three local entities were selected to enhance statewide prevention efforts related to opioid use. These organizations and their projects include the following:

- **Mental Health Association (MHA):** MHA supported the continuation of their peer internship program. MHA identified two interns to remain in their program to assist with the transition to a new cohort of interns and the maintenance of infrastructure enhancements that were made through the program. Both interns continued to receive supervision and mentorship from MHA staff. The interns served 53 unique individuals, helped with identifying strengths and goals 37 times, assisted with self-advocacy 25 times, and educated individuals on their rights 18 times. MHA also began soliciting participation for the next cohort of interns from four organizations. MHA also identified three potential sources of funding for a second cohort in order to continue supporting the peer internship program once STR funds are no longer available.
- **Sussex County Health Coalition (SCHC):** SCHC worked to raise awareness of prescription drug misuse in Sussex County. The coalition hosted a “Day of Hope” awareness day on June 12, 2019. The event had over 200 community members and prevention specialists in attendance. Speakers for the day included Dr. Gilbert Botvin, national prevention education specialist; Dr. Julius Mullen, on trauma informed care; and Dr. James Walsh, on mindfulness, relaxation for pain, PTSD, anxiety, and addiction. There was also a panel discussion on the impact of addiction on family members; naloxone training; and a special break-out session for faith-based community members. SCHC also produced three public service announcements (PSAs) for distribution to local hospitals as well as doctors’ offices that address the dangers of opioids and empower the community to ask questions when receiving prescriptions.
- **Connections Community Support Programs, Inc.:** Connections utilized the funding to reduce incarceration and diversion from arrest for individuals with co-occurring addiction and mental health issues. Connections launched the Georgetown Police Connections Alliance program in February 2019. A clinician was embedded in the police department ride-along program to engage individuals in the appropriate level of care and provide immediate access to treatment. Over 40 individuals were referred to treatment, with some of those being transported at the time of contact. In addition, there were a total of 60 substance use/mental health contacts with 14 diversions from arrest and 7 diversions from emergency rooms. The clinician also maintained contact and provided case management services with individuals throughout the program, resulting in 84 individual follow-up contacts. Connections also presented at a National Alliance on Mental Illness (NAMI)–sponsored Crisis Intervention Team training for Delaware police agencies and educated police about treatment access for individuals that may need it.

Education and public awareness

Naloxone Awareness Campaign

DSAMH developed a naloxone awareness campaign with the intent of increasing awareness of naloxone and its availability throughout the state, while also driving people to www.HelpIsHereDE.com to find a location to acquire naloxone near them. The campaign included digital ads (Facebook, Instagram), one-quarter page print ad, and a radio PSA.

DSAMH is exploring other state public awareness campaigns and campaign best practices to develop resources and outreach for specific public audiences. This includes using data from the current Help Is Here website regarding clicks and other use of the website to help determine topic areas that may require additional messaging. The review of the website data will help the state also determine ways to use that site more effectively and ensure information is easily found and is complementary to the ATRC site discussed earlier.

SBIRT Training

DSAMH and partners provided SBIRT training to primary care physicians, FQHCs, school-based health professionals, support staff, special education professionals, and other community members. Trainings were conducted as part of the START Initiative and in partnership with the Delaware School Nurse Association, Delaware State Education Association, and Delaware Learning Center.

Overdose reversal efforts: saving lives

Delaware Overdose Survival Education (DOSE) Trainings

DSAMH contracted with Brandywine Counseling and Community Services to support a series of statewide community-level trainings. DOSE is a program designed for anyone who wants to help opioid users (including themselves) avoid and survive an overdose. Participants complete a 1-hour training workshop with education on using naloxone. Trainings included friends and family as well as individuals at high risk.

DSAMH Naloxone Trainings

DSAMH staff coordinate statewide community-level naloxone trainings on how to administer naloxone and “train-the-trainer” trainings. Trainings are offered monthly, and all participants receive a naloxone kit free of charge.

Pilot Emergency Department (ED) and Department of Correction (DOC) Programs

DSAMH works with all six hospital EDs and the DOC on a pilot for naloxone distribution. DSAMH has provided a webinar on the distribution plan and required data tracking for all hospital EDs. In addition, a train-the-trainer training was conducted with all six state hospitals so they can train staff to conduct training on naloxone administration with OUD patients and their family and friends. DSAMH works with the DOC to identify populations that will receive naloxone kits when they leave correctional facilities. Train-the-trainer trainings were conducted with the nurse educators and site leaders at four correctional facilities. Distribution has begun with the hospitals and the DOC. In addition, DSAMH worked with the DOE to ensure that all schools in the state have a naloxone kit on site. School nurses have all been previously trained on the administration of naloxone. These kits replaced kits that were utilized or that recently expired.

Increasing access to treatment

With STR and SOR funding, efforts to increase access and gateways to treatment, as well as treatment (particularly MAT) itself, include the following:

Delaware START Initiative

The Delaware START Initiative was an effort to increase access to care and treatment for individuals living with SUD. The goal of this initiative was to foster system-wide improvements to engage more Delawareans suffering from SUD in treatment, while also meeting their accompanying needs for housing, employment, education, and other wraparound services. The system of care worked to ensure 24/7 support through certified peer recovery specialists who met with individuals suffering from addiction wherever they connect with the system—the hospital ED, a doctor’s office, emergency medical services (EMS) transport, a police encounter, or through a family- or self-referral. Once individuals were in treatment, peer recovery specialists helped clients to navigate and stay engaged in their own care.

Delaware Treatment and Referral Network

In September 2018, DSAMH launched DTRN, an online, bidirectional treatment referral system. This system allows Delaware health care providers seeking SUD treatment or mental health services for their patients to make an online referral and to receive referrals from participating organizations. DTRN is run from the OpenBeds platform and provides real-time information about treatment availability. Participating organizations update their bed, slot, or appointment capacity at least twice a day so that referring health care providers are aware of what services are available for their patients in real time. As providers utilize DTRN and feedback is received, DSAMH makes enhancements to ensure that DTRN continues to meet the needs of providers across the system. DSAMH has implemented over 20 enhancements that improve the user interface to make referrals more efficient and to improve patient outcomes. DSAMH also launched a public-facing portal called Treatment Connection so that Delawareans wanting to refer a loved one to care can access DTRN resources.

Bridge Clinics

Since the fall of 2019, DSAMH has funded Bridge Clinics in all three counties in the state. Each Bridge Clinic has assigned one psychiatric resident and hired psychiatric social workers and peer support specialists to serve clients. The Bridge Clinics have the capacity to provide OUD/SUD and mental health screening and referral to treatment; provide psychiatric evaluation for individuals with co-occurring disorders and treatment initiation to bridge patients to their permanent provider; and provide naloxone training to Bridge Clinic clients and in the community. The clinic staff members are doing outreach and promotion in the community to raise awareness of the Bridge Clinic locations and available services. As part of the outreach services, staff also educate community members at events and public libraries about overdose prevention and available treatment and, if/when an individual is identified at an event as needing services, provide transportation from the event to the nearest Bridge Clinic for assessment and referral to treatment.

Mobile Bridge Van

A Mobile Bridge van launched in September 2019 as an extension of the Bridge Clinics to service hard-to-reach locations and underserved, at-risk communities. The Mobile Bridge provides on-site services at two state-run correctional facilities up to 5 days a week, twice a day. This service engages newly

released persons prior to their assimilation into society. Individuals are assisted by peers with making an appointment at the nearest Bridge Clinic for assessment and additional services, if necessary. The Mobile Bridge also conducts outreach services at community and social service agencies to provide education and counseling for OUD and SUD, mental health, and referrals for the Bridge Clinics. During the COVID-19 crisis, the Mobile Bridge was deployed to communities in need of behavioral health services and resources, including community events hosted by FQHCs across the state. The Mobile Bridge team also partnered with the Food Bank of Delaware to bring food to areas that are greatly affected by the pandemic, servicing the 15 zip codes in Delaware with the highest rates of opioid overdoses.

Hospitals and IMDs

As with other providers and organizations that participated in START, hospitals and IMDs developed referral pathways to screen individuals, provide brief intervention (including, if appropriate, MAT initiation), and refer to treatment as one of the gateway access points for entry into Delaware's treatment system. As part of the work with hospitals, DSAMH worked to identify interested practitioners and connected them with training and resources to become DATA waived, resulting in an increase in the number of providers in hospital EDs who can administer/initiate MAT. This work will continue to be enhanced and expanded through the ORPN.

Supporting long-term recovery

STR and SOR funds are supporting the following:

Peer navigators

Three peer navigators were hired to support the Bridge Clinics in New Castle, Kent, and Sussex Counties.

Peer recovery specialists

With STR and SOR funding, certified peer recovery support specialists are working with hospitals to ensure that hospitals statewide have access to peers 24/7 in their EDs. DSAMH works closely with the Mental Health Association in Delaware (MHA) to train certified peer recovery specialists in the state on the recognition of opioid overdose and naloxone administration. In addition, naloxone training was integrated into the peer certification trainings conducted by MHA. DSAMH staff work closely with MHA on peer recovery specialist recruitment strategies. Prior to COVID-19, MHA was offering peer certification training monthly, therefore once the candidates were identified, they were able to be trained on a regular basis. Peer supervisor training was also offered by MHA on a quarterly basis throughout the year. DSAMH has also hired and trained additional peer recovery specialists for mobile crisis and county-based services for all three counties.

Peer ECHO

DSAMH has also contracted with the Weitzman Institute to develop and ECHO Peer Recovery Specialists program for Delaware. The ECHO model will provide the opportunity for seasoned peers to support those peer specialists who are newly certified. DSAMH anticipates participants from Delaware, Maryland, Virginia, Rhode Island, Pennsylvania, West Virginia, and District of Columbia.

Transportation

In partnership with OpenBeds (DTRN vendor), DSAMH engaged with RoundTrip for on-demand and scheduled trip management services. RoundTrip will accommodate all levels of patient transportation

needs, including rideshare, medical sedans, wheelchair vans, stretcher vans, and ambulances from a single platform. RoundTrip’s digital transportation marketplace connects transportation companies, automatically trades ride requests among provider availability, and streamlines coordination.

Housing

DSAMH contracted with Peace by Piece and Aquila to open 30 integrated recovery services beds for men and 20 integrated recovery services beds for women. In addition, DSAMH contracted with Connections Community Support Programs to open an additional 12 integrated recovery services beds. To provide safer options during the COVID-19 pandemic for those experiencing homelessness and needing screening for OUD/SUD treatment and/or mental health intervention, DSAMH expanded housing options under its integrated recovery services program.

Serving special populations

Adolescents and young adults

- **School-based access and treatment:** Five behavioral health consultants () were hired to provide guidance and technical assistance to all 19 Local Education Agencies in Delaware on addiction issues, including primary prevention, screening, identification, and referral for substance use concerns; identifying on-site treatment needs for students; planning for transitions between middle and high schools or between school locations; and other issues as needed.
- **School-Based Wellness Centers (SBWC):** DSAMH worked with the Division of Public Health and the Department of Services for Children, Youth and Their Families to implement a SBWC learning collaborative to develop a system by which students are routinely screened for substance use and mental health conditions and referral pathways to community providers. All 32 SBWCs received funding through their medical sponsors to increase their capacity to provide addiction services, through partnerships with community providers and using telehealth approaches.
- **Treatment for transitional youth and young adults (ages 16-21):** DSAMH and partners, including the Division of Prevention and Behavioral Health Services, the Division of Medicaid and Medical Assistance, and external social service agencies, are working to establish an addiction program to serve transitional youth and young adults ages 16–21. DSAMH and its partners are working to enhance recovery services and integrate youth transitional services into DSAMH’s adult system of care. To do so, all partners are working toward maintaining and expanding treatment accessibility and provider resources by removing barriers to treatment and providing supports to the families.

Criminal justice

- **Coordination with Department of Correction:** To provide pathways and linkages to care, DSAMH partnered with the DOC to engage, identify, refer, and link DOC-involved individuals in need of assessment and/or treatment to address substance use and/or mental health issues. DSAMH and the DOC developed workflows and pathways that support improved coordination between the DOC and the DSAMH system of care and track outcome data and performance measures.
- **Law Enforcement Investigative Support System:** The LEISS Project is a collaboration between DSAMH and the Department of Safety and Homeland Security that seeks to connect

Delawareans who come in contact with the criminal justice system with the DSAMH system of care. The goal is to increase the number of individuals connected to treatment from acute settings by creating an automated alert from the Delaware Criminal Justice Information System (DELJIS) system to DSAMH's Crisis Intervention Services (CIS). CIS is then able to triage and engage the affected person, if desired, in the system of care through CIS, Bridge Clinics, or peers. The automated referral provides the opportunity to engage individuals at the time of a police incident.

Demonstrating outcomes for a healthier future

Prevention outcomes

- In March 2019, DSAMH conducted SBIRT training for 64 school nurses at the Delaware School Nurse Association Spring Conference.
- In April 2019, DSAMH coordinated training on substance use and SBIRT for approximately 40 teachers and other school personnel at the Delaware State Education Association Professional Learning day.
- In November 2019, 21 people participated in SBIRT: Introduction and Application trainings hosted by DSAMH.
- Representatives from six primary care providers and FQHCs participated in the review of the U.S. Preventive Services Task Force evidence supporting screening for SUD session in January 2020.
- In June 2020, 47 DSAMH community partners were trained virtually on SBIRT: An Overview offered by DSAMH.
- Fifteen school districts and two large charter school networks completed the comprehensive needs assessments. Of those, 13 school districts and the two charter schools submitted their action plans and received their contracts to execute their plans.
- BHCs in middle and high schools served 1,098 youth prior to schools closing due to COVID-19. Activities included presentations, family nights, and Lunch and Learn prevention groups. In addition, despite schools closing, BHCs continued to provide support through a support line, individual outreach, opioid presentations delivered through Zoom to engage students, and social media.

Treatment outcomes

- MAT: Between September 30, 2018, and September 29, 2020, 10,359 unique clients received MAT. From September 30, 2018, to September 29, 2020, 12,240 received methadone, 3,043 received buprenorphine, and 640 received naltrexone. Between September 30, 2020, and March 30, 2021, 78 unique clients received MAT, 12 received methadone, 4 received buprenorphine, 1 received naltrexone, and 50 received treatment for STUD.
- START Initiative: DSAMH engaged 10 SUD providers, 1 peer support provider, 6 hospitals, 4 IMDs, 3 FQHCs, 2 community addiction/mental health providers, and 11 primary care practices in a quality improvement learning collaborative to increase access to treatment for individuals with OUD/SUD.
- DTRN: Through September 2020, the following has been accomplished through the implementation of DTRN: total number of referrals since launch, 52,557; number of

organizations on DTRN, 67; number of agency training sessions, 110; number of users trained, 395.

- LEISS: As of September 2020, the total number of referrals resulting in successful entry into treatment or medical system was 2,502 (90%).
- Bridge Clinics: Since opening on January 4, 2019, the Bridge Clinics have treated an average of 30 clients per week/per county seeking access to care. As a result of implementing a questionnaire with all Bridge Clinic clients, the topic of OUD has been addressed with over 680 respondents. The Mobile Bridge has provided on-site services at two state-run correctional facilities five times a week, twice a day, engaging over 2,000 people. In addition, the Mobile Bridge has engaged over 4,000 people in outreach efforts.
- SBWCs: DSAMH contracted with five medical providers to expand OUD/SUD screening, referral, and treatment through the State's 32 SBWCs.
- DOC: DOC has contracted with one of Delaware's largest treatment providers to deliver services and conduct OUD clinical assessments at the Howard R. Young and Baylor Women's Correctional Institutions. A total of 1,600 unduplicated patients/clients were screened for OUD/SUD and mental health disorder, and 275 individuals were successfully transitioned from the DOC to SUD treatment.

Overdose reversal outcomes

- Between July 2018 and September 2020, over 3,500 people were trained on naloxone administration and 7,572 naloxone kits were distributed at DSAMH-sponsored training and community events.
- As part of the pilot projects with hospital EDs and the DOC, between February and September 2020, 218 kits were distributed across nine hospital and free-standing ED. and 893 kits were distributed across eight correctional facilities statewide.

Recovery services outcomes

- Recovery Support Services: 2,916 unique individuals received recovery support services from September 30, 2018 to September 29, 2020. An additional 127 individuals received recovery support services between September 30, 2020 and March 30, 2021.
- Peer training:
 - 128 peer recovery specialists completed the Certified Peer Recovery Specialist Training, including training on Opioid Overdose Recognition.
 - 22 peers received the Peer Recovery Specialist Certification.
 - 26 people have completed the Peer Supervisor Training.
 - 26 Peer ECHO sessions have been held. Participants from neighboring/nearby states have been invited to participate. An average of 21 peers attend each session.
 - 36 peers attended digital peer support training facilitated by Dartmouth College.
- Housing: Thirty integrated recovery service beds for men and 20 for women came online in New Castle County since December 2018. Twelve additional integrated recovery service beds came online in Harrington, Delaware, by December 2018. As a result, 247 unduplicated clients have been admitted to integrated recovery services and 32 clients have participated in workforce skills

development training and/or achieved job placement. In addition, a total of 332 clients were placed in single room occupancy for integrated recovery services between March and June 2020 in response to COVID-19.

Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The information contained in this Brief was provided and verified by the state/jurisdiction. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.