

# 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): District of Columbia Department of Behavioral Health (DBH)

In FY 2017 and FY 2018, the District of Columbia (D.C.) Department of Behavioral Health (DBH) received a total of \$4 million in STR funds. From FY 2018 through FY 2020, DBH received a total of \$77.1 million in SOR funds.

## Overview of D.C.'s efforts to address opioid and stimulant misuse and disorders

D.C.'s STR and SOR initiatives have focused on increasing access to MAT, reducing unmet treatment needs, and reducing opioid overdose–related deaths through the provision of prevention, treatment, and recovery support services to individuals with OUD. With the addition of the most recent SOR funding, D.C. expanded services and supports that are provided to individuals with stimulant use disorders. LIVE.LONG.DC, *The District's Plan to Reduce Opioid Use, Misuse, and Related Deaths*, has been the guide for accomplishing the work. The specific goals of the grants have been to continue to implement the city-wide opioid strategic plan; ensure timely access to high-quality (consistent with the criteria of the American Society of Addiction Medicine), coordinated, co-occurring (substance use disorder and mental health) treatment services and recovery-oriented systems of care; educate District residents and key stakeholders on the risk of OUD and stimulant addiction and effective prevention and

treatment strategies; engage helping professionals and organizations in the prevention, early intervention, and treatment of substance use disorders (SUDs) through workforce development; support the awareness and availability of, and access to, harm reduction services consistent with evolving best and promising practices; implement a shared vision between the justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system; and prepare for program sustainability through evaluation, planning, and performance monitoring and training and implementation of a continuous quality improvement process. The STR initiative targeted older African American males who use heroin because these are the individuals who have experienced the highest number of fatal overdoses. The SOR grants have expanded to address the needs of a wider population, including youth, pregnant and parenting individuals, and individuals reentering the community after incarceration.

## Innovative service delivery models

- Coordinated, collaborative, community-level approaches for prevention, community outreach, and education initiatives
- Overdose Detection Mapping Application Program (ODMAP)
- Mobile screening and MAT in high-need communities
- OUD crisis beds where individuals can receive MAT induction and clinical observation
- DC Health Information Exchange, where certified providers facilitate coordinated care
- Using peer support specialists in multiple settings (e.g., community outreach, hospitals, Opioid Treatment Programs [OTPs] and Federally Qualified Health Centers [FQHCs]).
- Combining hospital-based peer services to allow for the same peer to be engaged with an individual as they navigate through the system
- MAT, therapeutic SUD units, and reentry workforce development, care coordination, and recovery housing for the criminal justice population
- My Rides Program
- Peer-operated recovery centers
- Integrated MAT and HIV/hepatitis C virus (HCV) treatment
- Integrated physical health care services
- Housing First teams and naloxone distribution for individuals with OUD experiencing homelessness

## Building workforce capacity

D.C. trained 143 individuals on the Connecticut Community for Addiction Recovery (CCAR) model. D.C. has a robust peer certification training program and will expand it to meet the needs of the OUD workforce by creating a peer academy where peers will be provided the training and the internship opportunities needed to become internationally certified.

D.C. also developed the [Opioid Learning Institute](#), a comprehensive educational initiative with a mission to educate prescribers and other health care professionals. The Institute includes 20 free online, self-paced continuing medical education/continuing education (CME/CE) accredited courses that cover topics related to opioid prescribing practices, the prevention and treatment of OUD, harm reduction approaches, and other relevant topics around opioids. In addition, through the Learning Institute, DBH created two courses for providers and the community: 1) [Supporting Individuals with Opioid Use](#)

[Disorder: Communication and Engagement](#) and 2) [Supporting Individuals with Opioid Use Disorder: Treatment Support Services](#). To address the needs of complex clients, multiple providers have been conducting Extension for Community Healthcare Outcomes (ECHO) consultation programs.

To meet the needs of the workforce dealing with special populations, D.C. has facilitated training on SAMHSA's *Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants* guide; developed an online course and trained skilled and long-term care facilities staff on naloxone, MAT, and how to support older adult patients with SUD; and trained judges, attorneys, and other professionals about OUD and the Sequential Intercept Model.

By the end of the grant, 80 individuals will be provided the Certified Addiction Counselor (CAC) training and be given internship opportunities.

## Collaborating with public and private entities

LIVE.LONG.DC. reflects the thoughtful input of public and private partners, including D.C. government agencies, individuals with lived experience, hospital leaders, physicians, treatment providers, community-based organizations, and federal partners. To date, 21 District government agencies, 6 federal agencies, 47 community partners, individuals with lived experience, and other community members, have actively participated on Opioid Strategy Groups, attended quarterly summits, and been engaged in ward-level meetings. D.C. is implementing a coordinated approach at the community level by facilitating key stakeholders in each ward to work collaboratively around prevention, community outreach, and education initiatives.

## Preventing opioid and stimulant misuse before it starts

In May 2019, D.C. began implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) in emergency departments and the induction of MOUD, in conjunction with peer engagement and referrals to community services and supports. To date, 358,842 screenings have been completed in six hospitals, and 15,120 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior.

## Education and public awareness

D.C. funded a marketing campaign targeted at older African American male heroin users to raise awareness about fentanyl and carfentanil, promoting safer use practices (i.e., having access to naloxone and using with others as opposed to alone) and educating individuals about the existence of D.C.'s "Good Samaritan" law, which provides legal protections to victims of overdose and for those who call for medical attention. An additional campaign was targeted at youth and young adults to address the misuse of prescription opioids ("More Harmful Than You Think"). The SOR grants are supporting campaigns focused on accessing treatment ("I'm Ready") and naloxone ("Text to Live").

The faith-based community (23 grantees) has been engaged to conduct opioid awareness activities and provide information about treatment and recovery services and supports. In addition, the four DC Prevention Centers and other ward-level prevention grantees have conducted opioid prevention initiatives, implemented environmental strategies, and trained youth in a substance use prevention curriculum (Botvin *LifeSkills Training* with the Prescription Drug Abuse Prevention Module) with a focus on opioid education and prevention. In FY 2020, the ward-level grantees engaged over 498 youth in LifeSkills, completed 13 changes in practice, and reached over 900 D.C. youth and families during

environmental strategy implementation and larger community-level collaborative events. A youth peer-operated center trained 24 youth to be recovery coaches in schools.

## Overdose reversal efforts: saving lives

The STR/SOR grants have allowed for a greater expansion of harm reduction activities in the District, including expanded naloxone education (e.g., train-the-trainer, online naloxone trainings), availability of free naloxone from 35 pharmacies across all 8 wards and 73 community-based and faith-based organizations and intragovernmental partners, the implementation of the Fire and Emergency Medical Services (FEMS) naloxone Leave Behind Program (i.e., provide naloxone to friends or relatives of individuals with an OUD), and the provision of naloxone to the Metropolitan Police Department officers and sergeants.

Through the implementation of ODMAP, an overdose tracking and response system was created to inform decision making and enable the deployment of outreach workers to the scene of an overdose/“hotspots.” D.C. is now able to use real-time overdose data to deploy five teams to respond to overdose spikes and is expanding their capability to provide comprehensive, real-time, and individual-level follow-up after an overdose through FEMS staff.

In July 2020, DBH launched Text to Live (text “LiveLongDC” to 888-811) so that individuals can receive information and a map about where to access treatment and free naloxone from pharmacies and community sites and can request delivery of naloxone. A series of follow-up text messages provide supportive messaging and encourage treatment through the network of community providers.

## Increasing access to treatment

### Community Response Teams

The STR/SOR grants support the DBH Community Response Teams, which are available 24/7 to help individuals access behavioral health services. Mobile units provide screening and MAT in high-need communities to meet clients where they live and socialize.

### Overdose Survivors Outreach Program

In FY 2020, 489 individuals had buprenorphine initiation at six of the District’s FQHCs, a community health clinic, and a university health clinic. There were 210 individuals who received MAT through the hospital emergency departments, and those who overdosed and refused treatment have been followed by a peer for 90 days.

### My Rides Program

Getting access treatment is easier through the new My Rides program that is providing free on-demand transportation to individuals’ initial treatment appointments and appointments to reengage clients in treatment.

### Buprenorphine Assistance

If an individual is uninsured or underinsured, they can get buprenorphine through the Buprenorphine Drug Assistance Program (BUPDAP), which has served 353 enrollees to date.

## Crisis Services

D.C. is diverting clients from high-end services by creating OUD crisis beds where individuals are provided a stable and secure environment and can also receive MAT induction and clinical observation. D.C. is planning for a stabilization and sobering center.

## HIV and Hepatitis C

D.C. supports three programs that provide integrated MAT and HIV/HCV treatment.

## Supporting long-term recovery

The STR and SOR grants have supported recovery support services, including the development of four peer-operated centers to provide recovery resources and peer-led programming, environmental stability (6 months of housing), recovery housing (e.g., Oxford House), and Supported Employment.

Addressing the physical health of individuals and having an integrated model are key to recovery, and these objectives are being supported through partnerships between OTPs and medical clinics that teach clients about diabetes, high blood pressure, etc., and wellness activities (e.g., stress management, aromatherapy, relaxation techniques, connection to the environment).

D.C. is using peer support specialists in multiple settings (e.g., community outreach, hospitals, OTPs, and FQHCs) to foster engagement and service connection. D.C. has combined all hospital-based peer services into one program to allow for the same peer to be engaged with an individual as they navigate through the hospital and 90 days post-discharge.

D.C. is also identifying and coordinating care for individuals with complex needs/high numbers of overdoses to support them to stay engaged with treatment and recovery. They are connecting all certified providers to the DC Health Information Exchange to facilitate coordinated care.

## Serving special populations

D.C. continues to increase outreach and access to communities hardest hit by overdose deaths and nonfatal overdoses, including the older African American male population, through community-based and faith-based outreach initiatives. D.C. continues to collaborate on ways to increase access to quality OUD and stimulant use disorder treatment for specialty populations, including pregnant and parenting individuals, individuals in long-term care/skilled nursing facilities, youth, and individuals involved with the criminal justice system.

## Homeless

D.C. is implementing a Housing First team that works to get individuals with OUD experiencing homelessness into the housing system while also providing harm reduction through naloxone distribution.

## Justice-involved

The funds allowed for increased access to treatment in multiple settings, including the jail. D.C. supports the criminal justice population by offering all three forms of MAT and creating two therapeutic SUD units at the D.C. Jail, and has developed supports for a successful discharge into the community including reentry workforce development, care coordination, and recovery housing.

## Demonstrating outcomes for a healthier future

### STR Key Accomplishments:

- Designed an OUD prevention social marketing campaign focused on prescription opioids for youth and young adults and one targeted at older African American males who use heroin. The adult campaign reached 2,786 individuals through planned prevention activities.
- Placed five clinical care coordinators (CCCs) at three OTPs and one private Medicaid-participating office-based opioid treatment center (OBOT) that served 1,044 clients. OTP-based CCCs/peers helped 46 individuals obtain vital records, 70 obtain food/income benefits (e.g., SNAP [Supplemental Nutrition Assistance Program]), 25 obtain durable medical equipment, 16 obtain health insurance, 12 receive utility assistance, 13 obtain a job, 8 obtain permanent housing, 14 obtain temporary housing, 1 obtain a child care voucher, and 118 receive transportation assistance.
- Individuals receiving MAT had improved access to primary care. Through December 2018, the STR-funded OBOT conducted 553 well exams, performed 773 EKGs, administered 53 vaccines, conducted 622 tuberculosis screenings, provided 176 podiatry care visits, and performed hepatitis C testing and/or provided hepatitis C treatment for 595 clients.

#### **SOR Key Accomplishments (FY 2020):**

- 3,985 clients received treatment services supported by SOR. Of the clients receiving these services: 1,597 clients received methadone, 1,607 clients received buprenorphine, and 501 clients received injectable naltrexone; 941 clients received recovery support services; 31,917 naloxone kits were distributed; and 954 successful opioid overdose reversals were reported. D.C. is on target to distribute 50% more naloxone kits in FY 2021.
- Of the 50 individuals who accessed opioid crisis stabilization beds, 32 of them were successfully enrolled in community-based services and supports and 2 clients were referred and admitted with MAT induction.
- The four peer-operated centers, which were operational March 2020, served 11,339 individuals and conducted 729 group sessions led by a peer support worker.
- Oxford House provided recovery housing to 67 DC residents with OUD.
- A total of 22 DC residents with OUD were enrolled in two Supported Employment programs, with 19 of these individuals simultaneously receiving MAT.
- The outreach teams accomplished the following in FY 2020:
  - The Rapid Peer Responder team made 6,201 client contacts and distributed 4,484 naloxone kits.
  - The DC Health Specialized Street Outreach Teams linked 64 persons who inject drugs (PWIDs) to MAT services. Also, 303 individuals experiencing homelessness, some of whom could be PWIDs, were linked to MAT.
  - The DBH Health Specialized Street Outreach Teams conducted 7,029 face-to-face outreach engagements with individuals experiencing homelessness.
  - As of June 2020, the Homeless Opioid User Supportive Engagement (H.O.U.S.E.) Initiative team started outreach services. The team engaged 1,727 individuals experiencing homelessness and completed 20 new Service Prioritization Decision Assistance Tools (SPDATs) for homeless individuals (who did not already have a completed SPDAT), in order to get them on a list for housing.

- In FY 2020, there were 1,657 individuals seen through the emergency department MAT program with suspected opioid overdoses, of whom 404 were referred to the Overdose Survivors Outreach Program. Peer recovery coaches successfully engaged with 97% of these opioid overdose survivors, referred 26% of them to treatment, and referred 52% of them to support services. Of the 101 who were referred to treatment, 67% were linked to treatment (i.e., attended and completed the first session at the treatment provider).

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