

Addressing Opioid Misuse and Use 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 SAMHSA 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): Georgia Department of Behavioral Health and Developmental Disabilities

In FY 2017 and FY 2018, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) received a total of \$22 million in STR funds. From FY 2018 through FY 2020, the state received a total of \$78.2 million in SOR funds.

Overview of Georgia’s efforts to address opioid misuse and use disorders

DBHDD has used STR and is currently using SOR funds in a variety of ways to reduce opioid overdose deaths, meet OUD treatment needs, and provide safe and supportive communities to individuals returning from treatment by:

- Bringing the Strategic Prevention Framework (SPF) model into several high-risk counties
- Providing naloxone training and distribution to communities, recovery support centers treatment providers, and first responders
- Providing access to MAT for the uninsured and underinsured
- Supporting the operation of several recovery support centers
- Providing recovery coaches in eight hospitals
- Supporting a warmline that is open 365 days a year from 8:30 a.m.–11 p.m.
- Offering recovery peers to support individuals with maintaining their recovery after completing a MAT program

Innovative service delivery models

- Expansion of MAT coverage in outpatient programs
- Recovery Community Organizations (RCOs)
- Peer recovery coaching in emergency departments
- Statewide Sources of Strength (SOS) initiative

Building workforce capacity

DBHDD understands the importance of having all the community leaders on board and speaking the same language when it comes to OUD. The task to accomplish this is huge and ongoing. Achieving this goal has led to trainings developed for judges, physicians/physician assistants, correction officers, community supervision officers, social workers, counselors, and peer support staff.

Before the end of this grant year, DBHDD will hold trainings for 600 individuals in the fields of first responders, faith-based leaders, courts, corrections, community supervision, and Division of Family and Children Services. The trainings will provide valuable information on addiction as a brain disease, naloxone administration, and an introduction to the services provided by our treatment and recovery providers in their area. The state knows that providing these stakeholders with information and resources will help to diminish stigma while also empowering them with tools for those they serve.

DBHDD will also host a 5-week training facilitated by Hazelden Betty Ford for counselors on the Living in Balance curriculum. This training not only encompasses a comprehensive and practical guide for conducting group and individual treatment sessions for people who have substance use problems, but it will also address self-care for counselors, families in recovery, and living in balance for supervisors.

Collaborating with public and private entities

DBHDD acknowledges that the gravity of the work to reduce the number of overdose deaths, providing access to those needing treatment, and increasing the availability of recovery support in communities throughout the State cannot be accomplished by one agency. Therefore, DBHDD has partnered with the following organizations in order to address opioid addiction and overdose in a collaborative way:

- Department of Corrections/Community Supervision—to advise about addiction as a brain disease and how to provide support to those with OUD returning to communities, and to help them feel empowered with information and resources to assist those in their program.
- Council of Accountability Court Judges—to teach that addiction is a brain disease, why treatment cannot be limited to one medication, and the challenges and triumphs of having a MAT program within an accountability court.
- Division of Family and Children Services—to teach that addiction is a brain disease, the challenges of providing support to a parent with OUD, and the resources available to assist individuals that may need treatment or connection to a recovery support center.
- Department of Public Health—to provide strong support in the development of the state strategic plan on the opioid epidemic, sharing information regarding trainings throughout the state and gaps in coverage, and education on ways to collaborate to reduce overdose deaths and provide greater recovery support.
- Physicians at various hospitals—to provide the required three (3) Continuing Medical Education units through education on the risks and known benefits of treating pain with opioids, addiction

as a brain disease, and identifying and educating patients at greater risk for addiction.

- Provider network—to provide training on improving communication around substance use disorders, improve cultural competency, increase appropriate recovery language awareness, and reduce stigma.
- Georgia Council on Substance Abuse—to launch a statewide project titled “Georgia Recovers.” This project consists of billboards and videos of people who have recovered from substance use disorders sharing their stories.
- Clinton Foundation—to implement two 9-month training series for faith-based leaders: one in Metro Atlanta, which was completed, and one in the northeast area of the state, which is ongoing. These faith leaders from various religions conduct community engagement projects to educate their community and congregants about the opioid crisis.

Preventing opioid misuse before it starts

A public service announcement (PSA) was developed and displayed in theaters statewide as a part of a media campaign under the SOR grant. The name of the campaign was “It Takes a Village.”

DBHDD has also had virtual community showcase events on Zoom, YouTube, and Facebook Live. The key messages were:

- **Good Samaritan:** Georgia’s 9-1-1 Medical Amnesty Law (don’t run, call 911)
- **Naloxone Availability:** raise awareness for Georgia’s citizens about utilizing naloxone to reverse overdoses.
- **Advocate for Self:** the importance of speaking with your doctor or health care provider about your family history, predisposition, or any aversion you may have to taking opioids.
- **Safe Storage and Disposal:** the importance of safely storing and disposing of opioids and other prescription medication.
- **Getting Help:** the importance of calling the Georgia Crisis and Access Line phone number to get help with addiction to opioids, other substances, and mental health help.

Under SOR, Georgia has designed an evidence-based media awareness campaign utilizing a positive social norms model to promote positive changes in community norms surrounding opioid misuse. The state has developed multiple static image PSAs, multiple moving image PSAs, and several radio ads (English & Spanish), along with brochures, flyers, posters, and other printed materials. These developments have had the following impact:

- Ongoing showings of opioid PSAs in movie theaters statewide.
- Ongoing placement of opioid PSAs statewide on public television during high school football games.
- Airing radio PSAs statewide on multiple radio channels.
- Opioid messaging placed on billboards statewide.
- Opioid messaging placed on buses, bus stations, light rail, and bus stops across the entire Atlanta metropolitan area.
- A cumulative total of over 90,609,550 impressions through all above-mentioned media as of April 20, 2020.

Statewide Sources of Strength Initiative

Ten schools in each of the six service regions (total of 60 schools) throughout Georgia will implement the SOS evidence-based prevention program designed to harness the power of peer social networks to change unhealthy norms and culture, and ultimately prevent substance use, suicide, and bullying. The following are accomplishments from SOS:

1. DBHDD has fully certified 13 trainers for sustainability.
2. Over 50 schools are in some form of implementation of the SOS curriculum, despite difficulties that arose during COVID-19.

Georgia also developed and piloted a program in which a college in an identified high-need area will adopt a nearby high school for mentoring and implementing substance abuse prevention strategies. College students will be recruited and trained as mentors to work through the SPF process in implementing a substance abuse prevention strategy and a host of skill-building activities with at-risk students in the nearby school:

- All six colleges (one in each DBHDD service region) are onboarded and currently in implementation.
- The high schools are onboarded and are in some stage of implementation through the mentorship program with the colleges.

DBHDD will also work with the City of Atlanta in collaborative effort to address the opioid crisis:

- DBHDD partnered with the Mayor of Atlanta's office to conduct a Women's Wellness Summit.
- DBHDD partnered with the City of Atlanta's top three most populous recreation centers to implement prevention programming.

All these initiatives were aimed at preventing opioid misuse and reducing opioid overdose deaths.

Overdose reversal efforts: saving lives

The DBHDD Office of Behavioral Health Prevention uses federal grants to train and distribute kits to first responders throughout the state. DBHDD has achieved the following results:

- 2,678 first responders trained between October 1, 2018, and September 29, 2020
- 690 first responders trained between October 1, 2020, and May 10, 2021
- 690 naloxone kits distributed to first responders between October 1, 2020, and May 10, 2021
- 142 out of 159 counties trained as of May 10, 2021
- 36 reversal reports submitted by first responders/public safety officers (29 successful, 5 unknown outcomes, and 2 deaths) from October 1, 2018, until May 10, 2021

Increasing access to treatment

The SOR grant allowed DBHDD to greatly increase availability of MAT. The funding has helped the State add the following MAT programs, which has resulted in 1,651 individuals being served:

- 24 residential beds dedicated to individuals receiving MAT
- 2 beds for women only in residential MAT program
- 5 additional detox beds for OUD clients only
- 9 outpatient programs throughout the state

The SOR grant allowed DBHDD to add 11 more outpatient programs of MAT services in areas with gaps in coverage, which has resulted in another 200 individuals being served. DBHDD also added transitional housing in a rural area.

Supporting long-term recovery

DBHDD recognizes the importance of strong recovery community support and believes that the opposite of addiction is connection. To provide more recovery support, DBHDD partnered with providers to perform the following services:

- A warmline that is open 365 days a year from 8:30 a.m. to 11 p.m.
- Training for all recovery residences that are a member of the Georgia Association of Recovery Residences on the many pathways to recovery
- Recovery coaches in eight emergency rooms
- Operational support of five RCOs
- Approximately 28,000 individuals have received recovery support services
- Medication Supported Recovery trained 18 peers that have been or are in a MAT treatment program

Serving special populations

DBHDD has targeted the LGBTQ community as a special population to provide access to MAT. The state has contracted with a provider who has worked with the LGBTQ population that is homeless and in need of infectious diseases education and care.

Demonstrating outcomes for a healthier future

The services that DBHDD has offered since the inception of the STR grant have proven to reduce opioid overdose deaths, increase access to MAT need, and provide strong recovery support for those with OUD. Through the funds from STR/SOR, the state has seen an increase in overdose reversals, more people receiving treatment, and communities that are able to support individuals with OUD by meeting transportation, housing, employment assistance, and other needs to aid in a successful recovery. The state provides outcomes data on prevention, overdose reversal, treatment, and recovery (see above) in the sections that address these issues.

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