

# 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) grants. The STR grant 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 grant 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 to FY 2020, states, territories, and jurisdictions received a total of \$4 billion in SOR grants.

## Single State Agency (SSA): Maryland Department of Health

In FY 2017 and FY 2018, the Maryland Department of Health (MDH) Behavioral Health Administration (BHA) received a total of \$20 million in STR funding. From FY 2019 through FY 2021, the state received a total of \$134.4 million in SOR funding.

## Overview of Maryland's efforts to address opioid and stimulant misuse and disorders

The STR-funded Maryland Opioid Rapid Response (MORR) grant is strategically aligned with the goals of Maryland's Opioid Operational Command Center (OCCC), established by an Executive Order as a part of Governor Hogan's 2017 Heroin and Opioid Prevention, Treatment, and Enforcement Initiative. STR funding from SAMHSA has allowed BHA to enhance and expand efforts to address Maryland's opioid crisis and fulfill the state's overdose response priorities. The primary statewide overdose response goals for this initiative are to prevent opioid misuse and addiction through enhanced prescriber practices and public awareness, treat opioid dependence by expanding treatment and increasing quality, prevent overdose fatalities through naloxone expansion, and expand recovery supports in the community.

Maryland's State Opioid Response (MD-SOR) builds on the efforts of the STR grant and is designed to continue to increase the capacity of local service delivery systems to provide coordinated and integrated evidence-based prevention, treatment, and recovery support services to individuals who have an OUD

and other co-occurring substance use disorders (SUDs). With the implementation of MD-SOR, individuals with an OUD are being reached with increased access and enhanced services to reduce unmet treatment needs, create links to physical health care, and design primary and secondary prevention methods with an emphasis on peer and other recovery supports. The goals of the MD-SOR initiatives are:

- Increase access to MAT
- Reduce unmet treatment needs
- Reduce opioid related–overdose deaths through evidence-based prevention, treatment, and recovery support services
- Support evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine

## Innovative service delivery models

The State employs several service delivery models to identify and engage those in need of services. They include:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Adolescent Community Reinforcement Approach (A-CRA)
- Expansion of MAT services in residential SUD treatment facilities
- Expansion of MAT services in prisons and detention centers
- Safe Stations
- Recovery residences for young adults
- Medical Patient Engagement Initiative within skilled nursing facilities
- Adolescent clubhouses
- Medication adherence technology in Opioid Treatment Programs (OTPs)
- Hub-and-spoke model

## Building workforce capacity

### Maryland Addiction Consultation Service (MACS)

MACS provides free technical assistance to prescribers with clinical questions; and provides resources, referral information, education, and training opportunities related to SUD and chronic pain management; and assists in the identification of addiction resources that address the needs of the SUD community.

### Start Talking Teacher Training

The Start Talking Teacher Training is designed to address the need to provide high-quality, relevant, effective, and age-appropriate heroin and opioid use prevention education in the school system. With SOR funding, BHA has partnered with the Maryland State Department of Education (MSDE) to provide an estimated 2,300 educators statewide with prevention education and best teaching practices. This online training will assist educators in providing a more effective response to school-age youth who are at risk of, or are currently in recovery from, substance use and/or co-occurring mental health disorders and SUDs.

Currently, a 30-day pilot training is being delivered to MSDE from Maryland Public Television (MPT). After the pilot training is completed and modifications are made based on feedback from the pilot training, elementary school educators will be trained.

### **Workforce Development and Training: MAT Training**

This initiative to provide MAT training started under the STR grant and has expanded across Maryland. Ongoing training and technical assistance for health care professionals and paraprofessionals is offered through this initiative. This training will enhance knowledge and skills, will outline evidence-based practices for using MAT with various populations in a variety of settings, will reduce negative opinions toward the use of MAT, and will reduce stigma of those with an OUD. Funding supports up to 55 MAT trainings throughout the state.

### **Historically Black Colleges and Universities (HBCU) Behavioral Health Student Expansion Programs**

The HBCU Behavioral Health Student Expansion Program provide specialized training, coaching, and mentoring support to students enrolled in behavioral health–related programs to increase the future workforce and ensure they have the skills, knowledge, and abilities to perform the job duties upon entering the workforce. Morgan State University, University of Maryland Eastern Shore, Coppin State University, and Bowie State University are grant recipients.

### **Substance Use Disorder Workforce Expansion (SUDWE)**

This program allows the University of Maryland School of Social Work to expand their reach of workforce development programs to two other MSW programs in Maryland — Salisbury State University and Morgan State University. It offers a 1-year fellowship to advanced-standing MSW students: students who have received a Bachelor’s of Social Work (BSW) from an accredited program and who apply and are admitted to an accelerated master’s program which can be completed in 1 year. SUDWE will provide advanced-standing students with specialized SUD-related training to better engage and equip students to participate in the workforce.

## **Collaborating with public and private entities**

STR and SOR funding supported treatment and prevention programs that are being implemented in collaboration with the local health departments (LHDs); local addiction authorities; local behavioral health authorities; local hospitals; medical prescribers; detention centers; colleges/universities; elementary, middle, and high schools; emergency medical technicians (EMTs); fire departments; faith-based and community-based organizations; local SUD providers; Maryland Public Television (MPT); and local professional athletes.

## **Preventing opioid and stimulant misuse before it starts**

### **Education and public awareness**

#### **Student Assistance Program (SAP)**

STR funding provided training and implementation support to middle and high school staff to better identify and respond to youth who are at risk of or currently using substances. Through SOR, this initiative has advanced locally and federally funded OUD prevention efforts by strengthening and educating the school staff to be able to screen for OUD by using the SBIRT framework. By learning to use

this screening framework, school nurses and counselors statewide have been equipped to better identify, engage, and refer students currently using or at risk of using opioids. SAP has also enhanced current school efforts to better prepare school staff to engage with students using the Botvin *LifeSkills* evidence-based substance use prevention curriculum to educate and inform students through three program components: (1) drug resistance skills training; (2) personal self-management skills; and (3) general social skills. Tele-psychiatry consultation is a critical component of the SAP initiative and is needed to address gaps in services for schools in rural communities that are challenged with difficult SUD cases and lack access to a psychiatric consultant.

### **Public Awareness**

STR funds were used to create and disseminate initial public awareness campaigns statewide. Two of Maryland's initial campaigns have received national recognition: the "Talk to Your Doctor" (TTYD) campaign and the anti-stigma campaign. Multiple video and audio public service announcements (PSAs) were created and aired throughout the state, including in movie theaters, print, billboards, and transit. In addition to these activities, Maryland's Good Samaritan Law also was promoted statewide. STR year 2 allowed the state to expand the initial campaigns and to add "Be a Hero: Save a Life With Naloxone" and the "Dangers of Fentanyl" campaigns. STR funding allowed MDH to create and distribute digital messaging for all of the campaigns. The NFL Baltimore Ravens team provided a player to support multiple campaigns, making Maryland one of the only states to involve representation from a national sports team.

Through SOR funding, campaigns were not only modified and re-released, but new methods for providing lifesaving messages were created. TTYD messages are in multiple medical waiting rooms and in stores with pharmacies across the state. All campaigns were also on gas station pump screens. The state also partnered with Maryland's Higher Education Commission to bring campaigns to over 40 two- and four-year higher education institutions.

## **Overdose reversal efforts: saving lives**

Through STR funding, MDH successfully launched Advancing Cross-Cutting Engagement and Service Strategies (ACCESS), a website dedicated to making naloxone and funding for harm reduction projects available to LHDs and nonprofit organizations. Additionally, grants have been made available to local organizations to implement harm reduction strategies with the goal of: (1) increasing the number of programs that engage people who use opioids and are at risk for overdosing, (2) work to decrease risk, and (3) reduce the negative consequences of opioid use.

## **Increasing access to treatment**

### **Expansion of MAT Services and Crisis Bed Expansion**

Maryland implemented a statewide buprenorphine access expansion plan to broaden the reach for individuals in need of MAT, and American Society of Addiction Medicine (ASAM) level 3.1 residential treatment providers were expanded in STR. The embedding of crisis services co-located within ASAM level 3.7 residential SUD treatment facilities provides short-term stabilization services, enhances already existing withdrawal management services, and expands access to treatment and recovery support service availability, including buprenorphine inductions and care coordination by Certified Peer Recovery Specialists (CPRSs). Additionally, SOR funding provides expanded access to MAT in detention centers,

allowing inmates to be both stabilized for OUD while incarcerated and have access to MAT prior to release to decrease the likelihood of potential relapse/overdose.

### **24/7 Crisis Walk-in Centers**

SOR funding has established and expanded walk-in centers and services in eight jurisdictions to enhance the availability of crisis services. These walk-in centers provide screening, monitoring, crisis stabilization (including linkages to crisis beds), care coordination, peer recovery services, MAT, and transportation assistance to ensure warm handoffs to the appropriate level of care. The centers operate 18–24 hours a day, 7 days a week, 365 days a year, and are staffed by a dedicated crisis response team composed of a licensed substance use professional, a registered nurse (RN), and a peer recovery support specialist. Medical consultation is also available via telehealth. The centers serve adults who have an OUD or were recently revived from an overdose, and do not need emergency medical care and can be safely served in a community setting.

### **Safe Stations**

SOR funding supported the establishment and/or expansion of Safe Stations in four Maryland jurisdictions. Safe Stations offer easy access to services, because individuals have the ability to walk into a police or fire station and obtain assistance and linkages to services. Everyone is screened and assessed for an OUD by a mobile crisis team and referred to appropriate services. Local partnerships provide referral pathways from a wide array of sources, such as police and fire departments, emergency medical services (EMS), State’s Attorney’s offices, primary care providers, and mental health agencies.

### **Opioid Use Disorder, Medical Patient Engagement, Enrollment in Treatment & Transitional Supports (OUD MEETS)**

This initiative employs care coordinators to work with existing addiction consultation services in area hospitals to assist in connecting patients induced on MAT therapy during their hospital stay to outpatient community opioid treatment providers. The care coordinators and relevant staff from the provider follow identified patients through the sub-acute rehabilitation stay and enroll them into OUD treatment, provide MAT as medically appropriate, and continue to engage and treat patients following discharge from the sub-acute rehabilitation facility.

### **Electronic Mobile Comprehensive Health Application (emocha)**

Emocha is a mobile health platform designed to improve medication adherence using video technology and human engagement through the Centers for Disease Control and Prevention (CDC)–endorsed model called Directly Observed Therapy (DOT), by which health care workers watch patients take every dose of medication, monitor side effects, and provide critical support. Using the application, OTPs that offer both methadone and buprenorphine monitor medication adherence.

### **Pill Dispensers for OTPs**

The use of electronic pill dispensers for take-home methadone is a new method for dispensing methadone. This pill dispenser will be used to increase the capacity of the number of methadone take-home doses dispensed to patients in a way much safer and more secure than usual care methadone take-home dispensing strategies.

The pill dispensers have multiple safety and security features and contain an internal modem that continuously communicates with the remote management program that will be established within the

OTP. The box secures each day's dose(s) in separate compartments that remain locked until it is time for the patient to take their medication. At that time, the box unlocks that particular dose compartment and provides multiple visual and (as an option) auditory reminders to patients to take their dose each day during a specified time window, which was established by the patient and OTP. The box will automatically contact the OTP if the dose is not removed from the box during that time. The box will also automatically contact the OTP to inform of any attempts, by anyone, to forcibly access medication in other trays (for other days).

### **Hub-and-Spoke Model**

This initiative involves identifying patients within the spokes (buprenorphine prescribers) who are having challenges and placing them in hubs (OTPs) to become stabilized with SUD counseling, group and individual sessions, urinalysis monitoring, care coordination, and peer encounters. The goal is to decrease illicit opioid use, overdose and overdose deaths, and illegal activity and involvement in the criminal justice system while increasing overall life satisfaction. Six jurisdictions have been funded to support this effort.

## **Supporting long-term recovery**

### **Adolescent Community Reinforcement Approach**

A-CRA is an evidence-based intervention designed to identify and increase relevant family, social, and educational/vocational support that assists adolescents in active recovery from their dependence on opioids. Maryland has 64 A-CRA trained clinicians, 10 certified A-CRA clinicians, and 5 certified A-CRA supervisors across the state of Maryland. Through SOR, this initiative has expanded the number of newly trained and certified clinicians statewide.

### **Intensive Care Coordination**

Grants have been provided to local jurisdictions to provide Intensive Care Coordination and recovery support services to individuals who are at high risk of an overdose, are high utilizers of the emergency department (ED), have repeat admissions to recovery housing, and are high utilizers of SUD residential treatment facilities. Intensive care coordinators will also provide assistance with warm handoffs for individuals needing access to MAT who may have been recently released from a local detention center or prison. Overall, five jurisdictions were awarded grants to provide these recovery support services.

### **Recovery Residence Certification Process Improvement and Expansion**

Under state law, BHA was selected to serve as the credentialing entity to develop and administer a process for the certification of recovery residences in accordance with nationally recognized certification standards established by the National Alliance for Recovery Residences (NARR). Maryland currently has 216 certified recovery residences.

STR funding provided training on the NARR standards for peers, frontline personnel, and field inspectors, with an emphasis on supporting recovery and resiliency. Training was provided on the impact of trauma, cultural awareness, and MAT. SOR funds continue to support NARR training for certified recovery residences. BHA will also allocate funding to 12 jurisdictions to provide funding to develop or expand recovery housing for individuals who have an OUD.

### **Adolescent Clubhouses**



The adolescent clubhouse is a recovery-oriented activity that provides recovery support and continuing for youth ages 12–17. Adolescents appropriate for admission are currently at risk for or receiving treatment for SUD, including OUD, or have been discharged from treatment. Each unique clubhouse uses evidence-based and promising practices to provide screening, intervention, and recovery support to adolescents. Through various approaches to substance use intervention and recovery, the clubhouse's recovery-oriented model supports diminishing triggers and cues that led to past SUD and uses youth-driven activities to engage adolescents in more enriching and healthy ways.

### **Recovery Residences for Young Adults**

Recovery residences for young adults extend (6– 15 months) housing support that facilitates access to relapse prevention medications (e.g., methadone, buprenorphine, and naltrexone) for young adults ages 18–26. These young adults are either currently receiving MAT or have expressed an interest in receiving MAT. While residing in this environment, young adults will have access to recovery support services such as coordination of care, assistance with establishing linkages to vocational and educational support services, and transportation.

### **Workforce Development for Persons in Recovery**

The MDH/BHA and the Maryland Department of Labor, Licensing and Regulation (DLLR) are committed to providing workforce services to help counter the negative impacts of the opioid crisis on Maryland's workforce and economy. In SOR, in partnership with DLLR, BHA utilized \$200,000 to award small grants through DLLR's Opioid Workforce Innovation Fund (OWIF). This funding provided workforce-related activities for 30 individuals who had been directly or indirectly impacted by the opioid crisis. The types of services provided through this project included basic career services, individualized career services, training and work-based learning models, and supportive services.

As a part of the Workforce Development for Persons in Recovery initiative, BHA will also offer a peer certification expansion fund through the Maryland Addiction and Behavioral-Health Professionals Certification Board to cover costs associated with the CPRS credential. This allows financial support for up to 100 individuals working toward this certification and will increase the number of credentialed behavioral health professionals in the state. BHA will also provide funding for a CPRS training expansion program, which provides 11 free trainings that offer Continuing Education Units for those seeking the CPRS credential.

## **Serving special populations**

Special populations targeted through SOR funding include individuals who are deaf and hard of hearing; those who are involved in the criminal justice system; pregnant and postpartum women; university/college-age individuals; elementary, middle, and high school students and their families; patients in acute medical facilities or nursing homes with medical conditions after experiencing an acute OUD episode; those who are homeless; veterans; and minority and Tribal communities.

### **Sign Language Interpreters Initiative**

This initiative employs outreach/sign language interpreters to work with an addictions service provider treatment team for deaf individuals, filling a critical gap in services for individuals who have an OUD. It helps to deliver culturally and linguistically appropriate SUD services by staff fluent in visual language communication and certified in American Sign Language (ASL). This initiative will also provide interpretive services for residential SUD consumers, interpretive services for individuals attending

community meetings such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Additionally, having an outreach worker/interpreter will allow individuals to be linked to OTPs, health homes, and other medical services.

### **MAT in the Criminal Justice Setting**

Across the state, Maryland's prison and detention center leadership understands the risks associated with the possible overdose and relapse of individuals recently released from incarceration. The use of MAT at the time of reentry into the community decreases the chance that individuals will relapse or overdose. Some form of MAT currently exists in detention centers in 14 of the 24 Maryland jurisdictions. SOR funds were used to expand MAT, using FDA-approved medications in the remaining 10 Maryland jurisdictions, and to provide screening and peer support services.

### **SBIRT (Hospital EDs, Mother-Baby Units and Feeder OB/GYN, College/University Health Centers, K–12 School Health Centers)**

With SOR funding, MDH has successfully partnered with a consulting firm, the Mosaic Group, to implement several comprehensive SBIRT programs. Maryland's Comprehensive Hospital Based Opioid Response Program includes the combined use of SBIRT, Overdose Survivor Outreach Program, hospital-based buprenorphine induction, and peer recovery specialists in hospital EDs. SOR funding has permitted these efforts in eight Maryland EDs. Efforts under SOR funding have expanded SBIRT and peer recovery coaches to four hospital mother-baby units and their respective OB/GYN feeder practices in Maryland jurisdictions with the most cases of Neonatal Abstinence Syndrome (NAS). Additionally, SOR funding in Maryland has helped to implement SBIRT in three college health centers, two K–12 public school health centers, and nine pediatric practices.

### **Healthy Beginnings**

Healthy Beginnings is an initiative committed to reducing infant mortality, preterm births, and low-birth-weight babies, particularly in vulnerable populations with OUD who may also have a lower socioeconomic status, be at high risk for infectious diseases such as HIV and hepatitis, and/or be at risk for unplanned pregnancies. Women are assessed for having an OUD and are provided with appropriate treatment recovery support services or referrals. Through direct provider-to-provider communication and case management, substance use and obstetric care are coordinated, as is peripartum and postpartum pain management to avoid unnecessary opioid prescribing. This initiative includes follow-up by a CPRS and a reproductive health RN. Transportation is often provided for women to access treatment and recovery support services in the community. Both the CPRS and the RN make regular community visits to participating individuals who are enrolled in a residential treatment facility in Calvert County, as well as in neighboring St. Mary's County and Charles County.

### **Minority Outreach and Technical Assistance (MOTA)**

The Office of Minority Health and Health Disparities (MHHD) within MHD is collaborating with nonprofit, community-based, and faith-based organizations to address the social determinants of health and eliminate health disparities. BHA provided SOR funds through a competitive process to MOTA programs currently being supported through MHHD that applied for funds to develop innovative and evidence-based approaches to provide outreach, information, education on opioid use, training, and prevention strategies, including naloxone distribution and harm reduction strategies. These



organizations serve as a linkage between disconnected population groups within communities and existing treatment and recovery resources available within the system of care.

### Tribes and Tribal Organizations

Under SOR, this initiative will provide Tribes and Tribal organizations access to culturally relevant and evidence-based support to address harm reduction strategies and/or risk factors related to OUD. This initiative will also implement prevention and education services including training of peers and the development of evidence-based community prevention efforts for stimulant use disorder.

## Demonstrating outcomes for a healthier future

### Public Awareness Campaigns

- The public awareness campaign ads have had 9,780,764 airings, placements, and screen plays, which made 392,719,634 million impressions upon the public to increase knowledge of the opioid crisis and where to go for help; 125,049 targeted emails opened; and 53,256 website clicks.

### Naloxone

- Through SOR funding and the ACCESS initiative, the MDH has provided 165,911 naloxone doses dispensed to 10 community-based or nonprofit organizations and 17 LHDs. There were 113,872 individuals trained in the use of naloxone with 30,106 refill doses dispensed. There were 2,559 opioid overdose death reversals.

### Treatment/MAT and Crisis Services

- 11,317 individuals were served in treatment settings.
- 2,978 engaged in MAT services and another 3,227 were referred to MAT through SBIRT.
- The MAT for the criminal justice population initiative is currently in nine jurisdictions.
- Crisis bed expansion includes five jurisdictions serving approximately 4,322 individuals.
- Six Maryland counties have established crisis stabilization centers in addition to the existing model in Baltimore City; these centers serve 4,731 individuals.

### Treatment Services - SBIRT

- In hospital EDs, 298,579 individuals were screened for OUD, and 2,981 were referred to treatment.
- Services are fully implemented in four hospital mother-baby units and their feeder OB/GYN practices; 52,272 individuals have been screened for an OUD, and 171 individuals were referred to treatment.
- In college and university health centers, 11,652 individuals were screened for an OUD, and 37 individuals were referred to treatment.
- There were two K–12 school health center sites with these services; the number of individuals screened year-to-date is 487; the number of individuals referred to treatment year-to-date is 10.
- 2,583 program staff have been trained in the SBIRT model year-to date.

### Prevention Services

- To date, 114,965 individuals have been trained in prevention methods to include A-CRA, Botvin *LifeSkills*, screening and brief intervention, naloxone and harm reduction.

### Technical Assistance

- 1,607 newly waived prescribers year-to-date
- 1,019 prescribers signed up for MACS
- 700 calls received to the referral line

### Recovery Support Services

- 19,191 individuals received care coordination
- 50,774 individuals received peer encounters
- 88,118 peer encounters overall

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