

# 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): Missouri Department of Mental Health

In FY 2017 and FY 2018, the Missouri Department of Mental Health received a total of \$20 million in STR funds. From FY 2018 through FY 2020, the state received a total of \$71 million in SOR funds.

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

The Missouri STR and SOR projects have expanded access to integrated prevention, treatment, and recovery support services for individuals with OUD throughout the state. The primary goals of the opioid STR/SOR projects include:

1. Increasing provider- and student-focused opioid and stimulant use and overdose prevention initiatives and programs;
2. Increasing access to evidence-based MAT for uninsured individuals with OUD, as well as nonmedical treatments for stimulant use disorders through provider training, direct service delivery, health care integration, and improved transitions of care;
3. Increasing the number of individuals with substance use disorders who receive recovery support services; and
4. Enhancing sustainability through policy and practice changes as well as demonstrated clinical and cost effectiveness of grant-supported protocols.

## Innovative service delivery models

- Pain management and OUD treatment ECHOs (Extensions for Community Healthcare Outcomes)
- Engaging Patients in Care Coordination (EPICC)
- Contingency management for stimulant use disorder initial treatment engagement
- Mobile application motivational coaching and education
- Recovery Community Centers (RCCs) with hybrid harm reduction outreach services
- Expansion of recovery housing

## Building workforce capacity

Missouri continues to expand the Certified Peer Specialist workforce by providing monthly trainings. Treatment agencies, RCCs, and housing providers have increased the utilization of Certified Peer Specialists to engage individuals in meaningful recovery. Annually, 21 Certified Peer Specialist trainings are conducted and over 700 peers are trained. There are currently 1,041 active Certified Peer Specialists in Missouri.

## Collaborating with public and private entities

The STR/SOR grants have leveraged prevention efforts through partnerships with existing coalitions and organizations to more broadly disseminate prevention resources. Partnerships include, but are not limited to, the Missouri Telehealth Network, Community Partnership of the Ozarks, PreventEd (previously NCADA), Big Brothers/Big Sisters, Missouri Alliance of Boys and Girls Clubs, Better Family Life, St. Louis Department of Public Health, Missouri Hospital Association, St. Louis Integrated Health Network, and The T (a St. Louis health education and resource center).

## Preventing opioid and stimulant misuse before it starts

### Education and public awareness

Prevention activities primarily center on improving youth resiliency and coping skills, as well as increasing awareness and decreasing availability of opioids and stimulants and providing the knowledge and skills to prevent, recognize, and respond to drug overdoses. These initiatives are largely led by local nonprofit agencies in high-risk areas. This includes training clinical providers and at-risk individuals on Overdose Education and Naloxone Distribution (OEND) practices and providing telemedicine didactic and consultation services to primary care providers treating chronic pain. The focus on the provision of evidence-based treatment services to uninsured individuals diagnosed with OUD who present for care to state-funded programs has driven the rigorous, multidisciplinary provider training and education on the medical treatment of OUD.

Additionally, prevention services focused on school- and college-age individuals have been expanded throughout the region. This has included implementation of the GenerationRx program throughout the state in efforts to reduce the use and misuse of prescription opioids in 12- to 25-year-olds, while the Positive Action program focuses on elementary-age children through the development of social-emotional skills. Finally, educational campaigns for college-age students and personnel at Historically Black Colleges and Universities (HBCUs) address the risks of substance misuse and provide overdose prevention information and other education about harm reduction principles and practices.

## Overdose reversal efforts: saving lives

Grants preceding STR/SOR focused OEND efforts on professional emergency responders and substance use disorder treatment agencies. The STR/SOR grants expanded OEND efforts to high-need populations and produced various educational materials for the public. Target populations for OEND staff include criminal justice-involved individuals, individuals who seek services at RCCs, faith-based communities, individuals who work in pharmacy settings, and individuals at open-air drug markets. Since 2017, 7,841 successful overdose reversals (lives saved) have been reported through Missouri's anonymous Overdose Field Report system (<https://mohoproject.org/results/>).

## Increasing access to treatment

### Medication First Approach

Missouri's STR/SOR team, in consultation with local, state, and national experts, developed and disseminated the Medication First treatment approach based off the Housing First approach to chronic homelessness. Agencies that provide OUD treatment services through the grant are required to deliver treatment in accordance with Medication First core principles: providing pharmacotherapy as quickly as possible, prior to lengthy assessments and treatment planning sessions, and without arbitrary tapering or time limits; continually offering but not requiring psychosocial service participation; and not discontinuing pharmacotherapy unless it is worsening the patient's condition. This approach was adopted by health care providers throughout the state and has gained national attention for succinct framing of evidence-based OUD treatment practices.

## Supporting long-term recovery

### Recovery Housing

The Department of Mental Health, in partnership with the Missouri Coalition of Recovery Support Providers, the National Alliance for Recovery Residences (NARR) affiliate, has certified 132 recovery houses, with over 1,300 beds available in MAT-friendly recovery houses across the state. To be accredited, houses must pass the NARR accreditation process and indicate their willingness to serve individuals receiving all forms of medical treatment for OUD.

### Recovery Community Centers

STR/SOR has funded four RCCs to provide OUD recovery support services. These RCCs are independent nonprofit organizations that mobilize resources to increase the prevalence and quality of long-term recovery. They help build recovery capital by providing advocacy training, recovery information, mutual-help or peer-support groups, social activities, and other community-based services. In 2020, Missouri RCCs served over 18,000 individuals despite facing struggles due to COVID-19. More than 9,000 of those served were individuals with an OUD. There are two RCCs in St. Louis, one in Springfield, and one in Kansas City.

### Family Support Services

Recovery Lighthouse provides family recovery services through SOR, which includes open support groups for families, family education workshops, family therapy, and connection to treatment.

## Serving special populations

Missouri continues to collaborate in innovative ways to increase access to quality OUD and stimulant use disorder treatment for specialty populations, including:

- Providing training and technical assistance on OUD care for pregnant and postpartum women,
- Providing peer-based linkage to care in the emergency room through the EPICC program,
- Launching a targeted contingency management initiative to address early engagement in stimulant use disorder treatment, and
- Increasing outreach and access to communities hardest hit by overdose deaths, including the African American population through community-based street-level and church outreach initiatives.

## Demonstrating outcomes for a healthier future

### Prevention

- The Pain Management ECHO has had 68 sessions since May 2017, with 393 unique participants and an average of 20.6 participants per session.
- The St. Louis County Department of Public Health has connected 365 people to opioid-related trainings since May 2017.
- The Community Partnership of the Ozarks has provided 8,500 students with GenerationRx training and has trained 420 individuals to be trainers since May 2017. PreventEd has provided 18,404 children with the GenerationRx training since May 2017.
- Since the start of the STR grant, and in collaboration with Missouri's prevention grant, 17,590 individuals have been trained in OEND, 58,641 boxes of naloxone have been distributed, and 6,570 lives have been saved as reported in the statewide Overdose Field Report system.
- The MO-HOPE Project has provided OEND training to 2,785 individuals in criminal justice settings, including both staff and individuals in the jail pre-release.
- The Clinical Guidelines for Opioid Prescribing and OEND Training for Healthcare Professionals initiative provides training to health care professionals, including pharmacists, pharmacy technicians, nurses, physicians, and students entering the health care fields. Through this initiative, 1,387 health care professionals have received training.

### Treatment

- *Treatment data dashboard:* The SOR team created a treatment data dashboard for providers and others who are interested to conveniently view treatment outcomes for the state and their agency populations across a variety of metrics: <https://opioidstr.mimh.edu>.
- *Medication utilization:* STR/SOR episodes of care (EOC) are more likely to involve OUD treatment medication than EOCs from years prior or those funded through other programs. The largest gains have been seen regarding the utilization of buprenorphine. In FY 2020, approximately 82% of SOR EOCs involved medications for OUD, compared with only 51% in other funded treatment programs. Approximately 68% of SOR EOCs involved buprenorphine, compared with 34% in non-SOR programs.
- *Quick access to medication:* There were significant decreases in the overall time to receive medication, and specifically buprenorphine, for STR/SOR EOCs relative to the year prior and non-

STR/SOR programs. Most buprenorphine EOCs in the STR/SOR program involved the receipt of buprenorphine the same day as their first billable service.

- *Telehealth*: Access to medication in rural areas increased due to increased utilization of telehealth services. The purchase of 60 total telehealth units to date (43 telehealth units purchased in year 1, 17 telehealth units purchased in year 2) has facilitated 26% of STR/SOR clients receiving treatment services through telemedicine platforms.
- *Treatment retention*: Overall treatment retention was significantly higher among STR EOCs relative to pre-STR EOCs (18% higher at 1 month, 18% higher at 3 months, 19% higher at 6 months, and 18% higher at 9 months). Increases were primarily driven by increased retention among treatment episodes that involved buprenorphine. Medication utilization improved treatment retention, with treatment episodes involving methadone demonstrating the highest rate of retention at each time point.

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.