

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 II 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.

Montana Department of Public Health and Human Services (DPHHS)

In FY 2017 and FY 2018, the Montana Department of Public Health and Human Service (DPHHS), received a total of \$4 million in STR funding. From FY 2018 through FY 2020, Montana received a total of \$14 million in SOR funds.

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

Prevention Goals and Initiatives:

1. Increase access to and educate on the value of using drug disposal bags among those receiving an opioid prescription.
2. Increase the number of emergency medical services (EMS) personnel, law enforcement personnel, and others trained in the use of naloxone.
3. Increase the number of EMS personnel, law enforcement personnel, peer support specialists, safe syringe programs, and others carrying naloxone for emergency purposes.
4. Collaborate with other partners to develop a health communications plan for delivering targeted prevention messages to identified audiences.

5. Increase access to the PAX Good Behavior Game (GBG) in Montana’s K–5 elementary schools as an evidenced-based primary prevention strategy to reduce opioid and substance use among youth.

Treatment and Recovery Goals and Initiatives:

1. Increase access to comprehensive, evidence-based MAT services for OUD. Under SOR and SOR II, this includes working with emergency departments and other hospital settings and detention facilities to plan for implementing MAT services.
2. Increase the number of Montana providers trained to use MAT.
3. Increase the number of individuals receiving MAT at provider sites.
4. Increase the number of individuals receiving peer support and recovery services at provider sites.
5. Increase the number of individuals trained to provide peer support and recovery services.
6. Adopt standards, policies, and procedures to promote quality recovery housing.
7. Train all State-approved behavioral health treatment providers in the value of MAT and their role in treating OUD.
8. Develop a pilot program with three county detention facilities to deliver MAT and/or treatment transition services for justice-involved individuals.
9. Increase access to evidenced-based treatment for underserved populations with stimulant use disorder and provide statewide trainings on Contingency Management (CM) and the Community Reinforcement Approach (CRA).
10. Pilot the TRUST (Treatment of Users of Stimulants) model in at least seven provider settings across Montana.

Innovative service delivery models

- **Prevention: Best Practice Medicine (BPM)**

Access to naloxone is an evidence-based harm reduction strategy, and the State is committed to increasing access to this lifesaving drug. Best Practice Medicine (BPM), a clinician-operated education team, offers the Naloxone Master Trainer course approved by DPHHS EMS and Trauma Systems for all transporting and non-transporting ambulatory, fire, and law enforcement agencies including in criminal justice settings and for peer support specialists and syringe support programs. Those who are trained as a master trainer can train others as authorized users.

- **Treatment: Evidenced-based treatment for stimulant use disorders**

Contingency Management is a positive reinforcement intervention whereby non-drug reinforcers (non-cash incentives) are offered to promote behavior change such as abstinence. CM incentives are contingent, immediate, tangible, and desirable and escalate with continuous improvement.

Community Reinforcement Approach is based on operant conditioning. CRA helps people rearrange their lifestyles so that healthy, substance-free living becomes rewarding and thereby competes with substance use. Practitioners encourage clients to become progressively involved in alternative non-substance-related pleasant social activities, and to

work on enhancing the enjoyment they receive within the “community” of their family and job.

TRUST is an integrated, research-supported, multicomponent program for the treatment of individuals with stimulant use disorder. TRUST includes the following strategies: motivational incentives (based on CM research), elements of cognitive-behavioral therapy, elements of CRA, and Motivational Interviewing skills; physical exercise and self-help/mutual support (e.g., 12-step; Moderation Management) program participation are encouraged.

- **Treatment: Evidenced-based treatment for OUD**

There are two primary MAT models used in Montana: (1) the hub-and-spoke model, typically used for treatment providers that are part of the same organizational and financial network; and (2) a network approach where MAT providers operate independently but are affiliated through the Montana Primary Care Association (MPCA) that provides training and technical assistance to health centers to improve access to high-quality, community-based, affordable care. In both models, MAT treatment includes medications, care coordination, and behavioral health services. Where possible, peer support services are also provided.

Building workforce capacity

Prevention: Training individuals to administer naloxone

BPM is coordinating the statewide effort to train and have naloxone master trainers located throughout Montana. This “train the trainer” model greatly expands the number of individuals (authorized users) trained to administer and carry naloxone in their communities. BPM has certified 689 master trainers in 47 of the 56 Montana counties, and the majority are members of the law enforcement and EMS workforce. As a result of their efforts, Montana has an additional 2,626 authorized users who can administer naloxone and are eligible to access the naloxone funded through the grants.

Treatment

The STR and SOR dollars were used to increase the number of Drug Addiction Treatment Act (DATA) waiver trainings offered in Montana, to educate the public and providers about the value of and need for MAT, and to address misinformation and stigma. Under SOR II, Montana has a local Providers Clinical Support System (PCSS) trainer to deliver the free MAT waiver trainings. This trainer is also a member of the comprehensive technical assistance team from MPCA. This training and technical assistance contractor focuses on educating the primary care and addiction workforce and provides intensive academic detailing to providers. In January 2017, 22 providers were registered on the SAMHSA Buprenorphine Practitioner Locator. As of March 2021, there were 182 providers, an increase of 160 individuals.

The SOR grants also focus on building capacity to deliver MAT services within contracted emergency departments / hospital settings and detention facilities. MPCA will support new contractors to develop a strategic implementation plan and deliver targeted trainings, such as MAT waiver training and Fundamentals of Addiction Medicine, to build organizational and professional capacity to implement MAT services.

Lastly, under SOR, the State in collaboration with MPCA and the Behavioral Health Alliance of Montana developed a comprehensive statewide workforce development plan to train MAT and State-approved treatment providers in CM and CRA for treating stimulant use disorder, and to train pilot sites in the

TRUST model. This workforce plan includes trainings, coaching calls, intensive technical assistance, and a robust evaluation plan.

Provider Education

STR/SOR have supported a contract with MPCA to develop and deliver trainings, technical assistance, and outreach to the provider community to educate them on the value of and their role in MAT treatment. The opioid funding has allowed DPHHS to continue to partner with MPCA to address the different levels of training needed over time. Phase I focused on delivering MAT waiver trainings, consulting with clinics to ready them to deliver or expand MAT and integrated behavioral health services, and educating clinics on billing and coding practices to sustain services. Phase II provided more site-specific support to MAT coordinators and their programs, to help them identify and address any systems obstacles that inhibited full integration into the clinic or agency. It also included providing more advanced education about MAT service provision at all levels. Phase III involves two new initiatives: (1) MPCA is leading the delivery of the CM, CRA, and TRUST trainings and technical assistance to address stimulant use disorder; and (2) MPCA is leading training and technical assistance for emergency departments/hospital settings and detention facilities to build capacity to deliver MAT services.

In FY 2020, 2,194 participants attended 192 educational events delivered by MPCA, including community meetings, MAT waiver trainings, substance use disorder (SUD) trainings, American Society of Addiction Medicine (ASAM) trainings, advanced skill trainings, and Screening, Brief Intervention, and Referral to Treatment (SBIRT) trainings. MPCA was also instrumental in organizing the delivery of two webinars by Dr. Richard Rawson in August 2020 to a statewide audience ($N = 163$) on Methamphetamine 2020: New Risks, Current Treatments.

Collaborating with public and private entities

Montana DPHHS continues to work with the Department of Corrections (DOC) on how to address MAT delivery within a criminal justice setting.

The SOR grants have supported collaboration with the Montana entities that received funding to support prevention, treatment, and recovery activities to address the opioid crisis. These include the Montana Hospital Association's Rural Communities Opioid Response Program; the Centers for Disease Control and Prevention (CDC) Overdose Data to Action grant; the Tribal Opioid Response grantees; the Montana State University Extension Office HRSE and SAMHSA grants; the Montana Farm Bureau; and the Adult Protective Services project that addresses opioid misuse.

Preventing opioid and stimulant misuse before it starts

Education and public awareness

Disposal Bags and Drop Boxes

The STR funds enabled the state to purchase drug deactivation bags that were distributed across Montana. This effort not only helped increase education on the value of safe storage and disposal, but also provided the public with an easy and environmentally friendly method of disposal. At the conclusion of the STR grant, over 183,000 bags were distributed across the state: 100,000 to prevention specialists in each of the 56 counties, who also educated their communities on the need for safe storage, use, and disposal of medications; 62,000 bags and educational literature to organizations that

served older Montanans such as Adult Protective Services, aging agencies, and senior centers; and 21,300 bags and educational literature in response to public requests for the bags.

In 2019, the Attorney General’s Office and DPHHS organized for and funded drug disposal drop boxes to be located throughout the state in an effort to prevent substance misuse. By the end of the STR grant, there were drop boxes in 54 of the 56 counties. The SOR grant continued to be one of many stakeholders that educate the public on the value of and how to use these drop boxes in their communities.

Integrating the PAX Good Behavior Game Into Elementary Schools

The PAX GBG continues to be implemented in all schools trained in the first year of SOR, and 16 additional schools will be trained by October 1, 2021. Trainings are being delivered to staff and community partners who will coach and support PAX GBG implementation in their schools. Sustainability coaches continue holding monthly meetings with PAX partners from participating schools to share ideas and problem solve implementation challenges. Implementation team trainings continue to be provided to Exemplar Schools that did not complete them in the fall, to ensure the understanding of and planning for utilizing implementation science in their implementation and sustainability plans.

Overdose reversal efforts: saving lives

Distribution Efforts

In 2017, the Montana Legislature passed House Bill 333, the Help Save Lives From Overdose Act, authorizing increased access to naloxone. As a result, DPHHS issued a statewide standing order for pharmacists to voluntarily utilize for dispensing naloxone prescriptions. The STR and SOR grant funding enabled the State to contract with a pharmacy to dispense free naloxone units to those who attended a BPM training or were trained by the growing number of master trainers. At the end of both the STR and SOR grants, 6,248 units of naloxone were dispensed to first responders, law enforcement, community organizations, treatment providers, and individuals across the state. Memoranda of Understanding (MOUs) have also been developed with harm reduction organizations to train and dispense naloxone to the individuals they serve. There are currently 20 MOU—16 with local organizations and one with the DOC for each of their four state-operated facilities.

Increasing Awareness

The SOR grants continue the collaboration with the managers of a CDC grant, MPCA, the Tribal Opioid Response grantees, and others to develop a plan to expand awareness about the value of using naloxone to save lives. Banik Communications has been contracted to produce the campaign “Reverse” and has placed paid media ads on Facebook, Instagram, and Snapchat, targeting all Montana ZIP Codes. Ads are redirected to a dedicated page, which houses information about the signs of an opioid overdose, how naloxone saves lives, and where to access naloxone. The campaign webpage currently ranks as the top-viewed page in the group of related State of Montana SUD-related webpages by more than 80% according to the MT SUD Task Force, MT Standing Order, OD in MT, and Methamphetamine summary.

Increasing access to treatment

Building Capacity to Deliver MAT

The opioid grants have used a strategic, phased approach to build organizational capacity to deliver quality MAT services. This approach started with focusing on delivering MAT waiver trainings and consulting with clinics to ready them to deliver or expand MAT and integrated behavioral health services. Phase II built on the earlier work and provided more intensive, site-specific assistance to establish programs and more advanced education about MAT service provision at all levels. Phase III includes an additional initiative to provide training and technical assistance for emergency departments/hospital settings and detention facilities to support them in building capacity to deliver MAT services Advocating for Comprehensive Evidence-Based Treatment

STR/SOR funding has helped providers build comprehensive MAT treatment programs that emphasize team-based coordinated care with the commitment of a care coordinator to support the medical, behavioral health, and peer specialist care team and the client. This means that client needs, including social, emotional, medical, and behavioral, are being met in a more strategic and coordinated manner. With SOR II funding, Montana is also now in the position to promote the use of evidence-based treatment for stimulant use disorder. All the SOR-contracted MAT providers and the State-approved treatment providers have access to the statewide trainings on CM and CRA. Additionally, seven providers are piloting the TRUST model, which is a comprehensive integrated collection of behavioral techniques.

Supporting long-term recovery

Policy development: The STR dollars were used to pilot peer support services as a reimbursable service within MAT programs and supported the costs of the delivery of trainings and delivery of peer services. These and other peer support fiscal data were used to support a bill that was passed during the 2019 legislative session allowing peer support to be added to the Medicaid State Plan as a reimbursable service. Under the SOR grants, funding continues to support the delivery of training and technical assistance to peers, including one-on-one mentoring, and to organizations to enhance their capacity to sustain peer services.

At the conclusion of the STR grant, 321 individuals had attended 44 peer support specialist trainings; 32 organizational staff had attended 6 trainings. Between September 2019 and September 2020, 327 individuals had attended 45 trainings and 95 individuals had been trained as new peer support specialists. The current number of Certified Behavioral Peer Support Specialists in Montana is 115.

Recovery residences have spread rapidly in the United States in recent decades. The State of Montana does not have a formal recovery residence program. During SOR, the prevention program manager worked with the Opioid Response Network (ORN), the SAMHSA training and technical assistance group. ORN introduced the Fletcher Group, a Health Resources and Services Administration–funded recovery residences technical assistance and training group into the planning sessions. Fletcher became the exclusive technical assistance and training contractor for this project, and with their guidance, has developed an Advisory Committee to work on recovery residence activities under SOR II.

Serving special populations

STR and SOR grant funds have been used to increase access to comprehensive MAT treatment services including peer support services that became a Medicaid reimbursable and sustainable service in FY 2019. Under STR and SOR, eight contractors implemented this MAT model in 13 communities. Populations of focus included American Indians, women who are pregnant/of childbearing age,

veterans, and those with criminal justice involvement. Between April 2017 and April 2021, a total of 1,426 patients received the approved FDA medications, care coordination, behavioral health services, and recovery support services. Most of these patients were between the ages of 25 and 44, 38% identified as American Indian, and 28% were patients with criminal justice involvement.

There are three new populations of focus under the SOR II grant, including (1) individuals associated with detention facilities who receive MAT services, (2) individuals who receive MAT services in the emergency department or hospital settings, and (3) individuals with stimulant use disorder.

MAT in Criminal Justice Settings

The SOR grant continues to play a supportive role in working with the DOC to identify gaps in treatment transition and coverage for patients transitioning from criminal justice settings to the community, as well as developing strategies to meet ongoing recovery needs. In FY 2019, an Advisory Workgroup was established, and members included MPCA, the Board of Crime Control, DOC, and the Addictive and Mental Disorders Division of DPHHS. With braided funding from the Comprehensive Opioid Abuse Site-Based Program (COAP), the Workgroup coordinated with county detention facilities and state-operated prisons to undertake an assessment of the treatment needs of individuals within the criminal justice system who have a SUD and/or OUD. The study was completed under SOR II and identifies opportunities for detention facilities to expand MAT access and their capacity to link with or provide treatment services. Detention facility staff indicated an interest in regular training on topics such as how to coordinate with community-based providers and how best to engage those in the jail who are repeatedly placed in detention for substance use. To support communities and justice-involved individuals, this project will develop enhanced treatment options for individuals with an OUD within the detention facility and ensure a continuum of care with community providers upon reentry to the community, to prevent accidental overdoses and support long-term recovery. SOR II funds will focus on supporting detention facilities to develop a strategic plan for implementing MAT or to develop infrastructure for implementing MAT in the detention facility with treatment transition services upon community reentry.

Demonstrating outcomes for a healthier future

- Prescription drug drop boxes are available in 54 counties.
- 689 individuals were trained as master trainers to administer naloxone.
- 87% of counties have at least one master trainer.
- 2,626 authorized users were trained by master trainers to administer naloxone.
- 6,248 units of naloxone were dispensed, with 58% of units requested by MOU organizations.
- PAX GBG has been implemented in over 100 schools, has trained over 1,500 teachers, and has impacted more than 22,050 students.
- 183 DATA-waivered providers are listed on the Buprenorphine Practitioner Locator website, a 723% increase since 2017.
- Between September 2019 and September 2020, 475 clients had received MAT services in 13 communities across the state.
- Between September 2019 and September 2020, 327 individuals attended 45 peer support trainings and 95 individuals were trained to be new peer support specialists.
- As of April 2021, 115 peer support specialists are serving in organizations across the state.

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