

# 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): New Jersey Department of Human Services (DHS)

In FY 2017 and FY 2018, the New Jersey Department of Human Services (DHS) received a total of \$25.8 million in STR funding. From FY 2018 through FY 2020, the state received a total of \$120.3 million in SOR funding.

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

The goal of the New Jersey State Targeted Opioid Response Initiative (NJ STORI) and New Jersey State Opioid Response (NJ SOR) is to address the State's opioid crisis as well as a rising issue of stimulant use disorder by providing treatment, family and peer recovery support, community prevention and education programs and training. The key objectives of funding are to increase access to MAT, reduce unmet treatment need, reduce opioid-related deaths, and provide services to address individuals who have a stimulant use disorder. In conjunction with this work, New Jersey recently did a report on its response to the opioid overdose epidemic during the COVID-19 public health emergency in 2020. New Jersey was able to mitigate a drastic annual increase in drug-related deaths due to the foundation set by the Murphy Administration to end the overdose epidemic, which includes a comprehensive, data-driven collaboration across several State departments. This comprehensive approach includes increasing access to treatment, especially MAT, harm reduction, and prevention programs; enhancing recovery

supports, such as peer recovery specialist programs; implementing robust law enforcement efforts to stem the supply of illicit drugs, such as initiatives to divert unused prescription drugs; and strengthening data-driven work and infrastructure. The report is available at:

[https://d31hzhk6di2h5.cloudfront.net/20210527/22/2f/f6/c6/860e131630d897a70b5235e0/Final\\_Opioid\\_Response\\_Report\\_2020.pdf](https://d31hzhk6di2h5.cloudfront.net/20210527/22/2f/f6/c6/860e131630d897a70b5235e0/Final_Opioid_Response_Report_2020.pdf)

## Innovative service delivery models

- Project ECHO (Extensions for Community Healthcare Outcomes)
- Opioid Overdose Recovery Program (OORP)
- Support Team for Addiction Recovery (STAR)
- Family Support Center
- Telephone recovery support (TRS)
- Older adult education
- Opioid Reduction Options (ORO) program
- Community peer recovery centers
- Collegiate recovery programs
- MAT initiation and linkage in county correctional facilities
- Expanded hours and same-day access to MAT at Opioid Treatment Programs (OTPs)
- Mobile MAT program
- Contingency Management services for individuals with a stimulant use disorder
- Regional substance use disorder (SUD) program to support individuals who are deaf and hard of hearing
- Low-threshold buprenorphine induction for individuals reversed from overdose by paramedics

## Building workforce capacity

**Professional Development Initiative:** The initiative includes placement, tracking, credentialing assistance, mentoring, and supervision to assist SUD treatment agencies in increasing and strengthening their workforce for treating individuals.

**Evidence-Based Practices Training:** The State provides training, coaching, rating-based feedback, and other educational and supervisory interventions to assist agencies in delivering evidence-based practice modalities.

**Health Care Professionals Training:** With support from this initiative, the Rowan University School of Osteopathic Medicine established the New Jersey Opioid Medical Education Program (NJ-OMEP) training series to provide a standardized, evidence-based opioid addiction prevention curriculum that aligns with federal and state guidelines. Training topics include best practices for prescribing opioids, pain management and the non-opioid management of pain, and an overview of MAT. It is available to primary care physicians, emergency department physicians, nurse practitioners, physician assistants, SUD treatment providers, Federally Qualified Health Center providers, and other practitioners.

**First Responders Training:** This training educates emergency medical services (EMS) providers on the importance of getting patients to recovery, gives them tools to assist in connecting individuals to treatment and recovery services, and promotes available recovery resources.

**MAT Expansion Training:** This is a train-the-trainer program on MAT and New Jersey-specific treatment and recovery resources for graduate students. The goal of this project is to educate, support, and mentor graduate students to give free educational talks to community groups.

**Recovery Specialist Training:** This includes peer training and curriculum development to provide a state infrastructure of effective trainers and volunteers. Coursework can be applied toward obtaining New Jersey–recognized peer certification.

**Community Education - Opioid Summit:** The DHS Division of Mental Health and Addiction Services (DMHAS), held the first statewide Opioid Summit in September 2019. The summit included more than 500 attendees and panels on topics ranging from MAT in county jails to removing barriers to MAT to expanding access to naloxone.

**Distribution of New Jersey–specific American Society of Addiction Medicine (ASAM) Educational Tools:** DHS Distributed the ASAM publication *Opioid Addiction Treatment: A Guide for Patients, Families, and Friends* to community organizations and those serving at-risk populations. The patient guide, printed in English and Spanish, is tailored to New Jersey–specific resources and includes information on assessment, treatment, MAT, treatment providers, and community support groups.

**Office Based Addiction Treatment (OBAT) Navigator Training:** A standardized training based on the OBAT model was established, and beginning in July 2021 it was offered to OORP patient navigators and Supported Targeted Recovery Treatment (STAR) case managers. The training includes education and coaching on harm reduction, trauma-informed care, relationship building, Motivational Interviewing, resources mapping, and person-centered care plans. Through surveys, interviews, and assessment, the project collaborators completed a functional analysis of patient navigator and case manager roles to align their core competencies with the OBAT model. As a result, NJ FamilyCare (Medicaid) is working with DMHAS to obtain reimbursement for these and other case management services.

**Cultural Competence Training:** Training will be provided to narrow the treatment gap experienced by Black/African Americans who are diagnosed with opioid and stimulant use disorders and who are statistically less likely to receive or access services. A second goal of this initiative is to increase access to medications for OUD (MOUD) through increased prescribing to the Black/African American community.

## Collaborating with public and private entities

DMHAS is using SOR funding to collaborate with New Jersey counties to establish MAT programs, or enhance existing MAT services, for inmates with OUD at county correctional facilities. In addition, DMHAS works with county correctional facilities to establish justice-involved reentry services for detainees, where case managers at county jails conduct intake assessments and establish pre-release plans for needed services in the community.

County Innovation Grants fund creative and sustainable ideas in OUD prevention, treatment, and recovery. Awards were apportioned based on formula across counties so that every county alcoholism and drug abuse director had the opportunity to fund local innovative projects that reduce opioid use, connect individuals with OUD to MAT, and/or support individuals on a path to recovery.

## Preventing opioid and stimulant misuse before it starts

### Education and public awareness

New Jersey’s efforts to prevent opioid misuse with STR/SOR funds include:

**Opioid Reduction Options (ORO):** Funding was made available to hospitals to develop and implement a program to reduce the use of opioids to manage pain in emergency departments and the subsequent prescribing of opioids at discharge. A learning community has been developed, and continuous quality improvement is a key focus of the initiative.

**Prevention for Older Adults:** DHS is funding educational community programs for older adults (age 60+) on alternatives to opioid analgesics as a means of managing acute or chronic pain. The Wellness Initiative for Senior Education (WISE) curriculum is being utilized. Using STR and SOR funding, 870 trainings have been conducted, and 7,890 older adults were trained as of December 31, 2019. Of training participants, 57% reported being very likely to use alternatives to pain management ( $N = 7,200$ ).

**Public Awareness Campaign:** A campaign to eliminate stigma/discrimination concerning the use of medications for OUD was developed and is ongoing.

## Overdose reversal efforts: Saving lives

New Jersey's overdose reversal efforts that are funded by STR/SOR include:

- **Opioid Overdose Prevention Programs (OOPPs):** New Jersey's three regional OOPPs provide training and naloxone kits to individuals at risk of an opioid overdose and their families, friends, and loved ones. The OOPP target group has been expanded to include the Office of Emergency Management, EMS teams, fire departments, homeless shelters, community health clinics, school districts, jails, and SUD treatment programs.
- **Naloxone kit distribution:** The Murphy Administration has invested new federal (through the SOR grant) and state funds to increase annual naloxone kit distribution by about eight times the 2017 baseline of 5,015, with the number of distributed kits totaling almost 80,000 from the start of 2019 through the end of 2020. The Administration has held specific naloxone distribution days and has invested in naloxone distribution among homeless shelters, correctional facilities, harm reduction centers, and EMS. Funds from the SOR grant alone have supported more than 61,500 naloxone kits for individuals in calendar year (CY) 2019 and CY 2020. The Administration provided Regional Coalitions with Detera kits and lock boxes for distribution to individuals to secure opioid medications and/or destroy unused medications.

## Increasing access to treatment

New Jersey's efforts are focused on increasing access to treatment, especially MAT, with STR/SOR funds. They include:

**Expanded Treatment Options:** The STORI initiative added a range of opioid treatment services to the state-based treatment network, including the following SUD treatment services for individuals with OUD: assessment, inpatient and ambulatory withdrawal management, short-term residential, outpatient and intensive outpatient, case management, and medication. From May 1, 2017 to December 30, 2019, the STORI Fee-For-Service Treatment Network has served over 3,290 individuals, with 1,759 receiving MAT.

**Expanded Treatment Access:** In March 2021, DHS launched an Expanded Hour/Same Day Service initiative to increase access to MAT through expanding the hours at OTPs. The intent of the program is to provide low barrier, on-demand MAT followed by treatment or referral to ongoing care for individuals with an OUD. This program has started in four OTPs.

**Low-Threshold Buprenorphine Induction:** This initiative supports a Drug Addiction Treatment Act of 2000 (DATA)–waivered prescriber and a case manager implementing a low-threshold buprenorphine induction program at each of the seven New Jersey Harm Reduction Centers. Two of these centers started services in December 2019.

**DATA Waiver Training:** Funds were utilized to support DATA waiver trainings for eligible statewide practitioners (e.g., physicians, advanced practice nurses, and physician assistants) in 2019 and 2020.

**Project ECHO: Supporting Community Providers in SUD Care:** In November 2018, DHS successfully launched an Academic Medical Center Project ECHO hub with Rutgers Robert Wood Johnson Medical School, with 38 primary care practitioners participating. Project ECHO is a web-based video collaboration that links a multidisciplinary team of specialists with primary care providers in the field, training the providers through peer-led case presentations and expert-led 15-minute didactics on the recognition and management of SUD in primary care. Each session provides Continuing Medical Education credit.

**Ambulatory Treatment/Medication Services:** DHS is partnering with Rutgers University and Rowan University to provide medication and other ancillary services for individuals with an OUD who are below 350% federal poverty level but not eligible for Medicaid at their university clinics.

**Buprenorphine Medical Support:** This effort supports the development of medical capacity to provide MAT to eligible individuals at licensed SUD treatment agencies.

**Volunteers in Law Enforcement Training:** New Jersey passed legislation to utilize police departments as “safe havens” for individuals who seek assistance for their alcohol and drug use. Volunteers/peers are a critical part of this program to help navigate recovery options and facilitate the individual's immediate transfer to a treatment facility. Peer training has been made available for volunteers engaged in the Law Enforcement Addiction Assisted Recovery and Referral Program.

**OBAT Navigator Training:** DHS launched a Medicaid payment model to encourage office-based MAT, including payment for navigation services to connect patients to community-based resources to sustain recovery. Funding is supporting a standardized training for navigators, with an online learning module for which navigators will receive a certificate of completion.

**Telehealth:** Funding is provided to SUD treatment agencies in order to purchase telehealth equipment through a cost-sharing process.

**Mobile MAT Program:** This initiative will provide funding for three programs to facilitate low-threshold induction medication, case management, and other ancillary services for individuals with an OUD in counties with low access to MAT as well as areas of the state with individuals who are homeless or at higher risk for homelessness.

**Nurse Care Manager:** This initiative adds nurse care management services and health coaching in an effort to assist patients admitted to OTPs in improving their overall health and well-being, with specific emphasis on Hepatitis C screening and treatment.

**Contingency Management Program for Stimulant Use Disorder:** This pilot program will use Contingency Management to address the use of methamphetamine and cocaine use disorder.

**Paramedicine Low-Threshold Buprenorphine Induction:** This initiative will provide funding to increase paramedic OUD education; provide the patient with a harm reduction package that includes emergency naloxone, a list of syringe services, and patient treatment resources; develop protocol allowing paramedics to administer buprenorphine for opioid withdrawal symptoms; and provide next-day linkage to care.

## Supporting long-term recovery

New Jersey's recovery support services that are funded by STR/SOR include:

**Opioid Overdose Recovery Program:** Recovery specialists and patient navigators provide nonclinical assistance, recovery support, and appropriate referrals for assessment for SUD treatment for individuals reversed from an opioid overdose and treated at hospital emergency departments.

**Support Team for Addiction Recovery:** Case management services and recovery support are provided for individuals with OUD and at risk for opioid overdose. Ten STAR programs provide services for individuals released from jail with an OUD.

**Telephone Recovery Support:** Individuals discharged from SUD treatment with an OUD and those trying to maintain recovery from an OUD receive weekly phone calls by trained staff and volunteers who provide support, encouragement, and information on recovery resources.

**Family Support Center:** Three regional Family Support Centers offer support, education, resources, and advocacy for families of individuals with OUD. Each regional center is staffed with family support coordinators with lived experiences trained in the Community Reinforcement and Family Training (CRAFT) model.

**Community Peer Recovery Centers:** Ten small-scale recovery centers in 10 different counties provide peer-to-peer recovery support services to prevent recurrence of substance use and promote sustained recovery.

**Collegiate Recovery:** Two- or four-year public institutions of higher education provide supportive, substance-free living environments and/or recovery support services for college students in recovery.

**Oxford House Outreach:** Outreach staff were hired to increase Oxford House bed capacity and develop new Oxford House homes each year.

## Serving special populations

**County Correction Facilities MAT Program/Reentry Services:** Through this initiative, MAT programs are established or enhanced for inmates with OUD at county correctional facilities. MAT is initiated in the correctional facilities and individuals are connected to community-based MAT for maintenance. Case managers at county jails will conduct intake assessments and establish pre-release plans for needed services in the community.

**Deaf and Hard of Hearing Initiative:** Funding will be provided to provide SUD services for individuals who are deaf and hard of hearing and whose primary language is American Sign Language (ASL) and have a primary diagnosis of an OUD or stimulant use disorder. The goal is to provide regional services that are both culturally and linguistically accessible and utilize substance use counselors, case managers, and qualified ASL interpreters at three site locations.

## Demonstrating outcomes for a healthier future

- More than 2,200 people have received MAT for OUD treatment.
- More than 2,100 inmates have received MAT in four county jails.
- More than 63,000 naloxone opioid overdose reversal kits have been distributed.
- 57,000 individuals were reversed from an opioid overdose and were taken to a hospital emergency department, where they received a bedside intervention and were provided with nonclinical assistance, recovery supports, appropriate referrals to substance use treatment services as well as 8 weeks of follow-up.
- More than 1,800 individuals with OUD received intensive case management, peer services, and other recovery services to support stable housing, employment, and avoidance of relapse.
- More than 990 individuals have received ongoing TRS, including more than 9,500 outbound calls from recovery support teams. The team has also received over 2,500 incoming calls for support.



- More than 100 people have received low-threshold buprenorphine induction at Harm Reduction Centers.
- More than 300 families have received support services through regional Family Support Centers.
- More than 4,200 individuals with an SUD received peer recovery support services at Community Peer Recovery Centers.
- 1,186 physicians, nurse practitioners, and physician assistants have received New Jersey–specific training to attain the federal waiver required to prescribe buprenorphine for opioid addiction. A total of 31 statewide trainings were provided in 2019 and 2020.
- Through an Evidence-Based Practice Initiative, training and coaching have been provided to approximately 200 executive-level clinical and nonclinical staff.
- Over 16,500 older adults (age 60+) were educated on alternatives to opioid analgesics as a means of managing acute or chronic pain.
- More than 500 state and local leaders attended the statewide Opioid Summit that was held in September 2019 in Atlantic City, New Jersey.
- Over 20,000 ASAM booklets (English and Spanish) have been distributed to community groups and to mental health and SUD treatment and prevention programs. On June 18, 2019, over 5,300 ASAM booklets alone were distributed to the community at several pharmacy locations throughout the state for New Jersey’s Naloxone Distribution Day.

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