

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): New York State Office of Addiction Services and Supports (OASAS)

In FY 2017 and FY 2018, the New York State Office of Addiction Services and Supports (OASAS) received a total of \$50.4 million in STR funding. From FY 2018 through FY 2020, the state received a total of \$108.8 million in SOR funding.

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

Opioid STR funds were used to add and enhance treatment services for people struggling with OUD in high-need counties. The Center of Treatment Innovation (COTI) model was implemented under STR and continued under SOR. These services included mobile treatment, telepractice capabilities, and access to MAT. Funds also supported public awareness campaigns and the implementation of prevention evidence-based practices like PAX Good Behavior Game, Strengthening Families Program, Too Good for Drugs, Parenting Wisely, SPORT Prevention Plus Wellness, and Second Step. Recovery efforts under STR included the expansion of the Youth and Young Adult Recovery Network and a youth clubhouse for the Saint Regis Mohawk Tribe, and targeted campaigns for the Tribal Nations. These initiatives build upon New York State’s multipronged approach to address the opioid crisis.

SOR funds are being used throughout the state to add to or enhance the prevention, treatment, and recovery service delivery system. Efforts include, but are not limited to, increasing access to MAT

through emergency departments, primary care clinics, and criminal justice settings; implementing evidence-based practices (EBPs) in school and other settings to build resilience factors and mitigate risk factors for youth; and utilizing peers to connect individuals to needed services in any part of the treatment or recovery continuum. Mobile treatment services delivered by Centers of Treatment Innovation as started under STR continue to receive support under SOR.

Innovative service delivery models

- Expansion of OUD/MAT services in Federally Qualified Health Centers (FQHCs)
- MAT initiation and linkage in emergency departments
- Youth Recovery Community Organizations
- ROcovery Fitness model
- Strengthening Families Program
- PAX Good Behavior Game
- Collegiate recovery programs
- Recovery Centers
- Youth clubhouses
- Expansion of MAT services in correctional facilities
- Centers of Treatment Innovation mobile services

Building workforce capacity

- MAT Learning Collaboratives supported new and existing prescribers to understand and better treat individuals with OUD. Learning Collaboratives in Monroe and Nassau counties were tailored to the needs of the prescriber community in their respective settings.
- Through funded projects to increase access to MAT, providers implemented a protocol to assess patients for risky or problematic opioid use. The protocol included screening for OUD, identifying risky or problematic use, and providing brief interventions or linkage to MAT, as needed. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is used to identify and refer those in need of treatment.

Collaborating with public and private entities

OASAS consulted with relevant stakeholders, including Local Governmental Units (LGUs), local law enforcement, state agency partners, and others, during implementation of federal funding to ensure that grant funded services were specifically tailored to meet the needs of each region’s individuals and families affected by OUD.

- OASAS collaborated with the Office of Court Administration and 13 local Opioid Courts to identify partnerships with OUD treatment programs and bring assessment and peer services to the court for people in need of immediate services.
- Through the expansion of the COTI model in 26 counties, OASAS conferred with LGU administrators to identify both service needs and treatment providers to meet the needs of the community.

- Prevention programs that implemented the PAX Good Behavior Game in classrooms throughout the state enlisted school districts as partners in this project. School districts provided a letter of support agreeing to implement PAX in classrooms based on grade level.

Preventing opioid misuse before it starts

Families and Youth

- Prevention providers delivered the evidence-based Strengthening Families Program to families residing in New York City shelters and permanent supportive housing. Data collected showed increases in protective factors, including effective parent-child communication, positive family management practices, and supportive family involvement, all of which led to reduced youth substance use.
- Prevention providers partnered with community organizations such as Boys and Girls Clubs and YMCAs to deliver prevention EBPs to underserved, hard-to-reach youth. Pre- and postsurveys showed increases in protective factors and decreases in risk factors after completing the various EBPs. These results included increases in peer pressure resistance skills, positive shifts in attitudes and perceptions surrounding drug use, and general increases in knowledge. Participants showed positive results across all age groups, including students from kindergarten through 12th grade, as well as adults who participated in parenting EBPs.
- Staff from 51 foster care agencies across the state screened 856 youth using the CRAFFT questionnaire and, based on scores, referred 165 (19.3%) youth to the EBP Teen Intervene and 146 (17.1%) to treatment. That equals about 36% of the population scoring positive on the CRAFFT in the foster care settings. This result demonstrates the need for the CRAFFT screener and referrals because, by comparison, only 20%–25% score positive in the general population.
- New York State implemented the PAX Good Behavior Game in 540 classrooms in 50 schools and through this EBP reached an estimated 10,890 students. Each provider site trained PAX Partners (41) and teachers (620, including special education and school administrators) across the state, who work together to implement the EBP.
- Eight community coalitions in health-disparate communities are partnered with a regional Prevention Resource Center (PRC) to guide the new coalitions through creation of a health disparity statement, and implementation of the Strategic Prevention Framework. The coalitions implemented the three facets of environmental strategies: policy, enforcement, and media.
- To develop a collaborative infrastructure between prevention providers and nontraditional community partners, OASAS funded nine prevention providers to implement the Triple P program. These providers worked with 478 families with children ages 0–12 delivering the Level 3 Discussion Group.

Education and public awareness

Special Populations

- OASAS delivered a targeted media campaign to Native American communities, Latino communities, and pregnant women across the state. The campaigns included education outreach in Spanish, billboards, radio, public service announcements, a PBS Opioid Week, and a

campaign highlighting pregnancy and MAT that included medical journal ads, bus shelter ads, brochures, and take-one displays for distribution in OB/GYN offices.

- OASAS will continue to deliver targeted media campaigns to the Latino community through *Nueva Esperanza*, *Nueva Vida con OASAS* episodes, with a target to leave over 3 million impressions. The success of *Nueva Esperanza*, *Nueva Vida con OASAS* created an opportunity to do similar programming in English: *New Hope*, *New Life with OASAS*. English topics included drug trends, MAT, new innovative programs, criminal justice reform, and gambling. Programs aired on broadcast and cable channels.

Overdose reversal efforts: saving lives

- There were 8,618 persons trained in how to respond to overdoses and use naloxone in 28 high-need counties under STR. Of those, 1,374 persons identified as first responders, 940 as school personnel, and 441 as having a loved one with a substance use disorder (SUD), having a personal history of drug use, or having another personal reason for attending the training.
- Although STR naloxone training efforts were limited to the identified high-need counties, SOR trainers will provide naloxone training throughout New York State.
- OASAS is utilizing SOR trainers to deliver in-person and virtual naloxone training and has delivered training to more than 4,938 individuals.

Increasing access to treatment

New York State invested opioid STR and SOR funds to establish community-specific treatment models to deliver evidence-based, person-centered, and rapidly accessible care to best meet the unique needs of the respective region. This resulted in significantly expanded access to telepractice, mobile treatment services, and rapid linkage to MAT through funding of the COTI model and Drug User Health Hubs.

Access to MAT

- A program was implemented to train medical practitioners in the provision of MAT using buprenorphine for individuals suffering from OUD in high-need counties across the state. Participants who completed this buprenorphine waiver training received guidance on strategies to manage patients on buprenorphine in the office setting. This included best practice guidelines and procedures, including case-based learning. The initiative addresses the lack of medical practitioners qualified in MAT for OUD in underserved, mainly rural regions of the state.
- Ten FQHCs, in partnership with an addiction treatment program, provide OUD treatment services—including MAT—utilizing all FDA-approved addiction medications. In SOR year 2, the funded FQHCs conducted 2,431 buprenorphine inductions and provided peer support services to 1,279 individuals. In addition, 153 patients received naloxone and another 27 were referred for methadone. After 30 days, 1,629 individuals who accepted SUD treatment remained engaged and 1,221 remained in contact with their peer support specialists. Finally, through this initiative 630 Narcan kits were distributed.
- Five hospital emergency departments implemented models for initiating buprenorphine with active linkage to a peer and connection to community-based follow-up care. Peers made 582 contacts with individuals in emergency departments participating in this project, and 91

individuals accepted MAT services and were inducted using buprenorphine. Of those individuals who were referred to treatment, 74 remained engaged in treatment after 30 days.

Supporting long-term recovery

Recovery Services

- OASAS established 14 new Recovery Centers to provide health, wellness, and other critical supports to people and families who are recovering from an SUD or are seeking recovery services for a family member or friend. The Recovery Centers began operation in June 2019 and engaged 3,905 individuals in SOR year 1. In year 2 the Recovery Centers served over 38,376 unique individuals and sponsored 661 outreach events.
- The ROcovery Fitness model was implemented in two additional communities. This model utilizes both indoor and outdoor fitness activities to promote health and wellness for those in recovery. Planned and pop-up activities offer sober socializing, peer support, and physical fitness to encourage healthy recovery. ROcovery served 289 people in year 1 and utilized virtual and telephonic services in year 2 due to COVID. The program received 423 live views of online activities, with 356 hours of viewing and over 2,400 virtual engagements.

Youth and Students

- OASAS implemented a youth and young adult recovery movement branded “Youth Voices Matter” that has generated nearly 19,000 hits on Facebook, Instagram, and Twitter. OASAS also established six Youth Recovery Community Organizations across the state; these organizations enable young people in recovery to support each other and provide social and recreational activities.
- OASAS supported recovery coach trainings, sober fun nights, gardens, recovery celebration events, creation of youth advisory boards, and peer mentors that engaged over 980 youth.
- OASAS developed five Collegiate Recovery Programs through which colleges provide supportive environments that reinforce the decision to engage in a lifestyle of recovery from SUD. To date, more than 2,500 students have made use of these new resources.
- Two state university campuses, Albany and Purchase, held recovery events on campus to support college students in recovery. This created opportunities for students to participate in sober social activities and build a peer network. To date programming has reached 1,483 students from the two campuses.
- Road Recovery provided the TRAX music program in four youth clubhouses and collaborated with two youth clubhouses to hold a Recovery Music Festival. In year 1, 45 youth participated in this program. In year 2, programming was delivered in person to 34 youth participants and virtually to another 18 participants during the COVID pandemic.
- Youth Voices Matter and University of Youth Power collaborated with Friends of Recovery to offer a youth leadership conference to build community organizing and leadership skills among youth. Twenty-five young people ages 18–30 were able to register for this youth-by-youth social justice conference. A recovery track was held to enhance the youth leadership conference, promoting recovery, health, and wellness, and motivating youth to make positive life decisions.

Serving special populations

- A Recovery Center/youth clubhouse was implemented at the Saint Regis Mohawk Tribe and is currently serving 132 individuals, most of whom are under age 18, through STR.
- Among the First Nation communities, OASAS is supporting the establishment of a new Recovery Center and four new youth clubhouses that target recovery supports and messaging to the Native American community.
- OASAS is funding two treatment providers to provide peer recovery support and engagement to individuals reentering the community from detention facilities in New York City. Through the reentry project 106 individuals participated in the program and received peer support, enrollment into the Jails 2 Jobs vocational program, overdose prevention training, and peer recovery coach training.
- The Maternal Wraparound Program provided care coordination for 68 pregnant and postpartum women diagnosed with an OUD. The services address screening, early intervention, assessment, treatment, and recovery.

Justice-Involved Population

- OASAS implemented treatment transition for individuals with OUD reentering communities from criminal justice settings in 20 local correctional facilities and 3 state facilities. Individuals receive SUD counseling, education on MAT, and upon release the option to initiate MAT and a person-centered care plan for linkage to treatment.
- Through a collaboration between OASAS and the New York State Department of Corrections and Community Supervision (DOCCS), up to seven DOCCS facilities will partner with an SUD treatment program to identify individuals appropriate for opioid treatment services, facilitate admission into treatment, and provide MAT while detained at the correctional facility. Each correctional facility in partnership with an OASAS-certified provider has the capacity to serve 30 individuals at a time and up to 300 a year.

Demonstrating outcomes for a healthier future

- The Strengthening Families Program served 133 families, including 326 individuals.
- 93 community organizations partnered with prevention providers and served 4,797 underserved, hard-to-reach youth.
- The Learning Collaborative hubs reached a total of 884 practitioners from family medicine, psychiatry, mental health, occupational medicine, outpatient SUD, addiction medicine, and integrated health services have participated in these learning sessions in SOR year 2.
- 353 physicians, physician assistants, and nurse practitioners have received training on MAT.
- 2,227 individuals in local correctional facilities received SUD counseling and education in MAT. Of these, 1,620 received a person-centered plan for linkage to treatment upon leaving the facility, with nearly 600 admitted to treatment post-release.
- 987 individuals in state correctional facilities received SUD counseling and education in MAT. Of these, 439 (44%) consented to naltrexone and 241 received the injection (34 were not yet close enough to release date to receive the injection). All who received the injection were provided a person-centered care plan.

- 12,100 persons trained in how to respond to overdoses and use naloxone.
- COTI clinicians and peers have engaged nearly 17,000 people, many in community settings. More than 11,700 have been admitted to an OASAS-certified treatment program, and approximately 8,300 received MAT.

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