

# Addressing Opioid 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 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): Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)

In FY 2017 and FY 2018, the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals received a total of \$4.2 million in STR funding. From FY 2018 through FY 2020, the state received a total of \$36 million in SOR funding.

## Overview of Rhode Island’s efforts to address opioid misuse and disorders

Rhode Island created a statewide plan for services and programs across the continuum of care after conducting needs assessments. The state’s overdose task force and Division of Behavioral Healthcare created strategic plans that address the three leading priorities of access, quality, and safety through the following strategies:

- Keep focus on saving lives, while going upstream to prevent overdose deaths.
- Keep the state’s initial strategic pillars focused on prevention, rescue, treatment, and recovery initiatives.
- Add new core principles to act as bridges between each of the pillars—cross-cutting workstreams aimed at addressing the problems that often lead up to the overdose crisis and ways to build recovery capital for sustainable recovery.
  - Integrating data to inform crisis responses

- Meeting, engaging, and serving diverse communities
- Changing negative public attitudes on addiction and recovery
- Incorporating harm reduction activities
- Confronting the social determinants of health

## Innovative service delivery models

- BH Link, a one-stop mental health and substance use disorder triage walk-in/call-in center
- Safe Stations
- Ambulatory clinic for MAT inductions
- Rhode to Health
- Recovery-friendly employment committee

## Building workforce capacity

These funds provided training for health care professionals to become DATA (Drug Addiction Treatment Act) waived, as well as a practicum in the Eleanor Slater Hospital Center of Excellence. This initiative expanded into a more multifaceted approach to continuing education, including training nurse care managers and expanding substance use resources for private practices.

## Collaborating with public and private entities

Rhode Island collaborates with Brown University, University of Rhode Island, and Rhode Island College to implement newer research findings into practices and services for those with OUD. Five Regional Prevention Coalitions work with 10 Health Equity Zones and Community Overdose Engagement groups, which consist of 29 municipalities receiving funding to implement suggested individualized community activities that increase prevention, rescue (naloxone distribution), treatment access (Safe Stations and Project Lazarus), and local recovery capital. Rhode Island also contracts with five Recovery Community Centers to work with peers and coordinate treatment throughout the state.

## Preventing opioid misuse before it starts

Rhode Island supports comprehensive responses using strategic planning and needs/capacity assessments. The state is increasing prevention activities regarding prescription and illicit drugs.

### Project Lazarus

The Regional Prevention Task Forces implemented the evidence-based program Project Lazarus within their communities. Prevention activities are focused on the following components of Project Lazarus: Community Organization and Activation, Prescriber Education and Behavior, Supply Reduction and Diversion Control, and Community Based Prevention Education. Initiatives included high school assemblies, engaging municipalities, working with law enforcement, and the Count It! Lock It! Drop It! media campaign.

## Education and public awareness

### Count It! Lock It! Drop It! Prevention Program

This statewide program sought to decrease access to prescription drugs for nonmedical use by providing information and materials allowing individuals to securely collect and dispose of unused medications.

## Public Awareness Campaign

Using grant funding, Rhode Island created and distributed a public awareness campaign on the dangers of counterfeit drugs and illicit drugs with fentanyl, as well as addressing issues such as stigma.

## Overdose reversal efforts: saving lives

Rhode Island is addressing opioid overdoses by raising public awareness on the signs and symptoms of overdose and providing education to the general public on ways to reduce overdose deaths. The Surveillance Response Initiative involves reviewing emergency department reports and sending out increased opioid overdose activity alerts to specific geo-mapped areas and designated community response teams. BHDDH also purchased NaloxBoxes that have been placed in libraries, malls, and other locations in high risk areas. They will also increase naloxone distribution to family members of those soon to be released from the Department of Corrections.

## Increasing access to treatment

### BH Link

The state is increasing utilization of the new BH Link, a one-stop mental health and substance use disorder triage walk-in/call-in center.

### Safe Stations

The state previously implemented 24/7 walk-in programs at all of Providence's 12 fire stations; these stations provide immediate access to peer support and services as needed. STR/SOR funding was used for the creation of additional Safe Stations in new counties.

### Detox Services

Rhode Island will enhance detoxification services to engage resistant individuals to reconsider MAT and create Centers of Excellence liaisons to primary care offices to increase prescriber supports.

### Rhode to Health

STR/SOR funding allowed for the creation of the "Rhode to Health" vehicle, a 37 ft. Winnebago that serves as an ambulatory clinic that offers buprenorphine inductions and HIV education and testing at designated state "hotspots."

## Supporting long-term recovery

### Anchor Emergency Department Program

All 11 Rhode Island hospitals plan to utilize peer supports as well as arrange for signed consents for follow-up in the event the patient declines a peer visit.

### Recovery-Friendly Employment Committee

BHDDH created a recovery-friendly employment committee that has developed policies and procedures for recovery friendly local businesses.

## Recovery Housing

Recovery houses became certified to meet the National Alliance for Recovery Residences (NARR) standards in order to receive state and federal funding. In addition, there is now an employee liaison that assists with job placements, expungements, and other opportunities such as permanent housing.

## Serving special populations

Efforts are underway to build a cross-cutting culturally diverse recovery group of stakeholders that will participate in all task force workgroups to support engaging and retaining individuals who speak languages other than English and other vulnerable populations.

MAT is currently available through the Department of Corrections for justice-involved individuals.

The state also has specialty-trained peers working with families who have babies with neonatal abstinence syndrome at birthing hospitals and in Opioid Treatment Programs to assist with continued recovery pre- and post-birth.

## Demonstrating outcomes for a healthier future

- MAT prescribers have increased from 371 to 568.
- 232 individuals were served through Safe Stations.
- 1,222 individuals received Addiction 101 and naloxone training.
- 232 peer recovery specialists were trained.
- 3,251 individuals were served by peer specialists in 2018.
- Over 1,000 individuals were placed in NARR-certified recovery housing.
- Over 50 individuals found permanent full-time employment through recovery services.

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.