

STR/SOR ISSUE BRIEF

Special Populations Initiatives

BACKGROUND AND OVERVIEW

The Substance Abuse and Mental Health Services Administration (SAMHSA) previously administered the State Targeted Response to the Opioid Crisis (STR) grant program and currently administers the State Opioid Response (SOR) grant program. 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.



The Opioid Response Network (ORN) is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA's SOR Technical Assistance (TA) grant, the ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. This issue brief was developed as a form of TA so states can share strategies and learn from one another, as well as seek ORN TA when needed.

The National Association of State Alcohol and Drug Abuse Directors (NASADAD), through its partnership in the ORN, sent an inquiry to the Single State Agencies (SSAs) for alcohol and other drug services in March 2021 requesting information on how they were using the STR and SOR grants to address the opioid crisis in their states. A total of 52 state and territorial responses were received. The results of the inquiry were summarized into state-specific briefs highlighting service delivery models; workforce activities; prevention, treatment, and recovery initiatives; services for special populations; and service outcomes. State briefs generally covered a reporting time frame between FY 2017 and FY 2020.

Many of the services and programs described in the state briefs span the continuum of care prioritizing outreach and service engagement for special populations. This issue brief provides a summary of how

states have used STR and SOR funds to serve the following special populations: justice-involved individuals; pregnant and parenting women and their children; Tribal populations; youth and young adults; people who are experiencing homelessness; veterans, service members, and military families; individuals who are deaf and hard of hearing; older adults; individuals in nursing homes with medical conditions after experiencing an acute OUD episode; and African American communities. The final section of the brief highlights examples of innovative state services for special populations.

SPECIAL POPULATIONS COMMONLY SERVED BY THE STATES WITH STR/SOR FUNDS

The chart below provides a summary of special populations commonly served by the states using STR/SOR funds. NASADAD’s analysis revealed a number of services provided by SSAs to special populations.

Population	Service Activities	Percent of Respondents (N=52)
Justice-Involved	Screening and assessment; pre-release medications for opioid use disorder (MOUD); deflection and pre-arrest diversion centers; drug courts; Law Enforcement Assisted Diversion (LEAD); post-release linkage to community-based treatment; recovery housing placement; peer support services; vocational assistance; food and clothing assistance; and naloxone distribution	65% (34)
Pregnant and Parenting Women and Their Children	MOUD; obstetric and substance use disorder (SUD) treatment; infant developmental screenings; wraparound services; intensive case management; family preservation services; peer recovery support services; Screening, Brief Intervention, and Referral to Treatment (SBIRT); and training for obstetricians and pediatric providers	54% (28)
Tribes	Outreach and engagement services; MOUD; SUD treatment; naloxone distribution, recovery housing and peer support services; culturally appropriate training; and prevention activities	40% (21)
Youth and Young Adults	Opioid and stimulant awareness campaigns; evidence-based curriculum; substance use public education and community events; naloxone training and distribution; training educational institutions on screening and brief intervention (SBI); substance-free living environments; wellness activities; professional and leadership development events; peer support services; and campus recovery support activities	48% (25)

People Who Are Experiencing Homelessness	SUD treatment; medication management; basic needs; medical and mental health care; housing assistance; vocational assistance; and naloxone distribution	17% (9)
Other Underserved Populations	Peer support for service members and veterans; opioid prevention efforts in geriatric clinics and skilled-nursing facilities; treatment and engagement strategies with African American communities; and expansion of language accessibility and interpretative services for the deaf community	36% (19)

SERVICES FOR SPECIAL POPULATIONS

Justice-Involved

SSAs have allocated funds to increase the availability of MOUD in prisons, jails, detention centers, and probation offices. Services consist of substance use screening and assessment, increased access to all three FDA-approved MOUD, and recovery coaching. Other efforts include the implementation of reentry services for justice-involved individuals transitioning from incarceration to the community. Services include coordinating recovery housing placement, vocational assistance, overdose prevention education and naloxone distribution, and post-release linkage to community-based treatment providers. States have also implemented regular trainings for criminal justice staff (e.g., judges, attorneys, corrections officers) on the evidence base of MOUD, coordination with community-based providers, and best practices for opiate-offender treatment engagement.



States have also established deflection and diversion community services, including LEAD programs. In lieu of processing individuals through traditional criminal justice system avenues, individuals presenting with SUD symptomatology are redirected to appropriate treatment and recovery support services. These include screening and assessment, linkage to care, transition to recovery housing, health care assistance, and vocational assistance. The goal is to triage and engage the affected individual, if desired, with the system of care.

Pregnant and Parenting Women and Their Children



States have increased their capacity to coordinate a full continuum of care for pregnant and postpartum women, and their children and families. To reduce the incidence of neonatal abstinence syndrome (NAS), states have expanded the provision of MOUD in integrated care settings (e.g., obstetrics, pediatric, and primary care). Additionally, states have incorporated specialty-trained peers working with families with NAS at birthing hospitals and in Opioid Treatment Programs (OTPs) to assist with continued recovery pre- and

post-birth. Other services include postpartum health care, parenting education, case management, relapse prevention, and recovery and wraparound support services. States have implemented community outreach efforts and training to make obstetrician-gynecologists aware of these specialty services for pregnant and postpartum patients. Through collaboration with child welfare agencies, many states have increased family preservation efforts for parents affected by opioid use and at risk of losing custody of their children. This includes intensive child welfare programs and the provision of childcare during periods in which parent(s) are engaged in treatment and recovery support activities (e.g., residential treatment, outpatient sessions, and working with recovery coach).

Tribes

Federally recognized Tribes have utilized SOR funding to address the opioid epidemic on multiple fronts, including development and expansion of MOUD in Tribal and Urban Indian Health Programs, and by funding provider and first responder trainings, recovery coaching, naloxone training and distribution, and opioid awareness campaigns. Initiatives have largely focused on providing Tribes and Tribal organizations access to culturally responsive, evidence-based treatment and on providing training for communities and individuals actively working with Tribes to build capacity and address issues related to chronic pain and opioid use. States have also collaborated with Tribes and Tribal organizations in supporting needs assessment processes to identify treatment gaps and inform future opioid overdose prevention initiatives.



Youth and Young Adults

Many states allocated funds toward developing awareness campaigns targeting youth about opioid and stimulant misuse. Initiatives include implementing campus-based public awareness and education events, dissemination of overdose awareness material (e.g., billboards, brochures, public services announcements, and collaboration with appropriate social media outlets to promote key messages. Some states have partnered with universities to use SOR funds to increase naloxone distribution and expand training for campus police



departments, college faculty, and student groups. Additionally, SOR has funded OUD prevention efforts by strengthening and educating middle and high school staff and college health center staff on SBI.

Other SOR funding initiatives have supported collegiate and high school recovery programming. Students receive a wide range of supports, including individual recovery plans, access to recovery residences, peer support, on-campus recovery meetings, and wellness activities to promote sober living. Recovery programming aims to create substance-free living environments for students and sober social activities for building a lifelong peer network.

People Who Are Experiencing Homelessness

States have established programs to assist individuals who are experiencing homelessness and an SUD. Some states have assisted individuals in accessing housing, SUD treatment, MOUD, mental health services, and other services to facilitate recovery. Outreach services have been provided to engage individuals and assist them with basic hygiene supplies, food and clothing, vocational assistance, and naloxone distribution to help engage them in care.

Other Unserved Populations

SSAs have also used SOR funds to support initiatives targeting other underserved populations. A few states have implemented services at community health centers to provide peer support and prevention services to service members and veterans. Some SOR grantees have developed prevention initiatives targeting adults aged 55 and older to reduce high-risk behaviors. Prevention efforts aim to provide individuals and their caretakers with information about opioid pain medications and alternative chronic pain self-management strategies (e.g., mindfulness meditation, yoga). To increase outreach and treatment access to minority communities hardest hit by overdose rates, some states have implemented culturally specific efforts to raise community awareness and develop partnerships with providers serving African American opioid users. A few states have also increased treatment accessibility efforts with the deaf and hard of hearing community. To deliver culturally and linguistically appropriate SUD services, interpretative services have been provided to community addiction treatment teams to better treat those with an OUD. Interpretative services have also been expanded to residential SUD patients and individuals attending mutual aid meetings (e.g., Alcoholics Anonymous [AA]/Narcotics Anonymous [NA]).



SELECT EXAMPLES OF STATE SERVICES FOR SPECIAL POPULATIONS

Justice-Involved

The **Washington State Division of Behavioral Health and Recovery (DBHR)** has used SOR funding to implement a Department of Correction's Care for Offenders With Opioid Use Disorder Releasing From Prison (COORP) and Work Release (WR) program. This initiative serves individuals being released from incarceration or in the WR program with OUD, initiates MOUD prior to release, and provides linkage to community-based MOUD programs. The care team is comprised of care navigators and recovery specialists who meet with individuals prior to their release or in WR to assess readiness for treatment. Following reentry, care navigators provide ongoing treatment navigation services for up to 6 months to ensure individuals remain connected to appropriate treatment services in the community. Major components of this care model incorporate reentry chemical dependency professionals to perform expanded SUD assessments and the OUD treatment decision model (TDM). The TDM intervention includes education on OUD and MOUD; provides counseling on the individual's perceptions and history of MOUD use; evaluates the pros and cons of each medication based on the individual's preferences and life circumstances using a motivational interviewing-informed approach; and identifies potential next steps to initiating MOUD, if it is selected as the treatment of choice. Ongoing DBHR efforts seek to continue expanding these correctional projects to southwest, northwest, and southeast correctional facilities.

Pregnant and Parenting Women and Their Children

The **Kentucky Department for Community Based Services**, in partnership with the **Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities**, has implemented Sobriety Treatment and Recovery Team (START) for families with child welfare involvement who have been affected by an SUD. START is an intensive intervention model that integrates addiction services, family preservation, community partnerships, and best practices in child welfare and SUD treatment. Delivered by specially trained child protective service workers and family peer mentors (e.g., peer support employees in long-term recovery), START aims to reduce recurrence of child abuse and neglect, improve SUD treatment rates, and build protective parenting capacities. In addition, START also partners with SUD treatment providers to ensure families have quick access to intensive treatment (e.g., referral to MOUD) and individualized wraparound services. Strategies are designed to be trauma-responsive and holistic.

Tribes

Through the state SOR grant, the **Eastern Band of Cherokee Indians (EBCI)**, the only federally recognized Tribe in **North Carolina**, has increased MOUD accessibility at the Cherokee Indian Hospital Authority and expanded other treatment services (e.g., 20-bed adult residential treatment facility, stabilization units, withdrawal management services). Other community initiatives include development of a community rapid-response team, extensive training in culturally appropriate trauma-informed care (e.g., Beauty for Ashes), training in biofeedback (to focus on pain management), and implementation of a tobacco cessation curriculum for individuals receiving OUD treatment. In addition, EBCI instituted a Tribal Action Plan (TAP) to address substance use in the EBCI community and conducted an assets and gaps analysis for opioid use in the community. The TAP will continue to engage the community and Tribal government partners in this initiative to continue developing effective prevention, treatment, and recovery initiatives.

Youth

The **Illinois Department of Human Services Division of Substance Use Prevention and Recovery** has used SOR funds to support a regional program aimed at reducing student athletes' access to opioid pain medications. The Student Athlete Opioid Use Prevention Project conducts education and awareness activities for high school athletic directors, parents, and students to raise awareness of the risks and misuse of prescription opioid pain medications by young athletes. A key activity includes training on the Rx Playbook, a toolkit that contains a collection of resources regarding education and awareness on practices for safe use, safe storage, and safe disposal of prescription opioids. These toolkits include opioid identification guides, prescription talk guides for coaches, flyers and posters, and video clips. Other activities included disseminating awareness information with key messages, partnering with organizations focused on high school athletes, collaborating with prevention resources, promoting the Rx Playbook to targeted high schools, and building social media connections with targeted schools and participating athletes.

People Who are Experiencing Homelessness

The **Tennessee Department of Mental Health and Substance Abuse Services** used SOR funds to support Regional Overdose Prevention Specialists (ROPS), who are regionally focused community trainers that collaborate with statewide community agencies to provide training and education on overdose prevention and response, and naloxone distribution. ROPS are assigned to 13 regional divisions across the state and include peer nurses in recovery, paramedics, and Certified Peer Recovery Specialists. ROPS have increased their efforts to serve people experiencing homelessness and developed partnerships with homeless service agencies to provide training and naloxone distribution to providers, people experiencing homelessness, and their friends and family. Other training efforts focus on addressing stigma surrounding SUD treatment and increasing public awareness about opioid crisis trends and affected vulnerable populations.

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