

# 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): Tennessee Department of Mental Health and Substance Abuse Services

In FY 2017 and FY 2018, the Tennessee Department of Mental Health and Substance Abuse Services received a total of \$27.6 million in STR funding. From FY 2018 through FY 2020, the state received a total of \$76.8 million in SOR funding.

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

The Tennessee STR grant worked to reduce the number of overdose-related deaths through the distribution of naloxone, training professionals and key stakeholders on OUD, implementing an Opioid Overdose Rapid Response System, improving access and availability of clinical treatment and recovery services, expanding access to MAT, and both implementing new strategies and supplementing existing resources for pregnant women.

Under the SOR grant “Changing Behavior, Coordinating Care, and Restoring Lives,” Tennessee is working to increase awareness of the dangers of opioids; educate key stakeholders on preventing overdose; reduce the number of overdose-related deaths through naloxone distribution; train health professionals to assess and treat individuals with OUD; and expand access to MAT, clinical treatment, and recovery services through a hub-and-spoke model.

Under the SOR grant “Changing Behavior, Coordinating Care, and Restoring Lives Tennessee’s SOR II grant “Changing Behavior, Coordinating Care, and Restoring Lives” aims to increase awareness of the dangers of opioids and stimulants and of opioid overdose prevention resources; educate key stakeholders on preventing overdose and safety around illicit drugs; reduce the number of overdose-related deaths through naloxone distribution; train health professionals to assess and treat individuals with OUD and/or stimulant use disorder; reduce opioid overdose deaths through an emergency department–initiated buprenorphine/naloxone pilot program; expand access to MAT in rural areas of the state; expand access to MAT for recovery court clients through a pilot to provide injectable buprenorphine; and expand access to MAT, clinical treatment and recovery services through a hub-and-spoke model.

## Innovative service delivery models

- Statewide, Regional Overdose Prevention Specialists (ROPS) provide training and awareness about overdose prevention, harm reduction strategies, and reducing stigma; provide training on how to access and use naloxone to respond to an overdose; and serve as a point of connection for other services in the community.
- **Hub and Spoke Model**
  - Tennessee created four hub-and-spoke systems in the areas of highest need to provide a network of coordinated care in those geographic areas.
  - Hub-and-spoke agencies provided a full continuum of treatment and recovery services as well as providing all three FDA-approved medications for OUD available within each system.
  - Hub agencies employed Pathfinders and Recovery Coaches to coordinate linkages for clients who need more comprehensive services, which may include primary care, recovery support, dental treatment, recovery housing, etc. Pathfinders and recovery coaches also assist in GPRA collection within their systems.

## Building workforce capacity

- Tennessee trained law enforcement, first responders, laypeople, and health professionals throughout the state on OUD, harm reduction, opioid overdose, and stigma.
- Biweekly educational classes are provided through an Extension for Community Healthcare Outcomes (ECHO) tele-health program to help clinics, hospitals, and emergency departments around the state increase their ability to provide evidence-based treatment for OUD, stimulant use disorder, and co-occurring mental health issues.

## Collaborating with public and private entities

Tennessee collaborates with local jurisdictions by providing training and naloxone to local law enforcement and recovery courts. Other providers include public and private treatment agencies, first responders, syringe services programs, churches/religious organizations, civic groups, local employers, social service providers, local governments, schools, courts, and criminal justice systems.

The Tennessee Department of Mental Health and Substance Abuse Services works collaboratively with the Tennessee Department of Health (TDH) to leverage data, coordinate activities, and collaborate on events. Through a data use agreement, TDH regularly provides overdose and other data to target

community outreach and naloxone distribution. Other collaborative efforts with TDH programs included workgroups focused on drug overdoses and addressing syndemic conditions (sexual transmitted infections, HIV, viral hepatitis, and substance use disorders); regular meetings with the High Impact Area staff of the Opioid Response Coordination Office, to continuously seek opportunities for collaboration; media campaigns, including National Prescription Drug Take Back Day and other periods during the year when there may be a greater need for outreach; and integrating data with content for overdose and suicide prevention. In addition, the Tennessee Department of Mental Health and Substance Abuse Services coordinated local events with health departments including resource and health fairs, community events, and other outreach activities.

## Preventing opioid and stimulant misuse before it starts

Tennessee addresses the risk factors of OUD, opioid overdose, and stimulant use disorder by utilizing substance abuse prevention coalitions (SAPCs) to increase protective factors such as information on the dangers of opioid misuse, public awareness on the broader trends of the substance use crisis, the brain science of addiction, and access to health professionals who can assess and treat OUD and stimulant use disorders. SAPCs also distribute lockboxes and facilitate safe medication returns.

### Education and public awareness

To enhance community awareness of overdose prevention resources and the dangers of opioids, each SACP implements public/media awareness campaigns on the dangers of opioids, OUD, stimulants, and how to access naloxone in their respective communities.

## Overdose reversal efforts: saving lives

Through the Tennessee's Save a Life Project, ROPS prioritize outreach to three high-need groups: first responders; individuals who are at high risk of overdose and their families and friends; and community organizations/agencies serving those at high risk of an overdose. ROPS are embedded in county coalitions or community agencies to provide a hub, for each of their respective catchment areas, to plan and coordinate evidence-based and emerging practices around overdose prevention and maximize community involvement. ROPS work collaboratively with coalitions to ensure that key stakeholders across the state receive training on opioid overdose, OUD, harm reduction, stigma, and naloxone use. In addition to providing training, ROPS distribute naloxone to individuals at high risk of overdose and other key stakeholders in the community.

## Increasing access to treatment

Tennessee expanded access to MAT for the uninsured by increasing the treatment provider network. Prior to STR/SOR, Tennessee's public addiction treatment system adhered to an abstinence-based model. STR/SOR has allowed Tennessee to add the harm reduction model as an additional pathway to recovery.

Through SOR funding, Tennessee has created a hub-and-spoke system. This system has helped connect providers to each other in a way they were not before by improving communication and linkages to help serve clients in the most appropriate setting with appropriate services. STR/SOR has also increased access to MAT to include all three FDA-approved medications for OUD. SOR has provided a way to fund additional providers that Tennessee had not previously been able to partner with and to assist current providers in expanding their programming. SOR provides agencies with access to the full continuum of clinical treatment and recovery services that other funding sources may not be able to provide.

## Supporting long-term recovery

A broad range of recovery support services are available through SOR. These include case management, employment skills, health/wellness, spiritual/pastoral support, recovery activities, recovery skills, relapse prevention, transportation, and transitional housing. Through SOR each hub has employed two recovery coaches who provide peer support and recovery coaching and help connect clients with recovery support services to facilitate long-term recovery for those with an OUD.

## Serving special populations

- Through STR, Tennessee targeted pregnant women with an OUD to expand access to clinical treatment services.
- SOR II will expand access to long-acting injectable buprenorphine for individuals reentering the community from the criminal justice system.
- ROPS have developed partnerships with agencies who serve people experiencing homelessness, working to increase access to training and naloxone for this population. ROPS also work with recovery drug courts and jails to provide training and naloxone access as well as working with churches to connect with urban communities of color.

## Demonstrating outcomes for a healthier future

As of March 31, 2021:

- 2,982 individuals received treatment and recovery services through the STR program
  - Buprenorphine – 1,672
  - Naltrexone – 1,310
- 3,617 individuals received treatment and recovery services through the SOR program
  - Buprenorphine – 1,539
  - Naltrexone – 869
  - Methadone – 1,209
- 178,554 units of naloxone have been distributed statewide
- 22,156 overdose reversals have been reported

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