

# 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): Virginia Department of Behavioral Health and Developmental Services (DBHDS)

In FY 2017 and FY 2018, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) received a total of \$19.4 million in STR funding. From FY 2018 through FY 2020, the state received a total of \$67.1 million in SOR funding.

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

DBHDS manages and distributes SOR funds for Virginia. DBHDS is utilizing SOR grant funds to respond to needs and challenges related to OUDs and opioid overdose deaths across the state. Using a comprehensive, multipronged approach, Virginia is ensuring that SOR funds support state and local initiatives across the continuum of care; from prevention to treatment to recovery.

SOR initiatives align with the strategic goals of [Virginia's Governor's Executive Leadership Team on Opioids and Addiction](#). Implementing strategies that are complementary to this team's action plan allows Virginia to leverage state resources in addition to SOR funds to address Virginia's opioid crisis. The alignment also provides greater opportunities for broad, system-level change and long-term sustainability of initiatives established with SOR funding.

**Evaluation and Capacity Building:** To support grant implementation, the OMNI Institute (OMNI) has worked with Virginia to establish comprehensive capacity building and evaluation planning across prevention, treatment, and recovery. OMNI designed the evaluation to track grant progress and outcomes. The evaluation plan describes how each objective is measured and the data collection processes in place to assess progress toward desired outcomes. Additional details on Virginia’s efforts and evaluation results are available in OMNI’s Virginia SOR Annual Report, which summarizes FY 2019 SOR accomplishments.

### Innovative service delivery models

- Expansion of MAT in Federally Qualified Health Centers (FQHCs)
- Project ECHO (Extensions for Community Healthcare Outcomes)
- Collegiate recovery programs
- Mobile MAT vehicle
- Certified Recovery Peers in local department of health offices, jails, hospitals, and the Virginia Department of Corrections

### Building workforce capacity

**Trained coalition leaders to address local substance use issues:** In collaboration with the Community Anti-Drug Coalitions of America (CADCA), DBHDS hosted the 2019 CADCA Virginia Mini-Academy, an abbreviated version of CADCA’s National Coalition Academy training program that teaches coalition leaders the skills and processes necessary to implement SAMHSA’s Strategic Prevention Framework.

**Increased opportunities statewide to deliver education to prescribers and the public:** Community Service Boards (CSBs) provided prescriber education to health care providers, taught the public about the impact of the opioid epidemic, and educated communities on the links between childhood trauma and substance use and misuse.

## Collaborating with public and private entities

**Community Partners:** A majority of the SOR funds are disbursed to the 40 CSBs across the state. These entities offer prevention, treatment, and recovery programs and services across the state. CSBs use SOR prevention funding to identify prevention priorities based on local data and pursue appropriate strategies. SOR treatment and recovery funding is used to expand capacity to provide OUD treatment and recovery services using a variety of strategies based on unique community needs. These needs range from workforce development and expansion (e.g., more treatment providers and peer recovery specialists) to increased OUD treatment and recovery service provision for uninsured individuals.

**State Partners:** In addition to CSBs, several other state agencies and organizations are engaged as partners on the SOR grant, both in implementation and evaluation roles. Many of these partners are using SOR funds to continue efforts that began under the STR grant. Partners receiving SOR funds to implement strategies include the Virginia Higher Education Opioid Consortium, Virginia Commonwealth University’s Virginia Higher Education Collaborative, the Virginia Department of Corrections, the Virginia Department of Health, the Virginia Department of Criminal Justice Services, the Virginia Department of Medical Assistance Services, the Virginia Department of Social Services, and the Virginia State Police.

**Private Partners:** Private MAT/office-based opioid treatment services are contracted with multiple partners to provide services that the CSBs are unable to provide.

## Preventing opioid misuse before it starts

- **Increased the capacity for communities to prevent prescription drug and heroin overdoses:** Forty CSBs worked with OMNI to build evaluation capacity through logic model development and data-driven strategy selection using national, state, and local data.
- **Increased the number of safe storage and disposal efforts:** To decrease the availability of prescription drugs for misuse, this effort included the distribution of drug deactivation packets, lockboxes, and “smart” pill bottles. Communities also participated in drug take-back events and arranged for the installation of permanent drug drop boxes. Harm reduction programs worked with the Virginia Department of Health to engage with the community on multiple levels.
- **Addressed substance use and mental health equity in prevention services:** Targeted grants to communities and implemented the Health Equity Summit to provide 96 community participants with frameworks, tools, and resources to understand and envision substance use and mental health equity in their communities. Twelve communities received mini-grants to reduce barriers to mental health and substance use care and promote equity among disparate groups.

## Education and public awareness

**Increased community awareness of local opioid overdose problems:** All 40 CSBs developed prevention messaging with input from coalitions and community partners, and many customized information for subpopulations within their communities.

**Revamped the Curb the Crisis media campaign:** DBHDS worked with external marketing partner Reingold on Curb the Crisis, a statewide media campaign focused on linking community members to prevention, treatment, and recovery resources. DBHDS worked with Reingold to improve campaign content and functionality for all Virginians. The website is currently up and running, providing information to the community.

## Overdose reversal efforts: saving lives

**Provided REVIVE! trainings** (Virginia’s training on opioid overdose reversal and naloxone administration) **and distributed naloxone to participants:** Trainings and naloxone kits were provided to community members, corrections facilities staff, probation and parole officers, law enforcement, and first responders.

## Increasing access to treatment

- **Increased the number of individuals engaged in treatment** who are receiving MAT for OUD and other treatment services. All 40 CSBs are providing MAT, and several have hired additional clinical staff with SOR funds. Five FQHCs were also funded to provide MAT and clinical supports.
- **Expanded availability of wraparound supports** that are critical to treatment success and overcoming treatment barriers, including transportation, childcare, and service vouchers. These services enable individuals to better adhere to treatment plans and achieve desired OUD treatment outcomes.
- **Expanded Project ECHO** (videoconference grand rounds) to support health care providers in treating individuals with opioid and other substance use disorders (SUDs).

## Supporting long-term recovery

- **Increased the number of SUD peers.** The state increased the number of peers who are trained, certified, and employed as Peer Recovery Specialists (PRS).
- **Increased the number of SUD peers in high-risk settings.** Efforts were made to make more peers available to support individuals in corrections facilities and emergency departments.
- **Established recovery data collection systems.** Several local entities trained SUD peers in GPRA administration and data collection efforts for individuals involved in SOR-funded treatment and recovery services. SUD peers are simultaneously providing recovery services and contributing to data collection efforts that track grant progress and outcomes.
- **Inventoried peer recovery services in corrections facilities and emergency departments.** DBHDS compiled reports on existing MAT and peer recovery programs in corrections facilities and emergency departments across Virginia. These reports are the first of their kind for Virginia and are being used to identify gaps in services. They will also serve as a baseline to identify how corrections and emergency department services change in the future as a result of SOR initiatives.
- **Launched 10 recovery warmlines** to provide support for individuals in every region of the state via phone. Warmlines are being staffed with SUD peers.
- **Assessed changes in recovery outcomes,** including substance use, housing, education, employment, health, and social connectedness. Most (88%) individuals assessed stated that working with a peer is moderately, considerably, or extremely helpful with recovery and maintaining sobriety.

## Serving special populations

- **Expanded collegiate recovery programs.** Provided consultation services, technical assistance, and financial support to eight universities to increase their recovery resources. These universities are modeling their work on a successful program in place at Virginia Commonwealth University.
- **Extended Project LINK programs.** These programs provide case management that provides intensive gender-specific services to pregnant, postpartum, and parenting women whose lives have been affected by substance use and/or co-occurring disorder. Project LINK reduces a woman's barriers to treatment by providing support services.
- **Jail and Department of Corrections programs.** The Department of Corrections and local jails across the state are establishing MAT and recovery programs with the SOR funding.

## Demonstrating outcomes for a healthier future

- **Community Awareness and Campaigns:**
  - 1.3 million individuals were targeted through public media displays (e.g., billboards, bus ads), 1.4 million individuals were targeted through social marketing (e.g., websites and social media sites), and 590,000 individuals were reached through printed materials (e.g., fliers, pharmacy bags).
  - 39,000 individuals were reached through in-person events and presentations.
- **Education and Training:**

- 576 community members participated in trainings on Adverse Childhood Experiences and 99 participated in Mental Health First Aid trainings.
- 6,828 youth engaged in youth-specific education (e.g., youth leadership training, student groups, ongoing educational programs).
- 792 individuals (providers and patients) received education or educational materials designed to address misuse of prescription opioids.
- **Naloxone Training and Distribution**
  - 1,140 community members were trained on naloxone administration through Virginia’s *REVIVE!* training program.
  - 3,510 SOR-funded naloxone kits were distributed to local health departments, community members, CSBs, and first responders.
  - The Virginia Department of Corrections distributed 2,279 SOR-funded naloxone kits to staff in 38 corrections facilities and 42 probation and parole offices.
- **Safe Storage and Disposal Efforts**
  - CSBs distributed 10,672 drug deactivation packets, 3,193 prescription drug lockboxes, and 576 smart pill bottles to community members.
  - Over 700,000 individuals gained access to permanent drug drop boxes, and 405 community members participated in drug take-back events.
- **MAT Availability**
  - In 2017, 18 of the 40 CSBs across Virginia were offering MAT services. SOR funds helped to expand MAT coverage to all 40 CSBs by the end of 2019, significantly increasing access to treatment for Virginians.
- **Peer Recovery Services**
  - 328 individuals completed the PRS training; 79 PRS-trained individuals became certified; 40 individuals registered with Virginia’s Certification Board.
  - 36 hospitals offer peer recovery services in emergency departments.
  - 9 universities offer SOR-funded peer support services.
  - 23 regional jails provide SOR-funded MAT and/or recovery services.

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