

# State Efforts to Address Substance Use Disorders

Robert Morrison, Executive Director, NASADAD

March 20, 2023

Milken Institute School of Public Health

George Washington University

# Overview of NASADAD

- NASADAD's mission is to promote effective and efficient publicly funded State substance use disorder prevention, treatment, and recovery systems.
- Office in Washington, D.C.
  - Research and Program Applications Department
    - Research Department houses component groups: prevention, treatment, women's services, and SOTAs
  - Public Policy Department
- Governed by Board of Directors
  - Sara Goldsby (SC), President
  - Cassandra Price (GA), Public Policy Committee Chair

# What do we do?



Serve as the national voice of State substance use agencies



Foster partnerships among States, federal agencies, and other key national organizations



Develop and disseminate knowledge of innovative substance use programs, policies, and practices



Promote key competencies of effective State substance use agencies



Promote increased public understanding of prevention, treatment, and recovery processes and services

# NASADAD Component Groups

Under the  
NASADAD umbrella  
are special interest  
groups that  
represent State  
alcohol & drug  
agency staff:



Prevention  
Coordinators



Treatment  
Coordinators



Women's Services  
Coordinators



State Opioid  
Treatment  
Authorities (SOTAs)



Youth  
Coordinators



HIV Coordinators

# Role of State Alcohol and Drug Agencies

**NASADAD** National Association of State Alcohol and Drug Abuse Directors  
September 2022

## The Role of State Alcohol and Drug Agencies

The Single State Agency (SSA) is the lead agency in each State or jurisdiction responsible for managing federal funds dedicated to addressing substance use prevention, treatment, and recovery. These agencies are governed by different statutes and regulations, vary in terms of their exact functions, size, and placement within State government. Yet these same agencies also share common characteristics as well. The development of effective federal policy requires an awareness and appreciation of the important role State alcohol and drug agencies play in managing our nation's prevention, treatment, and recovery system.

**Managing the Substance Abuse Prevention and Treatment (SAPT) Block Grant:** The SAPT Block Grant is a \$1.9 billion federal formula grant that is allotted to NASADAD members. By statute, twenty percent of the SAPT Block Grant must be dedicated to critical substance use prevention programming.

**Managing opioid-specific grants to States:** NASADAD members manage the State Opioid Response grants (\$1.525 billion in FY 2022) which address the opioid crisis by increasing access to treatment and reducing opioid overdose deaths through prevention, treatment, and recovery activities. SSAs previously managed the State Targeted Response grants in their State. These grants supplement existing opioid-related services being led by the State alcohol and drug agencies.

**Promoting effectiveness through planning, oversight, and accountability:** States work with stakeholders to craft and implement annual plans for State-wide service delivery. In the process, they employ mechanisms to ensure public programs are effective. State agencies use tools such as performance data management and reporting, contract monitoring, corrective action planning, on-site reviews, and technical assistance.

[www.nasadad.org](https://www.nasadad.org)

<https://nasadad.org/role-of-ssas/>

**Placement in State government varies:** May be Departments of Health, Human Services, Social Services, Cabinet Level, and so on

Develop annual **State plans** to provide prevention, treatment, and recovery services

Manage the Substance Use Prevention, Treatment, and Recovery Services (SAPT) Block Grant

Manage opioid-specific grants to States

Promote effectiveness through planning, oversight, and accountability

Report Data

Promote and ensure quality

Encourage coordination across state government

Work with the provider community

# Working with providers across prevention, treatment, recovery

- **Convene** provider community to ensure communication and awareness; seek and acquire input
- **Training** to help support providers with education on evidence-based practices related to programs, practices and policies
  - Includes help translating research-to-practice
- Develop and issue **guidance** to providers
- Lead / contribute to staff and facility **licensing and certification** activities
- Assisting providers to leverage opportunities offered by **federal partners**
- Critical **partner** when considering action **regarding workforce crisis**



## Substance Use Prevention, Treatment, Recovery Services (SUPTRS) Block Grant

- \$2 billion formula grant administered by SAMHSA
- The Block Grant received a \$50 million increase in fiscal year (FY) 2022 (\$1.908 billion)
- Supports treatment for 2 million Americans per year
- 20 percent set-aside for primary prevention
- Flexible program that allows each State to direct resources for prevention, treatment, and recovery to meet their own needs
- Infrastructure for efficient and effective management and allocation of funds

## FEDERAL POLICY PRIORITIES

Workforce

Linking federal initiatives to State alcohol and drug agencies

Educating the public regarding substance use disorders

Improved data collection efforts



# STATE TARGETED RESPONSE (STR) AND STATE OPIOID RESPONSE (SOR) GRANTS

- 21<sup>st</sup> Century Cures Act authorized account for State Targeted Response (STR) to the Opioid Crisis Grants
  - \$500 million in FY 2017 (year 1)
  - \$500 million in FY 2018 (year 2)
- Additionally, in FY 2018, appropriators allocate , above and beyond year 2 of STR, "\$1 billion in new funding for grants to States to address the opioid crisis"--the State Opioid Response (SOR) grants.
  - \$1.5 billion in FY 2021
  - \$1.525 billion in FY 2022
  - \$1.575 billion in FY 2023
- The program aims to address the opioid crisis by increasing access to medication-assisted treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD)
- In FY 2020, Congress made stimulants an allowable use of funds under SOR

# NASADAD SOR Briefs

To understand how grantees have used these funds, NASADAD developed in 2019 and 2021, individual **State** and **Territorial briefs** that describe highlights of each state alcohol and drug agency's use of STR/SOR funds across the continuum of care.

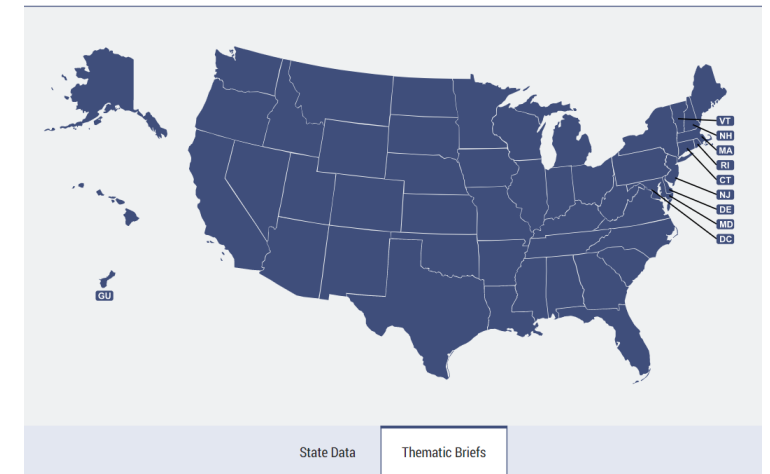
**Thematic briefs** were also developed to analyze common strategies and services states have implemented in dealing with the opioid and stimulant misuse and use disorders.

## IMPACT OF STATE TARGETED RESPONSE & STATE OPIOID RESPONSE GRANTS

The Substance Abuse and Mental Health Services Administration (SAMHSA) previously funded the State Targeted Response to the Opioid Crisis (STR) grant and currently funds its successor, the State Opioid Response (SOR) grant, to address the opioid crisis. SOR funding can be used to support evidence-based prevention, treatment, and recovery support services for opioid and stimulant misuse and use disorders.

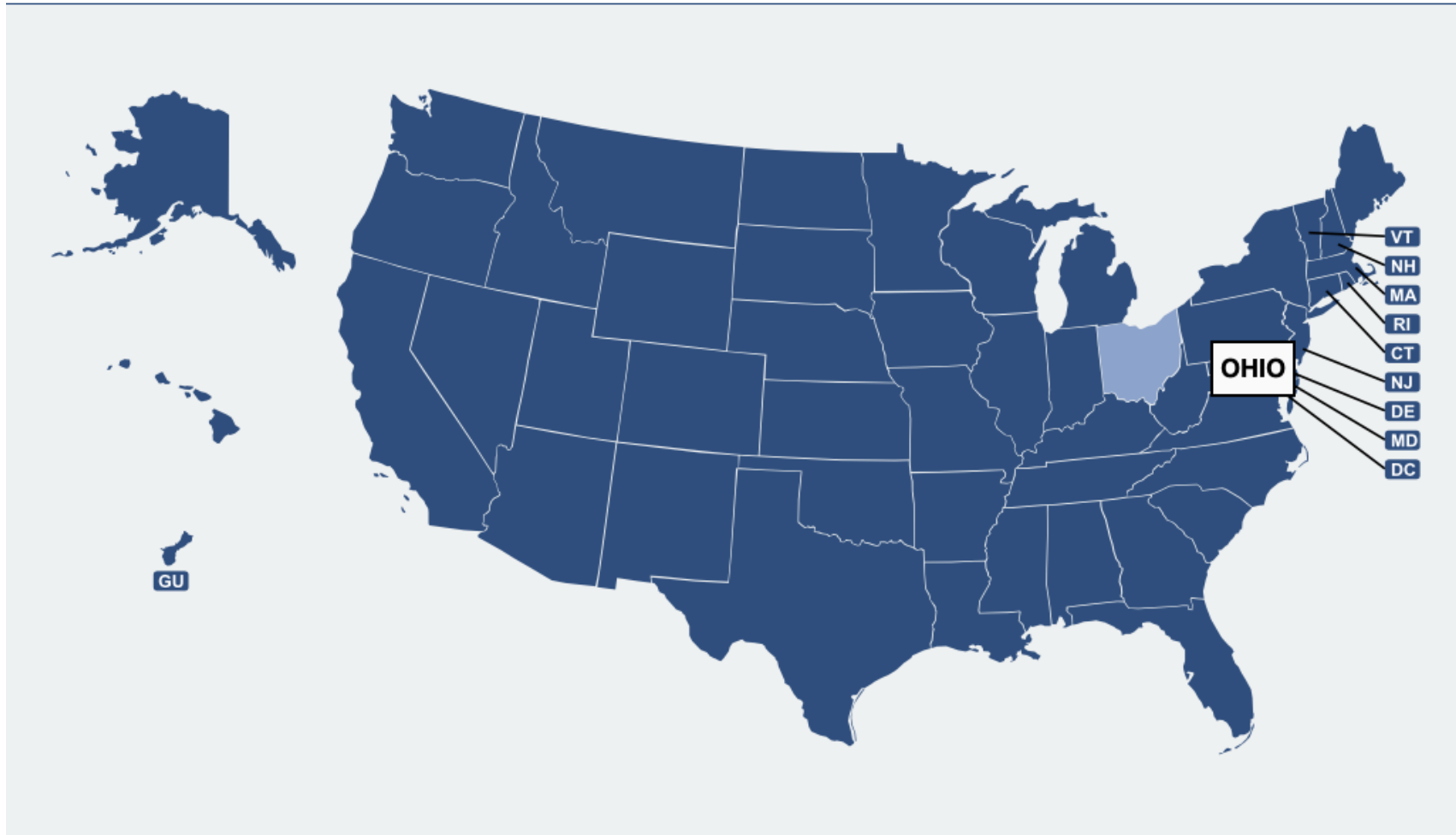
To understand how grant recipients have used these funds, NASADAD developed **state and territorial - specific briefs** that describe highlights of each state alcohol and drug agency's use of STR/SOR funds across the continuum of care. **Thematic briefs** were also developed to analyze common strategies and services states have implemented to for opioid and stimulant misuse and use disorders using STR/SOR funding.

Click on a state or territory in the map to access their STR/SOR Brief



<https://nasadad.org/>

# DROPDOWN MENU TO ACCESS THEIR STR/SOR BRIEF



Select a state: **Ohio**

## Ohio Initiative Brief

### Addressing Opioid and Stimulant 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 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): Ohio Department of Mental Health and Addiction Services

In FY 2017 and FY 2018, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) received a total of \$52 million in STR funding. From FY 2018 through FY 2020, Ohio received a total of \$236.2 million in SOR funding.

#### Overview of Ohio's efforts to address opioid and stimulant misuse and disorders

The Ohio SOR Project is intended to:

1. Expand prevention efforts related to naloxone distribution, provide training across systems for professionals to improve system responses to the opioid crisis, and deploy targeted awareness messaging for communities;
2. Expand access to MAT and a clinical workforce with the expertise to provide MAT and psychosocial treatment to individuals with an OUD; and
3. Expand the use of certified peer supporters and access to recovery housing, in particular recovery housing for families, and development of employment opportunities for persons in recovery from opioid addiction.

**Thematic briefs** describe some of the most pressing issues faced by the SSAs in responding to the opioid crisis and stimulant misuse and use disorders, common strategies to address them, and innovative programs. The briefs cover:

- Crisis Support Services
- Special Populations Initiatives
- Initiatives to Build Workforce Capacity
- Demonstrating Outcomes for a Healthier Future
- Prevention Initiatives
- Treatment Initiatives
- Overdose Reversal Initiatives
- Recovery Support Initiatives

## STR/SOR ISSUE BRIEF Initiatives to Build Workforce Capacity

### 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 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 with 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.

1



### How states are using State Targeted Response (STR) and State Opioid Response (SOR) funds to make a difference

#### PREVENTION INITIATIVES

In April of 2019, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) sent an inquiry to the Single State Agencies for alcohol and other drug services requesting information on how they were using the State Targeted Response (STR) and State Opioid Response (SOR) grants to address the opioid crisis in their states. The results of the inquiry were summarized into state-specific profiles highlighting prevention, treatment, overdose reversal, and recovery support efforts. State profiles generally covered a reporting timeframe between May 2017 - April 2019. A total of 50 state responses were received. Washington D.C. and U.S. Territories did not respond to the inquiry. Below is a brief analysis of the most common ways states have used STR/SOR funds for primary prevention initiatives, as well as select examples of innovative prevention initiatives.



1

## STR/SOR OUTCOMES SNAPSHOT Demonstrating Outcomes for a Healthier Future

### Background and Overview

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 snapshot captures national data on three common state outcomes: naloxone kits distributed; overdose reversals reported; and individuals who received medication for opioid use disorder (MOUD). It also provides two examples of state-specific outcomes. The snapshot 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.

### Example of State Programmatic Outcomes: California Department of Health Care Services

California has substantially increased access to treatment and other services for opioid and stimulant use disorder with STR/SOR funding. As of June 2021, more than 40,000 individuals have received treatment through the state's Hub and Spoke System (otherwise known as the Medication Assisted Treatment [MAT] Expansion Project), with significant expansions in treatment availability in the northern and central parts of the state, where individuals and communities have been most impacted by the opioid crisis.

Through STR/SOR investments, over 48,000 individuals have been connected to substance use navigators in emergency departments to reduce obstacles and facilitate access to treatment; 24,191 individuals have been identified with opioid use disorder (OUD); and 15,471 individuals have received MOUD during their encounter.

Additionally, as of March 2021, over 10,745 individuals have been treated with MOUD in county jails. This number is quickly growing.

The state has distributed more than 900,000 units of naloxone to law enforcement, first responders, harm reduction organizations, community organizations, county behavioral health agencies, schools, and homeless service programs. More than 37,000 overdose reversals have been reported. To learn more about the 30 projects in the California MAT Expansion Project, visit <http://www.californiamat.org>.

### Outcomes Across the Continuum of Care: Maryland Department of Health Behavioral Health Administration

Prevention	Treatment	Recovery
<ul style="list-style-type: none"> <li>Public awareness campaigns have made 392,719,534 impressions on the public, increasing knowledge of the opioid crisis and where to get help.</li> <li>114,995 individuals have been trained to provide evidence-based prevention programs.</li> <li>In hospital emergency departments, 298,578 individuals were screened for OUD, and 8,981 were referred for treatment.</li> </ul>	<ul style="list-style-type: none"> <li>11,317 individuals received substance use treatment.</li> <li>Seven counties have established crisis stabilization centers, serving 4,751 individuals to date.</li> <li>6,305 individuals have received MOUD. Of those individuals, 3,227 were referred to MOUD through Screening, Brief Intervention, and Referral to Treatment (SBIRT).</li> </ul>	<ul style="list-style-type: none"> <li>15,191 individuals who are at high risk of an overdose or are high utilizers of the emergency department have received intensive case coordination and recovery support services.</li> <li>50,774 individuals have received critical peer recovery services.</li> </ul>

Funding for this initiative was made possible (in part) by grant no. 2019F000343 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.

## USE OF SOR FUNDS: PREVENTION

- 94 percent or 47 States are using SOR funds to support educational programs that included prescriber education
- 92 percent or 46 States using SOR funds to support information dissemination through media campaigns, community health fairs, speaking engagements and material distribution
- 84 percent or 42 States are using SOR funds to support community coalitions, task forces, and community forums
- 48 percent or 24 States are using SOR funds to support environmental strategies including PDMPs, drug deactivation pouches, medication lockboxes, take back events
- 38 percent or 19 States are using SOR funds to support Screening, Brief Intervention and Referral to Treatment
- 14 percent or 7 States are using SOR funds to support alternative activities such as sober activities, provider training, non-opioid pain medications

## SOR FUNDS AND PREVENTION: EDUCATIONAL PROGRAMS

- The **Michigan Department of Health and Human Services** has implemented statewide training and expanded evidence-based prevention programming. The state is utilizing Strengthening Families, an evidence-based substance use prevention program targeting 10-14-year-olds and their families.
- Other evidence-based programs implemented under SOR funding include Botvin's Life Skills, Prime for Life, Guiding Good Choices, and Project Toward No Drug Abuse.
- They also implemented evidence-based prevention programs that target adults aged 55 and older and provide education aimed at reducing high-risk behaviors. Programs include Stress Less with Mindfulness, Chronic Pain Self-Management, and Wellness Initiative for Senior Education.

## SOR FUNDS AND PREVENTION: INFO DISSEMINATION

- The **Connecticut Department of Mental Health and Addiction Services** has provided 75 mini-grants to community coalitions across the state to disseminate “Change the Script” materials to parents, prescribers, pharmacists, dentists, and veterinarians.
- This statewide public awareness and educational campaign has increased awareness among the general public about opioid use, misuse, and overdose.
- The campaign was deployed across billboards, TV and radio stations, social media, and mall and bus advertising. The campaign has been customized for prescribers, funeral homes, realtors, libraries, and construction trades.

## SOR FUNDS AND PREVENTION: COMMUNITY BASED ORGS

- The **Kentucky Department for Behavioral Health, Developmental & Intellectual Disabilities** has added prevention support staff to strengthen the 14 Regional Prevention Centers (RPCs) to help align coalition efforts and shape community efforts.
- Collaboration Specialists work to engage and equip community coalitions and stakeholder agencies to become more effectively involved in opioid prevention efforts.
- Youth Empowerment Specialists work to empower young people to become part of the solution to problems within their communities. In addition, seven interns have been placed to support opioid prevention across the state to increase the number of professionals entering the prevention field with an expertise in opioid use disorder (OUD) prevention.



## SOR FUNDS AND TREATMENT

- 88 percent or 44 States used SOR funds to support **Medication Assisted Treatment Service Expansion**
- 66 percent or 33 States used SOR funds to support expand **service delivery models** across the spectrum of care
- 64 percent or 32 States used SOR funds to support services to **justice-involved populations** with OUD
- 60 percent or 27 States used SOR funds to support **workforce development**
- 50 percent of 25 States used SOR funds to support telehealth for patients with OUD
- 48 percent or 24 States used SOR funds to support services to pregnant and post-partum women with OUD

## SOR FUNDS AND TREATMENT: MAT EXPANSION

- **In North Carolina, the Department of Health and Human Services (DHHS)** has utilized over two-thirds of STR and SOR funding to expand access to MAT to uninsured individuals within the state. Prior to STR funding, North Carolina operated 53 OTPs—the majority of which were private pay programs. As of April 2019, there are 77 OTPs in operation statewide providing all three FDA-approved medications which more than half of (40) have contracts with managed care organizations (MCOs) for uninsured individuals. This has led to 20,000 individuals obtaining services daily. Additionally, several MCOs have extended contracts to OBOTs to better serve rural communities.

## SOR FUNDS AND TREATMENT: SERVICE DELIVERY MODELS

- With SOR funding, the **Washington State Division of Behavioral Health and Recovery (DBHR)** has expanded accessibility to OUD treatment by establishing delivery systems through Opioid Treatment Networks (OTNs) with 17 contracted organizations (eight emergency departments, five jails, two syringe support programs, one shelter, and one fire department). Funds have supported the OTN infrastructure, staffing, coverage of MAT medications, and linkage procedures to community-based providers.
- In addition, DBHR used STR and SOR funding to develop six hub and spoke models statewide to increase access to MAT, SUD treatment and/or primary healthcare services, wrap around services, and referral systems. As of April 2019, 1,752 individuals have received MAT through the OTNs, and an additional 5,943 individuals have received MAT through the Hub & Spokes.

## SOR FUNDS AND TREATMENT: JUSTICE-INVOLVED POPULATIONS

The **New York Office of Alcoholism and Substance Abuse Services (OASAS)** has used SOR funds to support MAT for individuals reentering communities from 20 local correctional facilities and three state facilities. Through a collaboration between OASAS and the New York State Department of Correction and Community Supervision (NYSDOCCS), DOCCS facilities have partnered with OASAS certified SUD treatment providers to facilitate the provision of SUD treatment. Eligible returning individuals receive SUD counseling, the option to begin MAT during detainment, education and resources on MAT, and a person-centered discharge plan for linkage to community-based treatment.

As of April 2019, 1,958 individuals in local correctional facilities have received SUD counseling and educational resources on MAT. Of these, more than half (1,356) have received a person-centered plan for linkage to community-based treatment upon correctional release with 49% (667) admitted to treatment post-release. An additional 631 individuals in state correctional facilities received SUD counseling and educational resources on MAT and a total of 145 of these individuals received a naltrexone injection as well as a person-centered care plan.

## SOR FUNDS AND TREATMENT: TELEHEALTH

- As a collaborative effort, the **California Department of Health Care Services (DHCS)** has used SOR funds to partner with American Indian and Alaska Native community stakeholders to implement a Tribal MAT Project. Under this project, which addresses the culturally unique needs of AI/AN populations, TeleWell Behavioral Medicine has used telehealth technology to provide psychiatric and addiction medicine services at tribal and urban Indian health programs. This initiative facilitates the provision of MAT to AI/AN patients with OUD and includes clinical assessment, drug screening, induction, prescribing, evaluation and management, psychosocial, and co-occurring psychiatric treatment services. Additionally, TeleWell offers monthly office hours for telemedicine support and clinical consultation regarding MAT care delivery. Through March 2019, tele-MAT services have been implemented in 15 new Indian Health Providers (IHP).

## SOR FUNDS AND OVERDOSE REVERSAL

- 94 percent of 47 States used SOR funds to support naloxone purchase and distribution to first responders, EMS, fire, law enforcement, criminal justice veterans orgs, schools, universities, SUD treatment programs and more
- 28 percent of 14 States used SOR funds to support capacity building
- 24 percent or 12 States used SOR funds to support public awareness and materials development
- 10 percent or 5 States supported post-overdose programs

## SOR FUNDS AND OVERDOSE REVERSAL: NALOXONE

- The **Florida Department of Children and Families (DCF)** has used STR funds to implement the Overdose Prevention Program (OPP) – a state program that provides access to naloxone kits to community-based organizations that serve individuals at risk of experiencing an opioid overdose and to friends and family who may witness an overdose. In addition, OPP provides overdose recognition and response training to participating organizations. As of 2019, there are 96 enrolled OPP organizations, including substance use and mental health treatment providers, homeless service organizations, harm reduction programs, recovery organizations, emergency departments, federally qualified health centers, and other community-based organizations.
- Through April 2019, OPP has conducted 49 overdose prevention and response training events that educated 1,643 individuals and purchased and distributed approximately 56,595 naloxone kits, including 5,000 kits for law enforcement agencies. Efforts have led to an estimated 2,647 reported overdose reversals. The SOR grant continues to support OPP's efforts, with an estimated \$3.5 million set to be allocated for naloxone kits each year of the grant.

## SOR FUNDS AND OVERDOSE REVERSAL: CAPACITY BUILDING

- The **Nevada Department of Health and Human Services, Division of Public and Behavioral Health (DPBH)**, has used STR funds to expand their naloxone distribution sites from two syringe service programs to three treatment hubs, eight community coalitions, four community-based organizations, and one jail. STR funding has also supported the development of an opioid spike action plan involving a real-time overdose mapping system. Planning efforts have brought numerous community stakeholders together across various counties to begin implementing the tool. In 2018, the overdose reversal tracking tool began seeing increased utilization across several agencies. As of April 2019 at least one agency in each county of Nevada has signed up for this mapping tool, expanding collaboration efforts to 45 agencies across the state.



## SOR FUNDS AND OVERDOSE REVERSAL: POST-OVERDOSE

- The **Massachusetts Department of Public Health (MDPH)** has used STR funds to support and expand their Boston-based Post Overdose Support Team (POST) initiative. POST aims to connect with individuals and families through in-person, home-based outreach following a 911 call for an overdose. Outreach events may result in substance use disorder treatment placements, family recovery support services referrals, or overdose prevention and naloxone training. Funded efforts include onboarding more personnel (e.g., harm reduction specialists and first responders), improving coordination between various treatment agencies, and expanding the team's community outreach hours. As of April 2019, three funded POST sites have reported making contact with approximately 418 individuals located at addresses where an overdose occurred. With SOR funding, POST continues to expand and enhance their three existing community-based first responder follow-up programs.

## SOR FUNDS AND RECOVERY SUPPORT INITIATIVES

- 76 percent or 38 States used SOR funds to support recovery coaches/peer support specialists
- 50 percent or 25 States used SOR funds to support recovery housing
- 30 percent or 15 States used SOR funds to support patients with access to recovery specialists after experiencing an overdose
- 22 percent or 11 states used SOR funds to support reentry programs
- 16 percent or 8 States used SOR funds to support recovery community organizations (RCOs)

# SOR FUNDS AND RECOVERY SUPPORT INITIATIVES: RECOVERY COACHES

- In **Rhode Island, the Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH)** has used SOR funds to continue expanding their peer-driven emergency department (ED) program, AnchorED. Utilizing the peer support model, peer recovery coaches are deployed to connect individuals with reported opioid-related overdose to recovery and treatment services. Recovery coaches facilitate linkage to withdrawal management, hospital-based and outpatient SUD treatment, MAT, and residential treatment. Additionally, AnchorED staff provide overdose prevention education, naloxone administration training, and follow-up with discharged individuals for at least 10 days to ensure treatment engagement. Other recovery support services include connecting individuals to housing, homeless assistance programs, employment assistance programs and job training. In 2018, AnchorED recovery coaches counseled more than 1,700 overdose survivors, with 82% of them deciding to engage in recovery support services upon ED discharge. As of April 2019, AnchorED's 24/7 on-site peer support services are available to all 12 hospitals in Rhode Island.

# SOR FUNDS AND RECOVERY SUPPORT INITIATIVES: RECOVERY COACHES

- In **Rhode Island, the Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH)** has used SOR funds to continue expanding their peer-driven emergency department (ED) program, AnchorED. Utilizing the peer support model, peer recovery coaches are deployed to connect individuals with reported opioid-related overdose to recovery and treatment services. Recovery coaches facilitate linkage to withdrawal management, hospital-based and outpatient SUD treatment, MAT, and residential treatment. Additionally, AnchorED staff provide overdose prevention education, naloxone administration training, and follow-up with discharged individuals for at least 10 days to ensure treatment engagement. Other recovery support services include connecting individuals to housing, homeless assistance programs, employment assistance programs and job training. In 2018, AnchorED recovery coaches counseled more than 1,700 overdose survivors, with 82% of them deciding to engage in recovery support services upon ED discharge. As of April 2019, AnchorED's 24/7 on-site peer support services are available to all 12 hospitals in Rhode Island.

## SOR FUNDS AND RECOVERY SUPPORT INITIATIVES: RECOVERY COMMUNITY CENTERS

- The **Massachusetts Bureau of Addiction Services** used STR funds to implement a peer-based support model for pregnant, post-partum, and parenting women. Known as Families Recovery, this peer recovery support model deploys a team consisting of a peer recovery coach and a clinician in six state-funded recovery support centers. The project aims to improve access to MAT for pregnant and parenting women and their families and supports women's efforts to maintain custody and reunify families. Through April 2019, 260 individuals and their families have been served; an additional 240 women and their families are projected to receive services in the next two years.

## SOR FUNDS AND RECOVERY SUPPORT INITIATIVES: REENTRY

- Another holistic recovery approach geared towards special populations is the Support Team for Addiction Recovery (STAR) program, funded by STR grants through the **New Jersey Division of Mental Health and Addiction Services (DMHAS)**. One of the aims of the STAR program is to help maintain justice-involved individuals with an OUD in recovery. The STAR initiative, comprised of two case managers and two recovery specialists, provided reintegration services to opiate-dependent individuals released from jails across 10 STAR programs statewide. Services involved assistance with housing, transportation, employment, education, health care, childcare, and legal issues.

# MAJOR WORK MOVING FORWARD

- Addressing workforce shortage
- Issue Brief: Basic overview of how States oversee treatment
- Issue Brief: State alcohol and drug agencies team up with State child welfare agencies regarding shared outcomes for substance use disorders in child welfare system
- Special challenge: Youth/young adult services
  - *Reaching Youth at Risk for Substance Use and Misuse: Early Interventions and Practices*, includes case studies from MA, MI, MO, N.J. and TN
  - <https://nasadad.org/wp-content/uploads/2021/01/NASADAD-Hilton-El-resource-guide-3.pdf>

# DIALOGUE



CONTACT: [RMORRISON@NASADAD.ORG](mailto:RMORRISON@NASADAD.ORG)



[WWW.NASADAD.ORG](http://WWW.NASADAD.ORG)



(202) 293-0090