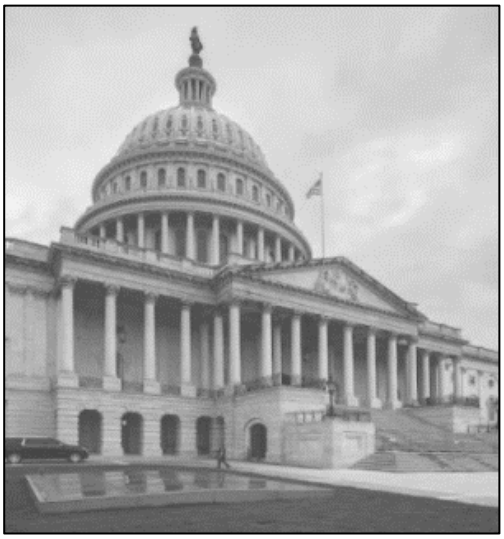
Opioid Response Network

Delaware SOR Initiatives

Addressing Opioid and Stimulant Misuse & Use Disorders: The Impact of State Opioid Response (SOR) Grants



The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the SOR grant program. SOR addresses the opioid overdose crisis by providing resources to states and territories to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and to reduce unmet treatment needs and opioid-related overdose deaths with prevention, harm reduction, treatment, and recovery supports. In 2020, SOR expanded to support evidence-based services for stimulant misuse and use disorders (StUD), including cocaine and methamphetamine.

This brief was developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in collaboration with the Opioid Response Network (ORN) as part of a series of state reports intended to showcase initiatives across the continuum of care that states have implemented with SOR funds. The ORN is a SAMHSA-funded technical assistance and training center that works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to support efforts to address the opioid and stimulant crisis.

Single State Agency (SSA): Delaware Department of Health and Social Services (DHSS) Division of Substance Abuse and Mental Health (DSAMH)

DHSS DSAMH received $181,034,367 in SOR funding from FY18 through FY23. For FY23–24, the state received $38,558,031. Their current SOR goals are below.

SOR 3.0 Goals

1. Enhance structures and processes to oversee and administer grant activities
2. Establish centralized data-responsive strategy and hub (Overdose Response Center)
3. Increase availability, quality, and sustainability of evidence-based treatment and recovery services, with focus on low-barrier MOUD and contingency management (CM) programming
4. Effectively collaborate with other systems and entities, as well as public, to facilitate OUD/StUD prevention and harm reduction practices and ensure seamless pathways into OUD/StUD treatment and recovery services

5. Through training and technical assistance opportunities, support existing and new providers and entities to proficiently implement evidence-based and data-responsive practices that improve engagement, care, and outcomes of underserved populations
6. Implement recovery support services that facilitate pathways to long-term recovery, address social needs, and promote quality of life

Preventing Opioid and Stimulant Misuse Before It Starts

Delaware's SOR-funded prevention programs include public awareness campaigns and collaboration with the children services agency, described below.

Public Education Awareness Campaign

Delaware implemented an anti-stigma campaign focused on MOUD. The campaign included radio spots, digital billboards, transit posters, and digital media, including social media and streaming audio. The campaign delivered more than 14 million impressions to the target audience, raising awareness for MOUD as an acceptable and supported treatment. The campaign tactics earned over 60,300 clicks and brought over 41,400 people to the state's website to learn more. Additional education campaigns, awareness messaging, and targeted trainings were designed and conducted for several audiences, including educators and Delaware federally qualified health centers (FQHCs).

Collaboration With State Children Services Agency

Delaware's SSA partnered with the state's Department of Services for Children, Youth, and Their Families to support therapists, prevention specialists, and youth advocates in delivering evidence-based programming with the following target audiences:

- Parents of youth in opioid/stimulant prevention programs, foster parents, incarcerated caregivers, caregivers in substance use treatment (e.g., sober living homes, residential programs, community-based care), and parents connected with schools or community groups
- Middle and high school students participating on school sports teams or extracurricular, intramural, and summer sports teams; coaches; athletic directors; and caregivers of student athletes
- School staff and contractors, afterschool programs and providers, faith-based organizations, community-based organizations, grassroots agencies, and early learning centers

Health Equity Advancement Project (HEAP)

Delaware initiated HEAP to conduct education and awareness campaigns with community partners to reach Black communities impacted by OUD/StUD and to give sub-awards for providers and organizations to effectively engage and respond to the needs of the BIPOC community. These efforts included outreach events, integration of prevention messaging into community events, PSA-style videos about recovery and OUD/StUD as a disease, and targeted partnerships with nonprofits working with Delaware's unique Haitian/Creole-speaking populations. This initiative culminated in a summit where partners showcased their work and individuals attended workshops focused on health equity topics.

Overdose Reversal Efforts: Saving Lives

Delaware is using SOR to support naloxone distribution and education initiatives, as well as an Overdose Response Center, described below.

Overdose Response Center (ORC)

The newly formed ORC will be the statewide operations center that collects near real-time data of fatal and non-fatal overdoses, and other related intelligence on opioids and stimulants. The center will interpret and analyze the information to direct response efforts across the state. ORC provides overdose data analysis, Post-Overdose Response Team deployment, and shared deployment plans with other outreach partners. Data sources include DSAMH, law enforcement, emergency management services, forensic science, treatment providers, outreach teams, and local community organizations. ORC will use all data and street intelligence sources to determine the best and most appropriate response of state and partner assets, directing and coordinating things like naloxone training and distribution, mobile units, outreach teams, xylazine-related wound care, and other services. It will also provide an avenue for vetted, authenticated information to share with the broader provider and treatment communities.

Community Naloxone Training

Delaware's SOR-funded Naloxone Programs Support Team staff conduct regularly scheduled and ad-hoc training on and distribution of naloxone statewide. This includes ensuring an open-access training monthly in each county, during at least one weekday evening, one weekday day, and one weekend timeframe. The state uses both a classroom-style, 45-minute presentation and a 3-minute point-of-distribution training option.

Naloxone Awareness Campaign

An accompanying awareness campaign was launched through traditional and social media outlets to raise awareness about the community naloxone trainings in each county.

Hospital Emergency Departments

Delaware partnered with hospital-based healthcare systems across the state to include naloxone training and distribution from the emergency department prior to a patient discharge. The training and naloxone kits are offered to patients and their friends and families. Originally designed for post-overdose patients, the program has expanded to any patient, and beyond the emergency department to inpatient and outpatient programs. All Delaware emergency departments participate in this program.

Department of Corrections (DOC)

Similar to the emergency department program, Delaware partnered with all DOC facilities to offer naloxone training and distribution to people who were incarcerated prior to release. Delaware operates a unified prison/jail system, and all facilities are state-run, allowing all facilities to participate in the naloxone distribution program. Individuals recently released from a correctional facility have repeatedly been identified as extremely high-risk for overdose in Delaware, so the state has prioritized naloxone distribution in this area.

Implementing Harm Reduction Strategies

Delaware has used SOR to support harm reduction strategies like lock bags, fentanyl and xylazine testing strips, and HIV and hepatitis C testing and referral.

Lock Bags

Delaware partnered with the state's child welfare agency to promote the use of and provide medication lock bags to parents and families at-risk for youth overdose. This includes children currently engaged in SUD programming run by the agency or parents/families engaged with other agency services where OUD/StUD is known or suspected.

Harm Reduction Conference

Delaware partnered with a provider awarded the SAMHSA Harm Reduction Grant to support and promote the state's first Harm Reduction Conference. Attendance included approximately 300 people, representing the treatment system, first responders, community organizations, state officials, and the general public.

Fentanyl and Xylazine Testing Strips

The state incorporated both fentanyl and xylazine testing strips into naloxone training/distribution programs. Recent state legislative changes expanded access and liability protection for distributing testing strips, which resulted in increased distribution to clients and the public. Testing kits are currently offered as an optional add-in to the standard Opioid Rescue Kit purchased and distributed under SOR.

HIV & Hepatitis C Testing and Referral

All providers applying to the state's Tier Award Program (TAP), further described in "Increasing Access to Treatment" below, must include HIV and hepatitis C testing and/or referral pathways. The state's bridge clinics worked directly with AIDS Delaware to develop referral pathways, best practices, and access to screenings. Guidance was provided to all TAP providers on implementing this requirement, and a resource document was designed for distribution. Additional technical assistance to develop more formalized referral pathways is ongoing.

Increasing Access to Treatment

Delaware has used SOR to implement treatment programs, including bridge clinics, CM programs, a statewide referral network, and other innovative initiatives described below.

Bridge Clinics

Delaware bridge clinics serve individuals with OUD/StUD, people with co-occurring disorders, and people at-risk for OUD/StUD by appointment or walk-in. This includes pregnant and parenting people, individuals from high-need zip codes, justice-involved populations, unhoused people, and LGBTQ+ populations. Clinics implement in-person, mobile, and telehealth approaches and provide buprenorphine initiation, recovery support services, naloxone trainings, and HIV/Hep-C screening and referral pathways. The Bridge Buprenorphine Initiation Program (B-BIP) was started to formalize referral pathways to providers for continued care from hospital emergency departments, county emergency medical services, and DOC. As a result of its efforts, B-BIP was recognized with a Governor's Award for the implementation of low-threshold, medication-first approaches. Bridge clinics provide initial intake, short-term treatment, wraparound support services, and six-month follow-up to ensure smooth transitions to longer-term treatment programs.

TAP

TAP gives Delaware providers the opportunity to competitively apply for innovation sub-awards in three main categories. The first category is the implementation of screening, brief intervention, and referral to treatment (SBIRT) in non-SUD or mental health providers like primary care, OBGYN, dental, chiropractic, and veteran services organizations. Applications in this category included:

- A coffee bike to be strategically moved around a university campus where students can purchase coffee, be screened for OUD/StUD while they wait, and be referred to the college's health center for further treatment, as indicated.
- A trailer taken to community events that will have a high presence of veterans. The trailer allows veterans with lived experience to reach out to other veterans in a comfortable, nontraditional setting. During "fire side chats," veterans talk with other veterans, while completing SBIRT. The program ensures warm handoffs to treatment providers.
- A birthing center that provides both prenatal and postpartum care to add SBIRT as part of their normal office procedures to help pregnant and parenting women, ensuring warm handoffs with OUD treatment programs.
- Doulas that work closely with pregnant and parenting women outside of traditional hospitals or birthing centers including SBIRT as part of the intake process, providing warm handoffs to treatment when indicated.

Second, SUD and mental health providers may apply for funding to implement new evidence-based practices from a list of pre-approved and supported options from the state. Providers may also propose their own with sufficient justification that is then reviewed by the state's Opioid Response Team and subject matter experts. Applications under this category included:

- Integration of equine therapy horses as part of OUD/StUD treatment in Delaware's rural county.
- Primary care provider hiring additional specialized staff to implement MOUD in-office.

Third, providers may apply for funding to implement a new, specialized program to address and treat the needs of a high-risk or vulnerable special population. Examples of this category are outlined below in the "Reaching and Serving Populations of Focus" section. The TAP model allows the state to engage with both existing and new partners.

Contingency Management

Multiple TAP applicants chose to implement new CM programs in alignment with SAMHSA guidance and the state's SOR CM plan. This includes specific, targeted, evidence-based CM programs to serve clients with StUD. These proposals also included the use of smartphone app interventions connected to the CM program to increase and retain client participation and engagement.

Delaware Treatment Referral Network (DTRN)

Delaware created a statewide, comprehensive referral network to help manage care transitions for mental health and SUD treatment. DTRN automates the referral process using a web-based application that securely connects Delawareans to available mental health and SUD care, eliminating the need to dial back and forth with multiple treatment centers to place patients in need. The network quickly locates the most appropriate and available level of care and sends an electronic referral to a provider 24 hours a day, seven days a week. Self-screening tools were developed and added to the public-facing version of the network, specifically to

identify OUD and suggest the appropriate care level. The system is being upgraded to include a full-range care coordination platform.

Supporting Long-Term Recovery

To support long-term recovery, Delaware has implemented transportation services, peer recovery services, and recovery housing services using SOR.

DOC Peer Recovery

A training and workforce development initiative was launched within DOC facilities to train and certify eligible incarcerated individuals as peer recovery specialists, providing testing for certification prior to their release. This establishes an employment pathway for individuals with lived experience. DOC has also added peer support services to their internal prison treatment programs.

Certified Peer ECHO

The state established and continues to operate a tele-ECHO model for certified peer recovery specialists across the state. The ECHO model provides much-needed case review, discussion, and continuing education, while ensuring access by remaining virtual. Peer ECHO has been acknowledged for its success and routinely has guests joining from other states.

Integrated Recovery Housing (IRH)

The state funds providers to run IRH, which includes clinically managed, low-intensity residential treatment, supervised recovery residences, and monitored recovery residences. These programs offer a range of wraparound and recovery support services.

Roundtrip

The state piloted transportation services to Delaware clients receiving SUD treatment, making access to care more convenient. Participating Delaware patient care coordinators and healthcare providers can order a ride for a client through DTRN and see a patient's real-time status. Since the system is operated by the provider, it ensures that only eligible clients who are in treatment for OUD/StUD with a verified need can use the service to get to eligible treatment appointments and home destinations.

Reaching & Serving Populations of Focus

Delaware has provided funding to implement programs aimed at reaching and serving populations of focus, described below.

TAP Tier 3.C

As mentioned above, the state's TAP program funds applicants seeking to implement specialized programming to serve special populations. This tier is restricted to specialized or specially adapted programming for the target population. Applications in this category included:

- A provider next to a probation and parole office treating justice-involved individuals and at-risk youth by implementing a trauma-focused CBT program adapted for justice-involved populations.
- Implementation of Culturally Congruent Intervention for African Americans.

HEAP

As described previously, HEAP was designed to target outreach and interventions in underserved communities. Program components include development and delivery of culturally and linguistically appropriate training for staff, development of equity-focused data analytics, administration of HEAP mini-grants, provision of technical assistance directly to community organizations for implementation of equity-focused projects, and implementation of education and awareness campaigns with community partners.

About the Opioid Response Network (ORN): ORN is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA's SOR/Tribal Opioid Response (TOR) Technical Assistance (TA) grant, 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. **Visit the ORN website here or request training or TA here.**

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