

## Substance Abuse and Mental Health Services Administration

### TI-17-014: State Targeted Response to the Opioid Crisis Grants (Opioid STR) Individual Grant Awards

<b>ALABAMA</b>	
<b>Year 1</b>	<b>Year 2</b>
<b>\$ 7,967,873</b>	<b>\$ 7,967,873</b>
<b>PROJECT SUMMARY</b>	
<p>The Alabama Department of Mental Health (ADMH) proposes to enhance and expand opioid use disorder prevention, treatment, recovery support and related services for unserved and underserved populations and locations in Alabama. This statewide initiative, the Alabama Opioid Strategic Targeted Response (STR), will seek to implement life-saving strategies to aid in combating the state’s current opioid epidemic. Alabama has one of the highest rates of painkiller use in the world. The relationship between painkiller use and illicit opioid use is taking a devastating toll on the state with opioid-related overdoses and deaths steadily climbing each year. ADMH will collaborate with its state partners to conduct a needs assessment to identify gaps in the state’s system of care which block access to OUD treatment and related services. The needs assessment will support development of a strategic plan to specifically target state spending to areas and populations of greatest need. Based upon needs known to date, ADMH will utilize the Alabama Opioid STR to (1) expand access to medications approved by the FDA for treatment of opioid use disorders; (2) improve retention in care for individuals who have been diagnosed with an OUD; (3) improve the skills of Alabama’s workforce for delivery of evidence-based services for OUDs; (4) reduce stigma and improve public awareness of Alabama’s opioid misuse and addiction crisis and of treatment options available; (5) increase the availability of Naloxone in unserved areas of the state with high overdose death rates; and (6) enhance statewide coordinated efforts of the strategic prevention framework (SPF) in areas identified as high need and target prescription drug misuse with youth and adults. The targets for Alabama’s Opioid STR will be (1) individuals who are not able to access OUD treatment or related services because they don’t have the money or insurance to cover the cost of such; (2) individuals in areas of the state in which OUD services are not available; (3) individuals in areas of the state with high overdose and death rates; (4) minorities, veterans, and referrals from the criminal justice system who are significantly underrepresented in the state’s OUD treatment programs. A 24/7 hotline will be established and a treatment related media campaign will be implemented to promote improved access to care. ADMH will leverage the resources of its partners, including BRSS TACS and the ATTC in securing training for the OUD workforce in evidence-based practices that include Motivational Interviewing and Shared Decision Making. The use of Peer Support Specialists will be utilized in every aspect of this initiative.</p>	

# ALASKA

**Year 1**

**\$ 2,000,000**

**Year 2**

**\$ 2,000,000**

## PROJECT SUMMARY

In the last several years, Alaska has seen a dramatic rise in opioid use and opioid overdose related deaths. There is a gap in available behavioral health and substance abuse services throughout the State. This project will help Alaska's unmet need to combat the opioid crisis by increasing the capacity and number of prescribers of Medication Assisted Treatment (MAT), increasing the number of Alaskan served, and augmenting present prevention efforts. From 2009–2015, the Alaska Bureau of Vital Statistics mortality database has shown a steady increase of drug overdose deaths totaling 774 people. The number of treatment admissions for opiates and heroin has more than tripled since 2007. Populations who most frequently access OUD treatment tend to be female, white or Alaska Native, between 25-44 years old, and have a high school diploma or GED. There are inadequate resources for MAT for OUD in Alaska. There are four opioid treatment programs (OTPs) and relatively few physicians are waived to prescribe buprenorphine and many of those do not actively accept patients. The purpose of the Alaska STR to the Opioid Crisis grant is to increase access to treatment, reduce unmet treatment needs, and reduce opioid overdose related deaths through prevention, treatment, and recovery activities for OUDs in the State of Alaska. Specifically, Alaska will focus on the following three goals: 1) increase provider capacity in the state for medication assisted treatment, 2) increase the number of clients receiving appropriate OUD/MAT treatment, and 3) decrease the negative impacts of opioid use. To meet these goals Alaska will track the following objectives: 1) number of OUD prescribers trained, 2) number of OUD prescribers receiving buprenorphine waivers, 3) number of OUD prescribers implementing MAT, 4) number of behavioral health providers with training on OUDs, 5) number of people who receive OUD treatment, 6) number of people who receive OUD recovery services, 7) numbers and rates of opioid use, and 8) numbers and rates of opioid overdose-related deaths. To achieve these goals and objectives, this project will utilize a four-prong approach to address gaps in prevention, treatment, and recovery. To strengthen prevention efforts, the project will decrease access to opioid medications through the purchasing and distribution of drug disposal bags, and provide naloxone kits in remote areas of Alaska. To build capacity to provide office-based opioid treatment (OBOT), Alaska will utilize Vermont's proven OBOT Hub and Spoke treatment approach to target three to five behavioral health agencies in high needs communities. The MAT learning collaborative, the Opioid Addiction Treatment ECHO, will help to expand services by increasing the number of physicians, physician assistants, and advanced nurse practitioners willing to prescribe buprenorphine and/or naltrexone. This project will also engage Alaska's expanding system of re-entry coalitions to facilitate access to MAT for individuals who are returning to the community from the Department of Corrections. This project will serve 160 unduplicated clients in Year 1 and 180 unduplicated clients in Year 2 (project total = 340)

## GOVERNMENT of AMERICAN SAMOA

Year 1	Year 2
\$ 250,000	\$ 250,000

### PROJECT SUMMARY

The “Taula’i” project aims to build capacity amongst service providers in order to effectively address Opioid Use Disorders (OUD). Data has not captured OUDs in the past, therefore, the prevalence of OUDs in American Samoa is uncertain at this time. Given the trends of other licit and illicit substances, it is imperative that American Samoa have an established infrastructure that is equipped to intervene as early as possible for OUD suspected cases. Five primary goals will be accomplished with this project: (1) to increase awareness and knowledge of the general public, health professionals, and behavioral health service providers about OUD; (2) to conduct a needs assessment that will identify the level of need and readiness of the behavioral health system to address OUDs; (3) to develop a territorial strategic plan for the treatment and prevention of OUD in American Samoa; (4) to effectively identify adult opioid use or OUD in the community through extensive data collection (Behavioral Health Survey) and screening; and (5) implement evidence based practices for the treatment of OUD. The average number of individuals enrolled per annum in the SSA’s Substance Abuse, Prevention, and Treatment (SAPT) program is 300. The average number of individuals identified as having an OUD in the U.S. was approximately 9% of all Substance Use Disorders while less than 1% of admissions are comprised of Asian/Pacific Islanders (SAMHSA, 2004). This project will aim to screen at least 1000 adults aged 18-90 throughout the course of the grant and will serve at least 40 adults identified as having an OUD.

# ARIZONA

Year 1

\$ 12,171,518

Year 2

\$ 12,171,518

## PROJECT SUMMARY

The overarching goal of the Arizona Opioid State Targeted Response project is to increase access to Opioid Use Disorder (OUD) treatment, coordinated and integrated care, recovery support services and prevention activities to reduce the prevalence of OUDs and opioid-related overdose deaths. The project approach includes developing and supporting state, regional, and local level collaborations and service enhancements to develop and implement best practices to comprehensively address the full continuum of care related to opioid misuse, abuse and dependency. The proposed activities within the Arizona Opioid State Targeted Response project will work synergistically with the existing efforts to reduce OUDs and OUD deaths currently underway in Arizona by: (1) creating a new streamlined data-driven decision-making process to target and tailor treatment and prevention resources where they are most needed in the state; (2) expanding modes and type of training statewide for OUD prevention and treatment providers, law enforcement and community members around OUD and overdose prevention, MAT and integrated care models; (3) expanding law enforcement access to Naloxone kits to prevent opioid overdose; (4) expanding navigation and access to MAT and integrated treatment and recovery systems through new venues, new providers, new model processes and by increasing the number of high risk individuals served; and (5) increasing the ability to ensure the likelihood of recovery success by expanding peer support services, recovery homes and recovery supports to pregnant and parenting women. Measureable prevention objectives to reduce OUDs and opioid-related deaths will include: equipping law enforcement with Naloxone; expanding access to prescription drug drop boxes for proper disposal; increasing community knowledge and awareness through trainings and evidence-based programs and practice; and increasing access to Screening, Brief Intervention and Referral to Treatment (SBIRT). Measurable treatment objectives to reduce OUDs and opioid-related deaths will include: stigma reduction and knowledge of Medication Assisted Treatment options (MAT); enlisting new MAT providers in the community; increasing access to peer support services; increasing access to 24/7 services for MAT; increasing MAT treatment navigation for criminal justice involved individuals; increasing recovery supports for pregnant and parenting women; and increasing access to MAT in residential and recovery home settings. Target populations will include, at minimum: individuals with OUDs living in rural and underserved urban areas; individuals with OUDs being released from correctional settings; pregnant and parenting women with OUDs; young adults ages 18-25 years; and older adults ages 55 years and older. The project will serve 5,069 individuals in year one and 7,604 individuals in year two for a total project reach of 12,673 individuals.

# ARKANSAS

Year 1

\$ 3,901,295

Year 2

\$ 3,901,295

## PROJECT SUMMARY

Arkansas has the lowest percentage of people with an opioid addiction for which buprenorphine is available. For this reason, STR treatment and recovery funding will be used to expand the statewide availability of Medication-Assisted Treatment (MAT) in three populations of focus: pregnant and parenting women; individuals re-entering the community from incarceration; and individuals who received naloxone for an overdose as part of the state's PDO prevention efforts. Arkansas is a Prescription Drug/Opioid Overdose (PDO) Prevention Grant recipient, and a statewide comprehensive needs assessment to identify the communities at highest risk of Opioid Use Disorder (OUD) is ongoing. The results of this assessment will also be used to help assess current availability of treatment/prevention resources across the state. STR funding will allow the DHS Division of Behavioral Health Services to expand the statewide availability of MAT, working together with eight regional treatment center contractors that are funded through the SAMHSA Substance Abuse Prevention and Treatment Block Grant. The goals of the grant are to: expand PDO prevention efforts by supplying naloxone to first-responder agencies in additional communities and expanding the ongoing media campaign and health literacy efforts; train families and healthcare providers on recognition of signs of opioid addiction, referrals to treatment, and interventions; increase access to OUD treatment using Evidence-Based Practices (EBPs); and provide OUD recovery support through peer specialists and recovery coaches associated with OUD treatment centers. Both target communities for PDO prevention activities and communities of focus for STR initiatives will be selected by an advisory council convened by the State Drug Director that was created by the PDO Prevention Grant, the PDO Advisory Council. Utilizing a single advisory council for both grants will ensure the creation of a comprehensive and consistent strategic plan for prevention and treatment/recovery activities across the state and equitable utilization of resources among all state entities. The PDO Advisory Council is a subcommittee of the existing Arkansas Alcohol and Drug Policy Coordinating Council, which is tasked with oversight of substance abuse expenditures and policies. Two additional task forces will be created specific to the goals of this grant – the EBP committee, which will be concerned with implementation of collaborative efforts to provide MAT together with counseling services to the three priority populations of focus, and the Peer Specialist committee, which will map out steps to provide comprehensive peer support to clients during recovery. An additional 375 people per year, or 750 across the life of the grant, will be served at one of the eight funded treatment providers with treatment and recovery services. A recent change in Medicaid for Arkansas will allow sustainability of the programs started with this funding. Estimated number of people to be served as a result of the award of this grant – 750

# CALIFORNIA

**Year 1**

**\$ 44,749,771**

**Year 2**

**\$ 44,749,771**

## PROJECT SUMMARY

California’s project is “Medication Assisted Treatment (MAT) Expansion”. California will strategically focus on populations with limited or no MAT access including rural areas, American Indian and Native Alaskan (AI/NA) tribal communities and statewide access to buprenorphine. The grant focuses on two projects: the California Hub and Spoke System (CA H&SS) and the Tribal MAT Project. The MAT Expansion Project complements other collaborative efforts California has implemented to expand MAT access and reduce opioid related deaths in California. The MAT Expansion Project is projected to serve 20,892 over the two-year grant period. The goals of the project are to implement the Hub and Spoke model in various areas throughout California which will improve access to Narcotic Treatment Programs (NTPs), Medication Units in counties with the highest overdose rates. The MAT Expansion Project will also increase the availability of buprenorphine statewide and increase MAT utilization for tribal communities. California’s H&SS will be based on Vermont’s current Hub and Spoke model. California’s system will be built off of the strengths of the NTPs which will act as the Hubs and the physicians who prescribe buprenorphine in office-based settings which will function as the Spokes. Hubs will serve as the regional consultants and subject matter experts on opioid dependence and treatment. Hubs will also dispense methadone and buprenorphine, provide care to the clinically complex buprenorphine patients, will be able to manage buprenorphine inductions when needed, and will also provide support to the Spokes when they need clinical or programmatic advice. Spokes will provide ongoing care for patients with milder addiction (managing both induction and maintenance). A Spoke will be comprised of at least one prescriber and a MAT team to monitor adherence to treatment, coordinate access to recovery supports, and provide counseling. Patients will be able to move between the Hub and Spoke based on clinical severity. The Tribal MAT Project will create a project designed to meet the specific MAT needs of California’s American Indian and Native Alaskan tribal communities. The California Department of Health Care Services (DHCS) will meet with the tribal stakeholders to design the project. DHCS will include culturally appropriate treatment services in the Tribal MAT Project. The MAT Expansion Project will also fund prevention activities such as prevention specialists, provision of naloxone, coordination with local opioid coalitions, and training conducted by the University of California, Los Angeles (UCLA) and the California Society of Addiction Medicine (CSAM). In addition, the project will conduct a statewide needs assessment and create a strategic plan. The CA H&SS will also participate in a Learning Collaborative which is a vehicle to create the connection that is needed to have an effective network with bidirectional patient movement and team care. UCLA will conduct an evaluation of project efforts which will include the required federal performance measures in addition to other data elements. Estimated number of people to be served as a result of the award of this grant – 20,892

# COLORADO

**Year 1**

**\$ 7,869,651**

**Year 2**

**\$ 7,869,651**

## PROJECT SUMMARY

The Office of Behavioral Health (OBH) within the Colorado Department of Human Services (CDHS) proposes to address gaps in prevention, treatment, and recovery services through expansion of medication assisted treatment (MAT) and crisis and emergency services; professional trainings; naloxone distribution; transitional housing support for high utilizers; media campaigns; and coordination of services with the criminal justice system. OBH estimates that nearly 40,000 individuals in Colorado are in need of treatment for opioid use disorder (OUD), and existing services are unable to meet this need. CO-OSTR will focus on these high-need populations, who face significant barriers: 1) uninsured/underinsured persons seeking MAT; 2) family members and children of individuals with OUD; 3) persons reentering the community from incarceration; 4) persons who interact with the emergency departments and the state crisis services; 5) individuals seeking treatment in a primary care setting; 6) high-utilizers of the criminal justice or emergency department services with unstable housing. Treatment data show these demographics for the populations of focus: primary age group is 25-44, with males having a higher prevalence of heroin and no gender gap for prescription misuse. Less than 4% identify as LGBT, approximately 80% are White, and Hispanic populations representing 38% of the underinsured. Rural areas have the greatest gaps in care, especially west of the Rocky Mountains, while urban areas have the highest population in need of services. Identified gaps include access to affordable MAT and residential treatment, lack of capacity for providers to prescribe MAT, knowledge of naloxone and other resources to prevent overdose, connection to treatment following crisis, lack of family resources, gaps between the justice system and substance use disorder treatment, and access in tribal communities. Evidenced-based strategies for addressing gaps include identifying and bridging gaps in funding; trainings for primary care providers, law enforcement, and tribal providers; prevention counseling for families; and a communications plan to reduce stigma. Project goals include identifying unmet needs through stakeholder engagement and strategic planning; expanding access to and capacity for prevention, treatment, and recovery services; and data collection and analysis to continue to improve the state systems serving the population. Outcome data includes number of people receiving treatment and recovery services, rates of opioid use and related deaths, and providers trained and implementing MAT. Over 2 years, grant activities will provide treatment and recovery services for 12,793 individuals with OUD in Year 1 and 9,765 in Year 2, serving 22,558 individuals across the life of the grant. OBH will also provide prevention services to 800 families, and train 300 new providers to prescribe medication assisted treatment.

# CONNECTICUT

**Year 1**

**\$ 5,500,157**

**Year 2**

**\$ 5,500,157**

## PROJECT SUMMARY

The Connecticut Department of Mental Health and Addiction Services, in partnership with nine organizations and at least 11 high need communities in which opioid use and overdose deaths are most prevalent, proposes to launch a series of targeted responses intended to reduce the negative impact of opioid use on Connecticut citizens and communities. These targeted responses build on, and will be implemented within the context of, the state's evolving recovery-oriented system of care, helping to continue to shift the focus of care from responding to acute episodes to a prevention and recovery management framework that spans prevention, to pre-recovery outreach and engagement, to recovery initiation through active treatment and recovery supports services, to long-term recovery maintenance. A sample of these responses includes:

- Conducting expansive prevention and early intervention activities resulting in every Connecticut community being able to benefit from the proposed activities;
- Increasing availability of clinic-based medication-assisted treatment (MAT);
- Partnering recovery coaches with hospital emergency departments to initiate MAT and provide on-going recovery support;
- Enhancing substance abuse residential programs to be MAT-compatible;
- Supporting existing behavioral health treatment programs by expanding their ability to utilize evidence-based practices and enhance their recovery supports;
- Providing vouchers for treatment for individuals with limited income or insurance gaps;
- Expanding recovery support services for young adult opioid users and their families;
- Providing MAT to pre-release Department of Correction inmates;
- Supporting courts with diversion and treatment for arrestees with substance use disorders;
- Supporting municipal police departments with two urban-based Law Enforcement Assisted Diversion (LEAD) teams;
- Expanding faith-based recovery support; and
- Improving timely access to detox and other services by expanding transportation availability.

Connecticut has considerable momentum to implement this project. Recent community awareness of opioid problems has galvanized community groups into action. Community coalitions including local government leaders, health professionals, educators, police, and behavioral health experts have formed to address this epidemic. The Connecticut Alcohol and Drug Policy Council (ADPC) was charged by Governor Malloy in 2015 to make necessary recommendations including legislative and policy changes to address the opioid crisis. Governor Malloy also commissioned a comprehensive statewide strategic plan by Yale University resulting in the CT Opioid Response (CORE) report in 2016. These new federal resources will be used to more fully implement the thirteen ADPC goals and the CORE plan.



# DELAWARE

Year 1

\$ 2,000,000

Year 2

\$ 2,000,000

## PROJECT SUMMARY

The intent of the State Targeted Response (STR) to the Opioid Crisis grant is to focus Delaware's efforts on making substance abuse treatment readily accessible to those struggling with opiate addiction. To provide this much-needed support, services will be created through the development of three new recovery support centers and the strategic deployment of newly-trained recovery coaches who will work to ensure that treatment services are accessible at the time of the addicted person's moments of vulnerability. The opiate epidemic has challenged the state of Delaware, as it has other states; this epidemic has reached all three of Delaware's counties (New Castle, Kent and Sussex). While the majority of those struggling with opiate addiction were White males, women are increasingly using heroin and are not being treated at the same rate as men. To further complicate the opiate epidemic in Delaware is the fact that there is a growing problem among young White pregnant women. In addition to the increase in the numbers of adults battling opiate addictions, 2014 was the first year where the admission age into treatment was considerably younger than in the preceding years. Despite the efforts made in Delaware to expand the system's treatment capacity, data depicting the growing opioid epidemic in Delaware reveal that there are doctors and nurse practitioners who are certified to prescribe Buprenorphine as a treatment alternative, yet who are not. The goals of this grant are to expand the system's treatment capacity and to improve the access and effectiveness of opiate-related treatment for individuals battling with opioid usage. Without strengthening the treatment and support networks that provide those battling opioid addictions with improved access to opiate related treatment and strengthening community support, the existing resources neither will be able to support the growing needs nor produce long-term solutions to the opioid problem. Delaware's intends to address the following key touch points to reach those with opiate additions: at the time of an arrest, at the time of release from prison, after admission to emergency room for an overdose, after being revived with naloxone, and when opioid addicted women realize they are pregnant. It is at the aforementioned touch points occur when a person is vulnerable and may be more willing to change their lifestyle. Through the recovery support centers, opiate addicted individuals early in the recovery process will be able to receive recovery services. In order to provide this additional treatment support, Delaware will develop recovery coaches who will assist the individual with gaining access to services that help support ongoing recovery. Recovery coaches also will be used to identify and provide support to those opiate-dependent individuals who are pregnant and provide support following delivery. It is believed that the creation and deployment of the additional resources will enable Delaware to address more efficiently the increased demand for access and to provide more timely delivery of treatment for those battling opiate addiction.

# DISTRICT of COLUMBIA

**Year 1**

**\$2,000,000**

**Year 2**

**\$2,000,000**

## PROJECT SUMMARY

The District of Columbia Department of Behavioral Health (DBH) will implement the District Opioid Targeted Strategy (DOTS) Project. Some DOTS activities will address all individuals in the District with or at risk for Opioid Use Disorders (OUDs), but DOTS will specifically target middle-aged heroin-using African-American males because local data indicate they are most affected. DOTS has 5 goals:

1. Engage in strategic planning focused on District-wide OUD needs;
2. Decrease in the incidence of OUD through prevention;
3. Increase access to OUD treatment and improve care coordination for Medication Assisted Treatment (MAT) clients;
4. Expand recovery support services (RSS) for individuals with OUD; and
5. Enhance recruitment and engagement for individuals with OUDs.

Ten (10) measurable objectives present DOTS' specific strategies and interventions: (1.1) Conduct a District-wide opioid needs assessment; (1.2) Develop a District-wide strategic plan informed by the needs assessment; (2.1) Design, implement, and evaluate an OUD prevention social marketing campaign focusing on prescription opioids for youth and young adults; (3.1) Expand MAT by providing treatment cost assistance to facilitate methadone-based MAT for 100 high-need Qualified Medicare Beneficiary (QMB) Program enrollees annually; (3.2) Place five Clinical Care Coordinators (CCCs) at three DBH-contracted methadone clinics, one private MAT clinic, and one private Medicaid-participating private physician providing office-based MAT to coordinate behavioral health/primary care and ensure treatment linkages for 30 clients; (4.1) Train and certify 25 Recovery Coaches through District certification; (4.2) Obtain nationally recognized certification for DBH Recovery Coaches through the International Coach Federation and/or the International Certification & Reciprocity Consortium; (4.3) Provide additional RSS to 560 individuals with OUDs annually who exceed their \$700 RSS cap by raising that cap to \$1,200; (5.1) Engage and recruit 560 individuals with Opioid Use Disorders, primarily from the target population, by implementing SBIRT-trained Peer Outreach Teams; (5.2) Use existing resources to improve treatment referrals from the Department of Corrections (DOC) through DBH's electronic health records system and improve MAT referrals from Family Treatment Court (FTC). DOTS will focus on the high-need target population because they play a major role in the DBH-funded OUD treatment system and because the District is expanding buprenorphine-based MAT through other channels. Peer-based outreach (5.1), methadone support for QMBs (3.1), and additional RSS funding (4.3) are focused on the target population. The prevention campaign (2.1) will focus on youth because existing efforts already cater to the target population. The CCCs (3.2) are a holistic, patient-centered approach to improving all MAT in the District, including for the target population. The RSS infrastructure improvement (4.1, 4.2) and DOC/FTC referrals (5.2) similarly serve a broad OUD audience. Finally, needs assessment and strategic planning efforts (1.1 & 1.2) will help DBH assert its oversight role as the Single State Agency by coordinating fragmented opioid efforts. Estimated number of people to be served as a result of the award of this grant – 2125

# FEDERATED STATES of MICRONESIA

Year 1	Year 2
\$ 250,000	\$ 250,000

## PROJECT SUMMARY

The Federated States of Micronesia (FSM) is in a Compact of Free Association with the United States. FSM is comprised of 600 islands situated across the archipelago of the Caroline Islands, located between the Philippines and Hawaii across one million square miles of the North Pacific Ocean. Sixty of the FSM islands are inhabited with a total FSM population is 116,900 (2008 estimate FSM Statistics Office) living in four states: Chuuk, Yap, Pohnpei, and Kosrae). The total distance across FSM, from east to west, is 1,800 miles, the distance from Northern Maine to Miami and encompasses two time zones. The four states that comprise the FSM are geographically, politically, culturally, and linguistically distinct and indicates that the distance and population dispersion across so many islands present a formidable challenge to data collection and to the provision of preventive and treatment services. The Federated States of Micronesia (FSM) is submitting this application in response to Funding Opportunity Announcement (FOA) TI-17-014. This application is entitled “FSM Response to the Opioid Crisis Grant Application: A System of Health Care Approach to a Medical and Public Health Problem in a Low Resourced Island Setting” (FSM Opioid STR Project) and it focuses on addressing an emerging public health crisis in the FSM, Opioid and other drugs, including prescribed medications, that are now appearing in the FSM. Though not as rampant as in other US States, FSM is now in the same situation other US States were 10 years ago with the Opioid crisis. FSM wishes to prevent the onslaught of Opioid before it is too late. This project is based on both a medical and a public health approach incorporating a system of care approach to Opioid and its pathway drugs, the general population will receive preventive health messaging and awareness while those suffering from Opioid use disorder (OUD) will directly receive psychosocial counseling and drug therapy. This is the target or population of focus. The aim is to prevent further spread of the Opioid situation before it wipes out the most productive members of FSM society while providing a recovery program or treatment to those who are addicted to Opioid using both a medical and public health model based on science and best practices. This project will adopt the SAMHSA’s Opioid Overdoses Prevention Toolkit as its guide in setting up its activities and Pathway to Change curriculum. The SPF 5 STEP will also be used throughout the planning process. The intent of this application is to establish a treatment program for individuals with OUDs as a means to respond and to address all the risk factors for OUDs and its pathway drugs. This program will be based on science and culturally appropriate practices. This project will use the Strategic Prevention Framework to identify and implement evidence - base strategies and program models that target individual, group and environmental change that are specifically adapted to each state.

The goals and associated objectives are as follows:

Goal 1: Build capacity and infrastructure for data driven Opioid abuse prevention, treatment, and recovery at each of the FSM states: Chuuk, Pohnpei, Yap and Kosrae.

Goal 2: Reduce the onset and /or progression of Opioid use and abuse of other illicit drugs and pathway drugs.

Goal 3: Reduce perceived acceptability of Opioid use and other drugs use among the youth and adult population.

Activities:

- Strengthen enforcement of laws regarding Opioid and other illicit drugs.
- Enhance the state Prescription and Drug Monitoring Program
- Establish and /or enhance statewide and community-based recovery support systems, networks and organizations to develop capacity at the state and national levels to design and implement peer and other recovery support services.
- Train OUD prevention and treatment providers, such as physicians, nurses, counselors, community workers, case managers and health aid.

# FLORIDA

Year 1

\$ 27,150,403

Year 2

\$ 27,150,403

## PROJECT SUMMARY

Florida's Opioid State Targeted Response Project is designed to address the opioid crisis by providing evidence based prevention, medication-assisted treatment, and recovery support services. The four goals of this proposal include reducing opioid-related deaths, preventing prescription opioid misuse among young people, increasing the number of individuals trained to provide medication-assisted treatment and recovery support services, and increasing access to medication-assisted treatment among individuals with opioid use disorders. Middle and high school students in high-need rural counties will receive school-based life skills training proven to prevent prescription opioid misuse. Funds will also be used to purchase and distribute naloxone, an opioid overdose antidote proven to reduce opioid overdose deaths. Uninsured and underinsured individuals with opioid use disorders will be targeted to receive medication-assisted treatment, recovery support, and overdose prevention services. The majority of the funding will be used for methadone maintenance and buprenorphine maintenance because controlled trials demonstrate that these services are most effective at retaining individuals in care, reducing illicit opioid use, and reducing opioid-related mortality. Funds will also be used for an extended release formulation of naltrexone that blocks the effects of opioids and is approved for the prevention of relapse to opioid dependence. Hospital-based pilot programs will seek to initiate buprenorphine assisted treatment with individuals who have overdosed on opioids and coordinate ongoing care with community-based providers. Preliminary and conservative estimates indicate that funds can be used to serve at least 2,789 individuals during the first year and a total of 5,578 individuals over the two-year project period. Funds will also be used provide training and technical assistance on medication-assisted treatment and recovery support services to a variety of stakeholders, including potential prescribers, peers in recovery, child welfare staff, and court staff, among others. The American Society of Addiction Medicine's computerized structured interview and clinical decision support tool will also be piloted by providers. A competitive hiring process will be used to select a full-time Project Director who will be responsible for overall project oversight and management to ensure that goals and objectives are met, strategic planning, tracking measurable objectives, implementing quality improvement initiatives, and ensuring compliance with all aspects of the terms and conditions of the award. An epidemiologist will assist with data analysis, develop reports to inform strategic planning and evaluation activities, critically review grant funded reports and analyses, and advise key project staff and sub-recipients regarding surveillance data. Qualified peer specialists will be employed in six regions to assist with regional needs assessments, conduct quality assurance visits with providers, and manage activities related to the development of recovery-oriented systems of care. Behavioral Health Consultants will train and assist child protective investigators. Estimated number of people to be served as a result of the award of this grant 5578

# GEORGIA

**Year 1**

**\$ 11,782,710**

**Year 2**

**\$ 11,782,710**

## PROJECT SUMMARY

### Georgia Opioid State Targeted Response to Opioid Crisis (Opioid STR)

Population to be served: Treatment funds will serve 2,350 persons in year 1 and 4,008 in year 2 for a total of 5,658. It is estimated that 750 first responders and other stakeholders will be trained in year 1 and 1,500 in year 2. Project summary: The Georgia Opioid STR project will develop a targeted response to the opioid crisis in the state through prevention, treatment and recovery initiatives, Project activities will strengthen infrastructure with a focus on addressing gaps in evidence based practices and services and creating a continuum of prevention and recovery oriented treatment. Strategies/interventions: Prevention activities will include: 1) a statewide media campaign on opioid misuse and abuse, 2) an increase in the number of SPF opioid pilot programs, 3) a school transition mentor pilot for opioid/prescription drug misuse and abuse prevention, and 4) Naloxone education and training for first responders, law enforcement, and public safety. Treatment and recovery activities will include expansion of detox capacity by 8 beds across 2 providers in 2 locations; increased bed capacity at 1ne provider site by 4 intensive residential beds, 8 semi-dependent beds, and 8 independent beds; implementation of peer specialist programs in 2 hospital ERs; employment of four part-time staff to ensure fidelity to Georgia Association of Recovery Residences recovery housing standards; requiring each treatment provider expanding MAT services to have a peer specialist staff to engage individuals and link them to treatment resources; providing training about recovery from opioid use disorder for behavioral health, DFCS, corrections, and other stakeholders; implementing a warm Line run by peers; implementing MAT via a pharmacy benefit in eight treatment provider locations and implementation of a Department of Community Supervision MAT Vivitrol pilot. Project goals: Eight project goals with measurable objectives have been established.

1. Increase awareness about opioid misuse and abuse and provide training for the public, communities, schools, and first responders to prevent opioid misuse and abuse in Georgia.
2. Expand detox services for individuals with an opioid use disorder in targeted areas.
3. Expand access/bed capacity of residential services for individuals with an opioid use disorder in targeted areas.
4. Incorporate certified peer specialists in identified emergency rooms to ensure immediate connection for individuals who have experienced an opioid overdose or individuals with an opioid use disorder who are presenting for services.
5. Establish funding to support the infrastructure of recovery transitional housing.
6. Expand/develop recovery support services for individuals with an opioid use disorder.
7. Implement a warm line, run by peers, for individuals struggling with opioid use disorder.
8. Develop MAT clinical based capacity for DEA approved medications.

Estimated number of people to be served as a result of the award of this grant – 6358

## HAWAII

Year 1

Year 2

\$2,000,000

\$2,000,000

### PROJECT SUMMARY

Hawaii State Targeted Response to Opioids (HI-STR) Abstract: The Hawaii State Response to Opioids (HI-SBIRT) project leverages prevention and treatment intervention strategies to address rates of opioid use, misuse and fatalities across the state. The HI-STR project is collaborative effort between the Substance and Mental Health Administration (SAMHSA), Hawai'i's state agencies, community organizations and healthcare providers that will expand and enhance Hawai'i's continuum of health promotion, prevention and care for persons at risk of, or suffering from Opioid Use Disorders (OUD). The project moves Hawaii toward realizing its goal of a seamlessly integrated healthcare system that takes a public health approach to addiction. Opioid use and related fatalities, particularly due to opioid prescription misuse, are a growing concern for the state. The HI- STR project will address these concerns through three key activity tracks (1) education and awareness, which will promote public awareness of the dangers of opioid use and provide training to health professionals to better identify and assist persons at risk or suffering from opioid use disorders; (2) care coordination and integration which will target more efficient and effective ways to integrate primary and behavioral health care to reduce risk and better treat persons affected by opioid misuse and abuse; and (3) policy shaping which targets policies and protocols aimed at improving access and expanding proven interventions and prevention strategies such Medication Assisted Treatment (MAT). By the end of the project, Hawaii will have increased access to opioid treatment for over 400 individuals. Further, it will result in expanded services to areas in the state with the most un-met need such as Kauai Island. It will also result in the implementation and expansion of proven and effective policies and strategies related to opioids, such as use of a Prescription Drug Monitoring Program (PDMP). Through linking and leveraging a wide range of resources and efforts already underway, the project will serve to expand and enhance the State's efforts to ensure a statewide system of care that is substantially more integrated, effective and accessible. The project aligns with the primary goals of the state and the Hawaii Department of Health to engage in a more proactive approach to addressing emerging healthcare issues (preventative healthcare) which, in turn, will decrease the resources needed to treat chronic conditions (reactive healthcare) over time.

# IDAHO

Year 1

\$ 2,000,000

Year 2

\$ 2,000,000

## PROJECT SUMMARY

Idaho's Response to the Opioid Crisis (IROC) will address the opioid epidemic which Idaho is currently facing using a multifaceted approach that seeks to expand access to Medication Assisted Treatment (MAT), reduce access to opioids through prevention efforts, enhance the recovery oriented system of care, and reduce opioid-related deaths.

Through IROC, Idaho will focus on serving 840 people in year one and 1,025 people in year two who have an Opioid Use Disorder (OUD) diagnosis, are uninsured, are within the 18-36 year old age group and who are re-entering communities from the Criminal Justice System. IROC will:

**Approach 1)** Introduce publicly-funded MAT to Idaho by adding Methadone and Suboxone to the array of treatment and recovery support services (RSS) that are currently available.

Individuals with OUD who are eligible for substance use disorder (SUD)-related services will be able to access these medications at various locations throughout the state. This will be accomplished by increasing the number of Suboxone and Methadone providers in Idaho, training traditional treatment providers in evidence-based treatment models focused on OUD, and by creating a system in which traditional treatment providers can refer individuals to MAT services. Through the MAT program, IROC will seek to provide services to no less than 250 Idahoans per year who are in need of medication.

**Approach 2)** Reduce access to opioids and prevent overdose deaths by: Using prescriber report cards to create social norms of decreased opioid prescribing; reducing diversion of opioids by establishing drop-box programs in pharmacies statewide; and educating prescribers on use of the Prescription Drug Monitoring Program (PDMP) and the Center for Disease Control and Prevention's (CDC's) prescribing guidelines, which will result in fewer prescriptions for opioids being written and filled. Among other objectives, these steps seek to reduce the number of prescriptions per capita by 5%, decrease the percentage of clients on high dose opioid therapy by 5%, and increase the rate of PDMP use by 10% within a one-year period.

**Approach 3)** Broaden the boundaries of Idaho's recovery-oriented system of care to engage persons in a recovery process from the point of initial contact. Among other objectives, this system of care seeks to reduce overdose events and fatalities, reduce "no shows" through immediate contact with a peer, and to help support services and sober recreational activities to the OUD population.

**Approach 4)** Increase the use of Naloxone to reverse opiate overdoses through training and provision of Naloxone to first responders and others (including Federally Qualified Health Centers) and other community members who may come in contact with individuals, at risk of opiate overdose. This will be accomplished by identifying a minimum number of first responder agencies that will begin carrying Naloxone, performing community and provider trainings, and by providing Naloxone kits to identified and trained entities.

# ILLINOIS

**Year 1**

**\$ 16,328,583**

**Year 2**

**\$ 16,328,583**

## PROJECT SUMMARY

The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (IDHS/DASA), submits this application in response to SAMHSA/CSAT announcement # TI-17-014, State Targeted Response to the Opioid Crisis Grants (Opioid-STR). IDHS/DASA is the Illinois Single State Authority (SSA) for substance use disorder (SUD) issues. Evidence of the multiple impacts of the opioid crisis among Illinois residents is provided in regards to: increased primary opiate clients among IDHS/DASA-funded treatment admissions, increased need for medication assisted treatment (MAT) for persons with opioid use disorders (OUD), increasing numbers of opiate overdose deaths, and increasing numbers of opiate-related emergency department visits and general hospital admissions. Evidence is also provided of the relative lack of MAT and Naloxone overdose reversal services in large areas of the state, especially in central and southern Illinois. A summary is provided of current statewide initiatives and programs that have been implemented in response to the opioid crisis in our state, to include recent establishment of the Illinois Statewide Opioid Advisory Council that is chaired by IDHS/DASA. In response to this crisis, IDHS/DASA proposes a comprehensive array of OUD treatment and recovery support services that includes: expanded outpatient methadone treatment (OMT) and recovery home services; several primary healthcare-based outreach, linkage, MAT, and case management services; Vivitrol injection and linkage services for county jail prisoners and drug court offenders with OUD; community-based outreach, linkage, and recovery management services; hospital ED-based screening, recovery coaching, and linkage services; Suboxone education, consultation and support for general hospital medical staff; and establishment of an Illinois Opioid Crisis Line. The opiate related prevention services that are proposed include: expanded Naloxone purchase, training, and distribution services in counties of high need and for emergency medical services (EMS) personnel; opiate-related enhancements to the Illinois Prescription Monitoring Program (PMP); opioid awareness activities for Illinois high school coaches and athletic directors; establishment of a statewide opiate awareness campaign; and development of an automated reporting system for the Illinois Drug Overdose Prevention Program (DOPP). A data collection plan is provided that describes data collection, management, analysis, and reporting in response to federal requirements and a local decision to administer the SAMHSA/GPRA tool to persons admitted to the expanded OMT and recovery home services. The organizational experience, resources, and qualifications of IDHS/DASA, the participating treatment, recovery support, and prevention provider organizations, and the strategic planning contractor are described. Biographical sketches for the Illinois SSA, the Project Director, and other administrative grant staff are provided. A line-item budget and narrative justification is proposed for each of the two years of SAMHSA funding. A total of \$16,328,583 is requested in each of the two potential years of this SAMHSA-funded award. Estimated number of people to be served as a result of the award of this grant – 9800



# INDIANA

**Year 1**

**\$ 10,925,992**

**Year 2**

**\$ 10,925,992**

## PROJECT SUMMARY

The purpose of Indiana’s Integrated Response to the Opioid Epidemic is to use funds authorized by the 21<sup>st</sup> Century Cures Act to expand existing prevention, treatment, and recovery services for OUDs, identify and implement new evidence-based programs across the continuum of care to address OUDs and opioid use in general, and focus on providing intensive support to areas with limited access to treatment and related services. The proposed work will address OUD-related needs across Indiana, but will focus particularly on the needs of underserved populations throughout the state; underserved areas range from small, rural counties to large metropolitan areas, and share a disproportionate burden of the OUD epidemic. Within this group, programming also will focus on individuals or populations that are especially at risk from OUDs or for whom the impact of an OUD is disproportionately severe, including pregnant women, adolescents, and individuals leaving the criminal justice system in order to re-integrate into the community. The proposed work focuses on six strategic goals that are predicated on the needs identified prior to and during the preparation of this application. These are: 1) Expansion of Residential/Inpatient Detoxification and Treatment, including increased capacity, training in MAT and EBPs, and provision of service linkages; 2) Deployment of Mobile Crisis Teams focused on overdose reversal, referral to treatment, crisis management, and short-term therapeutic solutions; 3) Development and Implementation of I-ECHO, a statewide training protocol for all healthcare professionals that will focus on OUD case management and specialized learning; 4) Development of a Recovery Coach Initiative that will engage peers and professionals with individuals who are in emergency rooms for OUD overdose to ensure systematic engagement with all aspects of the spectrum of care; 5) Expansion of Provider Access to Integrated Prescription Drug Monitoring and Electronic Health Records, with a particular focus on mitigating costs for lower-income healthcare organizations; and 6) Undertake Statewide Social Marketing and Health Communications Campaigns that intelligently are targeted to vulnerable population segments using culturally-competent language and strategies. In implementing these strategies, we expect to a) increase the number of people in who receive OUD treatment; b) increase the number of people who receive OUD recovery services; c) increase the number of providers implementing MAT; d) increase the number of OUD prevention and treatment providers trained; e) reduce numbers and rates of opioid use, and; f) reduce numbers and rates of opioid overdose-related deaths. Estimated number of people to be served as a result of the award of this grant – 21000

# IOWA

**Year 1**

**\$ 2,728,077**

**Year 2**

**\$ 2,728,077**

## PROJECT SUMMARY

The Iowa Opioid State Targeted Response project will expand capacity of the existing regional prevention and treatment provider network with a focus on accessible opioid treatment. A thorough assessment and strategic action plan involving local stakeholders will provide the foundation for implementation of evidence-based practices, including medication assisted treatment (MAT). The focus of this project is to build community capacity for a successful community response to the opioid crisis through the following goals:

- Build an enhanced, statewide infrastructure to address opioid misuse in Iowa
- Increase awareness of opioid risks through statewide prevention efforts
- Increasing the use of medication assisted treatment and other evidence-based practices in Iowa.

The Iowa Opioid STR project will leverage the service improvements gained through other opioid grants, making these evidence-based practices more accessible to the community of focus (18-44yr olds) and other Iowans affected by opioid use disorder across the state. Prevention efforts will include localized information dissemination and statewide environmental efforts through a media campaign to raise awareness of the risks of prescription drugs and heroin use. Goals include increasing the awareness of naloxone availability and promoting utilization of the Prescription Monitoring Program. Expanded opioid treatment capacity will benefit Iowans across the state through regional, community-based, or telehealth partnerships with medical service providers.

# KANSAS

Year 1

\$ 3,114,402

Year 2

\$ 3,114,402

## PROJECT SUMMARY

The increase in both use and overdose rates is a trend being seen across many areas of Kansas. While the increasing trend is a shared commonality, the needs and gaps, access and treatment needs as well as risk and protective factors differ considerably between urban, rural, frontier, and suburban populations in the state. In order to ensure a targeted approach that will be most effective and outcomes driven, Kansas will utilize epidemiological data to inform a regional approach to our proposed implementation plan. A Request for Proposal process will be initiated upon grant award for four regional projects and one special project with specific emphasis on the medication-assisted therapy being provided at the nine methadone clinics in Kansas. This approach will allow for each region to conduct a comprehensive needs assessment and create implementation plans to meet the specific needs, gaps, access concerns, as well as risk and protective factors specific to their geographic, demographic and cultural differences. Based upon review of multiple data sources it was determined that the state would be divided into four primary regions and one specific targeted project. Kansas has been affected by the prescription and heroin poisoning epidemic that has plagued the United States in recent years. From 1999 to 2014, drug poisoning death rates have tripled-placing deaths from poisoning the leading cause of injury related deaths in Kansas. Drugs, including prescription, over the counter and illicit drugs, account for more than 80% of all poisoning deaths. Along with an increase in heroin and synthetic opioid deaths, Kansas has seen an increase in the number of individuals age 26 and older who report having misused a prescription opioid pain reliever within the past year. The Behavioral Risk Factor Surveillance System (BRFSS) data indicate that 59.7% of individuals age 18 and older report misusing pain medication for pain relief. In the most recent data from the Kansas Communities That Care Student Survey, 9.24% of all 6th, 8th, 10th, and 12<sup>th</sup> graders report that there is ‘no risk’ when taking prescriptions not prescribed to them. These increases in opioid related drug misuse and deaths parallel the increase in prescription opioid availability. According to data from the Kansas prescription drug monitoring program, the Kansas Tracking and Reporting of Controlled Substances (KTRACS), there were over 4.2 million Schedule II-IV prescriptions and over 256 million pills dispensed in Kansas in 2014. Furthermore, more than 100,000 Kansas patients had overlapping prescriptions for opioids and benzodiazepines and more than 75,000 patients had more than 90 morphine milligram equivalent per day of opioid prescriptions in 2014. According to experts Kansas is the 16th highest opioid prescribing state in the country.

# KENTUCKY

Year 1

\$ 10,528,093

Year 2

\$ 10,528,093

## PROJECT SUMMARY

With over 1200 overdose deaths in 2015, opioid use disorder has reached epidemic levels in Kentucky. Addressing this epidemic is a top priority across all levels of government and public and private partners. While Kentucky has made great strides, much work remains. Guided by the Recovery-Oriented System of Care Framework, the purpose of the Kentucky Opioid Response Effort (KORE) is to implement a comprehensive targeted response to Kentucky's opioid crisis by expanding access to a full continuum of high quality, evidence-based opioid prevention, treatment, recovery, and harm reduction services and supports in high-risk geographic regions of the state. Informed by data on populations most in need, the KORE will focus on three primary populations: pregnant and parenting women, individuals re-entering society upon release from criminal justice settings, and adolescents and young adults. A composite risk index identified nine geographic regions at highest-risk for OUD including the greater Lexington area, the greater Louisville area, Northern Kentucky and Eastern Kentucky. Efforts in these nine high-risk regions and with the populations of focus will inform statewide scaling-up efforts. The KORE offers the state an opportunity to dedicate much needed resources to address five overarching goals: (1) preventing opioid misuse and abuse; (2) increasing access to OUD treatment services, including Medication-Assisted Treatment; (3) increasing the availability of recovery support services designed to improve treatment access and retention and support long-term recovery; (4) increasing availability of naloxone; and (5) enhancing statewide coordination and evaluation of healthcare and public safety strategies targeting opioid misuse and overdose. A comprehensive performance assessment system will support ongoing evaluation of progress against proposed goals, objectives, and activities and guide continuous quality improvement efforts. Though a multifaceted and complex response is necessary, Kentucky's singular focus is to end the opioid epidemic and to save lives!

# LOUISIANA

**Year 1**

**\$ 8,167,971**

**Year 2**

**\$ 8,167,971**

## PROJECT SUMMARY

The Louisiana Department of Health, Office of Behavioral Health (OBH) proposes to implement the Louisiana Opioid State Targeted Response (STR) Initiative to enhance existing statewide prevention, treatment, and recovery support services offered for individuals experiencing or at risk for opioid use disorder (OUD). The priority populations to be served by this grant are: (1) the under- and uninsured, (2) individuals living in areas with high prevalence rates of overdose or opioid overdose deaths and (3) the criminal justice population. In addition, African American males represent a sub-population of those disproportionately affected by this epidemic due to increased opioid use and will be a population of focus. The goals of the Louisiana Opioid STR Initiative include: 1) Increase public and professional awareness and education for prevention and treatment of opioid use, misuse, and abuse; 2) Increase by 1,670 the number of individuals with a OUD diagnosis who are being treated with EPBs (835 per year for two years); and 3) Increase recovery support services for 600 OUD clients (300 per year for two years). Prevention, intervention, treatment and recovery support activities will be supported by the grant. The prevention priority for the Louisiana Opioid STR Initiative will be to utilize the existing SPF-based infrastructure as a basis to prevent prescription drug misuse and abuse through a statewide awareness and education campaign, with special activities planned within each of Louisiana's ten Local Governing Entities (LGE) and coordination with the ten Opioid Treatment Programs (OTP), designated as Methadone clinics. Activities will be based on the strategies outlined in SAMHSA's Opioid Overdose Prevention Toolkit, including public education through a media campaign and provider training, with an intervention strategy of Naloxone education and distribution to target populations. OBH will enhance and expand the existing OUD treatment availability statewide by building the capacity of the local OTPs and other behavioral health provider networks to provide access to evidence-based treatments, particularly Medication Assisted Treatment (MAT), and education and training on non-opioid alternatives. A specialized approach working with the Department of Corrections will allow treatment services for offenders participating in re-entry-programs at two designated facilities. This will be an integral part of the treatment services provided to the OUD population. Recovery support services provided to individuals with OUD will include building capacity for the 10 LGE regions to have staff to serve as Behavioral Health Recovery Support Specialists to provide local visibility and coordination with local resources for referral and access to services for the OUD population. This comprehensive approach to prevention, treatment and recovery supports will help to address the myriad of problems in Louisiana associated with illicit opioid use. The identified goals and outcomes will move the state toward improvements in treatment for OUD and a reduction in the number of lives lost to the opioid epidemic which has plagued our nation and our state. Estimated number of people to be served as a result of the award of this grant – 2270

## MAINE

**Year 1**

**\$ 2,039,029**

**Year 2**

**\$ 2,039,029**

### PROJECT SUMMARY

The Maine Opioid State Targeted Response project (Maine Opioid STR) estimates that we will serve up to 270 uninsured adults and youth with opioid use disorder over the two-year grant period by providing evidence based Medication Assisted Treatment (MAT) through existing or new MAT models including but not limited to the provision of MAT within Opiate Health Homes within the 1st and 2nd Congressional Districts of Maine. Within this population, the program will prioritize pregnant and parenting women and IV drug users in keeping with the Substance Abuse Prevention and Treatment Block Grant. The focus for treatment in urban areas will be based on wait lists and demonstrated ability to increase capacity from existing providers and provider networks. The focus for treatment and capacity building in rural areas will be uninsured adults and youth with opioid use disorder living in the Western Public Health District (Androscoggin, Franklin and Oxford Counties), Downeast Public Health District (Washington and Hancock Counties), and Aroostook Public Health District (Aroostook County). The rural community of focus also prioritizes pregnant and parenting women, IV drug users, and includes individuals transitioning from correctional facilities to the community, and tribal members living in these counties. The goal of the Maine Opioid STR project is to improve outcomes for uninsured adults in Maine who receive MAT for opioid use disorder. This will be accomplished by implementing Opiate Health Homes and a “hub and spoke” model of service delivery, where services will be delivered through existing systems of care, including Federally Qualified Health Centers, hospitals and hospital systems and existing community partnerships. In addition, existing contracts will be leveraged for education and training of prescribers of medication assisted treatment and psychosocial interventions. Prevention interventions will include opioid misuse community education sessions and implementation of Prime for Life curriculum in community settings. Vendors contracted as “hubs” will be required to work with local recovery supports through explicit and verified links.

# MARYLAND

Year 1

\$ 10,036,843

Year 2

\$ 10,036,843

## PROJECT SUMMARY

The proposed program, “M.O.R.R. - Maryland Opioid Rapid Response”, is designed to increase access to and enhance services for individuals with an Opioid Use Disorder (OUD) through reducing unmet treatment need and enhancing prevention efforts. This will be accomplished through implementation of a strategic plan to fill the gaps in evidence-based services, design of primary and secondary prevention methods and placement of more emphasis on peer and other recovery support. Maryland believes strongly in the benefits of prevention. We will add to doctor-patient conversations about the dangers of opioid use through social media campaigns, create harm reduction street and community outreach programs to encourage individuals to enter treatment, and make strides in reducing the stigma associated with substance related disorders (SRD) through education provided by the media/website/apps. The common thread will be connecting individuals with appropriate support resources. Maryland’s OUD crisis is growing at such a tremendous rate that increasing the opportunities for treatment is essential. We believe that creating crisis services with care coordination and expanding lower level of care beds will both move individuals into treatment and reduce unintentional deaths. Strategic expansion of naloxone distribution with training for providers, consumers and others will reduce deaths also. Support for primary care providers through provision of consultation on SRDs and technical assistance regarding prescribing will increase quality for and the number of providers providing evidenced-based practice (EBP) treatment. A full array of workforce development and training across the treatment system including Trauma Informed Care (TIC) and technology transfer will provide the skills, knowledge base, and confidence desired by treatment providers and peer support staff. Data analysis and monitoring through a quality improvement system will provide valuable information to policy makers. We are committed to providing quality and evidence-based services while transforming our statewide system. In 2015, the need for opioid maintenance treatment (OMT) exceeded 8 per 1,000 in all regions of the state. The opioid unintentional death rate exceeded 14.0 in all regions except one. Our goals for this program are to significantly reduce opiate use disorders and opiate related deaths by (1) strengthening prevention efforts through reducing over prescription of opiates and improving public understanding of OUD, (2) supporting providers through the availability of consultation, technical assistance and workforce development and training, and (3) strategically expanding services needed by individuals with OUDs through expansion of treatment and care services, peer support, recovery, naloxone distribution, harm reduction outreach, crisis services and lower intensity 3.1 facilities. Our plan is to serve an additional 21,000 individuals annually and 42,000 over the two years. We will also train over 1,400 individuals each year. We are very excited about the opportunity to make a difference in individuals’ lives, save lives and end our public health crisis.

# MASSACHUSETTS

Year 1

\$ 11,742,924

Year 2

\$ 11,742,924

## PROJECT SUMMARY

Unintentional opioid overdose (OD) has been a leading cause of death in Massachusetts since 2005, with four-and a-half times more people dying from ODs than from motor vehicle accidents during the first half of 2015. We propose to employ strategies that utilize a framework of recovery-oriented systems of care (ROSC) to provide a comprehensive, coordinated method to “wrap-around” individuals by building connections throughout our entire prevention, treatment and recovery service system with the goal of addressing opioid misuse, abuse and overdose. We seek to serve 10,312 individuals over the two-year project period through implementing the following activities:

1. Prevention programming: a) Overdose Education and Naloxone Distribution expansion in high-priority communities with a significant opioid overdose problem; b) A first responder post-overdose follow-up initiative to provide in-person, home-based outreach and support after 911 calls for an overdose, and offer assistance accessing other available services; c) Overdose prevention training and technical assistance for health and human services providers to meet the rising demand for overdose prevention education and training; and d) convening a Pharmacy Workgroup to further define and address systemic barriers to accessing naloxone, culminating in the development of a guidance document.
2. Treatment and Recovery Services programming: a) Office Based Opioid Treatment (OBOT) expansion to at least seven new community-based sites; b) Re-entry treatment and recovery support services pre-release including MAT induction, treatment and recovery planning, and post-release linkages to services and recovery support, case management and recovery coaching; c) A Recovery Support Center (RSC)-based peer support model for pregnant, post-partum and parenting women (PPW).
3. We also plan to implement three treatment and recovery focused Training and Technical Assistance (T&TA) initiatives: a) OBOT T&TA to support the new OBOT clinical sites; b) Opioid ECHO telehealth to employ videoconferencing technology where healthcare teams can connect to a community of subject matter experts and other learners; and c) capacity building at RSC sites to support and enhance the provision of evidence-based services for PPW and their families.

Overall we anticipate the MA Opioid-STR grant activities will improve, expand and enhance access to treatment, support sustained recovery, and prevent opioid misuse, abuse and overdose to achieve life-saving results.

Estimated number of people to be served as a result of the award of this grant – 10312



# MICHIGAN

Year 1

\$ 16,372,680

Year 2

\$ 16,372,680

## PROJECT SUMMARY

The purpose of the Michigan Opioid STR project is to increase access to treatment; reduce unmet treatment need; and reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUDs. To achieve our purpose for the project, the Office of Recovery Systems of Care will:

1. improve the state infrastructure for individuals with an OUD;
2. train Prepaid Inpatient Health Plan and provider administration on infrastructure improvements, and training provider staff on evidence based interventions and fidelity measures;
3. implement evidence based prevention and treatment interventions with accompanying fidelity instruments to ensure that the quality of the intervention is consistent across the provider network;
4. improve access to psychiatric services and psychotropic medications to individuals with an OUD;
5. expand the availability and use of specially trained peers for MAT and drug free programming;
6. expand outreach and engagement activities to primary care and law enforcement sites;
7. increase supports to the prisoner re-entry population with an OUD;
8. expand the use of peers in emergency departments and primary care settings;
9. expand overdose education and naloxone distribution; and
10. disseminate a statewide media campaign for the purpose of public education.

The Michigan Opioid STR initiative will: improve awareness of the risks associated with using opioid based medications as well as illegal opioids; increase the availability of prevention focused evidence based practices for individuals considered to be part of the selected or indicated portion of the population; educate physicians on the CDC Prescriber Guidelines for responsible opioid prescribing; increase access to Medication Assisted Treatment, withdrawal management, and residential treatment services for individuals with Opioid Use Disorders (OUDs); increase availability of treatment and recovery support services to individuals with OUDs; improve the quality of services for individuals with OUDs; increase treatment and support services available to individuals re-entering the community from prison; and revise policy and contractual language to reflect standards of care as identified in Michigan's Medication Assisted Treatment Guidelines for Opioid Use Disorders. In 2015, 1,980 individuals died from a drug overdose in Michigan. Opioids, illicit and prescription were involved in 64.1% of these deaths. Between 1999 and 2015, opioid involved overdose deaths increased more than 10 times, and have increased sharply since 2012. In 2015, the American Indian/Alaskan Native population had the highest rate of death due to opioid involved overdose. During the same year, adults aged 25 to 34 showed the highest overdose death rates, and males' overdose death rates were higher than female Wayne State University, School of Social Work, will serve as the evaluator for the project. Estimated number of people to be served as a result of the award of this grant – 15090

## MINNESOTA

Year 1

\$ 5,379,349

Year 2

\$ 5,379,349

### PROJECT SUMMARY

The Minnesota Department of Human Services, Alcohol and Drug Abuse Division (Single State Authority) proposes a comprehensive Minnesota State Targeted Response to the Opioid Crisis (“MN Opioid STR”). This proposal reflects collaborative planning efforts between The Minnesota Department of Human Services Alcohol and Drug Abuse Division, Health Care Administration and Office of Indian Policy along with the Minnesota Department of Health (MDH). The proposed MN Opioid STR expedites opioid treatment and recovery resources (Minnesota’s Model of Care approach) and supports integration of services at each point in the continuum (e.g. behavioral treatment and Office Based Opioid Treatment (OBOT)/( MAT) Medication Assisted Treatment). In 2015, Minnesota ranked first among all states when measuring the age-adjusted disparity rate ratio (DRR) of deaths due to drug poisoning among American Indians/Alaska Natives relative to Whites (out of 16 states for which data are available) and Blacks relative to Whites (out of 38 states for which data are available). The MN Opioid STR is a comprehensive effort that recognizes urgent need to provide immediate response for the following target populations: American Indian; African American; Women/Pregnant Mothers and infants with Neonatal Abstinence Syndrome. Minnesota also recognizes that greater Minnesota and the Twin Cities metro area have different demographics related to opioid use and require different strategies to address service gaps. For prevention efforts, Minnesota draws upon the Strategic Prevention Framework (SPF) to guide planning and implementation of activities. Proposed activities include: Increasing access to “Rule 25” assessments and expediting access to treatment for Minnesotans experiencing opioid use disorder; increasing opioid-specific peer recovery and care coordination specialists; piloting of Parent Child Assistance Program (PCAP) peer mentoring for pre- and post-natal support of mothers experiencing opioid use disorder and infants with Neonatal Abstinence Syndrome (NAS); expanding Office Based Opioid Treatment/Medication Assisted Treatment (OBOT/MAT) in both the number of providers and their geographic reach, supported by launch of an Opioid-focused Minnesota Project ECHO (Extension for Community Healthcare Outcomes); Expanded access to naloxone for Opioid Treatment Programs and Emergency Medical Service (EMS) teams; Implementation of a statewide media campaign that expedites access to treatment resources through web-based tools such as an opioid-treatment “Fast-Tracker” and an Opioid Prescribing Improvement Program: Prescriber Education Campaign. Minnesota expects to serve 109,852 individuals in the State of Minnesota through the proposed MN Opioid STR. Measurable outcomes include reducing the number of opioid related deaths overall and reducing disparities for identified target populations, increasing retention in care, reducing opioid misuse for all age groups, increasing opioid-specific treatment and recovery services options and geographic locations throughout the State of Minnesota.

# MISSISSIPPI

**Year 1**

**\$3,584,702**

**Year 2**

**\$3,584,702**

## PROJECT SUMMARY

Mississippi is poised to respond to the opioid crisis through the Mississippi State Targeted Opioid Project (mSTOP). Over the two year project, mSTOP will serve an estimated 1500 persons who use opiate medications or heroin and are at risk for misuse/abuse and overdose, primarily Caucasians between the ages of 18 and 45 in the top seven counties where opioid use disorder (OUDs) is prevalent. In addition, the media campaign will impact approximately 300,000 additional citizens. Additional populations of focus are pregnant women, returning veterans and their families, and individuals re-entering the community from correctional facilities. MSTOP aims to enhance prevention, treatment and recovery services. Goal 1: Prevent and manage opioid overdose; (Strategy 1.1) Educate individuals who use opioids, and those that may witness an overdose, on how to recognize and appropriately respond to an overdose; (Strategy 1.2) Make system-level improvements to increase availability and use of naloxone; Goal 2: Implement and expand clinically appropriate evidence-based treatment service options and availability; (Strategy 2.1) Increase access and utilization of medication-assisted treatment (MAT);(Strategy 2.2) Increase access to an array of psychosocial treatment services; (Strategy 2.3) Identify and treat opioid abuse during pregnancy; Goal 3: Prevent opioid misuse and abuse; (Strategy 3.1) Promote the use of best practices among health care providers for prescribing opioids for pain management;(Strategy 3.2): Increase the capacity of opioid users to avoid misuse/abuse; (Strategy 3.3) Promote clear and concise guidance on the safe home storage and appropriate disposal of prescription opioid medications; and (4) Use evaluation science and surveillance to improve success; (Strategy 4.1): Use epidemiological data to guide implementation.( Strategy 4.2) Use epidemiological data to guide evaluation. (Strategy 4.3) Optimize and expand data sources. Evidence-based psychosocial interventions will be used to address the specific needs of the population of focus: Screening, Brief Intervention, Referral to Treatment (SBIRT) and the Community Reinforcement Approach (CRA). At least four Community Mental Health Centers will receive funding to provide these evidenced-based treatment programs for persons with OUDs. A statewide communications campaign will be developed that includes targeted opiate-related health education. Under the leadership of the Mississippi Department of Mental Health (DMH) Bureau of Alcohol and Drug Services (BADs), mSTOP will leverage existing resources and programs to maximize project effectiveness. The project will make use of partnerships and collaborations to bridge resources of health care, public health and law enforcement to enhance professionals awareness about prevention and treatment methods, create an environment that facilitates sharing of data and increases the likelihood of sustainability. Estimated number of people to be served as a result of the award of this grant – 1500

# MISSOURI

**Year 1**

**\$ 10,015,898**

**Year 2**

**\$ 10,015,898**

## PROJECT SUMMARY

The proposed Missouri Opioid State Targeted Response (Opioid STR) project will expand access to integrated prevention, treatment, and recovery support services for individuals with opioid use disorder (OUD) throughout the state. Primary focus will be on rigorous, multidisciplinary provider training and education on Medication Assisted Treatment (MAT) and the provision of evidence-based treatment services to uninsured individuals with OUD presenting for care within state-funded programs. Primary prevention activities will center around increased awareness and decreased availability of opioids, led by local agencies in high risk areas. Prevention of overdose deaths will be accomplished through training clinical providers and at-risk individuals on Overdose Education and Naloxone Distribution practices, and providing telemedicine didactic and consultation services to primary care providers treating chronic pain. Recovery support services will be provided in the form of Recovery Community Centers, recovery housing, and recovery management checkups, all delivered with a focus on peer engagement. The State of Missouri Department of Mental Health (DMH) will lead the project, with administration, implementation, and evaluation activities provided by the Missouri Institute of Mental Health (MIMH) – University of Missouri, St. Louis, as well as healthcare agencies, additional academic institutions, and content experts throughout the state. The primary goals of the Opioid STR project include: 1) Increase provider and student-focused opioid use and overdose prevention initiatives and programs; 2) Increase access to evidence-based MAT for uninsured individuals with OUD through provider training, direct service delivery, healthcare integration, and improved transitions of care; 3) Increase the number of individuals with an OUD who receive recovery support services; and 4) Enhance sustainability through policy and practice changes as well as demonstrated clinical and cost effectiveness of grant-supported protocols. Combined with coordinated interagency collaboration and sophisticated evaluation, the Opioid STR project will aim to transform the system of care for OUD in Missouri. This will be accomplished by developing evidence-based protocols, implementing multimodal professional training and consultation programs, and delivering effective and compassionate services to individuals in high need throughout the state. Estimated number of people to be served as a result of the award of this grant – 1750

# MONTANA

**Year 1**

**\$ 2,000,000**

**Year 2**

**\$ 2,000,000**

## PROJECT SUMMARY

The Montana Opioid (STR) will fund training and infrastructure development for the hub and spoke model of opioid use disorder (OUD) treatment, medication assisted treatment, peer support & recovery services, naloxone/narcan training & distribution, and opioid disposal bag education & distribution to achieve “A comprehensive continuum of services for OUD prevention and treatment, grounded in evidence-based practice and adapted to the needs of our frontier state.” The project will focus on the following populations: American Indians, pregnant women, veterans and individuals involved in the criminal justice system. American Indians comprise the largest racial minority in Montana with 6.3% of residents identifying as Native American. There are more than 12,000 live births in Montana annually, and the total population of women of childbearing age (15-44) in Montana is 186,922. Veterans comprise almost 10% of Montana’s (99,034 total), the percentage highest in the nation. All of these groups suffer from disproportionately high rates of substance use disorder, including Opioid Use Disorders (OUD). Often OUD is criminalized instead of treated medically. Every year, thousands of Montanans move through the Justice System for substance abuse related offenses, including opioid use. From 2010-2014, “drug possession” was the number one female and number two male adult conviction offense in the state. It is estimated 90% of the individuals currently held in Montana jails are there for substance abuse related offenses. To improve Montana’s response to the opioid epidemic, particularly among our populations of focus for this grant, we will focus on two primary goals: 1) Support OUD prevention programs and services in Montana and 2) Develop comprehensive, evidence-based services for OUD treatment in Montana. To support prevention programs and services, Montana will publish a comprehensive OUD needs assessment and strategic plan, increase access to and training on naloxone/narcan use for emergency medical systems and law enforcement providers in the state, and increase access to disposal bags among individuals receiving an opioid prescription in our state. To develop a comprehensive continuum of OUD treatment, Montana will implement six Hub and Spoke models for OUD treatment, with Hubs agreeing to implement Medication Assisted Treatment (MAT) and Peer Support and Recovery Services and contract with at least two smaller Spoke sites to implement these services with the assistance of the MAT providers at the Hub sites. Montana will work to increase the number of Montana providers trained on Opioid prescribing guidelines, peer support and recovery services and the use of MAT. In all, Montana intends to serve 2,215 clients with MAT treatment at 18 Hub and Spoke Sites by the end of the project period, with 90% of these individuals (1993 total) receiving peer support and recovery services.

# NEBRASKA

**Year 1**

**\$ 2,000,000**

**Year 2**

**\$ 2,000,000**

## PROJECT SUMMARY

The purpose of Nebraska's Opioid STR program is to substantially reduce the incidence of abuse of prescription and illicit opioid drugs in Nebraska through ongoing collaboration between practitioners, experts and leaders across the continuum of care. The program will also work to mitigate the effects of opioid use disorders (OUD), including both prescription opioids and illicit drugs, such as heroin, by identifying statewide needs, increasing access to treatment, including Medication Assisted Treatment (MAT), and reducing prescription drug overdose (PDO) deaths through the provision of prevention, treatment and recovery activities. The Division of Behavioral Health will partner with other agencies to provide services to underserved populations statewide without duplicating efforts. Nebraska's goals include: completing a needs assessment; developing a comprehensive strategic plan; implementing prevention initiatives including, opioid prescribing guidelines, The Dose of Reality media campaign, safe drug disposal initiatives, funding community coalitions to provide OUD prevention EBPs in communities of need, and provide Naloxone to at risk populations and providers; implementing clinically appropriate evidence-based practices (EBPs) for OUD treatment including training providers in the ECHO model, funding access to Naloxone, enhancing the utilization of MAT through the funding of Suboxone, creating an Addiction Medicine Fellowship, and developing a curriculum supplement to the peer support curriculum specific to opioids; assistance to patients with treatment costs by providing funding for Suboxone; and training treatment providers who serve consumers transitioning from criminal justice settings or other rehabilitative settings. DBH intends to serve the entire population of the state through training and prevention initiatives, while targeting high burden areas of the state for outreach, training and technical assistance. Nebraska proposes to increase the number of clients served by DBH in the opioid replacement therapy service by 5% each year, resulting in approximately 36 more individuals receiving this service over course of the project period. Nebraska further intends to supply 1000 Naloxone kits to high risk clients each year, resulting in 2000 Nebraskan's having access to this life-saving drugs. Finally, Nebraska intends to serve approximately 340 individual's receiving assistance with treatment and in support of their path to recovery by providing funding for Medication Assisted Treatment through the use of Suboxone.

# NEVADA

**Year 1**

**\$ 5,663,328**

**Year 2**

**\$ 5,663,328**

## PROJECT SUMMARY

The opioid crisis in Nevada can be classified as a public health epidemic. Nevada’s Governor has been instrumental in bringing awareness to the crisis, convening state and national experts to develop policy and practice to address the issues, and supporting the implementation of prevention, intervention, and treatment solutions. In 2015, the Governor signed model legislation into law, expanding access to naloxone, requiring use of the Prescription Drug Monitoring Program, and the implementation of a Good Samaritan Law. In 2017, the Governor’s Controlled Substances Act will establish prescribing standards of care, increase education for prescribers related to addiction and standards of care, and develop syndromic surveillance for monitoring overdose related emergency room and inpatient admissions. Nevada has also benefited from several awards to address prescription drug abuse and prevention, including the Strategic Prevention Framework – Partnership for Success Cooperative Agreement (PFS) and the Harold Rodgers grant. The expansion of Medicaid has made healthcare, including substance use disorder treatment and medication assisted treatment widely available to individuals who previously did not have access. Opioid treatment programs statewide remain well-under capacity for the numbers of individuals they are capable of providing treatment to. Yet despite these efforts and resources, the epidemic continues to grow in Nevada. Nevada consistently demonstrates some of the highest rates of drug overdose mortality in the country. The Centers for Disease Control and Prevention’s (CDC) has reported Nevada has one of the highest rates of prescription painkillers sold and drug overdose deaths per capita. Inpatient hospitalizations and emergency room visits have increased from a combined 10,264 episodes in 2014, to 15,266 episodes in 2015. Heroin deaths increased 22% in the same time period. The epidemic is complex and multifaceted meaning the approaches needed to adequately address the crisis must also be multifaceted and complex. Nevada’s vast geography and healthcare provider shortage contribute to a challenging environment to implement community based strategies to combat the crisis. Stigma and lack of knowledge about available services continue to prevent individuals to seek treatment and physicians from linking and referring individuals to much needed opioid use disorder treatment and recovery supports despite availability within treatment centers. This funding opportunity will allow Nevada to address the unique needs of its communities and establish a sustainable, coordinated, recovery-oriented system of care using the Collaborative Opioid Prescribing Model, overdose response and treatment engagement programs, overdose education and naloxone distribution, prescriber education and expansion of office based opioid treatment, recovery communities and peer supports, enhanced data collection, and information sharing between public health and law enforcement while maximizing existing resources including Medicaid reimbursement.

# NEW HAMPSHIRE

**Year 1**

**\$ 3,128,366**

**Year 2**

**\$ 3,128,366**

## PROJECT SUMMARY

NH Department of Health and Human Services (DHHS) seeks this grant to implement a comprehensive approach to address New Hampshire's opioid use disorder crisis through various prevention, treatment, and recovery services targeted at high-risk populations. Populations have been selected due to their high risk of initiation of substance use, opioid use disorder (OUD), and overdose events and fatalities. The identified target populations of focus include pregnant women with OUD and parents in recovery, youth in recovery, children and families involved with the Division of Children, Youth and Families (DCYF) due to substance use, and incarcerated men and women scheduled to re-enter the community. NH anticipates serving approximately 988 individuals. NH plans to implement specialized selective prevention services, treatment services, and peer recovery support services to meet the goals of the State Targeted Response to the Opioid Crisis Grant. NH has chosen Evidence-Based Practices (EBP) that are designed for the populations of focus and will implement those practices with selected community-based providers and organizations that can demonstrate willingness and readiness to engage in this specialized work. Unique to this proposal is the emphasis on a strong collaboration between a multitude of DHHS and other state agencies, all of which are experiencing the challenges of the state's opiate crisis for the populations they serve. The single state authority for substance abuse, the Bureau of Drug and Alcohol Services (BDAS) will work in close collaboration with DHHS agencies, including but not limited to the DCYF, Division of Public Health Services (DPHS), and the Bureau of Children's Behavioral Health (BCBH) as well as New Hampshire Governor Christopher P. Sununu's Office, the NH Department of Corrections (DOC), and stakeholders to ensure proper EBP selection and project implementation across the prevention, treatment, and recovery programs proposed. NH requests the full funding over the two year period, equaling \$6,256,732 and intends to use this grant to open access to critical services that may not be accessible for the target populations due to insurance coverage barriers, as well as for services that are not yet part of any benefit plan. Examples of these services include; family peer support, youth peer support, enhanced care coordination, support services that increase treatment engagement (childcare, transportation), and parenting education. Evaluation of program design, grant progress and individual participant outcomes is essential in meeting grant obligations and ensuring fidelity to practices and program design. NH is eager to partner with other STR funded states to participate in SAMHSA's national evaluation and is committed to working alongside SAMHSA's priorities for this funding as a means to increase access to treatment, reduce unmet treatment need, and reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder



## NEW JERSEY

Year 1

\$ 12,995,621

Year 2

\$ 12,995,621

### PROJECT SUMMARY

The goal of the New Jersey State Targeted Opioid Response Initiative (STORI) is to address the opioid crisis confronting the state using a variety of strategies. The key objectives are to increase access to treatment, reduce unmet treatment need and reduce opioid related deaths. To address these objectives, a new fee-for-service treatment initiative will be developed that will include a wide range of levels of care and the use of evidenced based practices, particularly medication assisted treatment (MAT). New Jersey's proposal provides family and peer recovery supports, community education programs, and training. STORI targeted groups include individuals with Opioid Use Disorder (OUD) such as Opioid Overdose Recovery Program (OORP) clients and other overdose survivors, veterans, individuals released from incarceration in last 60 days, and young and older adults. Prevention efforts will focus on community education programs for older adults with the goal to reduce demand for and misuse of opiate prescriptions. Additional training on naloxone will be provided to schools, jails and prisons, and naloxone kits will be distributed. STORI services will encompass training of primary health and behavioral health care practitioners on best practices for the prescribing of opiates and expanded use of MAT. STORI will provide peer training for volunteers in the Law Enforcement Addiction Assisted Recovery and Referral Program. Under the leadership of Governor Chris Christie, New Jersey has responded to the state's increasing numbers of opiate overdose deaths and adverse events with numerous initiatives. New Jersey intends to leverage all these initiatives with this current grant opportunity to maximize its efforts. One initiative is the OORP which is currently operating in 11 counties and will be expanded to the remaining 10 counties through STORI. OORP utilizes Recovery Specialists and Patient Navigators to engage individuals who were reversed from an opioid overdose and provide non-clinical assistance, recovery supports and referrals for assessment and OUD treatment. Another key initiative in this grant is the development of Support Team for Addiction Recovery (STAR) in high risk counties consisting of a community-based group of case managers and recovery specialists who will provide case management services and recovery support through a team approach. Family support will be provided through the development of three regional Family Support Centers. Anticipated outcomes of the STORI include: reduction/abstinence from drugs and alcohol, increase in employment, reduced criminal justice involvement, increase in stable housing, increased social connectedness, and increased percentage of individuals completing treatment at the recommended level of care. Additional outcomes include: reducing opioid overdoses, increasing retention in treatment, reducing the length of time to relapse and prolonging recovery, and increasing number of individuals receiving MAT. It is estimated that STORI will serve 8,671 individuals annually and 17,342 individuals over the two-year project.

## NEW MEXICO

Year 1	Year 2
\$ 4,792,551	\$ 4,792,551

### PROJECT SUMMARY

In 2014, New Mexico had the second highest drug overdose death rates in the country, with almost half of these deaths caused by prescription opioids. The purpose of the NM Opioid STR Initiatives is to address this tremendous opioid crisis by expanding access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment and recovery services for Opioid Use Disorders (OUDs) in New Mexico. This includes prescription opioids, as well as illicit opioids such as heroin. The NM opioid STR Initiative will be overseen by the NM Behavioral Health Services Division (BHSD), which is the Single State Drug and Alcohol Authority (SSA) in the state, and will expand access to quality services by: supplementing and expanding existing OUD prevention, treatment, and recovery activities currently managed by BHSD, and developing and incorporating new successful implementation *models* and approaches to support expanded services and ensure long term sustainability. Enhancing and expanding access to prevention, treatment and recovery services for OUD is critical for all NM communities because it will improve outcomes for persons with OUD and support a strong and sustainable OUD prevention and treatment system. Expanding access to comprehensive OUD services will be achieved through the following goals: (1) develop a comprehensive response to the opioid epidemic; (2) implement a coordinated and sustainable approach to OUD service expansion; (3) expand the OUD prevention services array; (4) expand the OUD treatment services array; (5) expand the OUD recovery services and supports array; and (6) utilize an ongoing Continuous Quality Improvement (CQI) framework to ensure data informed decisions. We anticipate reaching a total of 9,850 individuals annually, for a total of 19,700 individuals over the two-year grant period.

## NEW YORK

**Year 1**

**\$ 25,260,676**

**Year 2**

**\$ 25,260,676**

### PROJECT SUMMARY

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) in partnership with the Research Foundation for Mental Hygiene, Inc.(RFMH) will undertake a multi-pronged approach to address the issues of Opioid Use Disorders in the unserved and underserved areas of the State. OASAS has identified high need areas in the state and through its existing infrastructure will enhance treatment and recovery services. OASAS's proposal is to develop Centers of Treatment Innovation in high need areas which will include developing Telehealth capacity; increasing the number of prescribing practitioners for medication assisted treatment via training and mentoring; having care managers to bridge the gap between behavioral health and primary care; use of locally placed Peer Recovery Support Staff to improve treatment engagement and retention; enhanced clinical staff; and providing reentry support for individuals being released from jails/ correctional facilities. OASAS will also utilize a multi-level prevention approaches including delivery of evidence-based prevention services to underserved, hard-to-reach youth and other at risks populations, foster care settings and permanent supportive housing; provide training and distribution of Naloxone kits; and a targeted media campaign. To support a growing recovery community OASAS will develop a youth and young adult statewide recovery network and local community networks. OASAS looks to establish a social media campaign that promotes health, recovery and wellness, establish peer supports and to provide technical assistance and support to local communities and networks of young people across New York State. Estimated number of people to be served as a result of the award of this grant – 22830

## NORTH CAROLINA

**Year 1**

**\$ 15,586,724**

**Year 2**

**\$ 15,586,724**

### PROJECT SUMMARY

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) of the North Carolina Department of Health and Human Services (NC DHHS), the State Mental Health Authority (SMHA) and the Single State Authority (SSA) for substance use will serve North Carolinians at highest risk for Opioid Use Disorder (OUD) through the proposed project, the NC State Targeted Response to the Opioid Crisis (NC Opioid STR). Opioid use disorders are pervasive throughout North Carolina, due to the use of illegal opiates such as heroin, as well as misuse of prescription opioids; as such, this proposal will identify the areas of highest need with the intent of serving as many individuals and areas as funds will allow. Over the past several years, North Carolina has experienced an increase in opioid and heroin use, misuse and overdose. In response, the state has developed strategies and implemented several initiatives to address the problem. The Cures Act provides the opportunity to consolidate those efforts, as well as enhance and expand services and supports to meet the needs of the citizens of North Carolina. Given the impact on our state, the governor has made this a top priority of his administration. Under the leadership and direction of the Office of the Governor, the Office of the Attorney General and the Secretary of DHHS, this project will strengthen the foundation for prevention, treatment and recovery services, an essential component of North Carolina's broader efforts to address this challenge and ensure the health and safety of individuals, families and communities in our state.

## NORTH DAKOTA

**Year 1**

**\$ 2,000,000**

**Year 2**

**\$ 2,000,000**

### PROJECT SUMMARY

The purpose of North Dakota's State Targeted Response to the Opioid Crisis Grant project is to address gaps and build upon existing statewide efforts and infrastructure by increasing access to evidence-based treatment and recovery services for opioid use disorder and reducing opioid overdose related deaths through the provision of primary and secondary prevention.

Approximately 14.5 percent of North Dakota high school students reported using prescription drugs without a prescription one or more times during their lifetime (YRBS, 2015). Overdose deaths in North Dakota increased from 20 deaths in 2013 to 61 deaths in 2015 (CDC/NCHS, National Vital Statistics System, Mortality). As of February 2017, almost nine percent (8.8%) of licensed pharmacists in the state (80 of 905) are signed up to prescribe naloxone. The first goal is to increase evidence-based treatment and recovery services for individuals with Opioid Use Disorder (OUD), with a focus on individuals reentering communities from criminal justice settings. The following, summarized, objectives were identified to achieve this goal: (1) increase utilization of Medication-Assisted Treatment (MAT); (2) Increase access to peer and other evidence-based recovery support services. The second goal is to increase implementation of evidence-based primary and secondary prevention strategies. The following, summarized, objectives were identified to achieve this goal: (1) decrease access to unneeded prescription opioid medication; (2) increase availability and utilization of naloxone. The third goal is to increase utilization of effective treatment services for Opioid Use Disorder (OUD) by increasing communication efforts to reduce stigma surrounding Opioid Use Disorder (OUD), Medication Assisted Treatment (MAT) and needle exchange/syringe service program. To address the state's capacity needs, and to effectively implement evidence-based strategies across the full continuum of care, the Division has developed a hybrid system design to implement evidence-based strategies that will most rapidly address needs and gaps from both the state and community levels. This project has the potential to impact the entire state, which has an estimated population of 756,927. Evaluation data will be collected to answer the evaluation questions posed in the FOA including data required by SAMHSA and additional measures as needed to successfully evaluate the project.

## NORTHERN MARIANA ISLANDS

Year 1	Year 2
\$ 250,000	\$ 250,000

### PROJECT SUMMARY

The Community Guidance Center, under the Commonwealth Healthcare Corporation, also the designated Commonwealth of the Northern Mariana Islands Jurisdiction and State Primary and Behavioral Health System are with interest and efforts in pursuing the State Targeted Response to the Opioid Crisis Grants (Short Title: Opioid STR) Funding Opportunity Announcement (FOA) No. TI-17-014. This pursued FOA provides opportunity for the Community Guidance Center with obtaining much needed resources to strengthen current substance use disorder prevention and treatment level of care and efforts to provide an inter-clinic and prevention unit platform towards the related priorities established within the Wellness Clinic, Recovery Clinic, and the Prevention Unit which focuses on providing a continuum of wellness and recovery intervention services, substance use/abuse prevention services to include mental health promotion contingent to available resources obtain through State and Federal support. Identified within the project proposal are efforts to increase clinical and program capacity in hopes of having these designated personnel and clinicians provide macro, mezzo, and micro efforts to engage prevention and treatment intervention strategies specific to the Opioid Crisis that has been experienced throughout the nation, territories, and affiliates. The established project name is the Family and Community Driven Care, Addressing the Opioid Crisis in the CNMI. CGC current has strength and ability to have mental health, substance use treatment, and substance abuse prevention within one agency, individuals, families, and community organizations within the CNMI will be included to address current gaps of services identified within primary care and the community. Due to the uncertainty and proposed project that will be established within the CGC Wellness Clinic, Recovery Clinic and the Prevention Unit, the estimated number of people to be served as a result of the award of this grant

# OHIO

**Year 1**

**\$ 26,060,502**

**Year 2**

**\$ 26,060,502**

## PROJECT SUMMARY

Unintentional drug overdose continued to be the leading cause of injury-related death in Ohio. In 2015, drug overdoses caused the deaths of 3,050 Ohio residents, which is the highest number on record. Opioids (heroin, fentanyl and prescription) remained the driving factor behind unintentional drug overdoses in Ohio. The sharp increase in overdose deaths coupled with National Survey on Drug Use and Health (NSDUH) prevalence data on individuals needing but not receiving treatment led to the identification of priority target areas to focus project efforts. The targeted strategies outlined in Ohio's Opioid STR proposal will impact over 8 million Ohioans, which represents 75 percent of the state population, and encompasses 53 percent of counties and board areas. Ohio's Opioid STR Project goals focus on building a community system of care (prevention, early intervention, treatment and recovery support) that emphasizes service integration between physical health care, emergency health care, behavioral health care, criminal justice, and child welfare. Strategies and activities undertaken for this effort build upon Ohio's on-going efforts to address the opioid epidemic and are designed to reduce overdose deaths and enhance the ability of individuals with opioid use disorder to receive treatment using evidence-based approaches. A three-pronged approach is adopted to operationalize the identified strategies and activities. This includes 1) department-directed strategies and activities focusing on counties of the state with highest opioid overdose deaths and treatment need, 2) department-directed strategies and activities to be deployed statewide, and 3) Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards identified projects consistent with the goals and objectives of the Ohio Opioid STR Project. Ohio's Opioid STR Project emphasizes evidence-based practices throughout the needed continuum of services and interventions: PAX Good Behavior Game and Botvin Lifeskills for primary prevention, Screening, Brief Intervention and Referral to Treatment (SBIRT) for early intervention, and Medication-Assisted Treatment (MAT) for opioid use disorder, using the ECHO model and other training methodologies to expand treatment capacity. Additional evidence-based practices include Sobriety, Treatment and Recovery Teams (START) for child welfare and Trauma Informed Care to address the vicarious trauma experienced by professionals in multiple systems and families who are facing the consequences of Ohio's opioid epidemic on a daily basis.

# OKLAHOMA

Year 1

\$ 7,283,229

Year 2

\$ 7,283,229

## PROJECT SUMMARY

The Oklahoma Opioid STR integrated System of Care (ISOC) will serve persons with, or at risk for Opioid Use Disorder (OUD) statewide. The ISOC will include promotion, prevention, early intervention, treatment, and recovery supports. The goal is to provide treatment to 2,200 people over two years, and to distribute 7,000 naloxone kits available to help those in need. This ISOC will be built within the robust comprehensive ODMHSAS system that includes Certified Community Addiction and Recovery Centers (CCARCs), Community Mental Health Centers (CMHCs), and Certified Community Behavioral Health Clinics (CCBHCs). Oklahoma welcomes this opportunity to more fully address the opioid crisis. Through this much-needed SAMHSA funding, the ODMHSAS will create an integrated system of care (ISOC). The ISOC goals encompass prevention services that will save lives in the future through decreasing opioid and heroin overdose and non-medical use of prescription drugs. In addition, the ISOC will provide early and easy access to services through: outreach; early identification and linkage to appropriate levels of treatment; crisis intervention and linkage to appropriate level of treatment; and recovery support services, all of which will save lives today. Oklahoma's ISOC will ensure that those with or at risk of opioid addiction are afforded every opportunity to achieve recovery and become productive citizens with bright futures. Lives will be saved today, families will be preserved, and futures will be reclaimed. Measurable goals and objectives include: 1) Develop and disseminate messages aimed to prevent abuse of opioids and increase service utilization; 2) Mobilize community outreach workers to deliver training, disseminate material, drive service referrals, and increase local action on opioid prevention; 3) Train the primary care workforce in non-opioid alternative to pain management and safe opioid prescribing; 4) Train workforce in best practices; 5) Implement a model of practice facilitation in selected areas focusing on uptake of opioid prescribing guidelines; 6) Enhance the Prescription Drug Monitoring Program; 7) Expand overdose education and naloxone distribution statewide; 8) Engage comprehensive treatment agencies and crisis units to fill gaps and provide a fuller array of services; 9) Employ strategies to increase access to treatment for persons with or at risk for OUDs, including those who are uninsured and underinsured; 10) Identify, refer and provide treatment for those coming out of jails and prisons; 11) Identify those most in need of treatment through data analysis, and require comprehensive treatment agencies to outreach and engage into treatment; 12) Require comprehensive treatment agencies to maintain waived prescriber on staff; 13) Provide additional 60 slots of high intensity residential services; 14) Develop increased capacity in Oxford Houses for those with OUD; 15) Expand capacity for peer recovery support providers to deliver services; 16) Train all levels of staff in evidence-based practices; 17) Provide consultation for prescribers of Medication Assisted Treatment; and 18) Conduct comprehensive evaluation of all activities.



# OREGON

**Year 1**

**\$ 6,564,425**

**Year 2**

**\$ 6,564,425**

## PROJECT SUMMARY

The OR-Opioid STR aims to 1) enhance state and community-level efforts to advance public health interventions that reduce PDO and problematic prescribing of controlled substances, 2) increase the number of DATA-waived providers in Oregon who are actively prescribing FDA approved medication for OUD, 3) enhance and expand the provision of peer support services design to improve treatment access and retention and support long-term recovery, 4) provide treatment transition and coverage for patients reentering the community from the criminal justice system, 5) implement access to FDA approved medication for MAT in combination with social interventions, 6) establish statewide public education campaign on opioid and 7) establish a more robust network of recovery resources in places most affected by opioid epidemic in Oregon. This grant will supplement the existing CDC and SAMHSA grant that Oregon has and expand those efforts across the state. A continuous need assessment will be part of the grant activities. The Oregon Dept. of Corrections and Oregon Health and Human Sciences University will be two of the sub-grantees. More partnering organization will be identified with grant progress. The project will overall aim to increase access MAT across the state, in addition a special focus would be on Oregon's Tribal communities. This is because currently the Oregon Tribes do not have a robust system of needs assessment even though opioid use disorder is a major burden in the Native American population (according to Medicaid data). The project will also keep a focus on rural and frontier counties, since in Oregon, opioid use disorder is mostly a rural issue. Despite of this high need in rural areas there is significant low access to MAT provider sin these regions. A significant proportion of this population also turns to heroin once opioid becomes too expensive to afford, among individuals living with chronic pain. This is true in certain urban areas as well, such as the Portland Metro area since heroin is easily available. In Oregon, Opioid Use disorder is primarily an access, training, and education issue. For example, only 30% of the DATA waived providers actually prescribe MAT medication. The STR grant project will drive the efforts of training providers on CDC's prescribing guideline, and community engagement and outreach. In addition, the Oregon Prescription Drug Monitoring Program will also be enhanced to get at least 95% of the high prescribing providers. This will allow for more accurate and targeted needs assessments in moving forward. The project will be done in collaboration with Department of Public Health, county health departments, criminal justice system, and regional Medicaid providers. Several of the infrastructure, such as ongoing evaluation, technical support, policy model, and sustainability plans, are already in place.

# PALAU

Year 1

Year 2

\$ 250,000

\$ 250,000

## PROJECT SUMMARY

The Project Rx Monitoring shall be the incubator for the development of a Prescription Drug Monitoring Program in the entire catchment area of the Republic of Palau to enable prevention, treatment and recovery from the emerging opioid addiction disorders.

**Goal 1: Increase knowledge and awareness among prescribers, providers, and partners in prescription drug monitoring program.** Knowledge base will be assessed at the beginning of the project. There are 96 prescribers in Palau as of 2016, over 100 nurses, and over 80 allied health providers. All of the providers will be surveyed to get a baseline score of their knowledge. In the two year period, a training plan will be developed and implemented to increase knowledge.

**Goal 2. Implement the SPF Model to assess, develop a strategic plan, build capacity, implementation plan and evaluation plan.** The SPF model will be utilized to address the other key areas of the issue.

**Goal 3. Increase access to Opioid Treatment Services through Community Engaging** There are four pharmacies, three private clinics, 8 outlying area dispensaries, and the main hospital. As the plan is developed, a baseline of treatment services will be established and the project aims to increase capacity by 100%.

**Goal 4. Strengthen local capacity in technology for training, services, monitoring, and electronic health service/resource access.** Ministry of Health is currently using the Health Information System (HIS) as Electronic Health Record for Palau. This records patient encounters, diagnosis, services received and billing. For the next 1-2 years, ICT will develop the inventory and supply, ancillary services and the pharmacy module. Linking this other module to the current HIS will ensure proper inventory of the supplies used for services received and will also keep track of the medications for all patients. Aside from adding modules to the system, ICT also proposes to upgrade the Graphical User Interface (GUI) of the system. The aim is to make the EHR accessible online and can be viewed across platforms. Aside from the EHR component, ICT will also move forward with electronic human resource system called Human Resource Information System (HRIS). The system backbone is already in place and is ready for enhancements. This system will include modules that will keep track of employee training earned both off-island and in house.

## PENNSYLVANIA

Year 1

\$ 26,507,559

Year 2

\$ 26,507,559

### PROJECT SUMMARY

Pennsylvania proposes 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 activities for opioid use disorder (OUD). The project will support a comprehensive response to the opioid epidemic using a strategic planning process to conduct needs and capacity assessments. The results of the assessments will identify gaps and resources from which to build upon existing substance use prevention and treatment activities. Initial strategies have been developed and will include:

- Provide clinically-appropriate treatment services to 6,000 individuals who are uninsured or underinsured.
- Expand treatment capacity for Medication Assisted Treatment for OUD.
- Expand treatment capacity for underserved populations by targeted workforce development and cultural competency training.
- Improve quality of prescribing practices through prescriber education.
- Increase community awareness of OUD issues and resources through public awareness activities.
- Expand implementation of warm hand-off referral practices to increase the number of patients transferred directly from the emergency department (ED) to substance use treatment.
- Increase the number of youth receiving evidence-based prevention and life skills education programs.
- Improve identification and referral of students for assessment and treatment by providing training to school personnel.
- Expand Pennsylvania's integration of its Prescription Drug Monitoring Program (PDMP) data at the point-of-care, promoting ease-of-use of this data in clinical decision making.

Estimated number of people to be served as a result of the award of this grant – 13400

## PUERTO RICO

Year 1

**\$4,811,962**

Year 2

**\$4,811,962**

### PROJECT SUMMARY

The MHAASA proposes a 2-year PR Opioid STR for populations in use of opioids and at risk of overdose. Infrastructure PDMP and opioid overdose surveillance systems; transition to treatment of opioid using inmates; four new methadone dispensing sites integrating the RTSH EBP; TND EBP secondary prevention for adolescents; media education and provider/responder training, are strategies to be coordinated with public (DCR) and private (CBO and FQHC) stakeholders. The summarized goals are: 1. Develop a needs assessment to identify high prevalence areas, existing providers, funding sources, and gaps in opioid prevention and treatment; 2. Develop a PR strategic plan to address data infrastructure and opioid use prevention, treatment and recovery gaps; 3. Implement proven EBP's in secondary prevention of opioid misuse in adolescent populations; 4. With collaborative partners, expand access to EBP opioid treatment in public and private provider systems; 5. With Corrections system, link inmates with opioid use history to treatment upon release; and 6. Train providers and responders on overdose prevention and opioid treatment topics. Objectives include: 1a. Establish collaborative agreements for participation of public/private stakeholder entities for project participation and in needs assessment, description of available services and funding sources and identification of services gaps in YR 01; 1b. Complete Needs Assessment by 12/31/17; 2a. Complete Strategic Plan by 3/31/18 to address major needs identified; 2b. In YR 01, implement data collection and monitoring systems, including SMART MIS enhancements, PDMP, and overdose surveillance system; 3a. By 6/30/18, implement CSAP proven prevention EBP in 3 CBO's for adolescent opioid users; 3b. By end of project, evidence prevention outcomes; 3c. By 6/30/18, train all Methadone Program, FQHC and private buprenorphine providers on RTSH EBP; 3d. By project end, evidence improved treatment and recovery outcomes of EBP enhanced services; 4a. By beginning of YR 02, expand Methadone Treatment to Eastern Region; 4b. By beginning YR 02, expand access to MAT in San Juan and Vega Baja; 4c. By beginning of YR 02, provide RTSH EBP to at least 60 opioid users in 6 Methadone Treatment Centers; 4d. By beginning YR 02, expand buprenorphine treatment to 2 new primary healthcare settings; 5a. Link about 150 offenders with history of opioid use to treatment within 90 days of discharge; 5b. Retain for at least 6 months, at least 75% of offenders in treatment/recovery services; 5c. Prevent opioid overdose events and progression to dependence in opioid using adolescents through Project TND EBP services; 6a. Attain adequate insurance coverage and cost reductions for opioid prevention, treatment and recovery services; 7a. Increase knowledge and response skills of at least 85% of clinical staff trained; 7b. Train about 500 providers and responders on opioid prevention and treatment topics to promote coalitions to improve quality. Annually, the project will serve 350 unduplicated opioid users in treatment/recovery services; 200 in primary and secondary prevention; and 500 through provider and responder training. Estimated number of people to be served as a result of the award of this grant – 900

## RHODE ISLAND

**Year 1**

**\$ 2,167,007**

**Year 2**

**\$ 2,167,007**

### PROJECT SUMMARY

The RI State Targeted Response (STR) will address the strategies identified in our State's Overdose Prevention and Intervention Action Plan including increasing access to treatment, reducing unmet treatment needs and reducing overdose deaths through prevention, treatment and recovery support initiatives. The RI-STR will ensure that all federal, state and private funding is synchronized to move forward the state's action plan and is alleviating identified gaps. The goals of the RI-STR initiative are 1) to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older, 2) increase access to treatment, reduce unmet need and opioid overdose related deaths through the provision of prevention, treatment and recovery activities for prescription and illicit drugs 3) support a comprehensive response using a strategic planning process and needs and capacity assessments (most prevalent, number and location of providers, existing activities and funding sources – gaps) epidemiological data. The state will achieve these goals by increasing the number of DATA waived health providers including physicians, physician assistants, nurse practitioners; increasing access to behavioral healthcare and psychiatry in high risk communities primary care settings; enhancing access to psychiatrists in the current OPT Health Homes and providing fentanyl testing assistance; increasing access to recovery housing and specialized medicated assisted treatment peer support specialists; incorporating opioid and prescription drug misuse outreach, education into current regional prevention task forces through the implementation of a high school based education specifically targeting high risk communities and through the promotion of a grassroots communication strategy for the education and prevention of prescription drug and opioid overdose; finally, through the distribution of naloxone to community based outreach teams and individuals leaving the Department of Corrections. The communities of focus include: West Warwick, Cranston, Hopkinton, Providence, Charlestown, Johnston, Pawtucket, Westerly, Warwick, Woonsocket, Central Falls and North Providence. The initiatives that will be supported will increase integration of behavioral healthcare into health settings with the goal of increasing DATA waived clinicians. Reduce recidivism of overdose incidents by enhancing access to psychiatrists in the OPT-Health Homes, testing for Fentanyl, and the provision Recovery Housing with staff that is trained in recovery supports and MAT. Prevention strategies will leverage existing systems to increase access to Naloxone, develop a statewide communication plan that will be implemented at a grass roots level through the regional prevention task forces. The Task Forces will also implement an Opioid Prevention education strategy in the high schools. Estimated number of people to be served as a result of the award of this grant – 8783

## SOUTH CAROLINA

Year 1	Year 2
\$ 6,575,623	\$ 6,575,623

### PROJECT SUMMARY

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) as the Single State Authority for substance use disorder (SUD) services, is requesting \$6,575,623 a year for two years from SAMHSA’s Center for Substance Abuse Treatment and Center for Substance Abuse Prevention under RFA# TI-17-014 to address the opioid crisis by increasing access to treatment, reducing unmet treatment needs, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD). DAODAS has partnered with Behavioral Health Services Association of South Carolina Inc. (BHSA) and all 32 county alcohol and drug abuse authorities that provide SUD prevention, intervention, treatment, and recovery-support services statewide; S.C. Association for the Treatment of Opioid Dependence and its members that operate Opioid Treatment Programs in all regions of the state; Medical University of South Carolina; S.C. Department of Health and Environmental Control; S.C. Department of Corrections; S.C. Pharmacy Association; and Faces and Voices of Recovery South Carolina. The application proposes a comprehensive response to the opioid epidemic by:

- conducting a thorough needs assessment that will be the basis for strategic and sustainability plans;
- addressing stigma and need for action through a statewide multimedia campaign;
- expanding and enhancing the state’s Prescription Drug Monitoring Program;
- expanding and enhancing the state’s Opioid Overdose Prevention Program;
- providing financial assistance to indigent South Carolinians for medications and talk therapy;
- expanding access to clinically appropriate, evidence-based practices for OUD treatment;
- enhancing and expanding provision of peer support and other recovery-support services;
- providing assistance to individuals returning to their communities from criminal justice settings; and
- partnering with MUSC to expand medication-assisted treatment/OUD services across the state.

The initiative will include developing a resource website, expanding the use of the MUSC Center for Telehealth, academic detailing, expansion of the SBIRT program, and the implementation of the Project ECHO model. Estimated number of people to be served as a result of the award of this grant – 3870

## SOUTH DAKOTA

Year 1	Year 2
\$ 1,999,997	\$ 1,999,997

### PROJECT SUMMARY

South Dakota’s State Targeted Response to the Opioid Crisis will assess need to formulate action and create a responsive strategic plan to drive the tactical implementation of prevention, treatment, and enhanced recovery support services statewide, impacting thousands of South Dakotans through medication-assisted treatment, lifesaving naloxone distribution, telehealth access to care, and workforce development. As the Single State Authority, the South Dakota Department of Social Services, Division of Behavioral Health, will lead the project in collaboration with ongoing efforts with the South Dakota Department of Health (through Centers for Disease Control Data-Driven Prevention Initiative funding focused on prescription drug overdose), the Division’s State SBIRT (Screening, Brief Intervention, and Referral to Treatment) Implementation grant, and community providers to identify, leverage, and enhance community-based resources in the areas of prevention, treatment, recovery, and peer support services. The project will be led by Division Director Tiffany Wolfgang, and supported by integration with a multidisciplinary team – the Opioid Abuse Advisory Committee – and key personnel to assess, identify, and support the implementation of strategies that directly address these broad goals. Key outcomes of this two-year project will include an outcome assessment dashboard for ongoing performance metric evaluation, a collaboratively developed statewide strategic plan to address opioid use/misuse in South Dakota, empowered and engaged communities with increased awareness of the opioid issues within our state, culturally responsive materials and strategies that can impact our most vulnerable populations (most notably Native Americans, who have higher-than-average incidences of opioid use in the state), better equipped first responders to incidences of opioid overdose, extensive provider, prescriber and physician training in the areas of prevention and evidence-based treatment models, capacity building and planning for statewide Medication-Assisted Treatment access through telehealth delivery, and a statewide virtual support ‘hub’ and ‘spoke’ model (teleECHO® clinic) for enhanced workforce training and staffing of complex OUD cases. An estimated 22,000 individuals are projected to be served by the project through the provision of treatment services and connection/referral to community-based resources and providers.

# TENNESSEE

Year 1

\$ 13,815,132

Year 2

\$ 13,815,132

## PROJECT SUMMARY

The Tennessee Opioid STR Grant will work to reduce the number of overdose related deaths through naloxone distribution, train professionals and key stakeholders on opioid overdose disorders, implement an Opioid Overdose Rapid Response System, improve access and availability of clinical treatment and recovery services, expand access to medication assisted treatment, and implement new strategies for pregnant women and supplement existing resources. The three populations of focus for the Tennessee Opioid STR grant are: 1) Individuals at high risk for overdose. Research indicates that the high availability of prescription drugs in Tennessee is contributing to the addiction problem across the state. The pockets of the state where individuals at high risk of overdose are located were determined using factors that significantly predicted drug poisoning, overdose death rates, and opioid use disorders. 2) Individuals with a diagnosis of opioid or heroin use disorder. Research shows that Tennesseans are three times more likely to identify prescription opioids as their primary substance of abuse than the national average while heroin treatment rates have grown more than four times in the past five years in metropolitan counties of the state from a low of 6.9 per 10,000 of poverty population to 28.8. 3) Pregnant women abusing opioids or heroin. Over the past decade, we have seen a nearly ten-fold rise in the incidence of babies born with NAS in Tennessee. Infants with NAS stay in the hospital longer than other babies and often have serious medical and social problems. Universal prevention strategies will be used to reach the targeted population. It is estimated that the unduplicated number of individuals to receive treatment and recovery services will be 3,408 the first year and 3,408 the second year. Prevention Objectives - Culturally tailoring existing Harm Reduction training material to targeted areas. Provide opioid overdose trainings and medical forums. Conduct a statewide Media Campaign. Distribute Overdose Safety Kits and naloxone to targeted areas. Utilize the Opioid Overdose Rapid Response System to target high need areas for training and naloxone distribution. Conduct Train the Trainer on the Stanford Chronic Pain Self-Management Program (CPSMP). Treatment Objectives – Enhance clinical treatment services by providing buprenorphine and VIVITROL injections. Expand capacity and number of individuals served through outpatient tele-treatment. Improve access and availability to clinical treatment and recovery services. Provide engagement, retention and detox, when appropriate, from all opioids for pregnant women.



# TEXAS

Year 1

\$ 27,362,357

Year 2

\$ 27,362,357

## PROJECT SUMMARY

The Texas Targeted Opioid Response (TTOR) program will allow the Texas Health and Human Services Commission (HHSC) to expand prevention and treatment efforts that promote recovery and early intervention for populations identified as high risk for opioid use disorders (OUD). This program will enhance outreach and education for the public, provide training to enhance workforce, and target individuals at risk of developing OUDs, or a potential overdose, while increasing access to enhanced recovery oriented treatment. Based on available data, TTOR will focus on three populations at highest risk for OUD and its related consequences: people who live in major metropolitan areas; women who are pregnant and postpartum; and people who have a history of prescription opioid misuse or are at risk of developing an opioid issue (including persons being treated for chronic pain, veterans, and rural areas with high rates of abuse). The Texas Statewide Behavioral Health Strategic Plan (2017-2021) identified access to treatment, unmet treatment needs, fortifying re-entry services, and increasing recovery support services (RSS) as essential for behavioral health planning in Texas. TTOR will address the alarming opioid crisis trends by working in concert with this plan and augmenting it with a variety of additional activities for those at highest risk of OUD. Through a variety of community contracts, TTOR will serve approximately 14,710 persons over a two-year period. TTOR will partner with the state agency representatives on the Texas Statewide Behavioral Health Coordinating Council in addition to consumers, advocates, and provider members that serve on the Behavioral Health Advisory Council to ensure stakeholder input is incorporated and to coordinate and ensure efficient use of resources. TTOR will ensure a comprehensive approach to treatment, access to housing, employment, immunization and testing will also be increased for the populations of focus. In addition to traditional prevention activities, TTOR will provide training and technical assistance to peers, providers, and prescribers working in settings ranging from primary care to jails. Topics will include opioid use and misuse, the importance of evidence-based practices with a focus on Medication Assisted Treatment, overdose prevention, and RSS. Licensed Chemical Dependency Counselors will be added to the Outreach, Screening Assessment, and Referral programs that are available through Local Mental Health and Behavioral Health Authorities. TTOR funding will also allow for enhanced Mobile Crisis Outreach Teams and the addition of peer supports outreach teams focused on intervention, prevention and supports. These additions will enhance early identification and service connections for opioid users in crisis and/or seeking treatment options. Finally, TTOR will expand opiate treatment capacity to address waitlist and access constraints. Estimated number of people to be served as a result of the award of this grant – 14710

# UTAH

**Year 1**

**\$ 5,537,458**

**Year 2**

**\$ 5,537,458**

## PROJECT SUMMARY

The UT Opioid STR will address the opioid (prescription opioids and illicit opioids) crisis through the provision of evidence-based prevention, treatment, and recovery services for unfunded, underserved youth (age 12-17) and adults (18+) at risk, or with an opioid use disorder. The UT Opioid STR will enhance existing, science-based prevention activities, improve access to effective care, strengthen recovery support services and expand Naloxone distribution and needle exchange initiatives. Project goals are to: prevent/ reduce opioid misuse, reduce overdose deaths, expand access to evidence-based treatment, increase partnerships with physical health and promote recovery. Since 2002, the rate of Utah drug poisoning deaths has increased at an alarming rate. This preventable public health problem has outpaced deaths due to firearms, falls, and motor vehicle crashes. Currently, Utah is fourth in nation for opioid overdose with 630 opioid deaths in 2015. The number of individuals reporting opioids as their primary substance of abuse upon treatment entry has increased from 19% in 2010 to 29% in 2016. DSAMH data also shows a corresponding increase in the rate of injection drug use; 18,2% in 2010 to 28.6% in 2016. The Utah Statewide Epidemiological Outcomes Workgroup (SEOW) will develop a needs assessment to identify high need geographic areas and subpopulations. This needs assessment will then drive the development of Utah's strategic plan. Prevention activities will be planned and implemented using the Strategic Prevention Framework and designed to reduce risk factors and enhance protective factors for opioid use disorder. Funds will be used to expand and enhance the Use only as Directed and the Stop the Opidemic prevention campaigns and associated activities. In addition, funds will be used to expand the number of community coalitions using the evidence-based Communities that Care (CTC) operating system and provide resources to coalitions to help them address the opioid crisis locally. UT Opioid STR will create the LSAA Opioid Treatment and Recovery Support Project, and the Opioid Community Partnership Initiative. Both projects will require partnerships with physical healthcare providers. An Area Plan Process will allow local communities to develop plans to address treatment gaps and enhance existing services. Treatment opportunity will be expanded and the quality of service will be enhanced through the use of evidence based practices such as Medication Assisted Therapy (MAT). The UT Opioid STR will also strengthen the statewide recovery community network, expand capacity and enhance the quality of recovery support services for individuals and families. UT Opioid STR will also work with the Utah Department of Health to increase training and distribution of Naloxone. In addition funds will be allocated to targeted communities to expand Needle Exchange programs. Estimated number of people to be served as a result of the award of this grant – 14376

# VERMONT

**Year 1**

**\$2,000,000**

**Year 2**

**\$2,000,000**

## PROJECT SUMMARY

Vermont Department of Health (VDH), Division of Alcohol and Drug Abuse Programs (ADAP). The Vermont Opioid STR project will support a pilot drug disposal project with Vermont Sheriffs, rapid response funding for prevention projects identified by Vermont's RPP Grantees, enhance Vermont's Prescription Monitoring System's usability, provide workforce development opportunities including Office Base Opioid Treatment training, increase recovery supports in select emergency departments and telephone recovery supports, and community education opportunities through local adult education centers. The project goals are as follows: increase medication assisted treatment capacity for opioid use disorder; increase workforce capacity to treat substance use disorders; improve coordination of care and retention in treatment; address prescription drug diversion through implementation of a drug disposal program; increase regional capacity to implement community-specific opioid strategies; and decrease opioid-related overdose deaths. The overall population of focus is individuals 18 years or older who are currently experiencing opioid use disorder, with components of this project having special populations of focus such as prevention of opioid use for individuals' 18-25 and individuals 18 years or older who enter an emergency department because of an opioid overdose. The measurable objectives in this project are the following: increase treatment initiation and engagement in opioid use disorder treatment; increase access to medication assisted treatment per 10,000 Vermonters age 18-64; increase the number of Licensed Alcohol and Drug Abuse Counselors; increase percentage of Vermont Counties with at least one permanent drug disposal site; and increase the percentage of Vermont counties with at least one formal team implementing community-specific opioid strategies. Over the project period this project will serve approximately 13,730 Vermonters through the expanded treatment and recovery services. Of those, 1,090 individuals will be served in the first year, with 12,640 being served in the second year of the project period. The vision of this project is to allow for an increase in the workforce, both in the treatment and recovery fields, enhancements to clinical tools to decrease opioid use and increase access to treatment, and to allow our prevention programs more ability in responding to prevention needs that are identified in Vermont. This project has been constructed in a way that will allow existing programs to adopt the project outcomes and activities to allow for an effective sustainability plan. Estimated number of people to be served as a result of the award of this grant – 13730

# VIRGIN ISLANDS

**Year 1**

**\$250,000**

**Year 2**

**\$250,000**

## PROJECT SUMMARY

Under the auspices of the State Targeted Response to the Opioid Crisis Grant, the United States Virgin Islands (USVI) has established five goals to serve a projected population pool of 2,918 individuals that may be in need of opioid use disorder treatment annually: offer equal access to treatment; expand availability of recovery and transition support, educate providers, patients, and families; broaden community-based engagement activities; and increase the number of providers. The USVI is an unincorporated territory of the United States of America and is comprised of the St. Thomas/St. John/Water and Hassle Island District and the St. Croix District. Per the 2010 Census, the total population of the USVI is 106,405; however, a more recent local census placed the population at 105,080 in 2012. Approximately, 76 percent of the population is African-American/Black, 13.5% is Caucasians/White, and 17.5% is Hispanic/Latino. In December 2016, the Centers for Disease Control announced that 91 Americans die every day from an opioid overdose.<sup>2</sup> As of 2017, the United States Virgin Islands (USVI) appears to have escaped the effects of the sprawling effects of this epidemic; however, lack of data, access to treatment, and continuity of care may be clouding a true depiction of what impact opioids may be having here in the territory. Data being reported in emerging studies suggest Caucasians and Hispanic/Latino are at high-risk of opioid use disorder. Similarly, since 2014, the USVI has experienced an increase in the number of Caucasians and Hispanic/Latino males being admitted in emergency rooms and treatment centers. In response to the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA's) funding opportunity announcement, the (USVI) has identified three communities of focus as having the highest risk for opioid use disorder: 1) returning military veterans and their families – of all races, ethnicities, and ages; 2) youth aged 12 to 25 – of all races and ethnicities; and 3) minority groups (White and Hispanic communities); and thus, requesting funding to address gaps in our systems of care; delivery of psychosocial and evidence-based treatments interventions; and the expansion of the availability of Opioid Use Disorder (OUD) treatments. Addressing the needs of these specific groups will not only allow the USVI to address emerging opioid use disorders here in the territory; but also contribute to the aims of the SAMHSA to: a) address the opioid crisis by increasing access to treatment; b) reducing unmet treatment needs; and c) reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder including prescription opioids, as well as illicit drugs such as heroin. The USVI has established a triangulated strategy of prevention, treatment, and education which is supported via four measurable objectives to facilitate the achievement of its stated goals: 1) expansion of accessibility of OUD treatments and recovery services, 2) reduction in overall opioid use, 3) prevention of opioid overdose related deaths, and 4) increased numbers of trained prevention and treatment providers. Estimated number of people to be served as a result of the award of this grant – 2918

# VIRGINIA

**Year 1**

**\$ 9,762,332**

**Year 2**

**\$ 9,762,332**

## PROJECT SUMMARY

Virginia Opioid Prevention Treatment and Recovery (OPT-R). The Virginia Department of Behavioral Health and Developmental Services will lead the state's project to serve populations in rural and urban areas with high and emerging needs based on rates of prescription opioid drug and heroin overdoses. The state will use a variety of treatment strategies including medication assisted treatment and recovery support services, as well as public education strategies to prevent opioid use. Virginia's local Community Services Boards (CSB), other state agencies and community organizations will be partners in the effort. The demographics in the targeted regions are characterized as predominantly white and male. Asian/Pacific Islanders and Native American individuals are the least represented across all communities. White individuals are the most represented in all areas, except Richmond, where Black individuals account for more than half of the population. More than 1,250 people in Virginia will likely die of a drug overdose in 2017, in large part due to a surge in opioid abuse. People ages 25 to 44 accounted for more than half of all drug-related deaths from 2007 to 2014. Approximately 1,340 people will be served throughout the project: during Year 1, a total of 1,100 individuals will be admitted for MAT services, and an additional 240 will be served in Year 2. It is estimated that 70% of those who engage in MAT will also engage in Recovery Services: 770 participating in Year 1 and an additional 168 in Year 2. Based on population counts in the targeted areas, over five million people will be served through community wide prevention strategies. The following goals have been established: Goal 1- Prevention: To decrease prescription drug abuse and heroin overdoses through the implementation of a comprehensive array of strategies including: Community Capacity Building, Education, Tracking and Monitoring, Supply and Harm Reduction prevention strategies. Goal 2-Treatment: Increase the number of people who receive OUD treatment after the implementation of strategies to improve access to these services. Goal 3- Recovery Services: Increase the number of people receiving OUD recovery services after the implementation of a comprehensive recovery strategy across high need areas in the Commonwealth. Objectives include: increasing individuals engaged in treatment; educating prescribers about opioid medications; increasing the number of qualified buprenorphine prescribers who use these products in conjunction with the CSB system; developing core knowledge and competencies for health professional education for addiction and pain management that places specific emphasis on appropriate use of opioids, SBIRT, and addiction as treatable disease; distributing Naloxone along with education on how to reverse an overdose; increasing Peer Recovery Specialists in hospitals and communities; engaging community members to address prescription drug and heroin overdoses; conducting public awareness and education campaigns to prevent opioid drug use; and increasing safe storage and disposal locations to reduce access to opioid drugs. Estimated number of people to be served as a result of the award of this grant – 5001340

# WASHINGTON

**Year 1**

**\$ 11,790,256**

**Year 2**

**\$ 11,790,256**

## PROJECT SUMMARY

The WA-Opioid STR Project is designed to address our state's opioid epidemic by implementing the Washington State Interagency Opioid Working Plan, comprised of four goals: (1) Prevent opioid misuse and abuse, (2) Link individuals with opioid use disorders to treatment/support services, (3) Intervene in opioid overdoses to prevent death, and (4) Use data and information to detect opioid misuse/abuse, monitor mortality, and evaluate interventions. The Division of Behavioral Health and Recovery (DBHR) will implement the WA-Opioid STR Project with these strategies/objectives related to the four goals. Goal 1 (Prevention): add five Community Prevention Wellness Initiative sites, increase prescriber/consumer education opportunities, complete an evidence-based practice analysis, provide a minimum of ten Safe Storage/Drug Take-back grants, design and implement a statewide public education campaign (including a tribal component). Goal 2 (Treatment/Recovery Support): Implement six hub and Spoke Projects, provide a minimum of five Medication Assisted Treatment (MAT) trainings, design/implement a Substance Use Disorder Peers Initiative, increase treatment access with a Financial Hardship Initiative, reduce correctional recidivism and overdoses through adult and juvenile reentry projects, develop a Low-barrier Buprenorphine Pilot to increase treatment access, engage a minimum of five tribes to design a tribal treatment information campaign, and operationalize Mobile MAT clinics. Goal 3 (Opioid Overdose): Enhance Naloxone distribution. Goal 4 (Data): Enhance the Washington State Prescription Drug Monitoring System. Key populations of focus will include Prevention: Communities/schools with elevated Risk Scores including opioid prevalence; adolescent opioid prescribers including dentists, primary care, and sports injury professionals; tribal communities; youth; parents; and older adults. Treatment: Individuals with Opioid Use Disorders (OUD), prescribers, substance use disorder treatment providers, individuals with OUD reentering into the community from juvenile and adult correctional facilities, homeless with OUD, individuals with OUD living in rural/frontier communities, and tribal communities. Overdose: Individuals with OUD and their friends/families. Data: Prescribers and community OUD service planning partners. The WA-Opioid STR Project is expecting to directly serve more than 24,000 Washington state residents within the initial year of the grant award and over 50,000 across two years. In addition, the project will reach hundreds of thousands of Washingtonians each year through local and statewide public information campaigns.

## WEST VIRGINIA

Year 1

\$ 5,881,983

Year 2

\$ 5,881,983

### PROJECT SUMMARY

The West Virginia Bureau for Behavioral Health and Health Facilities (BBHFF) will implement the State Targeted Response to the Opioid Crisis Grant (Opioid STR) program. The purpose of the Opioid STR program is to increase access to OUD treatment; supplement evidence-based prevention, treatment, and recovery activities pertaining to opioids currently undertaken; and support a comprehensive response to the opioid epidemic statewide. The Opioid STR program will serve individuals in West Virginia that are at high risk for opioid use disorder (OUD), including the following target populations: rural populations, uninsured and underinsured individuals, individuals reentering the community from the criminal justice system, pregnant women, homeless individuals, and veterans and military families. West Virginia has the highest rate of opioid drug overdoses in the nation. The Opioid STR program will advance primary prevention activities across the state by developing a needs assessment based on statewide epidemiological data; developing a comprehensive state strategic plan to address the gaps in prevention, treatment, and recovery identified in the needs assessment; and increasing training opportunities to ensure prevention staff, contractors, and coalition leaders and members are well-educated in the fields of OUD prevention, behavioral and public health, and evidence-based program models and paradigms. Secondary prevention will be provided through Syringe Services Programs and enhanced capacity to provide Hepatitis B and C testing. To deliver evidence-based implementation strategies to the target populations, including medication and psychosocial interventions, the Opioid STR program will supplement current treatment and recovery activities, including MAT programs through the Comprehensive Opioid Addiction Treatment (COAT) model; Drug Free Moms and Babies Project; the West Virginia Division of Corrections' (WVDOC) MAT (Vivitrol) Program; specialized peer recovery supports for high risk populations; telehealth expansions, and education and training activities. The opioid use prevention and treatment evidence-based practices that will be used in the Opioid STR program include Medication Assisted Treatment (MAT); Screening, Brief Intervention, Referral, Treatment (SBIRT) Model; Trauma-Informed Care; Peer-Based Recovery Support Services; and Motivational Interviewing. The Opioid STR prevention program follows SAMHSA's Strategic Prevention Framework (SPF). Over the two year project period, the Opioid STR program anticipates serving 3,150 individuals with recovery coaching and peer supports; 520 pregnant/postpartum women with with prevention, early intervention, treatment, and recovery support services for SUD; and 780 individuals with MAT through the WVU COAT program. Goals of the program are to: 1) Increase use of epidemiological data to demonstrate the critical gaps in availability of treatment of OUDs in geographic, demographic, and service-level terms; 2) Reduce opioid overdose related deaths through prevention activities; and 3) Increase access to evidence-based OUD treatment to reduce unmet treatment needs.

# WISCONSIN

**Year 1**

**\$ 7,636,938**

**Year 2**

**\$ 7,636,938**

## PROJECT SUMMARY

The Wisconsin State Targeted Response to the Opioid Crisis (WI Opioid STR) will focus on utilizing a Chronic Care Model to expand access to treatment and recovery of opioid use disorders, advance opioid prevention, and reduce opioid-related overdose deaths. Since the early 2000s, Wisconsin has experienced a surge in opioid misuse and its related harmful consequences. Since the start of this increase, the age-adjusted death rate from opioid overdose has increased over fivefold. Over the last decade alone, the number of opioid-related deaths in Wisconsin has nearly doubled. Among Wisconsin's 72 counties, the number of counties with any opioid-related deaths increased from 36 counties to 58 counties between 2004 and 2015. According to a 2016 report by the Centers for Disease Control and Prevention (CDC), Wisconsin's rate of drug and opioid overdose deaths per 100,000 population exceeds the national average (Rudd, et al., 2016). Wisconsin ranks 16th in the United States in the percent change (worsening) in prescription opioid-related deaths from 2012 to 2014 (Wisconsin Office of Health Informatics, 2016). A four-factor process was used to identify an initial group of high risk communities to engage in project activities: urban/rural classification; cultural populations; risk indicators based on opioid poisoning deaths, hospital admissions, emergency room visits, and naloxone Emergency Medical Services (EMS) runs; and protective factors including coalitions, engaged public health departments, drug court alternatives, and buprenorphine prescribers. In addition, the most recent available Prescription Drug Monitoring Program (PDMP) data was reviewed for each county. WI will use this data and identify additional data to include in a needs assessment for pinpointing communities of high need of prevention, treatment and recovery services related to opioid use disorders. Wisconsin is home to approximately 5.7 million people. Wisconsin's overall population is 88 percent white, 7 percent African American, 3 percent Asian, and 1 percent American Indian/Alaska Native. 23 percent of the population is Hispanic. 23 percent of the population is under the age of 18 and 15 percent is over the age of 65. 65 percent of Wisconsin's 72 counties are considered rural (non-metro), and 13 percent of the population lives below the poverty level. Population characteristics within each county will be reviewed as part of the needs assessment and used in determining targeted areas for prevention services and training. The State of Wisconsin, Department of Health Services has a unique opportunity to support initiatives outlined in a January 2017 Report to the Governor from the Governor's Task Force on Opioid Abuse. The Wisconsin Opioid STR project will focus on the reduction of opioid-related deaths and other adverse events and treatment and recovery interventions within high need Wisconsin communities by implementing the following principal programs:

- Hospital, community-based and other recovery coaches with lived addiction experience to provide outreach to persons experiencing opioid overdose or addiction,
- Add, increase or expand opioid treatment capacity and provide treatment funds for uninsured or under-insured persons and rural, underserved areas of the state,
- Addiction/Recovery Resource Hot Line,
- Expand opioid prevention efforts at regional prevention centers, and
- Training in evidence-based approaches for community direct service workers.



# WYOMING

Year 1

**\$2,000,000**

Year 2

**\$2,000,000**

## PROJECT SUMMARY

The Wyoming State Targeted Response grant aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of treatment and recovery activities for opioid use disorder (OUD). The response includes addressing the misuse of prescription opioids and illicit drugs such as heroin. Efforts for this rural and frontier state will be supported through data-driven prevention, treatment, and recovery processes that build capacity and infrastructure including culturally appropriate training, technical assistance, data gathering, and implementation of evidence-based programs, practices, and policies through a needs-based funding model. This effort complements existing services within the community mental health and substance use disorder centers (CMHC/SUDC) that are available to every county in Wyoming. The SAMHSA Opioid Overdose Prevention Toolkit will be fully utilized to implement data-driven and comprehensive OUD prevention, treatment, and recovery system planning. The Wyoming STR Program will work with the State Epidemiological Outcomes Workgroup (SEOW) and the Wyoming Client Information System (WCIS) to identify and prioritize counties and populations with the highest need. According to the 2015 U.S. Census Bureau, the average population density of Wyoming is six persons per square mile compared to the national average of 91 persons per square mile. The resulting rural and frontier nature is not only a risk factor for higher SUD rates, it also creates pockets of limited healthcare access within certain counties. The SEOW and WCIS will help pinpoint the counties that experience opioid overdose death-related disparities by analyzing opioid rates of use, health consequences, treatment access, poverty, and health insurance coverage. The successful implementation/execution of the project will be ensured by the Advisory Council along with measurable targets and goals.