

# OKLAHOMA

## USE OF STR/SOR GRANT FUNDS TO ADDRESS THE OPIOID CRISIS

### Background on opioid-specific grants to States

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. These grants aim 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) in the States. States received a total of \$500 million for each of FY 2017 and FY 2018 through STR. Additionally, in FY 2018, States received an additional \$1 billion in new funding through the SOR grants. In FY 2019, States received \$1.5 billion through SOR. Eligible applicants for both STR and SOR are the State alcohol and drug agencies.

### Allocations for Oklahoma

Oklahoma received \$7.2 million through STR for each of FY 2017 and 2018, and \$7.5 million through SOR in FY 2018. In FY 2019, Oklahoma received a total of \$11.6 million through SOR.

### Overview of Oklahoma's efforts to address the opioid crisis

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is initiating a comprehensive effort to address the State's opioid crisis using STR and SOR funds, increasing community outreach efforts, community-based prevention, and access to targeted treatment services statewide. Key objectives include increased prevention and outreach efforts; response to opioid overdoses; and the treatment of opioid use disorders (OUD) utilizing evidence-based practices.

### Primary prevention: stopping opioid misuse before it starts

**Medical Education and Interventions:** Funding has supported the increase in the number of Oklahoma healthcare providers receiving continuing medical education in best practices for pain management, opioid management, and overdose prevention. This has occurred in partnership with State-level medical associations and boards of licensure. Physicians received instruction in pain management guidelines, cautious and appropriate use of opioid therapy, and patient overdose education and use of naloxone medication for patient safety. Additionally, continuing education courses for licensed pharmacists have been held.

**Do No Harm Program:** Oklahoma developed the Do No Harm primary care practice program with the goal of preventing new cases of addiction and overdose through safer and more effective pain management practices and identifying and treating opioid use disorder through integrated care. The Do No Harm program is a joint effort between the Oklahoma Department of Mental Health Substance Abuse Services (ODMHSAS) and the Oklahoma Primary Healthcare Improvement Cooperative (OPHIC) at the University of Oklahoma Health Sciences Center. The intent of the program is to widely disseminate and implement evidence-based guidelines and best practices for pain management in Oklahoma primary care practices. The program's practice support includes academic detailing of current guidelines, facilitation of implementing best practices, technical support to align Electronic Health Record (EHR) systems, feedback on performance with guidelines, and engagement in a virtual learning community.

**Prescription for Change Outreach Services:** Oklahoma has partnered with a network of local non-profit organizations to provide training and outreach services to Oklahomans in 10 high-burden counties, with an expansion of 8 additional counties in the second year of SOR. The community organizations work with schools, churches, businesses, neighborhoods and other sectors to train local residents on prescription drug misuse, opioid risks, treatment services in their area and actions Oklahomans can take to prevent addiction, such as increased patient understanding of better pain care, promotion of medication disposal, and safer storage options.

**Pain CBT:** Funds were used to provide training to licensed behavioral health providers in Cognitive Behavioral Therapy for Chronic Pain. "Pain CBT" is an evidence-based modality for non-opioid pain management and is recommended in the Centers for Disease Control and Prevention's (CDC) Chronic Pain Guidelines. The training is part of an ongoing effort to increase Oklahoma's capacity to provide alternative therapies for pain management.

**Community and School-Based Prevention Services:** Funds have been used to contract with 11 community-based prevention agencies to implement outreach services, including training/education, information dissemination, and referral to specialty services. Community members will receive prevention education, training, and outreach services to increase participation in opioid prevention practices such as safe storage and disposal of medication, no peer sharing of medication, pain management with an array of non-opioid therapies, overdose prevention capacity, and use of overdose prevention/opioid use disorder treatment services.

**Good Behavior Game:** Oklahoma has provided training in a primary prevention program, PAX Good Behavior Game, to elementary classroom teachers and school personnel. STR/SOR has enabled Oklahoma to expand upon school-based services to prevent new cases of opioid addiction by reducing childhood predictors of opioid misuse and related problems.

**Outreach Campaign:** Funding has supported a statewide outreach campaign targeting high risk populations and communities through the utilization of television public services announcements, digital and other electronic messaging, informational brochures and materials for patients, other targeted awareness activities, and community-specific planned and delivered interventions through grass-roots partnerships.

**Training:** *Celebrating Families and Strengthening Families* is a generational family training program for children and families to better understand substance use, improve family functioning, and reduce parental substance use.

*Best Practice Prescribing Guidelines* – Various training and continuing medical education (CME) opportunities have been developed and conducted statewide.

*Parents Helping Parents* is delivering training to assist local coalitions to build capacity for expansion of resources to better serve rural communities.

## Increasing access to treatment

**iPad Project:** Combining 24/7 treatment access and the use of mobile technologies, the ability to provide immediate, face-to-face access for treatment services, including relapse prevention, crisis management services, and consultation services to first responders is changing the way addiction treatment is viewed and provided.

**Project ECHO:** Project ECHO is a collaborative model of medical education and care management that empowers clinicians in rural and underserved communities to provide specialty care to more people right where they live. ECHO operates under “guided practice” learning model where health care providers improve their management and responsibility for evidence-based patient care. The initiative is in collaboration with Oklahoma State University (OSU) Medicine to provide interactive and live consultation from addiction specialists in the field of opioids. This service is provided for free to prescribers, therapists, and other recovery supports. Availability increases knowledge of up-to-date evidence-based substance use care, provides free CMEs, and provide support to assess and treat individuals and their families within the medical home.

**Expanded Access:** ODMHSAS has contracted with all Certified Addiction Recovery Centers and Community Mental Health Centers (CMHCs) to identify addiction/mental health clinics, intensive residential providers, crisis centers, and opioid treatment programs (OTPs) to expand services. All contracted providers offer medication-assisted treatment (MAT), case management, the Housing First model of supportive housing, outreach, and supportive employment services.

**Supportive Services and Assistance to Overcome Treatment Barriers:** STR/SOR is supporting proactive engagement strategies to overcome barriers, ensure open and accessible services and support treatment compliance. Strategies include: ensuring all contracted treatment providers have been allotted funds to assist with co-pays and deductibles;

transportation assistance (vouchers, bus tokens and/or fuel cards); one-time emergency funds for a crisis that would prevent a person from obtaining treatment when the individual has a plan to avert future crisis; and implementing an evidence-based contingency management program within all MAT programs.

**Expanded Provider and MAT Services:** The Oklahoma initiative has engaged providers to assure expansion of services, including early intervention initiatives for OUD dependence and addiction, ambulatory withdrawal management, outpatient and intensive outpatient services, MAT, and residential care. All services have been expanded beyond initial capacity to approximately 54 counties. Some providers have expanded prescribers to satellite offices to reduce patient travel burden and eliminate potential barriers to treatment, while others have utilized telemedicine after induction to provide the ongoing support and some therapeutic services.

**Community Response Team (CRT):** The CRT follows-up with OUD consumers seen in the Urgent Recovery Centers (URC) within 72 hours of release. The CRT works closely with community partners including Community Mental Health Centers, shelters, faith-based organizations, sober living houses, Oxford Houses, and other community and nonprofit stakeholders. These teams consist of a lead triage professional and at least two trained peer recovery coaches to provide screening, assessment, and referral. The initial CRT was established in Oklahoma City in coordination with the Oklahoma County Crisis Intervention Center. The model is being expanded to other areas of the State. Additionally, the initiative provides for data collection and analysis and engages in individual compliance follow-up. All activity is coordinated with all appropriate community stakeholders.

**Integrated Discharge Planning for Justice-Involved Population:** The initiative has allowed for the development of a screening process for individuals in prison who are reentering the community, ensuring a “warm” handoff to local treatment providers prior to discharge.

**Regional Liaisons:** Regional liaisons will work with prescribers, emergency detention centers, and local treatment providers to create communication and partners. The liaisons also work to educate local coalitions on how to make referrals and provide direct assistance in locating prescribers for the treatment providers in urban and rural areas.

**Women and Children Residential Services:** This initiative is enhancing capabilities to use MAT services in the facility. Additionally, Oklahoma is enhancing support for women that come into treatment with OUD and their children using a family-centered approach.

**Specialty Court Collaboration:** Allowing for expansion of services in the criminal justice and child welfare systems for those who qualify with the goal of reducing incarceration rates, increasing employment rates, and reducing child removal.

## Overdose reversal efforts: saving lives

Overdose Education and Naloxone Distribution (OEND) services, including a naloxone kit and training to respond to an opioid overdose, have been provided to over 14,000 Oklahomans, including people in treatment for OUD, concerned friends and family members, justice-involved persons, recovery housing providers, recovery support group members, and community members. Kits were provided to churches and faith-based organizations, youth-serving organizations, veteran-serving agencies, nursing homes, court staff, city and county governments, retirement living and nursing homes, shelters, food pantries, and private businesses. Additionally, training and kits have been provided to Oklahoma law enforcement agencies statewide.

ODMHSAS has expanded to 70 the number of overdose prevention hubs serving communities statewide through distribution of naloxone at no cost and has continued work with pharmacies throughout the State to make naloxone available for Oklahomans to walk-in and purchase.

## Supporting recovery

**Chess Health (A-CHESS):** A-CHESS is a recovery relapse prevention phone application that provides a sense of community, communication, and treatment support for individuals with OUD.

**Individual Placement and Support (IPS):** ODMHSAS adopted the IPS model of supported employment for people with substance use disorder and/or mental illness. IPS-supported employment helps people living with SUD conditions work at regular jobs of their choosing. Although variations of supported employment exist, IPS refers to the evidence-based practice of supported employment. Mainstream education and technical training are included as ways to advance career paths.

## Collaborating with local entities

Community non-profits are implementing outreach, training, referral in 18 counties, and OEND prevention services at 70 locations throughout Oklahoma include the following entities: DCCCA Behavioral Health Services; NorthCare; Gateway to Prevention and Recovery; Forest Grove; Red Rock Behavioral Health Services; Tulsa County Health Department; Wichita Mountains Prevention Network and Northwest Center for Behavioral Health. Universities implementing healthcare sector prevention/intervention services and community- and school-based prevention services include: Oklahoma State University Center for Family Resilience; Oklahoma State University Seretean Wellness Center; University of Oklahoma Southwest Prevention Center and the University of Oklahoma Health Sciences Center.

## Positive outcomes

- 53 primary care practices have been enrolled in the Do No Harm program, impacting approximately 50,000 adult patients.
- 1,214 medical professionals and 1,116 healthcare professionals have received continuing education.
- 75 behavioral health professionals were trained in Cognitive Behavioral Therapy for Pain.
- Prescription for Change Outreach Services served over 52,000 Oklahomans and made nearly 10,000 referrals to treatment and overdose prevention services.
- Media outreach has resulted in 4.92 million impressions through television and 5.88 million digital impressions.
- 23 providers are providing MAT telemedicine services.
- Federal funds have directly supported treatment and recovery services for just under 4,400 Oklahomans.
- 2,500 patients engaged with the A-CHESS Connections app each year.
- Approximately 14,000 individuals have been educated on opioid overdoses and the use of naloxone.
- Approximately 21,000 naloxone kits have been distributed.
- Over 1,500 law enforcement officers were trained and equipped with naloxone in more than 300 agencies and over 200 overdose reversals were reported.
- 229 individuals have been provided IPS services. 41% are competitively employed and 18 are enrolled in an educational or training institute.

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