

State Opioid Response Grant Profile



Grant Info

- **Type of Grant:** Formula Grant
- **Area of Focus:** multi-focal (primary prevention, treatment and recovery)
- **Purpose of Grant:** The grant program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs).
- **Start and End Date of Grant:** 09/30/18 – 09/29/2020
- **Amount of Award (all years):**
 - **Federal Award Amount:** \$25,190,174 (+\$6,574,635 supplement)
 - **State Award Amount:** \$0
- **% Match Required:** 0
- **Source of Funding:**
 - Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment
- **BHDDH Project Director and Email Address:**
 - Adam Nitenson
 - adam.nitenson@bhddh.ri.gov



Grant Info

- **Subrecipient and Vendor Agency/Agencies, Contacts, and Email Addresses:**
- **Memorandum of Understanding:**
 - RI Dept. of Health:
 - Ariana Delfino
 - Ariana.Delfino@health.ri.gov
 - Dept. of Labor and Training:
 - Sarah Bramblet
 - Sarah.Bramblet@dlt.ri.gov
 - EOHHS/OHIC:
 - Marti Rosenberg
 - Marti.Rosenberg@ohic.ri.gov
 - RI State Police:
 - Cpt. Matthew Moynihan
 - Matthew.Moynihan@risp.gov



Grant Info

- **Subrecipient and Vendor Agency Contacts and Email Addresses:**
- **Select Contracts:**
- Horizon Healthcare Partners – Jim Ryczek - jryczek@HHPartners.org
- Parent Support Network- Lisa Conlan - l.conlan@psnri.org
- Community Care Alliance – Rita Gandhi - RGandhi@CommunityCareRI.org
- East Bay Community Action Plan – Robert Crossley - rcrossley@ebcap.org
- Newport Mental Health – Jaime Lehane - jlehane@newportmh.org
- The Providence Center – Owen Heleen - Oheleen@CareNE.org
- Thrive – Kevin Cote - kcote@thrivebhri.org
- Gateway – Scott DiChristofero - SDiChristofero@Lifespan.org
- Coastline EAP – Sarah Dinklage - sdinklage@risas.org
- CODAC – Linda Hurley - lhurley@codacinc.org
- CTC – Linda Cabral - lcabral@ctc-ri.org
- ARI – Greg McWilliams - gmcwilliams@methadone.com
- CTR – Wendy Looker - wendy@methadoneri.com
- Discovery – Brian Foss - Brian.Foss@ctcprograms.com
- Journey to HHH – Ann Baccari - ann.baccari@thejourneyhhh.com
- **Evaluation Contact and Email:**
 - Gabriela Arredondo Gabriela.Arredondo@bhddh.ri.gov
 - Andrew Nelson Andrew.Nelson@bhddh.ri.gov



Overview

- The SOR-RI initiative will 1) 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 and reduce unmet needs through the provision of prevention, treatment and recovery activities 3) support a comprehensive response using epidemiological data in the planning process. The grant will impact over 200,000 residents and provide treatment to 800 individuals.
- The goals of the initiative include: 1) Increase access to medication assisted treatment; 2) Increase access to treatment and recovery support services in the community; 3) Increase the capacity of the community to assess, plan and implement strategies to prevent substance/opioid misuse.



Required Activities

- Assess the needs of tribes in your state and include strategies to address these needs in your SOR program.
- Implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery.
- Models for evidence-based treatment include, but are not limited to, hub and spoke models in which patients with OUD are stabilized in a specialized treatment setting focused on the care and treatment of OUD and associated conditions such as mental illness, physical illness, including infectious diseases, and other substance use disorders and then transferred to community-based providers once stabilization has occurred.
- Other evidence-based models to treat OUD include treatment in federally and state-regulated Opioid Treatment Programs, addiction specialty care programs that either directly provide or support use of MAT for OUD in addition to psychosocial services such as drug counseling, psychoeducation, toxicology screening, individual, group, or family therapy, vocational/educational resources, case management, and recovery support services.



Required Activities: (Cont'd)

- Specialty programs such as emergency departments, urgent care centers, in some cases, pharmacies, and intensive outpatient, partial hospital, or outpatient substance use disorder treatment programs that also support appropriate MAT and recovery support services may also qualify as programs utilizing evidence-based practices.
- Inpatient/residential programs that provide intensive services to those meeting medical necessity criteria and which offer MAT may also be programs engaging in evidence-based practices if the care continuum includes a connection to MAT in the community once discharged from the inpatient/residential program.
- Primary care or other clinical practice settings where MAT is provided and linkages to psychosocial services and recovery services in support of patient needs related to the provision of comprehensive treatment of OUD may also qualify as evidence-based programs/practices.



Required Activities: (Cont'd)

- Implement community recovery support services such as peer supports, recovery coaches, and recovery housing. Grantees must ensure that recovery housing supported under this grant is in an appropriate and legitimate facility. Individuals in recovery should have a meaningful role in developing the service array used in your program.
- Implement prevention and education services including training of healthcare professionals on the assessment and treatment of OUD, training of peers and first responders on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone, develop evidence-based community prevention efforts including evidence-based strategic messaging on the consequence of opioid misuse, and purchase and distribute naloxone and train on its use.
- Ensure that all applicable practitioners (physicians, NPs, PAs) associated with your program obtain a DATA waiver.
- Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for uninsured or underinsured patients.
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
- Make use of the SAMHSA-funded Opioid TA/T grantee resources to assist in providing training and technical assistance on evidence-based practices to healthcare providers in your state who will render services to treat OUD in individuals seeking treatment and recovery services.



Approach

- Multi-focal grant focused on the four pillars of the Governor's Strategic Plan: Prevention, Rescue, Treatment, and Recovery. Includes associated media campaigns.
- **Prevention Projects:** Funding Opioid Overdose Solution Grants through the seven Regional Prevention Coalitions (region-led RFP process); Implementation of opioid education modules in middle/high schools via Project Success; Technical Assistance for prevention activities through John Snow Institute.
- **Rescue Projects:** Distribution of Naloxone to providers and the RI community
- **Treatment Projects:** BH Link and Mobile Treatment and Liaison coordination via the CMHCs; Integrated Mobile Unit provides MAT induction through the CODAC/URI van; Enhanced Detox, MAT for uninsured/underinsured/undocumented with accompanying liaisons.



Approach (Cont'd)

- **Recovery Projects:** Recovery Housing; engagement with corrections via the State Police (HOPE) and Corrections to Community; Trauma informed housing retention services, behavioral health recovery centers, employment support through DLT and Salve Regina, recovery and safety materials distributed to families who experienced overdose through the Family Task Force, coordination with RIDOH for substance exposed newborns.
- Individuals receiving Treatment and Recovery services will be administered a survey at baseline, at 6 months post baseline and at discharge. The survey tracks outcomes in areas including but not limited to: overall health, psychiatric symptoms, stability in housing, substance use, employment/income/education, criminal justice status and social connectedness

