Opioid Crisis

- 2.1 million Americans with Opioid Use Disorder (OUD)
- Only 20% with OUD received specialty addiction treatment and only 37% of those received MAT
- Over 63,632 drug overdose deaths in 2016 of which 42,249 – 66% from opioids

NSDUH: The Grip Of Opioids

11.8 MILLION PEOPLE W/OPIOID MISUSE (4.4% OF TOTAL POPULATION)

- 11.5 MILLION Rx Pain Reliever Misusers
- 501,000 Heroin Users
- 6.9 MILLION Rx Hydrocodone
- 3.9 MILLION Rx Oxycodone
- 228,000 Rx Fentanyl

641,000 Rx Pain Reliever Misusers & Heroin Users

2016 Data
Nonmedical Use of Prescription Opioids Significant Risk Factor for Heroin Use

- 3 out of 4 people who used heroin in the past year also misused prescription opioids first.
- 7 out of 10 people who used heroin in the past year also misused prescription opioids in the past year.

2016: 2.1 million with opioid use disorder.


Prescription Drug Take Back Day: April 28, 2018


Heroin Use: Past Year, 2016, 12+

- 2002: 2,089 (est)
- 2015: 13,101
- 2016: 15,469

2002-2016:
- 1.4 fold increase in heroin users
- 6.7 fold increase in heroin deaths

Heroin Deaths:
- 2002: 2,089 (est)
- 2015: 13,101
- 2016: 15,469
Synthetic Opioid Deaths Closely Linked to Illicit Fentanyl

Opioid Related Deaths

<table>
<thead>
<tr>
<th>State</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
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<tbody>
<tr>
<td>Illinois</td>
<td>937</td>
<td>1551</td>
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<td>614</td>
<td>827</td>
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<tr>
<td>Total</td>
<td>5,446</td>
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</tr>
</tbody>
</table>
## HHS Five-Point Opioid Strategy

1. Strengthening public health surveillance
2. Advancing the practice of pain management
3. Improving access to treatment and recovery services
4. Targeting availability and distribution of overdose-reversing drugs
5. Supporting cutting-edge research

## Medication Assisted Treatment Makes Recovery Possible

- Use of medication to treat opioid use disorder is not continuing addiction, "not substituting one drug for another"
- Opioid medications used to treat opioid addiction:
  - Block withdrawal
  - All three medications help to reduce opioid craving
- Use once monthly to once daily: eliminates compulsive use of drug multiple times a day
- Numerous studies show that relapse occurs at high rates when medication is stopped
- Discontinuation needs to be done carefully and in collaboration with healthcare providers
- Treatment helps people to re-establish healthy lifestyles, work on rebuilding relationships, obtain employment, care for their families
- Opioid use disorder is a chronic illness; medication may be needed chronically

## How Is Opioid Use Disorder Treated?

- Psychosocial therapies/treatment components:
  - Counseling: Coping skills/relapse prevention
  - Education about issues related to substance use
  - PMAP use
  - Toxicology screening
- Plus Recovery Supports: Rebuilding One's Life
  - Social supports to bring the person back into the healthy community: family, friends, peers, faith-based supports
  - Recovery housing/residential Treatment Facilities
  - Employment/vocational training/education
  - Assistance with transportation
  - Assistance with child care
- Behavioral Health Treatment Services Locator: Findtreatment.samhsa.gov
Improving Access To Treatment And Recovery Services

- State Targeted Response to the Opioid Crisis Grants (Opioid STR) Program (21st Century Cures Act)
  - In May 2017, SAMHSA awarded $485 million in grants to help states and territories promote evidence-based policies and best practices to combat opioid addiction.
- Needs Assessment completed in July
- Opioid State Workshop convened in August - the first interagency collaboration of its kind, brought together experts from three key operating divisions of HHS with state and local leaders and grantees
- States are targeting a wide range of evidence-based activities designed to increase access to treatment for everyone who needs it
- Focus on increasing access to MAT/psychosocial services/recovery services

Opioid Response Strategies: What is working in Communities

- Prevention
  - Selected and Indicated Populations (SBIRT)
  - Social Marketing and Health Communications Campaigns
- Crisis Intervention
  - Quick Response Teams
  - Addiction Treatment Hotline
- Linkages to Treatment
  - Warm Handoff in Emergency Room
  - Establishing pre-release programs for incarcerated individuals
- Treatment
  - Project ECHO (Extension for Community Healthcare Outcomes)
  - Hub and Spoke
- Recovery
  - Recovery Coach Training
  - Recovery Housing MAT Educational Initiative

Healthcare Practitioner Training/Preparation

- STR Technical Assistance/Training Grant: individualized training according to state needs by local teams of addiction treatment providers
- DATA waiver training in pre-graduate settings: medical, NP, PA programs
- Encourage national certification program for peer workforce
- Establish training on recognition and treatment of substance misuse/abuse/use disorders in healthcare professional training programs
- Integration of BH including OUD treatment into primary care/FQHCs
- Use of telehealth/HIT: alternative training method/increased access to care
Targeting Availability/Distribution Of Overdose-reversing Drugs

- Opioid Overdose Prevention Toolkit offers strategies for developing practices and policies to prevent opioid-related overdoses and deaths.
  - Toolkit includes information for family members and people with opioid use disorder to reduce the risk of overdose and support recovery.
  - Prevention curriculum that local agencies can use to train staff and community members to recognize and respond appropriately to opioid overdose and administer naloxone is being developed.

https://store.samhsa.gov/shin/content//SMA16-4742/SMA16-4742.pdf

Surgeon General Advisory on Naloxone and Opioid Overdose

If you or someone you know meets any of the following criteria, there is elevated risk for an opioid overdose.

- Misusing prescription opioids (like oxycodone) or using heroin or illicit synthetic opioids (like fentanyl or carfentanil)
- Having an opioid use disorder, especially those completing opioid detoxification or being discharged from treatment that does not include ongoing use of methadone, buprenorphine, or naloxone
- Being recently discharged from emergency medical care following an opioid overdose
- Being recently released from incarceration with a history of opioid misuse or opioid use disorder

It should be noted that, in addition to the above patient populations, patients taking opioids as prescribed for long-term management of chronic pain, especially those with higher doses of prescription opioids or those taking prescription opioids along with alcohol or other sedating medications, such as benzodiazepines (anxiety or insomnia medications), are also at elevated risk for an overdose.

BE PREPARED. GET NALOXONE. SAVE A LIFE.


Plan to Address the Opioid Crisis: FY 18 Increased Resources

- Substance Abuse Treatment: $3.18B, an increase of $1.05B from FY17
- New S1B Opioid grant program
  - $50M set-aside for tribes
  - 15% set-aside for states hardest hit
  - Includes prevention, treatment, and recovery language
- MAT PDQA increased by $28M (total: $84M)
- PPW increased by $10M (total: $29.9M)
- CJ increased to $89M ($70M for Drug Courts)
- BCOR (peer specialist training programs) increased by $2M (total: $5M)
- MFP: addiction psychiatry, addiction medicine, psychology ($1M increase to total of $4.5M)
- Reinstatement of Drug Abuse Warning Network (DAWN) at 10M
## Plan to Address the Opioid Crisis: President Trump’s Budget Proposal

- STR grants to states: $500 M/yr through Cures FY 17 and 18; President's budget continues increased funding at 1 B in FY 19
- Overdose Reversal Drug Access Programs: increased from 24 to 48 M in FY 18
- President's budget: increase to 75 M FY 19
- MAT-PDOA
- Block grants to states
- Pregnant/post partum women/NAS: increase from 20 to 40 M in FY 19
- CJ programs with MAT; increase from 60 to 80 M in FY 19
- Recovery Coaches:
- HIPAA/42 CFR: Family inclusion in medical emergencies: overdose
- FY 19 DFC proposed as new program to SAMHSA at $100 M
- New Injection Drug/HIV Program at $150M
- Consistent with President’s Opioid Commission Report recommendations

## SAMHSA Knowledge Network

SAMHSA's premier library of behavioral health training, technical assistance, collaboration, and workforce development resources for the health care community.

[https://knowledge.samhsa.gov/](https://knowledge.samhsa.gov/)

## Addressing Opioids Issues In Youth And Families

- Programs to Help Youth and Families:
  - National Center on Substance Abuse and Child Welfare
    - [https://ncsacw.samhsa.gov](https://ncsacw.samhsa.gov)

- National Child Traumatic Stress Initiative (NCTSI)
  
  Examples of Products Developed by the NCTSN
  - Children and Domestic Violence: How Does Domestic Violence Affect Children?
  - Age-Related Reactions to a Traumatic Event
  - After a Crisis: Helping Young Children Heal

- Pregnant-Post Partum Parenting Women with Substance Use Disorders
  - Residential and Outpatient Treatment Programs; Treating NAS
    - Release of PPW Factsheets (2/18)
    - Family factsheets in development
Evidence-Based Practices Resource Center

- Aims to provide communities, clinicians, policy makers, and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings
- Contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources

www.samhsa.gov/ebp-resource-center

Revamping TA Model to Deliver More Support to Communities

National and Regional Technical Assistance Centers.

- Utilize local expertise and experience to provide these services
  - Free of charge to the grantees
  - Additional dollars to grantees to procure their own TA should a specific tailored need arise.
- Free service field at large

USDA, HUD and DOL Resources

- USDA
  - Opioid Misuse in Rural America
    - https://www.usda.gov/topics/opioids
  - Expanding the evidence-based program delivery system to address the opioid epidemic
  - Opioid Crisis Affects All Americans, Rural and Urban
  - Telemedicine Funding to Address Opioid Epidemic

- HUD
  - Recovery Housing Policy Brief

- DOL
  - National Health Emergency Dislocated Worker Demonstration Grants to Address the Opioid Crisis
Signs of Progress: Opioid Prescribing Declining Since

Signs of Progress: Receipt of MAT from Treatment

Signs of Progress: Consistent Increases in Number of Patients Receiving Buprenorphine and Naltrexone from Retail
Signs Of Progress: Dramatic Increases in Naloxone Dispensing from U.S. Pharmacies

![Graph showing naloxone dispensing increase](image)

**Signs of Progress**

- Youth prescription opioid misuse declining over past decade; heroin use stable among youth
- Prescription opioid misuse initiation declining
- Plateauing of overdose deaths involving commonly prescribed opioids
- Some states seeing a leveling off of overdose deaths

**Conclusions**

- The opioid epidemic continues to evolve
- Urgent need to prepare workforce rapidly and deliver evidence-based prevention, treatment and recovery services
- Substantial efforts underway to combat the opioid epidemic, but gaps in the evidence base remain
- Some emerging signs of progress
- Work continues to aggressively address the epidemic
THANK YOU FOR WHAT YOU DO IN YOUR COMMUNITY TO HELP OTHERS

Jeffrey Coady, Psy.D., ABPP
CAPT, United States Public Health Service
SAMHSA Regional Administrator
Jeffrey.Coady@samhsa.hhs.gov

Bureau of Justice Assistance

Comprehensive Opioid Abuse Program
Key Issues of the Moment

- Law enforcement diversion models: There are various "branded models" (e.g., LEAD, PAARI) and non-branded models. Understanding the components of various models is important. BJA is working with SAMHSA on a publication on this topic. Anticipated release: Fall 2018

- Public health and public safety information sharing: Enhancing cross-sector data collection and information sharing to get as close to "real time" information that can be acted on is a high priority for many states. Several states are combining CDC and BJA funding to implement these types of projects. BJA is working on developing a toolkit on models for information sharing (e.g., overdose fatality review, RxStat) Anticipated release: Fall 2018

- Fentanyl Safety for First Responders: The National Security Council led a "whole of government" Federal interagency effort to establish recommendations for fentanyl safety for first responders that were released this fall. The recommendations can be found at: https://www.whitehouse.gov/ondcp/key-issues/fentanyl/

- Expanded use of prescription drug monitoring program (PDMP) data: Expanded use of PDMP data for public health surveillance; incorporating drug arrests, drug court involvement and/or overdose information into the PDMP to inform prescribers.

- Enhanced data collection to support partnerships: Supporting the adoption of ODMAP and OD Form and supporting the use of these data to strengthen partnerships is a priority for BJA.
Intercept 0
Prevention

Intercept 1
Law Enforcement

Intercept 2
Detention/Initial Court Hearings

Intercept 3
Jail/Courts

Intercept 4
Reentry

Intercept 5
Community Corrections

Strategies for Policing Innovation

Innovative Prosecution Solutions for Combating Violent Crime and Illegal Opioids

Adult Drug Court Discretionary Grant

Second Chance Act

Residential Substance Abuse Treatment (RSAT)

Innovations in Supervision Initiative: Building Capacity to Create Safer Communities

Innovative Responses to Behavior in the Community: Swift, Certain, and Fair Supervision

Innovations in Supervision Initiative: Building Capacity to Create Safer Communities

Innovative Responses to Behavior in the Community: Swift, Certain, and Fair Supervision

Category 1: First Responder Partnership Projects

Category 2: Technology-assisted Treatment Projects

Category 3: System-level Diversion Projects

Category 4: Statewide Planning, Coordination, and Implementation Projects

Category 6: Data-driven Responses to Prescription Drug Abuse Misuse

BJA COAP Objectives

Collaborate
Increase
Expand
Implement and enhance

Connect
Coordinate
Develop

Increase the availability of treatment and diversion alternatives to incarceration (e.g., drug courts, treatment-based probation)

Connect to improve public safety and reduce drug use and overdose deaths through comprehensive prevention, treatment, and recovery services.

Support comprehensive drug courts and other collaborative strategies across multiple sectors (e.g., health, law enforcement, criminal justice, etc.) to reduce drug use and overdose deaths.

Implement evidence-based strategies to connect and provide treatment and recovery services and to reduce drug use and overdose deaths.
In FY 2017, BJA funded both state and county-level projects. We anticipate this will remain the same in FY 2018. Priority consideration was given to the areas with the highest overdose death rates.

Key Requirements: Category 1
Law Enforcement Overdose Outreach Projects

Allowable Uses of Funds

- Support efforts between law enforcement/first responders and behavioral health to connect survivors of a non-fatal overdose with treatment providers or a peer recovery coach immediately following an overdose.
- Provide survivors of non-fatal overdoses, and their friends and family, with access to naloxone and other recovery support services.
- Provide survivors of an overdose with prioritized—ideally immediate—access to detox and treatment services as well as access to medication-assisted treatment.
- Provide overdose prevention education and community outreach.

Project Example Category 1

Kenosha County Opioid Overdose Reduction Project builds upon the community naloxone distribution-enabling Wisconsin Prescription Drug/Opioid Overdose-Related Deaths Prevention Project (WI-PDO). The project utilizes certified peer specialists to link overdose survivors with treatment. In addition, the project stipulates the creation of a community education campaign about opioid abuse, harm reduction, and abuse treatment alternatives. To ensure long-lasting success, the project will leverage key data sets to provide an extensive analysis of the opioid crisis in order to guide policymaking.
Key Requirements: Category 2
Technology-assisted Treatment Projects for a CJ Population

Allowable Uses of Funds

• Purchase technology—including equipment, hardware, and software—to establish a secure and private two-way, real-time, interactive audio and video connection between a qualified treatment provider and a client located at another location.

• Purchase hardware and software needed to implement web-based behavioral interventions to treat substance use disorders. Provide training and staff support to manage the proposed project or provide services.

• Develop, purchase, and/or maintain web-based services and electronic applications that can be accessed from computers, tablets, and/or smart phone devices that are designed to enhance or support treatment and recovery support services (e.g., apps for self-management through reminders and educational prompts).

• Purchase or lease devices that allow for the remote monitoring of justice-involved individuals (e.g., applications or services that remotely monitor the location of an individual or monitor substance use remotely).

Project Example Category 2

The West Virginia Division of Justice and Community Services (DJCS) will address the opioid crisis in West Virginia by increasing the number of technology-assisted treatment services for individuals involved with the justice system due to an opioid use disorder in rural areas. The program plans to provide mental health services, addiction recovery services, and alternative sanctions or diversions. These services will be implemented through existing community corrections programs and future partnerships to provide risk and need assessments, group counseling, and individual counseling. The project will purchase and install the necessary hardware and software in 12 community corrections programs. The Office of Research and Strategic Planning is a unit within the DJCS that will provide for the research needs of the project.

Key Requirements: Category 3
System-level Diversion Projects

Allowable Uses of Funds – Implementation Phase

• Link high-frequency utilizers with evidence-based treatment and recovery support services.

• Implement a plan to universally screen individuals entering community-based supervision and/or jail for risk of overdose and prioritize services to these individuals.

• Develop and implement a comprehensive plan to reduce the risk of overdose death and enhance treatment and recovery service engagement among the pretrial and post-trial populations leaving local jails or secure residential treatment facilities.

• Implement or expand the system-wide use of recovery support services using peer recovery coaches to help justice-involved individuals enter into and navigate systems of care, remove barriers to recovery, and stay engaged in the recovery process.
Key Requirements: Category 3  
System-level Diversion Projects  

Allowable Uses of Funds – Implementation Phase:  

- Implement wraparound services that facilitate meaningful coordination between the justice system and family support agencies to safeguard the lives and well-being of minor children and family members who experience the impacts of opioid use.  
- Establish collaborative public health and justice partnerships to address the unique needs of justice-involved women with opioid use disorders, including pregnant women.  
- Develop data or information systems to facilitate analyses and help track progress and assist in efforts to report on outcomes.  
- Implement other comprehensive approaches that serve individuals within more than one intercept and align with the goals of the Comprehensive Opioid Abuse Site-based Program.  

Key Requirements: Category 4  
Statewide Planning, Coordination, and Implementation Projects  

Allowable Uses of Funds:  

- Develop a comprehensive state plan that identifies policies and practices that will assist the state and localities in engaging and retaining justice-involved individuals with opioid use disorders in treatment and recovery services; increasing the use of diversion and/or alternatives to incarceration; and/or reducing the incidence of overdose death. The proposed strategies should be part of a larger statewide substance misuse strategy that is not specific to opioids.  
- Complete a review of the gaps that exist between the amount of treatment services that are needed to serve individuals who are criminal justice involved within the state and what currently exists and develop a plan to build treatment service delivery systems that can meet the demand.  
- Conduct workforce planning and development to increase the capacity of treatment agencies to provide evidence-based treatment to individuals who are criminal justice involved.  

Key Requirements: Category 4  
Statewide Planning, Coordination, and Implementation Projects  

Allowable Uses of Funds (continued):  

- Provide training and/or technical assistance programs for localities geared toward improving treatment engagement and client outcomes.  
- Support tracking, compiling, coordinating, and disseminating statewide and local data.  
- Increase communication, coordination, and information sharing among state and local agencies.  
- Provide financial support to localities or a region to implement strategies that support treatment and recovery service engagement; increase the use of diversion and/or alternatives to incarceration; and/or reduce the incidence of overdose death.
**Key Requirements: Category 5**

**Prescription Drug Monitoring Program (PDMP) Implementation and Enhancement**

*Allowable Uses of Funds*

- Enhance a PDMP system.
- Develop a training program for system users or support other efforts to increase the use of PDMPs.
- Implement prescriber report cards or other policies and programs to support PDMP use.
- Support collaborations between law enforcement, prosecutors, public health officials, treatment providers, and/or drug courts.

**Key Requirements: Category 6**

**Data-Driven Responses to Opioid Abuse**

*Allowable Uses of Funds*

- Implement data sharing between public health, behavioral health, law enforcement, and other diverse stakeholders (e.g., PDMPs).
- Identify geographic areas or populations at greatest risk for prescription drug and opioid misuse and overdose deaths and create data-driven responses to include education, outreach, treatment, and enforcement.
- Implement other innovative activities that demonstrate a multi-disciplinary, data-driven approach to addressing the opioid epidemic.

**Training and Technical Assistance**

Training and technical assistance is available to grantees and non-grantees.

Technical assistance is available to support:

- Training at statewide conferences on best-practice responses to the opioid epidemic.
- Telehealth and remote delivery of services for individuals involved in the criminal justice system.
- Law enforcement diversion and deflection models (including outreach to survivors of overdoses).
- Public health and public safety information sharing at the state or local level to measure the impact of the opioid epidemic.
- Developing a system-wide model of responding to the needs of individuals with opioid use disorder who enter the criminal justice system (e.g., diversion, jail-based interventions, reentry, drug courts, etc.).
- Cross-system strategic planning between criminal justice, public health, and behavioral health.

We are presently setting up the website to request TTA—before May 2018 email Tara Kunkel at tara.kunkel@usdoj.gov or call at 202-616-0690.
Resources

Naloxone Toolkit for Law Enforcement
www.bja.gov/naloxone

FY 2018 Solicitation

- BJA anticipate the release of the FY 2018 solicitation at the end of April 2018.

Tara Kunkel's Contact Information

phone 1-202-616-0690
e-mail tara.kunkel@usdoj.gov
### Federal Partnerships: LE Diversion

**First Responder/Law Enforcement Diversion**

- SAMHSA and BJA have jointly convened an expert roundtable on this topic and are producing a co-branded publication and a series of webinars on this topic.
- Reframing the role of law enforcement, public health, and behavioral health.
- Supporting the development of the core principles behind these efforts versus enabling competition among the branded models.

### Federal Partnerships: ODMAP and OD Form

**ODMAP and OD Form**

- SAMHSA and BJA are both represented on a Federal interagency working group exploring the benefits of supporting national adoption of ODMAP and OD Form.
- Navigating the privacy regulations in the context of expanding opportunities to facilitate treatment.
- Considering the joint training and technical support needed to move initiatives past “just data” to using data to drive interventions.

### Federal Partnerships: Criminal Justice and MAT

**Medication Assisted Treatment**

- SAMHSA and BJA have jointly convened an expert roundtable on this topic and are producing a series of co-branded publications targeting each stakeholder’s role in implementing MAT within the criminal justice system.
- Navigating the preferences courts and corrections sometimes have for Vivitrol based on concerns about diversions.
Federal Partnerships: Region 5 Interagency Opioid Taskforce

Goal: To decrease the number of people with addiction to opioids, and the number of deaths from opioid overdose in Region 5.

Membership:
- HHS OpDivs: ACF, AC2, ASPR, CMS, FDA, HHS/DBHR, HHS/DIBO, IEA/IDR, IHS, OASH, OIG/GEI, SAMHSA
- Other Federal Agencies: DOJ/BJA, DOJ/DEA, DOL, DOL/ETA, EPA, FEB, HUD, VA, CNCS, USDA

Subcommittees:
- Neonatal Abstinence Syndrome (NAS)

Consultation Taskforce:
- To rapidly coordinate and provide resources, information, and best practices; connect appropriate points of contact; and avoid duplication of effort when supporting specific Region 5 communities.

Federal Partnerships: Region 5 Opioid Funders Summit

REGION 5 OPIOID FUNDERS SUMMIT
From Preventing Opioid Overdose to Community Resilience: Opportunities for Collaboration Between Governmental and Philanthropic Partners

- The impact of the opioid crisis can be throughout the lifespan, from infants to older adults, and across multiple sectors—health, public safety, housing, and labor. Partnership between government and philanthropy across multiple sectors is necessary to achieve sustainable solutions to the opioid crisis.
- The Summit is being convened with the goal of developing a regional structure to promote alignment, collaboration, and coordination between governmental and philanthropic partners to address the opioid crisis.
- Intended Audience: Participation is limited to Federal and State Government and Philanthropic Organizations across multiple sectors, including health, public safety, housing, justice, child welfare, labor, and rural development.
- https://www.r5funderssummit.com/

Federal Partnerships: Adolescent OUD

Tuesday, April 24, 2018 - 3:00-4:00 p.m. ET (2:00 p.m. CT)

TRAINING DESCRIPTION
This webinar will showcase the long-standing Nationwide Children's Hospital Medication Assisted Treatment for Addiction outpatient program for adolescents and young adults who are addicted to prescription opiates or heroin. It will also highlight federal and other resources to implement an MAT program for adolescent and young adult patients.

INTENDED AUDIENCE
This training is for Healthcare Professionals who work with opioid treatment programs (OTPs), medication-assisted treatment (MAT), or who serve adolescent patients in any capacity. However, a multi-disciplinary audience of those working in substance use, public health, child welfare/foster care are invited to attend.

Presented by Steve Matson, MD, Division of Adolescent Medicine, Nationwide Children's Hospital and The Ohio State University, College of Medicine

REGISTER and learn more here:
https://register.gotowebinar.com/register/6155278687623025922
Federal Partnerships: Opioids in Indian Country Learning Community

- Webinar 1: OUD Strategy and Crisis Intervention
  - Tribal Action Plan (TAP) Lac Du Flambeau
  - Red Lake Nation Naloxone Program

- Webinar 2: Medically Assisted Treatment
  - Medically Assisted Treatment (MAT) program: Ho-Chunk Nation
  - The Healing to Wellness Program, Saginaw Chippewa Tribal Court

- Webinar 3: Recovery Supports
  - Access to Recovery: Eva Petoskey
  - Story workbook and Digital Story Telling: Michelle Archuleta

https://www.samhsa.gov/tribal-ttac/contact-us

Q & A

- Questions from the Audience?
  - Questions we have for you
    - What are your barriers to implementation that we can help address?
    - How can we improve our respective grant programs?
    - What aren’t we funding that you would like us to consider supporting in future grant programs?
    - What is working?
    - Are there sectors that you are finding it difficult to engage in collaborations?