

Delaware Grant Award Priorities 2023

The following Opioid abatement priorities were developed based on national, data-driven, evidence-based standards. These national standards, detailed in the table below, were cross walked with Delaware’s identified needs and then matched with approve uses identified in Exhibit E of the Distributor Settlement Agreement.

*Categories	Description	Exhibit E – Schedule	Exhibit E – Approved Uses and Citations
Harm Reduction	Harm reduction, in a comprehensive prevention strategy, is part of the continuum of care designed to save lives. Harm reduction approaches have proven to prevent death, injury, disease, overdose, and substance misuse and included interventions directly related to re Overdose prevention reversal agents.	Schedule A – Core Strategies	<p>A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES</p> <p>1. Expand training for first responders, schools, community support groups and families; and</p> <p>2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.</p>
Recovery Supports	SAMHSA recognizes the essential role of recovery support for persons with substance abuse and addiction in order for them to maintain their overall health and wellness. As much as 80% of a person’s health is determined by the social and economic conditions of their homes and communities, their Social Determinants of Health (SDOH).	Schedule B- Approved Uses	<p>B. SUPPORT PEOPLE IN TREATMENT AND</p> <p>1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.</p> <p>4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.</p> <p>6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.</p>
Primary and Secondary Prevention	Prevention is critical to reducing overdoses and overdose deaths. Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders.	Schedule B- Approved Uses	<p>G. PREVENT MISUSE OF OPIOIDS</p> <p>1. Funding media campaigns to prevent opioid misuse.</p> <p>2. Corrective advertising or affirmative public education campaigns based on evidence.</p>
Use of Technology	The use of technology provides tools and techniques that quickly and accurately recognize opioid use disorders and assist providers with ensuring clients have access to the care they need in real time, regardless of geographical location.	Schedule B- Approved Uses	<p>A. TREAT OPIOID USE DISORDER (OUD)</p> <p>3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.</p> <p>5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery</p>

			coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
Training Health Care Providers	Support training to abate the opioid epidemic through activities, programs, or strategies that employ and support the establishment of a competent and informed workforce.	Schedule B-Approved Uses	<p>A. TREAT OPIOID USE DISORDER (OUD)</p> <p>8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including tele-mentoring to assist community-based providers in rural or underserved areas.</p>
Workforce Development	Build and support training programs that provide existing and potential workers with the knowledge, skills and abilities to complete tasks needed by the substance use treatment system to assist with ensuring a complete continuum of care for individuals in need of clinical and wraparound services.	Schedule B-Approved Uses	<p>A. TREAT OPIOID USE DISORDER (OUD)</p> <p>9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.</p> <p>10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.</p> <p>11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.</p> <p>12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“DATA 2000”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.</p>
Research and Data Collection	The benefits of research and data collection include improving precision in targeting clients with unique needs, identifying new client populations, understanding client behaviors, increasing client engagement and improving decision-making within recovery systems.	Schedule B-Approved Uses	<p>L. Research</p> <p>1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.</p> <p>2. Research non-opioid treatment of chronic pain.</p> <p>4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.</p> <p>7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.</p>

*SAMHSA.gov

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Data Collection and Research (BI)