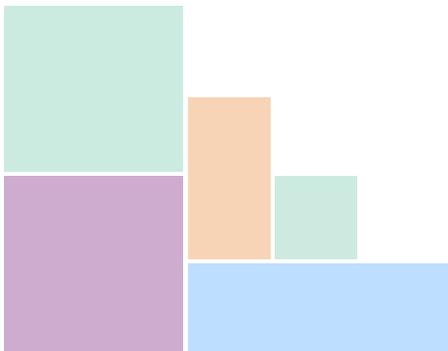
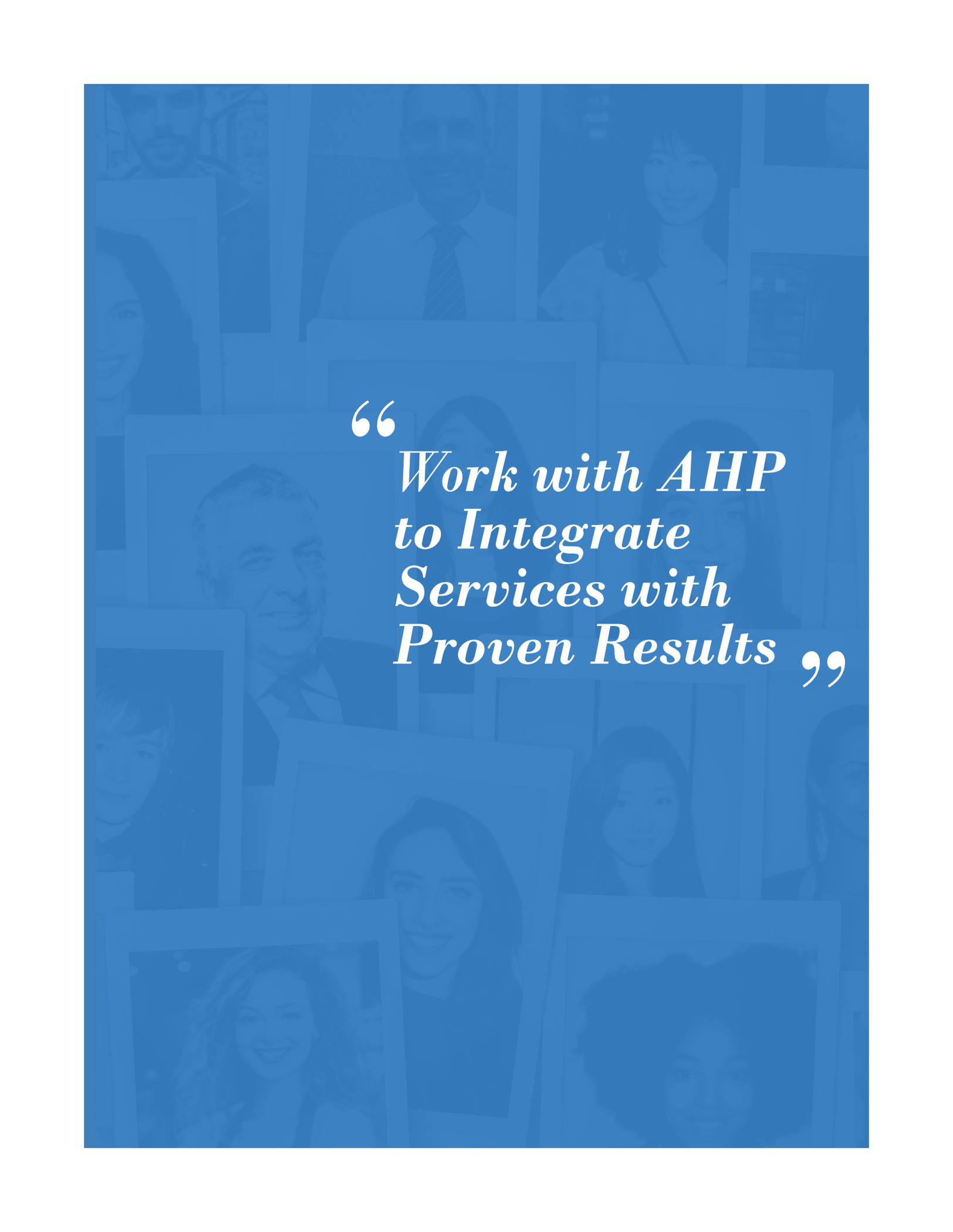


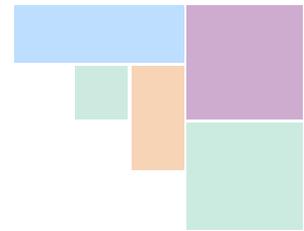


Enhance Your State Opioid Response Grant Application





*“ Work with AHP
to Integrate
Services with
Proven Results ”*

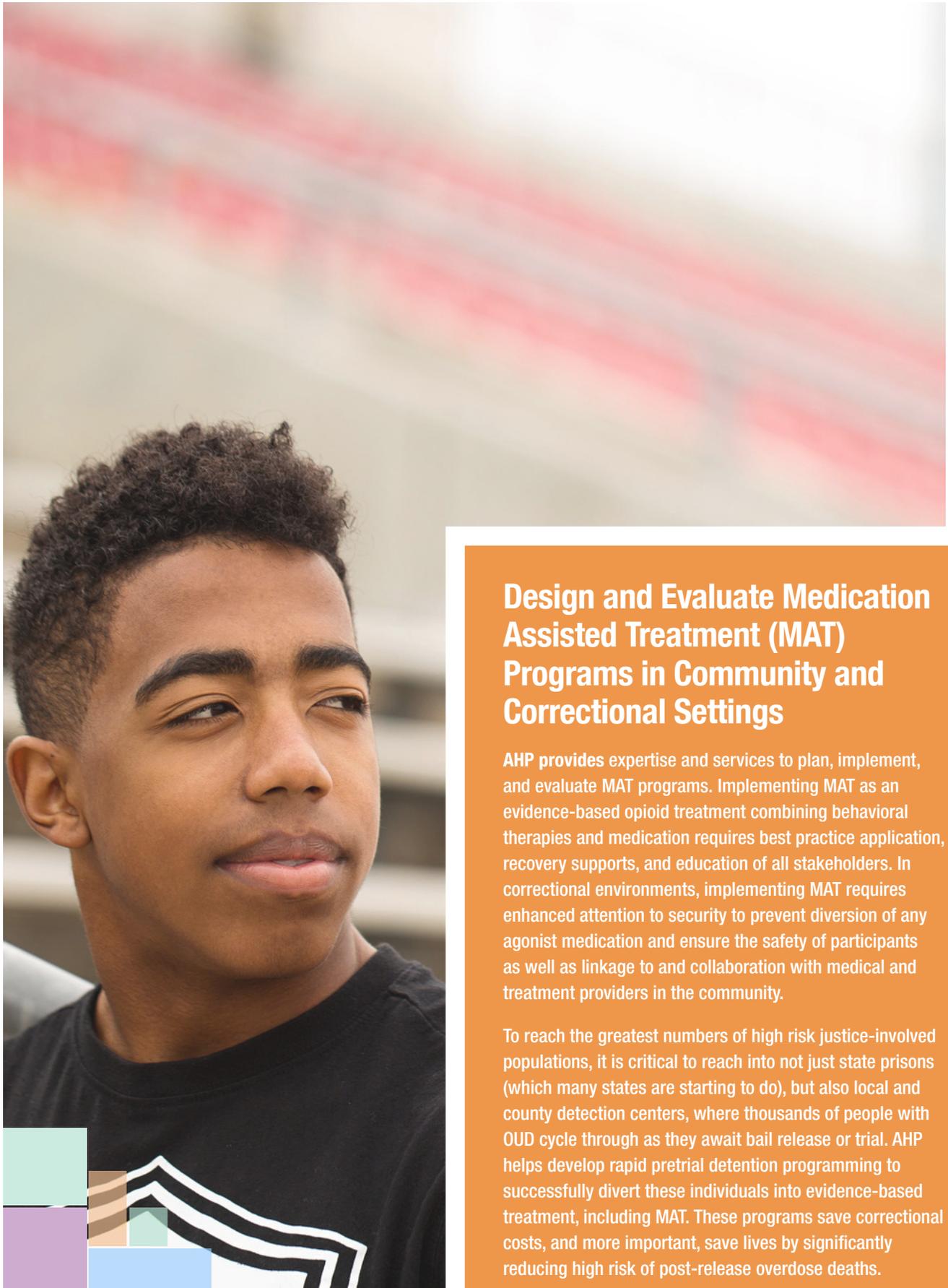


Your Trusted Implementation Partner

States have an unprecedented opportunity to change the face of the opioid epidemic as they apply for the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2018 State Opioid Response (SOR) Grants.

For several decades, AHP has supported SAMHSA and state behavioral health agencies with many high priority initiatives. Our nationally recognized staff, experts in making systems change related to the opioid crisis, can help your state meet, and even exceed, the SOR grant requirements. Let us help you strengthen your grant application to develop and implement services that have a track record of success in combatting the opioid epidemic.

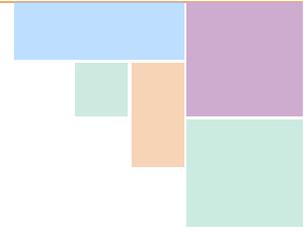
Advocates for Human Potential, Inc., (AHP) offers extensive experience to work with you to address the opioid crisis.



Design and Evaluate Medication Assisted Treatment (MAT) Programs in Community and Correctional Settings

AHP provides expertise and services to plan, implement, and evaluate MAT programs. Implementing MAT as an evidence-based opioid treatment combining behavioral therapies and medication requires best practice application, recovery supports, and education of all stakeholders. In correctional environments, implementing MAT requires enhanced attention to security to prevent diversion of any agonist medication and ensure the safety of participants as well as linkage to and collaboration with medical and treatment providers in the community.

To reach the greatest numbers of high risk justice-involved populations, it is critical to reach into not just state prisons (which many states are starting to do), but also local and county detention centers, where thousands of people with OUD cycle through as they await bail release or trial. AHP helps develop rapid pretrial detention programming to successfully divert these individuals into evidence-based treatment, including MAT. These programs save correctional costs, and more important, save lives by significantly reducing high risk of post-release overdose deaths.

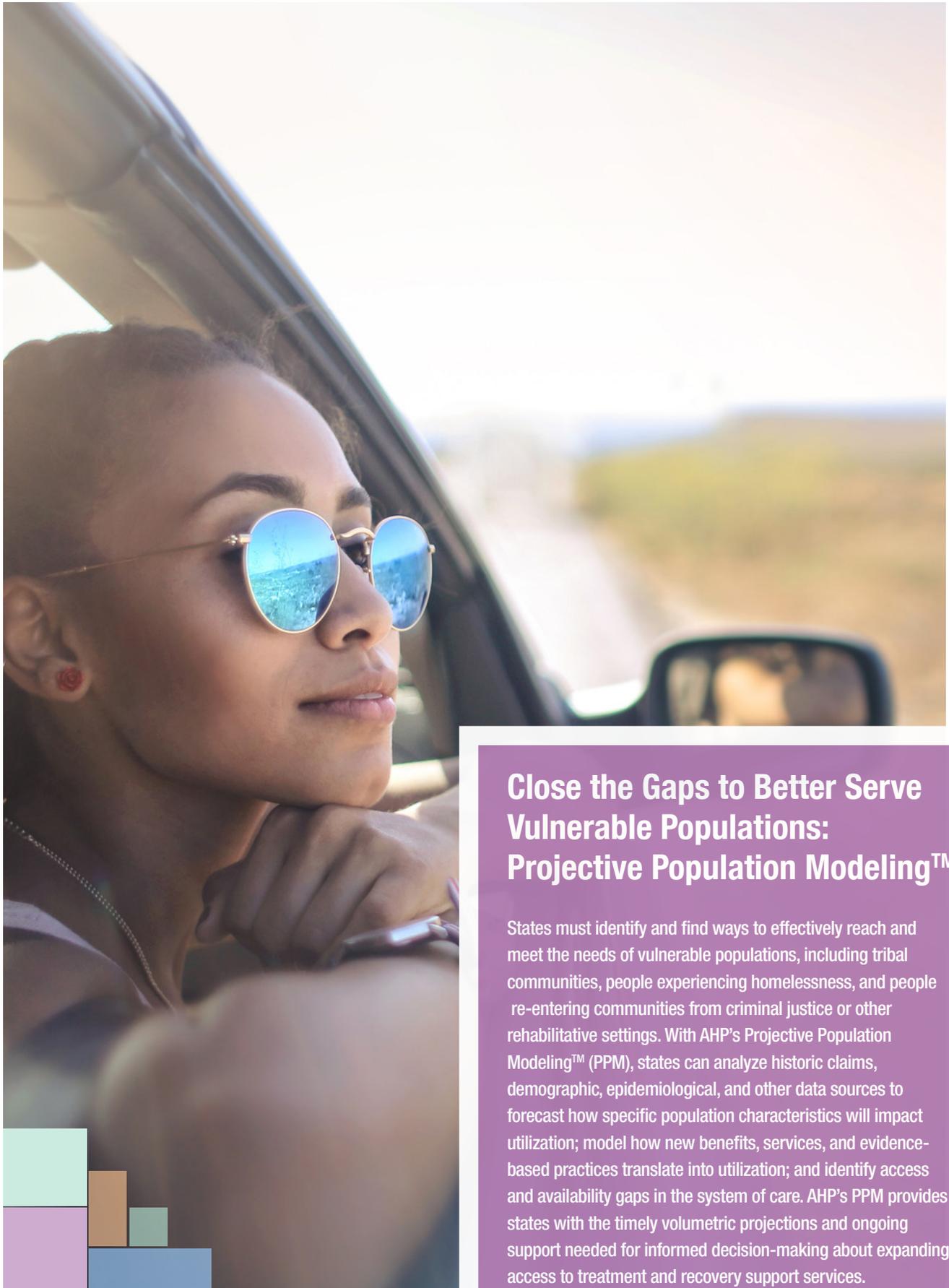


PROVEN SUCCESS:

AHP developed for the U.S. Department of Justice Bureau of Justice Assistance the first national training and technical assistance (TTA) program for federally funded Residential Substance Abuse Treatment (RSAT) programs, providing TTA to all 50 states and territories for jail and prison drug treatment programs through offsite and onsite training, annual workshops, a resource-rich website, monthly webinars, and curricula. AHP also conducted the evaluation of RSAT re-entry programs for the National Institute of Justice. In its role, AHP became the national leader in the expansion of MAT to corrections, completing the first training video on model prison and jail MAT programs that was distributed by the White House Office of National Drug Control Policy to all state correctional administrators. AHP also drafted the national standards for criminal justice MAT programming—vetted by the National Institute of Drug Abuse, Substance Abuse and Mental Health Services Administration, National Commission on Correctional Health Care, and other government and nongovernment experts and released by the National Sheriffs' Association—entitled *Jail-Based Medication-Assisted Treatment, Promising Practices, Guidelines, and Resources for the Field* (June 2018). AHP's innovative host site jail and prison MAT training program that offers onsite training in prisons and jails with model MAT programs, in conjunction with the National Institute of Corrections, with assistance from the National Governors Association, hosted 17 state and county correctional/treatment teams in 2017. One year later, all but two teams successfully launched jail or prison MAT programs.

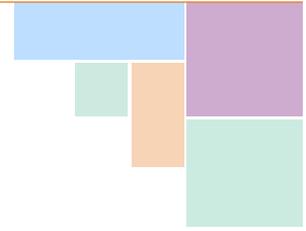
AHP CAN HELP STATES:

- **Identify the best MAT models for your state/ community/institution and provide model protocols, procedures, regulatory material, and pertinent performance measures to give immediate feedback and ensure successful implementation**
- **Analyze existing and needed resources and personnel**
- **Develop and lead training programs for treatment and support, as well as for security staff in correctional institutions**
- **Identify and address challenges, barriers, and opportunities for MAT implementation**
- **Develop collaborative relationships between criminal justice, community treatment, and medical providers**
- **Outline the benefits and challenges of each of the FDA-approved MAT medications**
- **Assess Medicaid, insurance, or alternative financial coverage**
- **Develop metrics to measure the effectiveness of MAT programs and conduct ongoing evaluation for immediate feedback as well as long-term outcome evaluations**
- **Assist in development of rapid pretrial detention programming to divert justice-involved individuals into evidence-based treatment**



Close the Gaps to Better Serve Vulnerable Populations: Projective Population Modeling™

States must identify and find ways to effectively reach and meet the needs of vulnerable populations, including tribal communities, people experiencing homelessness, and people re-entering communities from criminal justice or other rehabilitative settings. With AHP's Projective Population Modeling™ (PPM), states can analyze historic claims, demographic, epidemiological, and other data sources to forecast how specific population characteristics will impact utilization; model how new benefits, services, and evidence-based practices translate into utilization; and identify access and availability gaps in the system of care. AHP's PPM provides states with the timely volumetric projections and ongoing support needed for informed decision-making about expanding access to treatment and recovery support services.

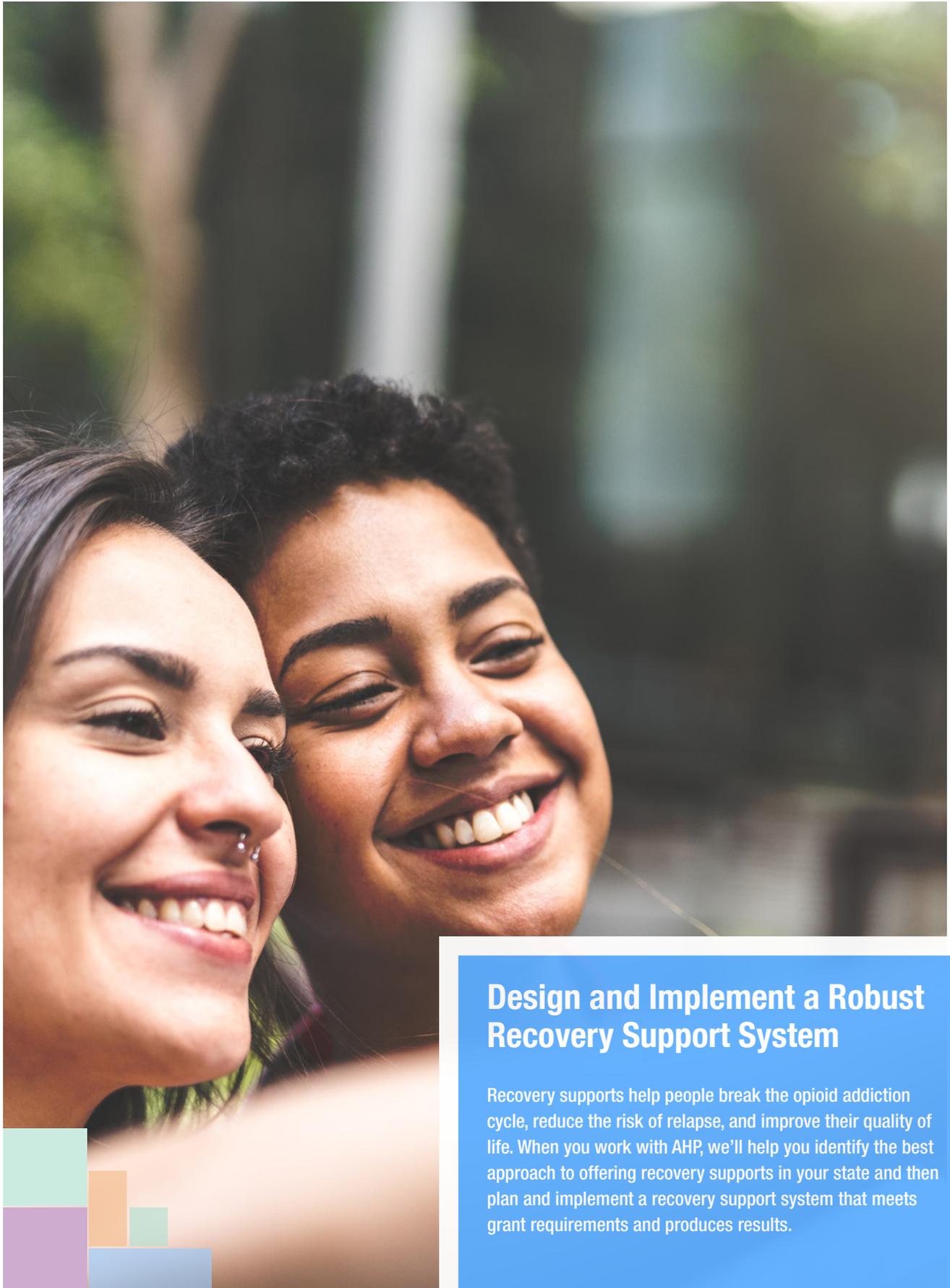


PROVEN SUCCESS:

The Los Angeles County Department of Public Health Substance Abuse Prevention and Control employed AHP's PPM approach to anticipate the impact of the state's Medicaid waiver, a requirement for all California counties. As a result, it was the first county to have its managed care plan approved, was able to rapidly draw down federal funding, and began full implementation in July 2017. LA County and AHP identified a significant need for provider network enhancements, given the explosive growth in covered population and the wide range of new services covered by California's Medicaid (Drug Medi-Cal). For example, we were able to forecast tremendous demand for prescribers and licensed substance use disorder (SUD) providers as well as sober living beds across the county. This forecast was used to justify reimbursement enhancements to promote provider investment and subsequent growth in the provider network.

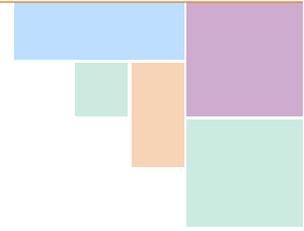
AHP'S PPM CAN HELP STATES:

- **Quickly, easily, and cost-effectively project the factors needed for accurate behavioral health/social service-related projections**
- **Receive fast, accurate projections based on**
 - **Demographics**
 - **Epidemiology (incidence and prevalence)**
 - **Specific benefit utilization patterns**
 - **Need for adjunct services such as housing, managed care activities, and operations; provider capacity; and network adequacy**
 - **Effects of factors such as care coordination and new regulations**
 - **Staffing and infrastructure requirements**



Design and Implement a Robust Recovery Support System

Recovery supports help people break the opioid addiction cycle, reduce the risk of relapse, and improve their quality of life. When you work with AHP, we'll help you identify the best approach to offering recovery supports in your state and then plan and implement a recovery support system that meets grant requirements and produces results.

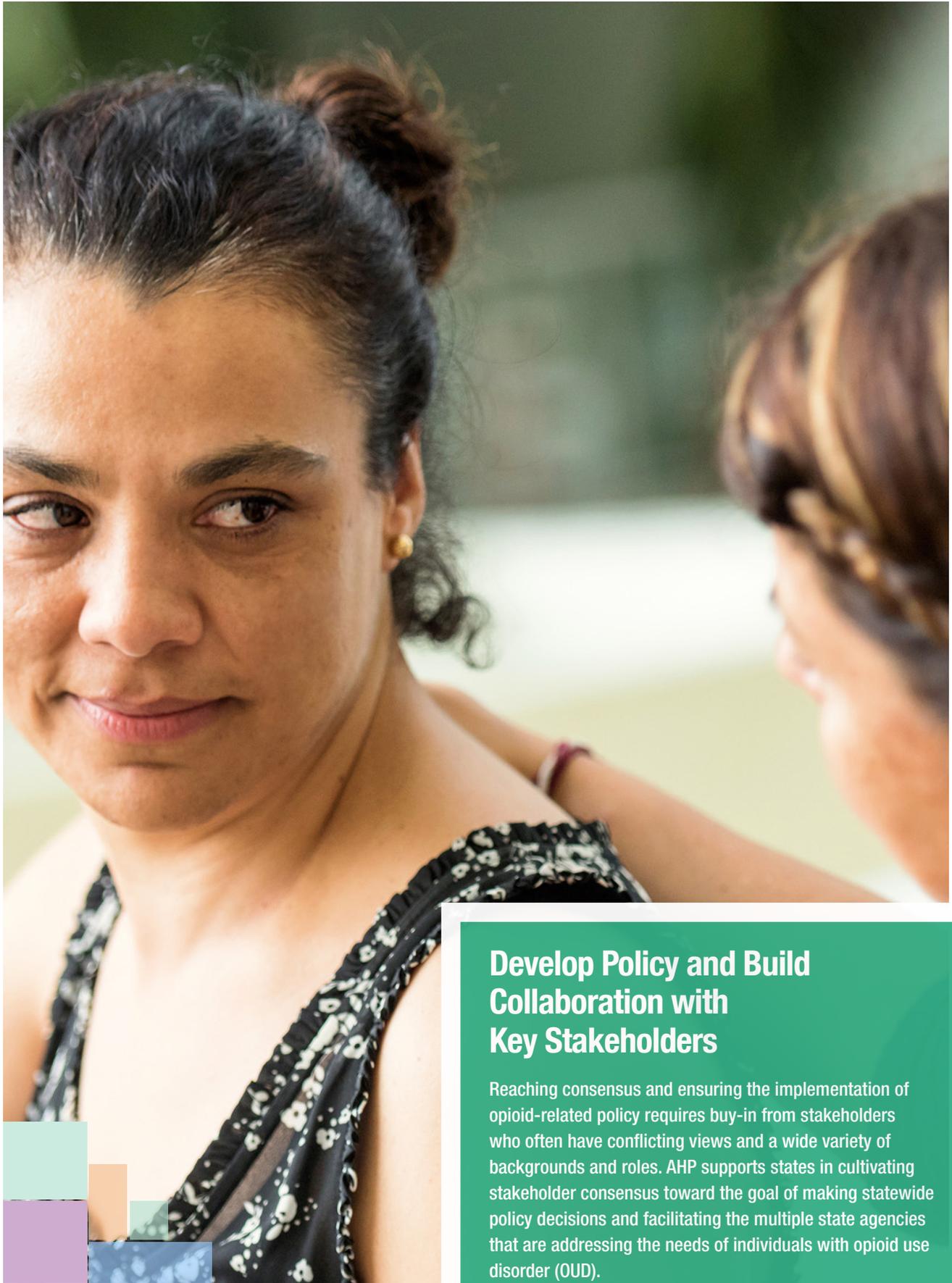


PROVEN SUCCESS:

AHP has been implementing the Access to Recovery (ATR) program for eight consecutive years in the Commonwealth of Massachusetts. ATR gives people in early recovery wide access to community services and fills the gaps of a typical treatment service system. The philosophical framework of ATR is that people with an SUD need wraparound recovery support services to maintain their recovery. Transportation, identification cards, driver's licenses, employment, and housing are all key contributors to successful recovery maintenance and re-entry to society. These recovery supports are just as critical as getting addiction treatment. In fact, once treatment ends, these recovery supports can make the difference between maintaining the momentum made during the treatment or not. ATR is voucher-based and provides services directly to individuals who need them the most, targeting those with opioid dependency. Through ATR, Massachusetts has been one of the top tier states in STR spending and has helped close to 18,000 individuals, with significant outcomes in abstaining from drugs and alcohol, avoiding arrests and involvement with the criminal justice system, securing employment and stable housing, and avoiding relapse and overdose.

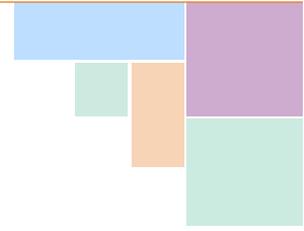
AHP CAN HELP STATES:

- **Develop an Access to Recovery (ATR) program**
- **Analyze what types of recovery supports are available and which are needed in your state**
- **Bring recovery service providers together with a shared vision**
- **Connect people in recovery to appropriate supports**
- **Implement evidence-based recovery support services that help people stay in treatment and maintain long-term recovery**
- **Provide training and technical assistance to community recovery support service staff, including recovery housing and recovery coaches**
- **Provide training around cultural competency**
- **Provide training to the employment system on SUDs and how best to work with this population**



Develop Policy and Build Collaboration with Key Stakeholders

Reaching consensus and ensuring the implementation of opioid-related policy requires buy-in from stakeholders who often have conflicting views and a wide variety of backgrounds and roles. AHP supports states in cultivating stakeholder consensus toward the goal of making statewide policy decisions and facilitating the multiple state agencies that are addressing the needs of individuals with opioid use disorder (OUD).

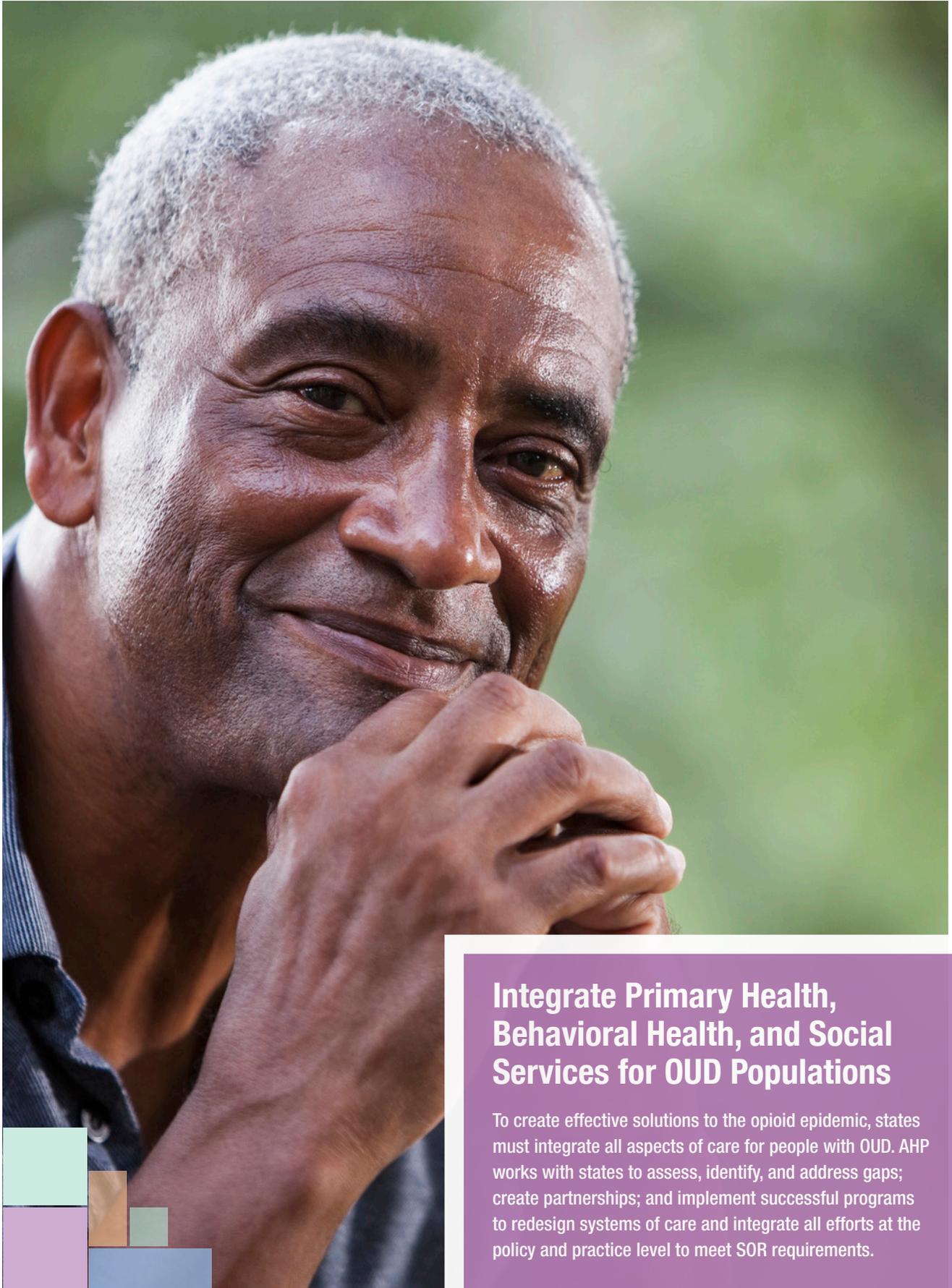


PROVEN SUCCESS:

In Illinois, AHP convenes statewide stakeholder working groups that are addressing several opioid prevention, treatment, and recovery issues including MAT, criminal justice-involved populations, and prescribing guidelines. We also helped create Illinois' State Opioid Action Plan, the strategic plan that guides policymakers and providers in reducing fatal and non-fatal opioid overdoses. AHP also helped develop the Implementation Report that outlines stakeholder recommendations for implementing initiatives that address action plan strategies.

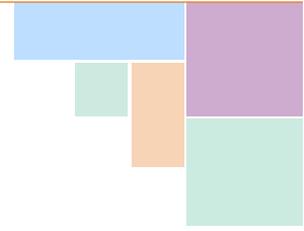
AHP CAN HELP STATES:

- **Plan, manage, guide, and host virtual stakeholder meetings, ensuring expert, unbiased facilitation**
- **Design productive agendas and keep meetings on track**
- **Create a virtual environment in which ideas and dialogue flourish**
- **Guide participants in strategic planning**
- **Mediate opposing views or conflicts**
- **Bring stakeholders to a shared understanding and reach consensus on vital issues**
- **Ensure participants collaboratively brainstorm, problem solve, and make decisions**
- **Build inclusivity so that all members feel included and represented in the discussion**



Integrate Primary Health, Behavioral Health, and Social Services for OUD Populations

To create effective solutions to the opioid epidemic, states must integrate all aspects of care for people with OUD. AHP works with states to assess, identify, and address gaps; create partnerships; and implement successful programs to redesign systems of care and integrate all efforts at the policy and practice level to meet SOR requirements.



PROVEN SUCCESS:

For Cowlitz County in Washington State, AHP conducted a behavioral health gap analysis for uninsured individuals and those on Medicaid to guide future behavioral health programs. Data collected included quantitative sources, extensive key stakeholder interviews with consumers and providers, and a consumer survey. The analysis identified service gaps on both the demand side (e.g., the unmet behavioral health needs) and the supply side (e.g., service provider capacity). Working closely with the county, we developed a plan that included moving consumers through the continuum of care and ensuring they received the specific behavioral and social services that supported successful treatment and recovery.

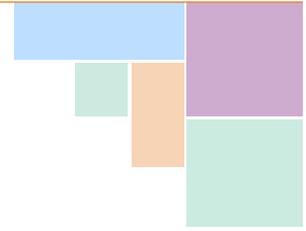
AHP CAN HELP STATES:

- **Apply AHP's Population Behavioral and Social Needs Assessment (PBSNA) to both quantitatively and qualitatively assess and create a plan for transforming community response to the opioid epidemic**
- **Start with an analysis of your community's population-specific needs, assets, and capacities around OUD**
- **Identify gaps in OUD services across the continuum of care**
- **Create the partnerships, networks, and community connections that can seamlessly integrate and deliver prevention, treatment, and recovery supports**
- **Integrate behavioral health and primary health care networks to using patient-centered medical homes (PCMHs) and other models or approaches**
- **Support the successful implementation of SOR opioid programs to combat a state's opioid crisis**



Reach and Connect Special Populations with OUD Services

AHP excels at helping providers and systems understand and engage with special populations who are often underserved, vulnerable, and at risk, including those specifically identified in the SOR grant requirements. Populations such as people living in poverty, trauma survivors, people in abusive relationships, isolated tribal communities, LGBTQ+ youth, veterans with PTSD, people with mental illness, and youth exiting foster care often lack health insurance or a support network. AHP understands the unique challenges that prevent these special populations from getting help with OUD.



PROVEN SUCCESS:

AHP developed the *Training Tool Box for Addressing the Gender-Specific Service Needs of Women with Substance Use Disorders* for SAMHSA. It is used to educate the workforce about the gender-specific needs of women with SUDs, including OUD. AHP has trained hundreds of physical and behavioral health providers, policymakers, educators, peer specialists, and others in gender-responsive, trauma-informed care, to enhance their ability to best serve the needs of women, girls, and their families. Trainings around the Tool Box have included national webinars, virtual learning classrooms, women's leadership institutes, and conference sessions.

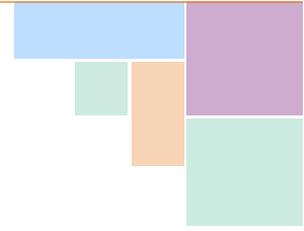
AHP CAN HELP STATES:

- **Address the full spectrum of basic living needs by integrating health, economic, and social services to support overall population health for vulnerable populations**
- **Reach and connect with people experiencing homelessness who are at increased risk, such as pregnant women and their children, unaccompanied or LBGTQ+ youth, and veterans**
- **Train staff in cultural competency, trauma-informed care, and gender-responsive services**
- **Collaborate with key organizations in local communities that focus on at-risk populations, such as veterans' service organizations, women's shelters, child welfare, food banks, community health centers, and homeless services**



Conduct Evaluation and Data Collection

Offering an impressive array of evaluation skills, content knowledge, and experience working directly with individuals with OUD, AHP works with states and community programs on a wide range of evaluation and outcome studies, as well as on data collection and reporting. We can help you respond to mandated data collection requirements and develop evaluations to assess program impact.

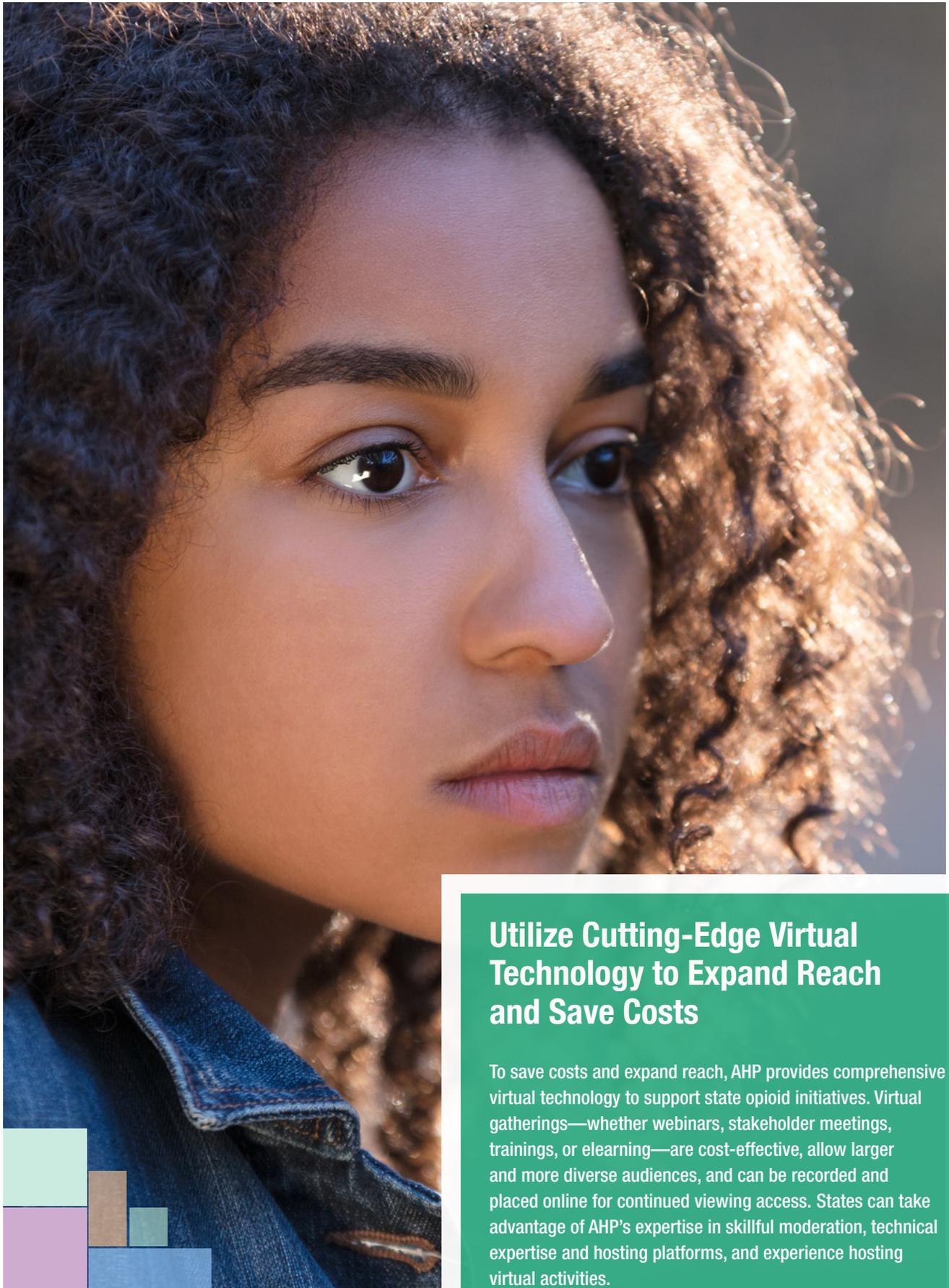


PROVEN SUCCESS:

AHP evaluates the Moms Do Care program in Massachusetts, one of the first cohorts of grantees funded through SAMHSA's Medication-Assisted Treatment—Prescription Drug and Opioid Addiction (MAT-PDOA) portfolio. Moms Do Care expands access to MAT for pregnant and postpartum women with OUD and enhances the services they receive. AHP worked closely with the single state agency and program staff to design the evaluation to meet local data needs and to track and report regularly on program performance, including reaching the complex and underserved population and achieving local and GPRA outcomes. As a result of early achievements of this promising new model, the Massachusetts Health Policy Commission funded two additional sites to replicate the program. AHP continues as the evaluator for the current four Moms Do Care program sites. AHP has also led 13 national cross-site evaluations/research studies and more than 25 local evaluations for SAMHSA.

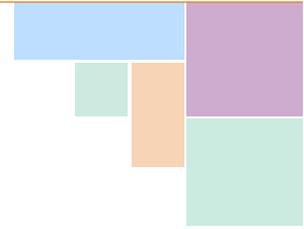
AHP CAN HELP STATES:

- **Design and implement evaluations that provide information needed to assess process and outcomes, explore critical questions, track key elements, and facilitate ongoing revisions and improvements in services and programs**
- **Utilize data-driven continuous quality improvement (CQI) processes to capture and implement lessons learned and make program adjustments**
- **Implement required data collection and analysis, including GPRA implementation**
- **Make data-driven decisions about future program funding and replication**



Utilize Cutting-Edge Virtual Technology to Expand Reach and Save Costs

To save costs and expand reach, AHP provides comprehensive virtual technology to support state opioid initiatives. Virtual gatherings—whether webinars, stakeholder meetings, trainings, or elearning—are cost-effective, allow larger and more diverse audiences, and can be recorded and placed online for continued viewing access. States can take advantage of AHP’s expertise in skillful moderation, technical expertise and hosting platforms, and experience hosting virtual activities.



PROVEN SUCCESS:

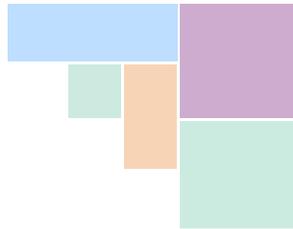
AHP plans and executes hundreds of virtual events each year. Over a recent four-year period, AHP developed and implemented three virtual conferences for Minority AIDS Initiative (MAI) grantees under the SAMHSA Behavioral Health and HIV Technical Assistance Center (BH-HIVTAC) contract. Each conference included plenary sessions with SAMHSA and other high-level federal agency staff, as well as keynote addresses on topics of high importance and concurrent tracks. This included a three-day virtual conference for 350 people in 2018 with three tracks (program management, clinical, evaluation) and a virtual poster session with brief presentations by 10 grantees; a two-day virtual conference for more than 600 people with three tracks (prevention, treatment, general substance use issues) in 2016; and, in 2014, a two-day closeout grantee meeting for 60 grantees. All sessions are archived and made available on an ongoing basis.

AHP CAN HELP STATES:

- **Access a full suite of virtual solutions to help your state stay financially sound while taking full advantage of the best of modern technology**
- **Plan and produce any size virtual event—from small meetings to large state virtual conferences with virtual breakout rooms**
- **Ensure the smooth and successful execution of events by utilizing our event producers, hosting platforms, moderators, and technical assistance staff during live events**
- **Hold dry-runs for speakers to test out the technology, gain confidence in the format, and practice their presentations**
- **Plan, build, and implement engaging elearning for training staff statewide**



CONTACT US NOW!



We stand at the ready to join your efforts in combatting the opioid crisis and helping people with OUD reach their full potential. To work together on your state's SOR grant application and on implementation, please contact us now.



CAROL BIANCO-MILLER
Co-Director, AHP Center for
Technical Assistance and Training
Advocates for Human Potential, Inc.
518.729.1226
cbianco@ahpnet.com



PATRICK GAUTHIER
Director, AHP Healthcare Solutions
Advocates for Human Potential, Inc.
508.395.8429
pgauthier@ahpnet.com



RICH LANDIS
Co-Director, AHP Center for
Technical Assistance and Training
Advocates for Human Potential, Inc.
240.912.3842
rlandis@ahpnet.com



TERRI TOBIN
Director, Center for Research
& Evaluation
Advocates for Human Potential, Inc.
978.261.1436
ttobin@ahpnet.com