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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

2021 Report to Congress on the State Opioid Response Grants (SOR)



SAMHSA
Substance Abuse and Mental Health
Services Administration

U.S. Department of Health and Human Services

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Executive Summary

The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded states/territories with State Opioid Response (SOR) grants to address the growing opioid crisis. Initially awarded in FY 2018, these grants aim to increase access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder (OUD), reduce unmet treatment need, and reduce opioid overdose deaths through the provision of prevention, treatment and recovery activities. Starting in FY 2020, the SOR program was expanded to support evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including cocaine and methamphetamine. This expansion of services continued in FY 2021.

Using SOR funds, states/territories have implemented evidence-based practices (EBPs) using several effective and innovative approaches. These approaches have resulted in positive outcomes such as: significant increase in client engagement, satisfaction, and retention in treatment; enhanced transitions for clients reentering communities from criminal justice settings or other rehabilitative settings; increased naloxone availability; improved integration of wrap-around recovery support services; successful family reunification and improved outcomes of child welfare involvement; and expanded access to on-demand treatment.

In addition to these reported outcomes, grantees are required to collect and submit data at the client level. Analysis of these data also demonstrate the positive impact these grant funds have on individual lives. Positive client outcomes include: increase in social connectedness, employment, and housing stability; decrease in use of alcohol or illegal drugs; and decrease in reported mental health symptoms (such as depression, anxiety). Also, there was a decrease in the number of clients seeking care in an emergency department for mental and emotional difficulties as well as alcohol and/or substance misuse difficulties.

SOR has substantially increased the number and availability of comprehensive treatment and recovery support systems to address the often complex and multi-faceted clinical and psychosocial needs of those with OUD and/or stimulant use disorder(s). This funding has increased access and retention to OUD treatment services, provided support for long-term recovery, and enhanced and implemented preventive services, which have been instrumental in addressing the opioid crisis. SAMHSA will continue to require the use of these life-saving treatments in its future iterations of the program.

Congressional Request

As directed by Congress from the enacted budgets for Fiscal Years 2018, 2019, 2020, and 2021, the Substance Abuse and Mental Health Services Administration (SAMHSA) is submitting a report on the State Opioid Response grant program. This report covers data collected for FY 2020 and FY 2021.

Introduction

The State Opioid Response (SOR) grant program aims to increase access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder (OUD), reduce unmet treatment need, and reduce opioid overdose deaths through the provision of prevention, treatment and recovery support services for OUD, including prescription opioids, heroin and illicit fentanyl and fentanyl analogs. In FY 2020, the SOR program was expanded to allow grantees to use SOR funds to support evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including cocaine and methamphetamine. With SOR funds, grantees are required to develop and implement comprehensive systems of prevention, treatment, and recovery support services. The SOR program specifically emphasizes the use of MAT as a requirement of the grant program.

Grants were awarded to states and territories based on overdose death rates and treatment need. The program also included a 15 percent set-aside for the 10 states with the highest mortality rate for drug-related overdose deaths.¹ In FY 2020, 57 SOR grantees received an additional \$1.42 billion (includes a 15 percent set-aside for the ten states² with the highest mortality rate related to drug overdose deaths³); SOR is a two year program and continuation funding is available for the second year of the program. In addition to the 57 new awards funded in FY 2020, there are 50 FY 2018 SOR grants that are in no-cost extensions (NCEs).⁴

SOR was first funded under the Consolidated Appropriations Act, 2018 (Pub. L. 115-141). This funding stream continues through SAMHSA's Substance Abuse Treatment Appropriation under the Consolidated Appropriations Act, 2021 (Pub. L. 116-260).

Methods

This report provides information related to program implementation with respect to evidence-based practices utilized as well as services delivered. Grantees report this

¹ Drug poisoning mortality data were used as an approximation for opioid overdose given the lack of availability of state-level data on opioid specific deaths.

² Fifteen percent set-aside was allocated to the following ten states/territories in FY 2020: WV, DE, MD, PA, OH, NH, DC, NJ, MA, and KY.

³ Drug poisoning mortality data were used as an approximation for opioid overdose given the lack of availability of state-level data on opioid specific deaths.

⁴ A no-cost extension (NCE) is a provision for grantees to extend the final budget period of a previously approved project for a period of up to 12 months, without additional funds. The NCE allows a grantee to complete the original grant activities.

information via a variety of sources to SAMHSA including their formal progress reports as well as routine program monitoring via their government project officers. This report also provides data specifically related to client outcomes for those served in the SOR program. SAMHSA grantees that provide direct treatment and/or recovery support services are required to submit data using a robust data collection tool which comprises information related to outcomes, demographic characteristics, services received, substance use behaviors, employment status, housing stability, criminal justice involvement, and social connectedness. These data are based on elements expected to be collected during any standard assessment of substance use disorder treatment and/or recovery needs. The data are largely based on elements of the validated and reliable Addiction Severity Index.

These data are reported in SAMHSA's Performance Accountability and Reporting System (SPARS) to meet compliance with the Government Performance and Results Act (GPRA). SPARS is an online data entry, reporting, technical assistance request, and training system to support grantees in reporting timely and accurate data to SAMHSA. All data are client-reported and collected at intake, six-month follow-up, and client discharge.

This report includes SPARS data collected between May 19, 2020 and March 15, 2021, for 50 FY 2018 grants in NCEs and 57 new FY 2020 grants. Grantees will continue to enter client data into SPARS for the duration of this program. This report also includes data from grantees' annual Performance Progress Report (PPR) for the reporting period between September 30, 2019 to September 29, 2020.

Evidence-Based Practices

SOR grantees implement coordinated substance use disorder (SUD) prevention, treatment, and recovery support efforts to address the opioid and stimulant crisis. A key component of grantees' strategies is the implementation of evidence-based practices (EBPs). EBPs are approaches and strategies shown to be effective in reducing the impact of social and population-based substance use concerns. EBPs commonly implemented by SOR grantees include: MAT, "Hub and Spoke" Model, Cognitive Behavioral Therapy, Motivational Interviewing, Contingency Management, Peer Recovery Support Services, and Overdose Education and Naloxone Distribution.

Medication-Assisted Treatment (MAT) serves as the standard of care for the treatment of opioid use disorder. All grantees are required to make available MAT to any individual with an OUD served by the SOR program. Grantees are required to ensure that all three FDA-approved medications—methadone, buprenorphine, and naltrexone—are provided as part of the SOR grant. These medications are provided in combination with evidence-based psychosocial services. Individuals with OUD primarily access MAT through opioid treatment programs and office-based opioid treatment.

Opioid Treatment Programs (OTPs) are accredited treatment programs with SAMHSA certification and Drug Enforcement Administration (DEA) registration to administer and dispense medications that are approved by the Food and Drug Administration (FDA) to treat OUD (methadone, buprenorphine, and injectable naltrexone). OTPs must provide adequate medical, counseling, vocational, educational, mental health and other assessment and treatment

services either onsite or by referral to an outside agency or practitioner through a formal agreement.

Office-Based Opioid Treatment (OBOT) provides medication for OUD in outpatient settings other than OTPs. OBOT stabilizes clients on buprenorphine or injectable naltrexone, and providers focus on medication management and treatment of other substance use, mental disorders, medical comorbidities, and psychosocial needs.

The “Hub and Spoke” model provides clients seeking care for OUD with an individualized assessment and initiation of treatment at a “hub” location, which specializes in addiction treatment. Referrals are made to community-based “spokes” for ongoing treatment to meet client-specific needs including evaluation and treatment of mental disorders and general medical conditions. In some instances, clients with less complex needs may begin their treatment at a spoke location rather than a hub location.

Cognitive Behavioral Therapy (CBT) helps individuals learn to identify and correct problematic behaviors by applying a range of different skills that can be used to stop substance use and address a range of other problems that often co-occur with it. CBT is used by clinicians in MAT programs to help people with OUD understand patterns of their substance use; manage drug cravings; recognize and change thoughts associated with substance use; increase problem solving and decision-making skills; and utilize alternative coping mechanisms to reduce risk of return to drug use.

Motivational Interviewing is a clinical approach that helps people with mental and substance use disorders and other chronic conditions make positive behavioral changes to support better health. By exploring ambivalence and highlighting problem areas, providers can help clients discover their own motivations for change.

Contingency Management (CM) is a psychosocial treatment strategy used as a behavior modification intervention in order to establish a connection between new, targeted behavior and the opportunity to obtain a desired reward.

Peer Recovery Support Services include a wide range of services provided by peer support specialists. A peer support specialist is someone who combines their own lived experience of recovery with formal training and education to assist others in initiating and maintaining recovery.

Opioid Overdose Education and Naloxone Distribution (OEND) activities aim to increase awareness about the use of naloxone and educate individuals on recognizing potential overdose symptoms. Key components of OEND activities include education and training on recognition and prevention of opioid overdose, opioid overdose rescue response, and distributing naloxone products.

Approaches

Using SOR funds, states/territories have implemented the above EBPs with several effective and innovative approaches.

Grantees are required to ensure that FDA-approved medications are coupled with clinical psychosocial interventions and community recovery supports to address OUD. SOR funds have increased access to MAT in a wide range of settings. Common approaches include the implementation of the “Bridge Clinic” model to provide rapid access to treatment by providing MAT in hospital emergency department settings. Expanding and enhancing capacity for telehealth has also resulted in increased access to MAT, particularly in rural and other hard to reach areas. During the COVID-19 pandemic, flexibilities granted on the use of telehealth have been particularly effective for continued service provision.

Additional approaches to MAT include a focus on increasing access for special populations, such as incarcerated individuals, pregnant and postpartum women, veterans, and service members. State/territories reported outcomes include:

- Increased access to MAT and number of DATA-waivered practitioners in the State/territories;
- Enhanced access to intake, assessment, and induction by expanding hours of service providers
- Strengthened coordination efforts with various state and local agencies including Medical Centers, Justice Department, Department of Corrections, judges, correctional officers, Department of Family and Children Services, Federally Qualified Health Centers, community health clinics, Universities, and other local health governmental agencies; and
- Significant increase in client engagement, satisfaction, and retention in treatment due to the increased use of telehealth in everyday services.

Twenty-seven states/territories report implementation of the “Hub and Spoke” model, which allows each person seeking care for OUD and/or stimulant use disorder(s) to receive an individualized assessment and initiation of treatment at a “hub” location specializing in substance use disorders clinical care. Once stabilized, referrals are made to community-based “spokes” for ongoing treatment to meet client-specific needs.

Although OTPs often serve as “hubs” and OBOTs often serve as “spokes”, other common approaches include “hub” locations such as hospital emergency departments, residential treatment providers, or jails. Additional “spoke” settings may include primary care offices, tribal health centers, and community mental health centers. State/territories reported outcomes include:

- Improved access to immediate treatment by strategically placing “hub” locations no more than sixty minutes from a potential client;
- Strengthened collaborations between the rural providers in “spokes” and the MAT experts in the “hubs”;
- Improved transitions for clients reentering communities from criminal justice settings or other rehabilitative settings through close partnerships of “hub” locations and “spoke” providers; and
- Continuity of care ensured during COVID-19 through increased utilization of telehealth and telemedicine.

Thirty-eight states/territories have reported using SOR funds to support OTPs. States/territories are establishing new SAMHSA-certified OTPs across the country or enhancing existing OTPs by expanding their hours of operation. For example, the SOR program has funded 24/7 OTPs to provide timely intake, assessment and MAT inductions. These OTPs are located in identified “hotspots” and streamline a “no wrong door” approach. During the COVID-19 pandemic, OTPs were granted additional flexibilities in the prescribing and dispensing of controlled substances to ensure necessary MAT remained accessible. State/territories reported outcomes include:

- Strengthened network of MAT providers through continuous trainings and collaboration in OTPs;
- Increased numbers of “spoke” affiliated DATA-waived practitioners/OBOT providers who provide services in “hub” locations; and
- Increased naloxone availability to OTPs for high-risk clients who have increased take-home doses due to COVID-19 restrictions.

Thirty-seven states/territories report providing OBOT services. In addition to OTPs, OBOT providers were also granted prescribing flexibilities during the COVID-19 pandemic in order to avoid disruption of MAT services. State/territories reported outcomes include:

- Increased outreach and engagement with diverse clinics and facilities acting as OBOT providers, such as Federally Qualified Health Centers, local governing entities, private organizations, and community health centers;
- Improved ability to integrate and provide wrap-around recovery support services not traditionally provided in OBOT;
- Expanded outreach and treatment services for pregnant and post-partum women, incarcerated individuals, individuals with co-occurring disorders, individuals experiencing homelessness, and Spanish-speaking individuals; and
- Continued admission of clients into MAT programs despite COVID-19-related challenges.

Thirty states/territories report utilizing CBT. The use of CBT is client-driven, person-centered, and may include analysis of important life events, safety plan development, skill building, psychoeducation, family intervention, and relapse prevention. This EBP is often utilized as a psychosocial support in combination with MAT. State/territories reported outcomes include:

- Developed webinars such as Project ECHO, to increase the number of providers that can implement CBT;
- Utilized CBT, in conjunction with MAT, to address medical issues associated with Substance-Related Disorders and to help change thinking and behaviors of individuals involved in the criminal justice system; and
- Increased successful family reunification using a CBT support-group model.

Another EBP utilized as a psychosocial support in combination with MAT is Motivational Interviewing (MI). Thirty-nine states/territories report implementing this approach, which focuses on increasing an individual's motivation for change. One approach is utilizing MI for individuals who seek MAT in hospital emergency departments prior to discharge into the community. Another approach is to utilize MI in outreach attempts to individuals who have not yet engaged in treatment as a way of eliciting positive behavioral changes. State/territories reported outcomes include:

- Increased utilization of evidence-based behavioral health treatment models and recovery supports;
- Enhanced ability for treatment providers to conduct outreach, brief interventions and motivational enhancement services; and
- Increased provider support and continuous individualized training on MI.

Thirty-seven states/territories report implementing Contingency Management (CM) which is a type of behavioral therapy grounded in the principles of operant conditioning. Operant conditioning is a method of learning in which desired behaviors are reinforced with incentives. State/territories reported outcomes include:

- Developed an outpatient treatment program to provide buprenorphine and CM for clients under clinician supervision aged 18 years or older; and
- Improved treatment attendance, engagement in healthy activities, and abstinence from substances.

Peer Recovery Support Services are reported as an EBP used by 53 states/territories. Peer support specialists are engaged in several settings to assist individuals with an OUD and/or stimulant use disorder(s) to initiate and/or maintain recovery. In various settings peers collaborate closely with several stakeholders, including medical professionals, criminal justice personnel, treatment providers, and child welfare workers to provide education, support, and assistance with accessing treatment for OUD and/or stimulant use disorder(s). A popular collaboration involves peers joining first responders to assist in connecting people to treatment following an opioid overdose in the community. State/territories reported outcomes include:

- Increased number of peer-certified specialists in the state/territories, with streamlined application and educational processes for individuals to seek certification;
- Improved outcomes of child welfare involvement by pairing family peer mentors with child welfare caseworkers; and
- Enhanced transition for individuals re-entering communities from criminal justice settings or other rehabilitative settings.

Opioid Overdose Education and Naloxone Distribution (OEND) activities remain a large focus of SOR grantees, with 54 states/territories implementing these activities. Naloxone is a medication that reverses the effects of opioids and can be lifesaving when an opioid overdose occurs. To address the unprecedented increase in preventable overdose deaths, states/territories have increased access to naloxone, and provided education and training on overdose awareness

and naloxone administration.

For more information on state/territory approaches, highlights, and accomplishments, please see Appendix 1.

Results

Naloxone Distribution and Reversals

Grantees are required to implement prevention and education services. These include: (1) training healthcare professionals on the assessment and treatment of OUD, (2) training peers and first responders on recognizing an opioid overdose and the appropriate use of the opioid overdose antidote naloxone, (3) developing evidence-based community prevention efforts such as evidence-based strategic messaging on the consequences of opioid misuse, and (4) purchasing, distributing and training on the use of naloxone. From May 19, 2020 to March 15, 2021, grantees report having distributed 1,051,550 naloxone kits. Grantees also report using naloxone to reverse approximately 90,204 overdoses.

Medication-Assisted Treatment

SAMHSA requires that FDA-approved MAT be available to those diagnosed with an Opioid Use Disorder (OUD). FDA-approved medications include methadone, buprenorphine products, and injectable extended-release naltrexone.

Based on grantees' PPRs, which include a longer period of time than SPARS data, grantees report 73,506 clients received buprenorphine, 57,997 received methadone, and 9,306 received injectable naltrexone. Based on PPRs, grantees report treating 358,289 clients.

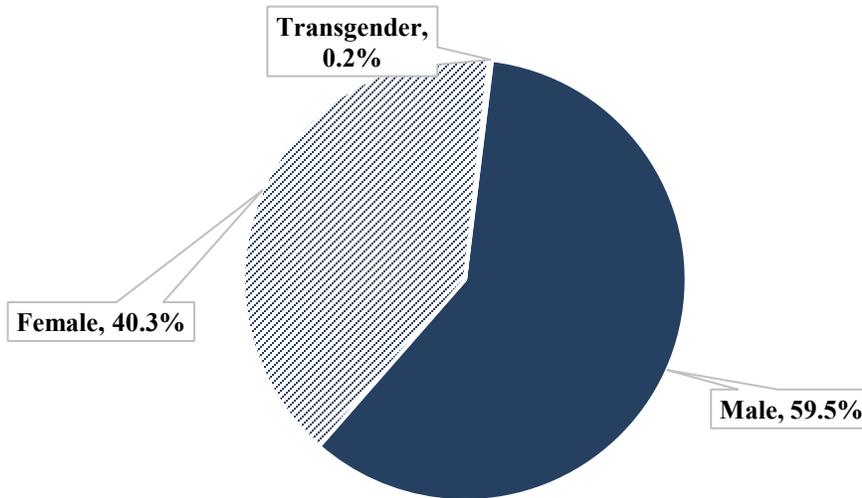
Recovery Support Services

In addition to treatment services, grantees are required to employ effective recovery support services to ensure that individuals continue to receive the support and guidance that was provided throughout treatment. Based on the grantees' PPRs, 223,102 individuals received recovery support services. These services included: Recovery Housing, Employment Services, Peer Support, Case Management, Family Services, and Transportation Assistance.

Demographic Profile

From May 19, 2020 to March 15, 2021, 111,692 client-level GPRA interviews were conducted by SOR grantees. Of this, 73,552⁵ unique clients were served by the SOR program as reported by grantees in SPARS. Demographics data on these clients is provided below.

Figure 1: Gender

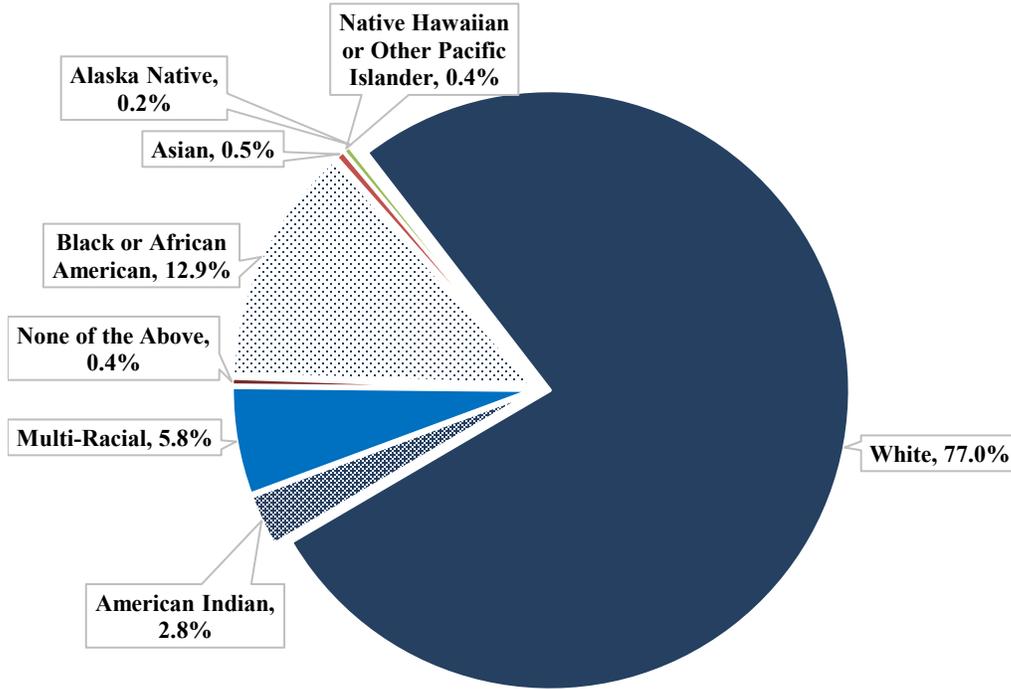


*Note: Graph based on SPARS data generated on March 15, 2021. N=73,552

As seen above, 59.5% reported being male, 40.3% reported being female and 0.2% of clients reported being transgender.

⁵ The number of unique clients served during the reporting period was 73,532. Of these, many clients may have completed the GPRA interview at different milestones (intake, 6-month follow-up, and discharge). Thus, the number of interviews was 111,692.

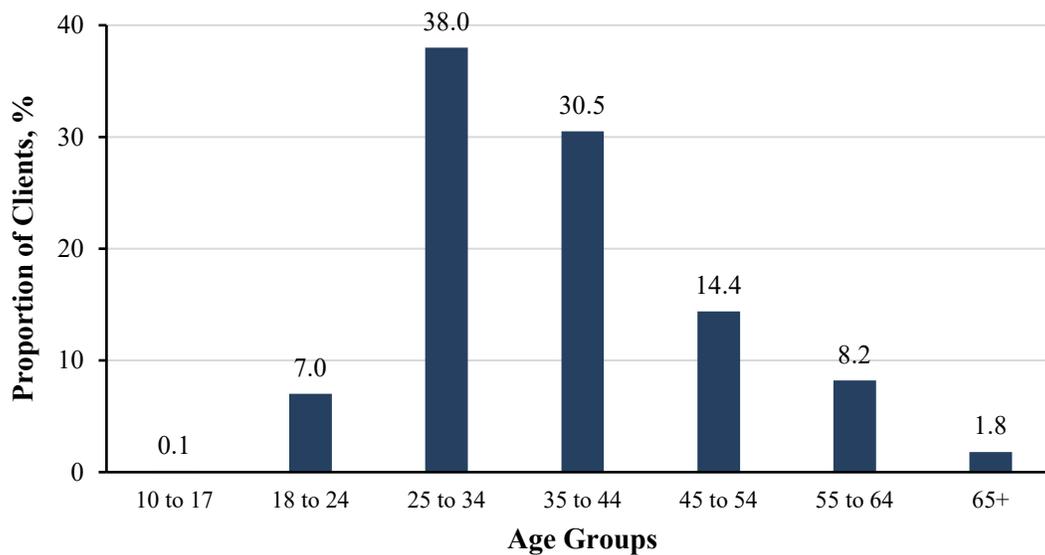
Figure 2: Race



***Note:** Graph based on SPARS data generated on March 15, 2021. N=73,552

The majority (77.0%) of the clients report being White, 12.9% report being Black/African American, 2.8% report being American Indian, 0.5% report being Asian, 0.4% report being Native Hawaiian/Other Pacific Islander, 0.2% report being Alaska Native, 5.8% report being Multi-racial and 0.4% did not identify with the racial options (i.e., none of the above). In addition, 8.7% (N=6,299) of the clients report being Hispanic/Latino.

Figure 3: Age Group



*Note: Graph based on SPARS data generated on March 15, 2021. N=73,552

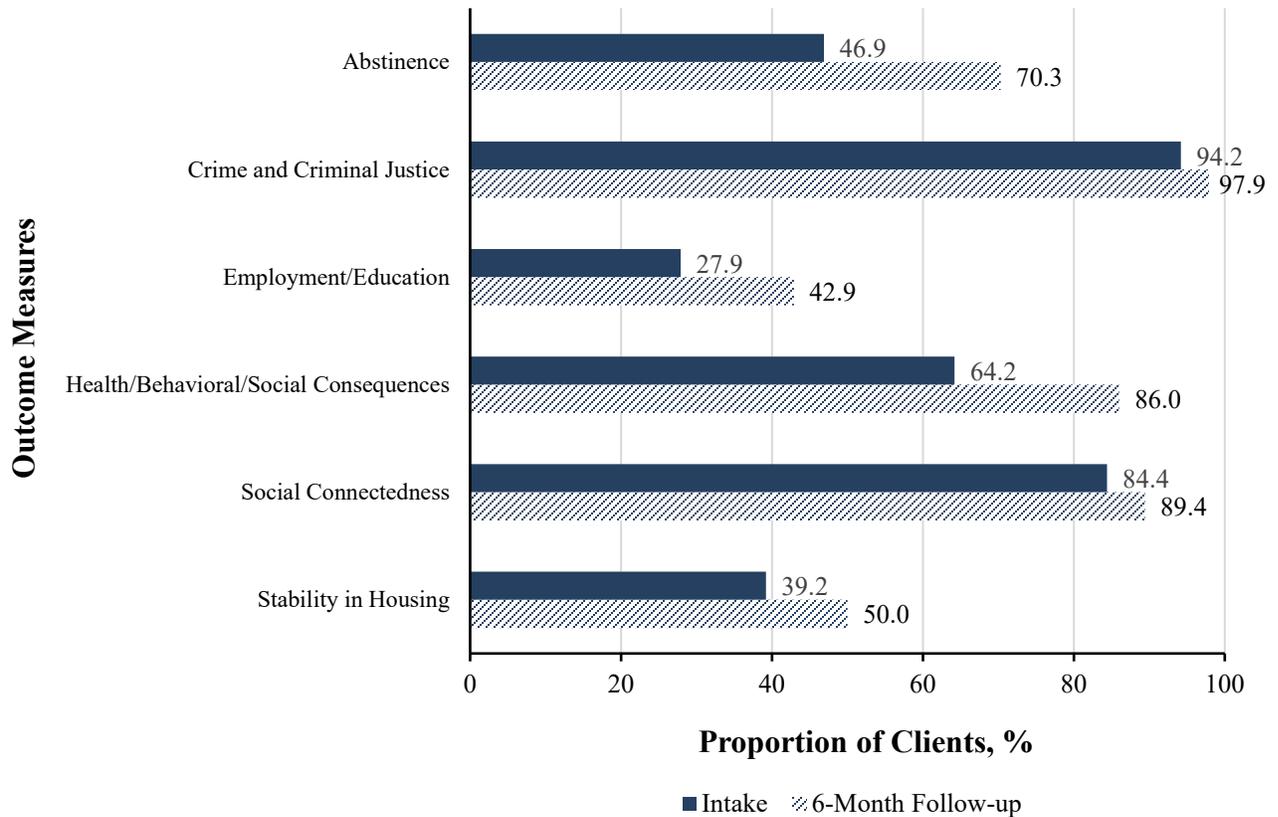
Among the clients served, 38.0% were between the ages of 25 and 34, 30.5% were between the ages of 35 and 44, 14.4% were between the ages of 45 and 54, 8.2% were between the ages of 55 and 64, 1.8% were 65 years or older, and 0.1% were between the ages of 10 and 17.

Client Outcomes

Effectiveness of SAMHSA-funded programs is of critical importance to SAMHSA. As a requirement of the SOR program, grantees must report outcome data at the client level. The collection and submission of these data enable SAMHSA to gauge program effectiveness and determine the extent to which programs are improving the lives of individuals served. SAMHSA recognizes the unique impact of substance misuse on an individual's life. It is not simply the use of substances that must be addressed. Substance misuse also impacts an individual's ability to gain/maintain employment, housing stability, and social connectedness.

As such, SAMHSA has analyzed the following outcome data on the SOR program on a subset of clients for which 6-month follow-ups were conducted. Opioid misuse is a key factor which this program aims to address. For clients on which SPARS outcome data are available, heroin use decreased by 61.2% (from 29.4% at intake to 11.4% at 6-month follow-up). Pain reliever misuse decreased by 75.2% (from 13.3% at intake to 3.3% at 6-month follow-up). The average number of days of use of heroin went from 21 days in the 30 days prior to intake, to 16 days in the 30 days prior to 6-month follow-up.

Figure 4: SOR: Client Outcomes



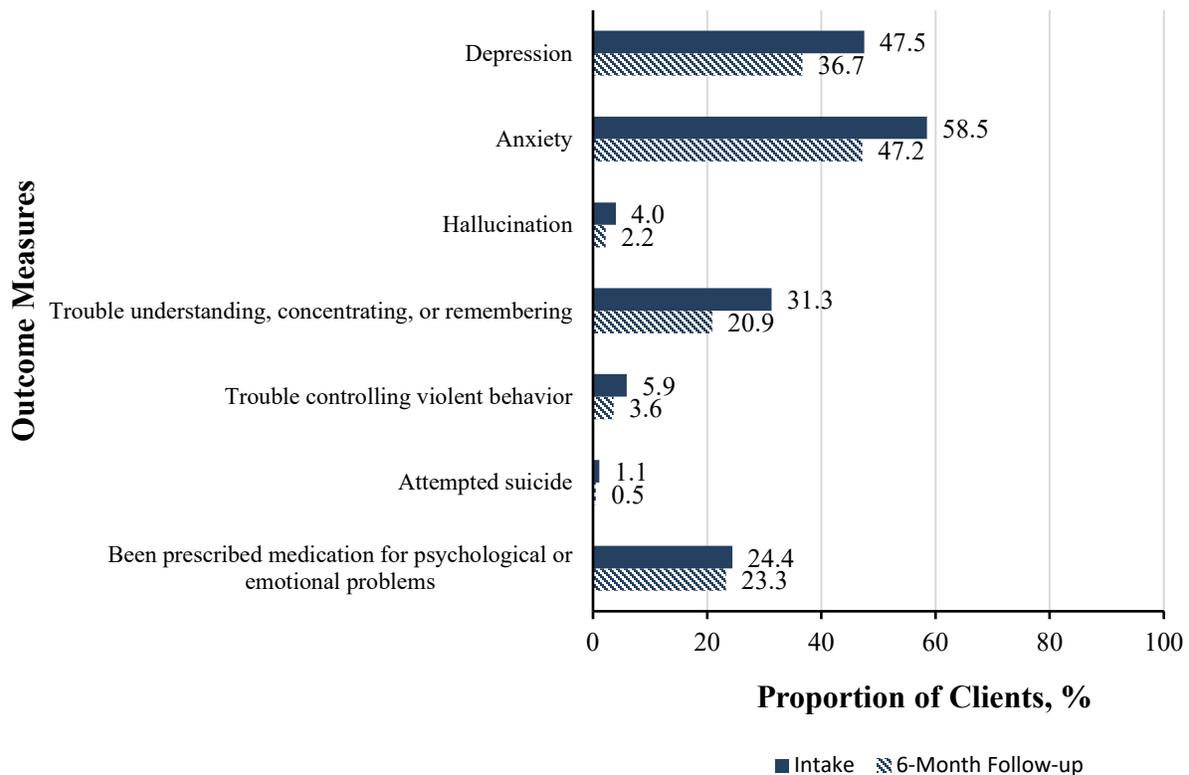
*Note: Graph based on SPARS data generated on March 15, 2021. N= 24,320 – 25,490

The data highlights the following positive client outcomes between intake and 6-month follow-up.

- The percentage of clients who abstained from alcohol or illegal drugs increased by 49.9%.
- The percentage of clients who were not arrested in the past 30 days increased by 3.9%., Of note, 92.7% of clients had no criminal justice involvement at intake.
- The percentage of clients who experienced no alcohol or illegal drug-related health, behavioral or social consequences⁶ in the previous 30 days increased by 34.0%.
- The percentage of clients who were socially connected increased by 6.0%.
- The percentage of clients who had a permanent place to live in the community increased by 27.5%.
- The percentage of clients who were currently employed or attending school increased by 53.8%.

⁶ Defined as experiencing stress, reduction or cessation of important activities, and emotional problems as a result of substance use.

Figure 5: Mental Health Outcomes



*Note: Graph based on SPARS data generated on March 15, 2021. N= 23,813 – 24,007

SPARS data also highlights the following positive mental health outcomes reported by SOR clients:

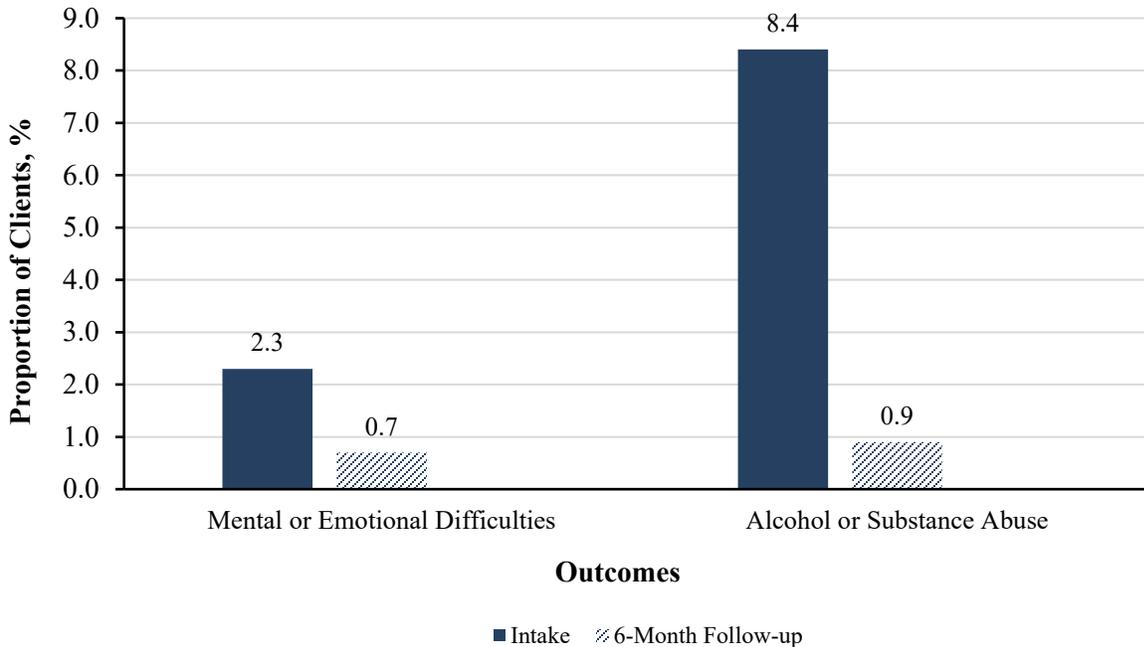
- The percentage of clients who reported experiencing depression decreased by 22.7%.
- The percentage of clients who reported experiencing anxiety decreased by 19.3%.
- The percentage of clients who reported experiencing hallucination decreased by 45.0%.
- The percentage of clients who reported having trouble understanding, concentrating, or remembering decreased by 33.2%.
- The percentage of clients who reported having trouble controlling violent behavior decreased by 39.0%.
- The percentage of clients who reported attempting to commit suicide decreased by 54.5%.
- The percentage of clients who reported being prescribed medication for psychological or emotional problems decreased by 4.5%.

Hospital or Emergency Department (ED) Visits

Outlined in Figure 6, SOR clients reported decreased use of emergency departments for urgent treatment of mental or emotional difficulties or alcohol and/or substance misuse as well as

decreased numbers of hospital admissions for these conditions following six months of program participation.

Figure 6: Change in Hospital or ED Visits from Intake to 6-Months



***Note:** Graph based on SPARS data generated on March 15, 2021. N= 191 (Mental or Emotional Difficulties); N= 700 (Alcohol or Substance Abuse)

The data below highlights the declines between intake and 6-month follow-up.

- The percentage of clients who reported seeking care in an emergency department for mental and emotional difficulties decreased from intake to 6-month follow-up by 69.6%.
- The percentage of clients who reported seeking care in an emergency department for alcohol and/or substance abuse declined from intake to 6-month follow-up declined by 89.3%.

Conclusion

SOR funding has provided support necessary for states/territories to implement prevention services including training on identification of opioid overdose and reversal using the opioid overdose antidote naloxone, with approximately 90,204 lives saved to date. Despite the COVID-19 pandemic, SOR grantees continue to expand the accessibility of evidence-based practices through increased flexibility and utilization of telehealth and telemedicine services. Further, this funding has substantially increased the number and availability of comprehensive treatment and recovery support systems to address the often complex and multi-faceted clinical and psychosocial needs of those with OUD and/or stimulant use disorder(s). These systems and supports have increased the provision of the full spectrum of treatment and

recovery support services in communities across the United States and its territories. These resources have assisted individuals in achieving positive outcomes including abstinence from substance use, increased employment, decreased involvement with the criminal justice system, increased numbers obtaining stable housing and increased social connectedness. Clients served through this program have also reported decreases in hospitalizations and ED visits. If these trends continue, that could translate to substantial cost savings over time for states/territories and communities as we have seen from other research (1, 2, 3, 4).

The data also clearly highlight the need for a continued focus on addressing polysubstance use as well as co-occurring mental and substance use disorders. SAMHSA will continue to promote best practices through its technical assistance and training efforts for SOR grantees. It is important to acknowledge that many individuals with OUD and/or stimulant use disorders are not ready for treatment or they do not admit they have a problem, which speaks to the need for a robust treatment infrastructure that is ready and responsive as soon as someone comes forward.

The SOR program helps to build this infrastructure by contributing to the increased number of practitioners able to prescribe buprenorphine and increasing the number of individuals across the country receiving medication for OUD. SOR has increased access and retention to OUD treatment services, provided support in long-term recovery, and enhanced and implemented preventive services, which have been instrumental in addressing the opioid crisis. SAMHSA will continue to require the use of these life-saving treatments in its future iterations of the program.

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APPENDIX 1: State/Territory Approaches, Highlights, and Accomplishments

State/Territory	Key Accomplishments
Alabama	<ul style="list-style-type: none"> • Through continuous education and promotion, Alabama prevention providers collected approximately 4,000 pounds of prescription drugs during National Prescription Drug Take Back events. • The state continues to expand the utilization of certified recovery support specialists in rural and underserved communities. Since September 2020, Alabama has certified 346 peer support specialists, with 280 working in an SUD system of care. • Alabama has increased the use of MAT within their infrastructure and 16 non-OTP providers started offering MAT as a normal part of their services and received SOR funding for MAT services.
Alaska	<ul style="list-style-type: none"> • Through the utilization of the 4Ps tool, Alaska’s Substance Exposed Newborns Initiative (SENI) continues to promote universal screening of pregnant women. SENI screens for alcohol, tobacco, marijuana, prescribed, and illicit substances. Screening rates have improved from 19% to 63% in 2020. • Peer Support programs and Recovery Housing programs in Alaska are working together to build wrap-around services. These services focus on re-entry case management, supportive employment, training, and mentoring. Since September 2020, 189 individuals were provided secure housing, and an additional 401 individuals were connected to treatment or recovery supports via their peer support programs. • In collaboration with the University of Alaska and with the assistance of SAMHSA-funded opioid technical assistance and training resources (i.e. Addiction Technology Transfer Center and the Opioid Response Network), Alaska has provided co-occurring behavioral health, opioid and stimulant use disorder ECHO trainings. To date, nine of the twelve trainings have occurred, with an estimated 120 attendees.

State/Territory	Key Accomplishments
American Samoa	<ul style="list-style-type: none"> • Successfully completed 653 Drug Abuse Screening Tool (DAST) assessments to screen for opioid misuse/abuse and assess level of risk for OUD across the community. • Conducted outreach presentations to 1,643 individuals in community coalitions, faith-based organizations, and schools to raise awareness on risks and dangers of prescription opioids. • Implemented Drug Take Back Program by partnering with substance abuse prevention coalitions, village clergy, and local mayors. In one month, 468 bottles of medication were collected.
Arizona	<ul style="list-style-type: none"> • Sustained a third 24/7 Opioid Treatment Program (OTP) as an Opioid Treatment on Demand Center of Excellence. Arizona now has three 24/7 OTPs and three 24/7 Crisis Stabilization Units, for a total of six designated 24/7 access points for timely intake, assessment, and MAT inductions. • Arizona launched a Rapid Re-Housing model statewide. Seven hundred and twenty-eight individuals have received supportive housing assistance. • The Department of Child Safety (DCS) expanded its Healthy Families home visitation program, providing families with young children intensive in-home services with a focus on child development, child and maternal health, substance abuse education and support to reduce risk factors that are prevalent in the target population of families with OUD and those at-risk for OUD. Eight hundred and sixty-five families were served, and 4,415 home visits were conducted.

State/Territory	Key Accomplishments
Arkansas	<ul style="list-style-type: none"> • The Peers Achieving Collaborative Treatment (PACT) Program pairs inmates diagnosed with an OUD with a peer recovery specialist. Seventy-five percent of participants sustained recovery from substance use and 60% of the program participants chose to go into recovery housing upon release. • The Opioid Prevention for Aging and Longevity (OPAL) Education Program shifted from onsite education classes to distance learning in response to the COVID-19 pandemic. A total of 195 participants in 14 counties received education on opioid and non-opioid pain medications and other integrative therapies, including management of chronic pain. • SOR-funded naloxone administration training was provided to 649 first responders (law enforcement, fire fighters, school nurses, family members, and EMTs). Additionally, 187 individuals completed the training online.
California	<ul style="list-style-type: none"> • Created 650 new access point locations where clients can receive treatment for OUD and provided treatment to approximately 55,000 new clients. • Established 52 hospitals and emergency rooms as centers for stabilization and referral to treatment for OUD, while initiating and referring into treatment 7,629 individuals on buprenorphine. • Expanded access to treatment in jails and drug courts in 32 counties, which have provided MAT services to over 8,254 clients as a result of educational and technical assistance programming and infrastructure funding. • To date more than 550,000 units of naloxone have been distributed to over 1,200 organizations, in 57 of California’s 58 counties. Approximately 27,700 opioid overdose reversals have been reported.

State/Territory	Key Accomplishments
Colorado	<ul style="list-style-type: none"> • Developed a mobile health unit staffed with a nurse, counselor, and peer to provide MAT and wraparound services to clients living in 43 communities with limited access to health care services. Since September 2020, 145 MAT inductions were conducted, 115 unique individuals engaged in MAT maintenance visits, and 54 unique clients were provided with wraparound services. • In partnership with the Denver Indian Health and Family Services (DIHFS), Colorado has increased enrollment in stable housing and provided outreach support for American Indians/Alaska Natives (AI/AN) who misuse substances and are experiencing homelessness. • In light of COVID-19, Colorado utilized telehealth for service delivery. Peer Recovery Coaches have facilitated talking circle groups and outreach for Tribal Court clients by phone.
Connecticut	<ul style="list-style-type: none"> • Five Regional Behavioral Health Action Organizations (RBHAO's) conducted naloxone training and distribution, and suicide screenings at events. As of September 2020, 2,766 persons were trained, and 3,014 kits were distributed. • Fourteen outpatient clinics throughout Connecticut are funded to increase MAT availability throughout the State. Six of the clinics provide enhanced MAT services that include recovery coaching and employment support. • In partnership with the Department of Corrections, Connecticut expanded the availability of MAT (including induction and maintenance) in nine facilities. Sixty-six new inmates have received services from these facilities.

State/Territory	Key Accomplishments
Delaware	<ul style="list-style-type: none"> • Certified Peer Recovery Support Specialists are available in all Delaware Emergency Departments (EDs) to support and provide individuals with OUD/SUD with appropriate behavioral health care. Nine ED locations are distributing naloxone and training clients on the proper use of naloxone. • The Bridge Clinics continue to treat an average of 30 clients per week. In order to improve client care, a questionnaire was administered on topics such as OUD, overdose, naloxone awareness, and access to care. The response to the questionnaire led to an increase in naloxone distribution and education to more than 680 individuals about OUD. • During the COVID-19 pandemic, the Bridge Clinics and the Mobile Bridge Clinic have extended their operational hours to provide health services and resources to clients. The Mobile Bridge Clinic engaged more than 4,000 people in 50 communities providing education and counseling for OUD/SUD, mental health, naloxone training, and referrals to the Bridge Clinics.
District of Columbia	<ul style="list-style-type: none"> • The District of Columbia distributed 17,067 units of naloxone between October 1, 2020 and December 31, 2020. • In partnership with four local providers, peer-operated centers were opened to serve individuals with an OUD and their families. Some of the centers focus on special populations such as LGBTQ individuals, individuals experiencing homelessness, immigrant populations, and individuals involved with the criminal justice system. Since September 2020, 11,339 individuals were served, and 729 group sessions led by a peer support worker were conducted. • The District of Columbia launched the ‘Text to Live’ program in July 2020 to promote the availability of naloxone. Clients simply text ‘LiveLongDC’ to 888-111, to receive a map to the nearest pharmacy or community site to access a free naloxone kit. Follow-up supportive text messages are sent to encourage the individual to seek treatment services. • The Specialized Street Outreach Teams continue to engage with individuals with an OUD. Teams have conducted 7,029 face-to-face outreach engagements with individuals experiencing homelessness, who have been referred to SOR-funded programs such as supported employment (57 individuals) and supported housing (146 individuals).

State/Territory	Key Accomplishments
Florida	<ul style="list-style-type: none"> • Twenty-nine additional Oxford Houses have opened, for a total of 43 houses (349 bed capacity). • Florida implemented 11 evidence-based prevention programs have been implemented, which has served 29,659 youth through individual-based and group programs. • Florida designed and disseminated media campaigns on the prevention of prescription opioid misuse. Since September 2020, the campaigns have reach approximately 4,455,233 individuals.
Georgia	<ul style="list-style-type: none"> • Georgia has connected their faith-based community with one of their “hubs” which makes the faith-based community part of the “spoke” in their “hub and spoke” model. A total of 27 faith leaders from many different faiths are involved. • Georgia has also increased the number of providers that can offer MAT services by 133%. The increase in funds has enabled Georgia to increase from 9 providers to 21. • Prevention events reached roughly 7,000 Georgians through pre-COVID-19 in-person events. Prevention events reached roughly 20,000 Georgians virtually after COVID-19 lockdowns.
Guam	<ul style="list-style-type: none"> • Guam provided MAT to 284 individuals, as well as recovery support services, such as peer support, housing services, employment services, transportation services, and social support groups. • Five providers attended an MAT Waiver Training and received Intensive Technical Assistance for MAT implementation, resulting in a newly waived physician for consumers of Guam’s MAT programs. • Fifty Guam Police Department Officers were provided Virtual Mental Health First Aid Training as well as training on the use of naloxone.
Hawaii	<ul style="list-style-type: none"> • Expanded access to Hawaii’s Community Addiction Resource Entry System (CARES) through implementation of telehealth projects to engage rural and hard to reach Native Hawaiian communities. • The state has an ongoing relationship with the Hawaii Health and Harm Reduction Center (HHHRC) to train and disseminate naloxone to a wide variety of organizations and communities including drug users, law enforcement, and first responders. In a 12-month period, 4,824 kits of naloxone were purchased, and 85 overdose reversals were reported. • In collaboration with Google, Hawaii mapped out drug take back boxes on each island.

State/Territory	Key Accomplishments
Idaho	<ul style="list-style-type: none"> • Idaho has implemented a re-entry program within the Pocatello Women’s Correctional Center. A case manager and recovery coach are housed within the Center to assist with re-entry planning for women with a history of opioid abuse. Some of the support services provided include connecting women with MAT providers, outpatient psychosocial services and community resources. Thirty-five women have received a comprehensive individualized reentry plan and immediate connection with a recovery coach. • Extensions for Community Health Outcomes (ECHO) Idaho conducted 11 sessions and provided 709 contact hours to providers on best practices for treating clients with perinatal substance use disorder. • Idaho partnered with the Walker Center to develop the HOPE (Helping Other People Engage in the Healing Process) Project, a 60-day residential treatment program. A social worker provides community resources and coordination of services during and after the completion of residential stay. Services provided to clients include trauma focus groups, dialectical behavior therapy, cognitive behavioral therapy for managing chronic pain, parenting groups, holistic stress management, re-engagement groups, continued relapse prevention groups, and self-help groups.
Illinois	<ul style="list-style-type: none"> • SOR grant funds are being used to support the Illinois Helpline for Opioids and Other Substances, a statewide 24-hour, 7-day/week, 365 day/year helpline for persons with OUD and other substance related issues. SOR supported helpline calls from September 30, 2019 to September 29, 2020 totaled 16,567. In addition, the helpline’s website received 150,896 visits by 119,325 unique individuals between September 30, 2019 and September 29, 2020. • Co-located hospital warm hand-off services work to establish a collaborative relationship with the clients, including personalized support for entering and adhering to treatment including evidence-based screening, referral to treatment, and providing ongoing recovery support services. During the period from September 30, 2019 through September 29, 2020, intake interviews for 1,648 clients served through this program were completed. • The Naloxone Now campaign addresses issues of stigma and acceptance of naloxone within the general population. As of September 30, 2020, the state reported an estimated 83.3 million campaign impressions, including through interior bus cards and bus shelters. Displays through gas stations and convenience stores statewide have an estimated 99.3 million views.

State/Territory	Key Accomplishments
Indiana	<ul style="list-style-type: none"> • Indiana is using SOR funds to establish seven Mobile Integrated Response Systems (MIRS). The MIRS include peer recovery coaches, DATA-waivered practitioners in local hospitals, and wrap around services for clients and their families. As of September 29, 2020, the state reported at least 2,200 individuals had received services from MIRS since June 2019, including access to MAT, housing assistance, transportation to treatment, job training, and peer recovery services. • The state is using SOR funds to provide support for room, board, and per diem for individuals in recovery residences across the state. All participating recovery residences must allow their residents to be on any FDA-approved MAT. As of September 29, 2020, 93 residents had received SOR funded services, and 22 received MAT. • The Indiana University Opioid Use Disorder Project ECHO (Extension for Community Healthcare Outcomes) held six sessions of the first responder track, averaging 50 participants, including mobile response clinicians, law enforcement, paramedics, nurses, peer recovery coaches, and pharmacists
Iowa	<ul style="list-style-type: none"> • Iowa Department of Public Health partnered with the Board of Pharmacy on a project allowing any Iowan to legally receive free naloxone from a participating local pharmacy. Prevention activities implemented have resulted in 275 naloxone kits distributed through the local pharmacy program and 127 naloxone kits distributed by SOR providers, for a total distribution of 402 kits. • Iowan SOR providers reported that 2,211 people received training on opioid-related topics through SOR-funded efforts at the community level. • Iowa planned to host a pre-conference focused on person-centered planning for MAT clients and other co-occurring conditions. However, due to COVID-19, the conference was postponed. Trainings were successfully transitioned to virtual venues over the summer and early fall months of 2020 in which the Approaches to Pain Management training logged 126 participants and the Person-Centered Planning included 84 participants in the Opioid/MAT track.

State/Territory	Key Accomplishments
Kansas	<ul style="list-style-type: none"> • Kansas has funded two providers, who are providing community recovery programming for clients transitioning from correctional facilities or other rehabilitation programs. • In Kansas, social media advertisements (September 16, 2020 through December 31, 2020) reached 59,520 people with 282,136 impressions and 14 daily TV advertisements reached 189,200 households (436,518 viewers). • From July 2020 through December 2020, Kansas distributed 1,393 naloxone kits and 771 individuals attended 25 training sessions.
Kentucky	<ul style="list-style-type: none"> • Nearly 130,000 youth participated in the Too Good for Drugs (TGFD), Sources of Strength (SOS), and the Positive Action curricula. These efforts have been coupled with environmental strategies to address stigma, and access to resources in order to sustain impact. • Six of the ten largest hospitals in Kentucky are engaged in OUD treatment by establishing a bridge clinic, outpatient treatment, or partnering with behavioral health or other community organizations to provide medical care and FDA-approved medications for OUD in 13 urban and rural areas across the state. • Six Recovery Community Centers (RCCs) have been established to provide centralized resources for community-based recovery supports. Each center has held community education events, including education about Casey’s Law (a law that allows parents, relatives and/or friends to petition the court for treatment on behalf of the substance abuse-impaired person), overdose prevention training, and naloxone distribution. Each has developed various support groups previously unavailable in their communities, such as Medication-Assisted Recovery Anonymous groups, traditional 12-step groups, LGBT in recovery support groups, Veteran’s groups, and SMART Recovery groups. The longest operating RCC, Voices of Hope, has served over 900 people at their center and through technology.

State/Territory	Key Accomplishments
Louisiana	<ul style="list-style-type: none"> • Due to Medicaid approving coverage for methadone treatment in Louisiana, the state expanded financial eligibility criteria for SOR services to include clients with higher incomes (201-300% of poverty level) but who are under insured and ineligible for Medicaid. • “Spoke” care teams successfully transitioned to telehealth on March 18, 2020, in response to the COVID-19 pandemic. The teams have continued to see current clients via telehealth and admitted new clients during this time. The average retention rate of these two quarters was 88%. • Eleven thousand seven hundred fifteen individuals were trained on opioid use, stigma, and MAT. In addition, 2,157 individuals participated in naloxone education and training events.
Maine	<ul style="list-style-type: none"> • One hundred eighty uninsured individuals in the county jail and 72 uninsured individuals reentering the community were provided MAT services. Of the total uninsured individuals, 237 clients received buprenorphine, one client received methadone, and five clients entered an intensive outpatient program. • Fourteen recovery residences in Maine provided safe and sober housing to 115 individuals. Of the 115 individuals, 48 have successfully transitioned to permanent stable housing. • Between October 2020 and January 2021, nine adult advisors and 28 students completed the Sources of Strength training in two schools.

State/Territory	Key Accomplishments
Maryland	<ul style="list-style-type: none"> • Throughout FY 20, Maryland SOR providers served a total of 46,949 individuals via 63,261 encounters. Peer support services were provided to 27,991 individuals, a total of 1,319 individuals were referred to an American Society of Addiction Medicine level of care, 457 individuals were referred to a recovery housing provider, and 713 individuals were referred to mental health services. • The “How to Administer Naloxone” campaign rolled out on multiple media platforms which created 22,619,220 impressions. The naloxone electronic toolkit was sent to businesses across the state along with a survey asking the business community what they knew about naloxone and a 45- minute webinar explaining where to get naloxone, how to use naloxone, and how to upload the toolkit onto business websites was conducted for over 30 representatives from the business community. • The Maryland Helpline campaign released two new PSAs in FY20. An emoji animated spot directed at younger audiences, as well as a PSA using Maryland specific footage, aired on multiple platforms creating 23,520,096 impressions.
Massachusetts	<ul style="list-style-type: none"> • In collaboration with 10 Syringe Services Programs and Harm Reduction agencies, Massachusetts engaged individuals who inject drugs by providing naloxone and opioid overdose rescue training. As of September 2020, 15,785 naloxone kits were distributed, and 1,204 overdose reversals were reported. • Massachusetts’s First Steps Together program continues to serve parents affected by OUD. The program has enhanced services and access to treatment and recovery support, and parenting capacities for 172 clients. • Massachusetts continues to expand the Moms Do Care program that serves pregnant and post-partum women with a history of OUD and stimulant use disorder. The program offers perinatal peer support healthcare, wrap-around treatment, recovery support and family services to approximately 250 clients.

State/Territory	Key Accomplishments
Michigan	<ul style="list-style-type: none"> • Peers placed in Federally Qualified Health Centers, urgent care facilities, and other outpatient settings made a total of 2,222 initial contacts with persons who have/are at-risk for OUD and 3,914 follow-up contacts with these same individuals. • The Massive Open Online Course (MOOC) launched in October 2019. The MOOC is aimed at educating non-prescribing medical professionals and social workers on opioid misuse prevention, intervention, treatment, and policies. As of March 31, 2020, 1,149 participants have started the MOOC. • Syringe Services Programs (SSPs) have seen 2,849 clients; referred 30 clients to SUD treatment; distributed 1,166 naloxone kits; and reversed 139 overdoses.
Micronesia	<ul style="list-style-type: none"> • Sustained collaboration with the State Hospital and private clinics on data collection to more accurately assess opioid use in the community. • Although Micronesia States shut down their borders due to COVID-19, project implementation was on-going within each State. Seven individuals received treatment and recovery support services. • Micronesia conducted 73 prevention activities engaging 4,831 individuals, aiming to reduce perceived acceptability of opioid use and other drug use among youth and the adult population. These activities included education and information dissemination in community-based settings.

State/Territory	Key Accomplishments
Minnesota	<ul style="list-style-type: none"> • From September 30, 2019 to September 29, 2020, health care providers purchased 41,764 naloxone kits and 17,699 kits were distributed. SOR sub-awardees provided 6,342 training sessions on naloxone. The training was provided to community members, treatment service providers, and other stakeholders across the state. • The state continues to integrate culturally appropriate approaches to meet the needs of populations of focus with MAT. This included the development of MAT and prevention education materials in English, Somali, and Swahili. Providers serving Minnesota’s American Indian tribal communities reported success integrating culturally appropriate prevention and treatment approaches for OUD. • Street outreach workers engaged unsheltered populations in encampments during the COVID-19 pandemic, while fully implementing CDC guidelines. Mobile healthcare services include: HIV testing, Hep A testing, vaccinations, buprenorphine medication, harm reduction supplies, connections to follow-up appointments with doctors, naloxone training, housing services, and treatment.
Mississippi	<ul style="list-style-type: none"> • Nineteen providers continued to provide MAT treatment services in 22 locations throughout the state with various innovative and creative treatment methods amid the COVID-19 pandemic. Some of the unique treatment options included bringing MAT individuals into residential services but residing separately until COVID-19 test results were received. • One of the regional community mental health centers hosted an “If You Love Me You Will Get Tested” health fair. In keeping with CDC COVID-19 requirements, appointments were available for HIV testing, blood pressure, glucose and STDs. During the appointment, staff reiterated how HIV is spread, discussing HIV and STD transmission. Forty community participants were provided this vital testing as well as resources as follow-up. • Twenty-seven different agencies or departments throughout the state received Naloxone Use Training from the Department of Mental Health in 2019/2020.

State/Territory	Key Accomplishments
Missouri	<ul style="list-style-type: none"> • Overdose Education and Naloxone Distribution (OEND) trainings were provided to more than 13,000 individuals including criminal justice staff and justice-involved persons, pharmacy management and frontline technicians, recovery housing providers, and recovery support group members. • In Missouri, the “Mo’ Heroes” Criminal Justice Program establishes OEND in criminal justice settings (primarily city, county jails, and treatment courts). SOR20 has continued the efforts of Opioid STR/SOR in which seven trainings were conducted, and 41 individuals were trained from October 2020 through January 2021. • The Boys & Girls Clubs of Missouri implemented a Bright Futures Missouri Program using the Positive Action Curriculum for children ages 5-14. The program was implemented in Missouri’s Boys and Girls Clubs statewide and focuses on reducing drug, alcohol, and tobacco use.
Montana	<ul style="list-style-type: none"> • The Montana Primary Care Association contract was amended, and they continued to deliver technical assistance to enhance quality of services, particularly telehealth services for both contracted providers and the larger health care system. Between October 1, 2020 and December 31, 2020, 11 events on Integrating Behavioral Health were attended by 202 individuals and three Clinical Consultation events were attended by 15 people. • MT Peer Network (MPN) continues to train individuals to become certified Peer Support Specialists and deliver trainings for continued education that meet certification requirements. Between October 2020 and December 2020, five PS101 trainings were attended by 51 individuals who wanted to become certified Peer Support Specialists. Another 18 individuals attended six webinars that focused on supporting recovery and skill building. Additionally, MPN held three one-on-one mentoring sessions to offer program and career development support to new Peers. • PAX Good Behavior Game, an evidence-based primary prevention strategy to reduce opioid and substance use among youth, was successfully modified to a parent focused approach for children learning from home during COVID-19.

State/Territory	Key Accomplishments
Nebraska	<ul style="list-style-type: none"> • In Nebraska, Department of Behavioral Health (DBH) partners with Department of Public Health (DPH) to make available training videos on specific Nebraska Pain Management Guidance Document chapters. The videos have had high participant views; the three videos have had 4,416 views from October 2019 through September 2020. • Nebraska DBH utilizes SOR funds to help train treatment providers and other stakeholders through the Project ECHO model which allows complex cases to be discussed by a widely knowledgeable team. Based on evaluation feedback, through the ECHO program, provider retention has improved, participants feel less isolated, and participants feel more confident. There have been 23 sessions with 521 attendees (204 unique individuals) from October 2019 through September 2020. • Nebraska’s SOR funds support three outreach workers to aid in connecting the OUD population with Oxford House recovery homes across the state, which also includes provider outreach and education. As a result, 989 individuals received such outreach from October 2019 through September 2020.
Nevada	<ul style="list-style-type: none"> • Nevada expanded access to Overdose Education and Naloxone Distribution (OEND) efforts by including three additional naloxone distribution sites. A total of 4,223 naloxone kits were distributed and 4,948 opioid overdose reversals were reported. • The state increased access to OUD treatment by expanding the number of grant-funded treatment providers. This resulted in over 3,800 individuals receiving treatment during a 12-month period, and showed positive outcomes associated with housing, employment/education, and social connection. • Nevada implemented a MAT Re-entry Court, which provides transitional housing, residential treatment, outpatient treatment, case coordination, and job development. In a 12-month period, 45 new individuals enrolled in the program and 15 individuals successfully graduated from the program.

State/Territory	Key Accomplishments
New Hampshire	<ul style="list-style-type: none"> • To date, the Doorways program has distributed 13,030 naloxone kits and reported 486 overdose reversals. • Six of the state’s Recovery Community Organizations have held 306 Parenting Journey in Recovery training sessions, 759 sessions of recovery coaching, and over 2,000 telephonic recovery support sessions. • New Hampshire implemented the “Hub and Spoke” model statewide. The “hubs” provided referral to services and supports, and physical and behavioral care for individuals with OUD via nine locations. As of December 2020, 5,003 clients were referred for treatment services and 2,173 clients received MAT services.
New Jersey	<ul style="list-style-type: none"> • New Jersey’s Opioid Reduction Options (ORO) initiative provides SOR grant funds to hospital Emergency Departments (EDs) to develop and implement programs to increase awareness and focus on non-opioid pain management strategies and reduce the use of opioids in EDs and the subsequent prescribing of opioids at ED discharge. Although the program targeted 10% reduction in prescriptions written, preliminary data suggests greater than a 50% reduction was achieved. • The Department of Human Services, Division of Mental Health and Addiction Services (DMHAS), Department of Corrections (DOC) and the Department of Health (DOH) have jointly initiated a program to expand the use of MAT for inmates with OUD in all but one of New Jersey county jails. SOR grant funds supported the MAT initiative in four of the county jails and 2,080 inmates received treatment services in a 12-month period. • New Jersey’s Support Teams for Addiction Recovery (STAR) program assists individuals with OUD on issues such as homelessness, incarceration, legal problems, employment, education, transportation, social services, healthcare, etc. STAR participants saw significant improvement in employment and school enrollment, which increased by 68.1%. There was also a 25% decrease in overdose rates three months post-enrollment.

State/Territory	Key Accomplishments
New Mexico	<ul style="list-style-type: none"> • PAX Good Behavior Game project team continued technical assistance and support to the PAX programs consisting of 12 school districts and 15 Tribal communities, as well as recruiting additional districts and communities. A total of 699 teachers (290 in indigenous communities and 409 in public school districts) were trained from October 1, 2019 through September 29, 2020 and 14,755 students (6,220 in indigenous communities and 8,535 in public school districts) were reached. • The Dose of Reality media and social media campaigns continue. The Dose of Reality website saw a total of 60,745 unique visitors from September 1, 2019 through September 29, 2020. • The Santa Fe County Fire Department continued to operate its overdose survivor follow-up project. The project provided outreach attempts to 136 clients, families, and other individuals; 52 naloxone trainings/distributions activities; and provided training to all volunteer and paid fire personnel. The fire department also worked with county officials to secure ongoing county funds for sustainability beyond the SOR grant.

State/Territory	Key Accomplishments
New York	<ul style="list-style-type: none"> • PAX Good Behavior Game is an evidenced-based practice that teaches children the self-regulation skills they need to build resilience and help avoid engagement in substance use later in life. This program has been implemented in 50 schools in 540 classrooms and has reached an estimated 10,890 students in Pre-K through 6th grade. • New York partnered five Federally Qualified Health Centers (FQHCs) with outpatient treatment providers to create bi-directional referrals to care. By introducing telehealth options as part of this partnership, clients can choose to manage their OUD medication through the FQHC while receiving behavioral health treatment with outpatient treatment programming. Two thousand five hundred eighty four individuals received MAT services through the FQHC project in a 12-month period. • Through the partnership between the Department of Corrections and Community Supervision (DOCCS) and New York SOR-funded treatment programs, 1,658 individuals in DOCCS custody were able to continue receiving MAT while incarcerated to support treatment and recovery. • Sixteen Recovery Centers were supported throughout the state providing recovery services to over 38,376 unique individuals and sponsored 661 outreach events in a 12-month period.

State/Territory	Key Accomplishments
North Carolina	<ul style="list-style-type: none"> • Two detention centers in the western part of the state allow for the continuation of MAT upon entrance to the facilities with one also providing warm hand-offs to community service organizations upon an individual’s release. Over 170 individuals have been able to continue MAT and 120 have been referred to community service organizations. • As of December 1, 2020, there were 3,816 certified peer support specialists in the state. This commitment has enabled peer support specialists (PSS) to assume leadership roles in SOR funded programs. For example, a MAT/Detention program in the western part of the state is led by a certified peer specialist who does assessments with individuals identified by medical staff as possibly having an opioid use disorder (OUD). • The Eastern Band of the Cherokee Indians (EBCI), Cherokee Indian Hospital Authority & Public Health and Human Services, are using SOR funds to implement the Beauty for Ashes (BFA) program and develop an integrated pain management program for those with OUD. Like many communities across North Carolina and the United States , EBCI has experienced a significant impact from COVID-19. Despite this, EBCI has been able to adapt and find alternative ways to deliver upon their SOR outcomes. Forty one individuals have participated in the BFA program and an additional 21 individuals received the Advanced Leader Education Training for BFA. Unable to secure the biofeedback training, staff adjusted and completed the neurofeedback training. The EBCI has also prioritized the purchase of naloxone and the establishment of additional safe syringe disposal sites.
North Dakota	<ul style="list-style-type: none"> • In North Dakota, various advertising campaigns were conducted across the state with the goal of educating the public which resulted in 121,837 people being reached via web/online and 1,752,742 people reached via radio/television. • Local community grantees have set up different systems of transporting individuals to treatment and recovery services to reduce the barrier of rural communities not offering treatment and recovery services for individuals with an OUD and/or stimulant use disorder. • The state is continuing to distribute naloxone to high-risk populations. From October 2020 through December 2020, 569 naloxone kits were distributed by first responders, behavioral health treatment providers, correctional agencies, community organizations and other individuals of the community.

State/Territory	Key Accomplishments
Northern Marianas (CNMI)	<ul style="list-style-type: none"> • The CNMI SOR Recovery Clinic continued to provide services to clients via virtual platforms during COVID-19. Eighty six clients received treatment services and 132 clients received recovery support services. • The CNMI SOR Recovery Clinic participated in a recovery-oriented Volleyball Tournament. Participants included Drug Courts, Marianas Behavioral Health International (MBHI), HOPE Recovery Center, and other Recovery Community Members. An estimated 40 individuals participated in the recovery event. • CNMI’s Prevention Services Unit participated in the Day of Unity event hosted by the Northern Marianas Coalition Against Domestic & Sexual Violence. This event promoted and created awareness on the Prevention Program by educating 300+ individuals on the dangers of underage drinking and the misuse and abuse of prescription drugs.

State/Territory	Key Accomplishments
Ohio	<ul style="list-style-type: none"> <li data-bbox="621 191 1432 667">• The Maternal Opioid Management Supports (MOMs) projects provide access to safe housing, MAT, physician and behavioral health care, employment and educational services, and clinically needed supplies for pregnant and post-partum women with opioid use disorder. Outcome data suggests an overall reduction in the days of use of substances and a greater percentage of clients housed from intake to 6-month follow-up. Additional outcomes include infants with healthy birth weights, no or shorter stays in the neonatal intensive care units, fewer infants born with Neonatal Abstinence Syndrome, fewer infants with feeding and respiratory issues, and many mothers in recovery at the time of birth. <li data-bbox="621 667 1432 1066">• The Take Charge Ohio campaign seeks to reach persons throughout Ohio with a message to prevent misuse of prescription opiates and highlight pathways to additional resources for prevention, treatment and recovery supports. The intended audience is African-American males in Cincinnati, Cleveland, Columbus, Dayton, Lima, Youngstown, and Toledo. The campaign achieved 2.9 million impressions within the intended audience. Broad engagement success includes over 28 million impressions across all markets including television ads, streaming radio, and video streaming pre-roll advertisements. <li data-bbox="621 1066 1432 1400">• The Ohio SOR Project provides additional training for behavioral health treatment providers, including training on the American Society of Addiction Medicine criteria. In 2020, the trainings moved to a virtual platform to align with the local social distancing guidelines. Despite these challenges, the trainings were successful in reaching 743 providers with broad professional backgrounds including Chemical Dependency Counselors, Nurses, Social Workers, and Medical Doctors.

State/Territory	Key Accomplishments
Oklahoma	<ul style="list-style-type: none"> • Oklahoma is using SOR funds to implement the PAX Good Behavior Game. Preliminary implementation measures demonstrated: 20 total trainings were conducted; 361 total trainees; and 113 on-site technical assistance hours delivered – (COVID-19 restricted on-site technical assistance in Spring 2020); and 24 live remote technical assistance hours delivered (COVID-19 adaptation). • Community-Based Prevention Outreach Services included: 2,327 individuals received training services; 76,189 people received referral to overdose education and naloxone distribution services; and 18,998 individuals received referral to treatment services. • The state is organizing the second Opioid and Stimulant Learning Collaborative. This year’s Learning Collaborative will evaluate the state and Tribal Opioid Response grantees using last year’s report. Findings will be used to develop a phase two process to address newly identified needs.
Oregon	<ul style="list-style-type: none"> • Through the expansion of the Reverse Overdose Oregon (ROO) campaign, Oregon employers were provided the tools to train their employees on how to use naloxone as part of workplace safety. The ROO campaign has netted over 2,428,181 media impressions, which has led to nearly 8,000 naloxone kits distributed to local employers statewide. • Oregon’s Recovery High School served 56 adolescents in recovery from opioid and other substance use disorders. The school provides education sessions and community resources for recovery with their family, along with a rich academic program that meets the diverse needs of the students, while completing the state graduation requirements. Thus far, five students graduated in the 2019-2020 school year, who have moved onto postsecondary plans. • As of February 2021, more than 25,000 health professionals completed the online Oregon Pain Management Commission (OPMC) professional course, “Changing the Conversation about Pain”.

State/Territory	Key Accomplishments
<p>Palau</p> <p><i>*Note: Palau only applied for and received a SOR grant in FY 2018 which expired on 09/29/2020.</i></p>	<ul style="list-style-type: none"> • Palau expanded implementation of the “Protecting You, Protecting Me” program to include opioid and other drugs at the school level to increase youth refusal skills. The program is for 4th to 6th grade students in all public schools in Palau. Core Measures Survey shows a significant decrease in the use of prescription drugs not prescribed to them among youth ages 9-11 and 12-17. • The Ministry of Health established a monitoring system for opioid prescribers. This has resulted in capacity to monitor for high traffic prescribers and frequent users. There is now a limit to the number of opioids being prescribed per client per month.
<p>Pennsylvania</p>	<ul style="list-style-type: none"> • In Pennsylvania, nine organizations supporting pregnant and postpartum women with OUD served 500 mother and baby dyads in the first year of this project. Linkage to evidence-based substance use disorder (SUD) treatment, specialty medical and behavioral healthcare, and case management services related to employment, childcare, and transportation continue to be the main tenants of this initiative. • Thirteen organizations capable of delivering Employment Support Services to individuals in recovery from OUD were funded. Projects partnered with at least one employer committed to supporting and employing individuals in recovery from opioid use. 122 individuals have been served, and 245 employers have been recruited during this project. • The Pennsylvania Department of Drug and Alcohol Program has been providing access to on-demand Contingency Management training to attendees of the Matrix Model training. The Contingency Management on-demand/self-paced course is being provided by the Arena Training Institute for Evidence-Based Programs, who specialize in Contingency Management. As of September 2020, 81 clinicians have successfully completed the course.
<p>Puerto Rico</p> <p><i>*Note: Puerto Rico did not receive a SOR grant in FY 2018. Their SOR20 grant began on 09/30/2020.</i></p>	<ul style="list-style-type: none"> • Puerto Rico provided 9,632 naloxone kits to 12 community-based organizations to distribute island-wide in December 2020. Kits were distributed to persons who use drugs, their families, and first responders. • SOR treatment providers have received trainings on stigma and the neurobiology of addiction. • To increase access to treatment for OUD, Puerto Rico is in the process of opening three new Opioid Treatment Programs (OTPs).

State/Territory	Key Accomplishments
Rhode Island	<ul style="list-style-type: none"> • In collaboration with fire and police stations, five Community Mental Health Centers (CMHCs) provided mobile clinical assessment services, and outreach services to 363 individuals seeking treatment for substance use issues. • Rhode Island’s 24/7 Triage Center has conducted 1,967 face-to-face assessment and responded to 8,799 calls for individuals experiencing behavioral health crisis. Intakes have led to referrals to private mental health providers, community mental health centers, treatment services, residential treatment, and recovery housing. • One hundred fifty individuals were placed into recovery housing. Beds were made available for individuals stepping down from residential treatment, released directly from the emergency department or prison, and individuals with a history of opioids and/or stimulant misuse.
South Carolina	<ul style="list-style-type: none"> • In partnership with the Medical University of South Carolina, South Carolina implemented Project ECHO, a tele-mentoring and educational platform to provide education on evidence-based treatment, resources, networking, and case-based mentoring about opioid misuse and use disorders. This includes didactic and case presentations on a variety of topics, such as medication induction, peer-recovery initiatives, post-incarceration interventions, emergency department-based treatment, and addiction telehealth expansion. In FY 20, there were 21 sessions with 633 participants. • In FY 20, Dorchester County implemented four cycles of Strengthening Families Program (SFP). Although the COVID-19 crisis had an impact on the final few sessions of the second cycle of implementation, the county was able to complete the cycle through virtual interaction. Cycles completed in the summer of 2020 were also taught using a virtual format. The program reached a total of 86 people during the four cycles. • In collaboration with the Department of Corrections, South Carolina continues to provide inmates with resources to support their recovery efforts (i.e., the use of injectable naltrexone in combination with substance use counseling). To date, South Carolina has provided injectable naltrexone to 66 inmates, who have been transitioned back into the community. In addition, Peer Support Specialists maintained contact with the inmates for up to 90 days from the date of release to ensure that each inmate was connected with a local treatment provider.

State/Territory	Key Accomplishments
South Dakota	<ul style="list-style-type: none"> • In partnership with the South Dakota Dental Association, 60 dental professionals participated in training on Chemical Dependence and Prescription Writing in 2020. • South Dakota created a resource guide, “Supporting Your Loved One with a Substance Use Disorder,” targeted to family members or close contacts to those impacted by addiction. • There was a statewide standing order issued allowing all pharmacies to dispense naloxone to anyone at-risk of an opioid-related overdose or those in a position to assist someone at-risk (e.g., family members, friends or close third party). Individuals can access naloxone at participating pharmacies statewide with funding assistance available. • In order to develop a better understanding of Native American specific substance abuse services available across the region, the Great Plains Tribal Leader’s Health Board conducted a survey of tribal specific treatment programs from June 2019 through January 2020. The survey was sent to all tribal behavioral health programs across South Dakota.
Tennessee	<ul style="list-style-type: none"> • During FY 2020, Regional Overdose Prevention Specialists (ROPS) trained more than 28,000 individuals on Opioid Use Disorder and Harm Reduction Strategies. • Regional Overdose Prevention Specialists have worked to disseminate a new module of the TN Recover App. The TN Recover App allows individuals in Tennessee to text SAVE to 30678 and receive information on naloxone, training, and other coalition resources. • In FY 2020, Tennessee saw increases in outcomes for GPRA measures in the following categories compared to FY 2019: abstinence (40.1% to 80.9%), crime and criminal justice (2.4% to 2.7%), health/behavioral/social consequences (33.8% to 59.6%), and social connectedness (2.3% to 3.8%)

State/Territory	Key Accomplishments
Texas	<ul style="list-style-type: none"> • The Integrated Emergency Medical Services Referral Program launched the Houston Emergency Response Opioid Engagement System (HEROES) Helpline in March 2020. The helpline provides Emergency Medical Services staff with opioid use disorder access to referral services for MAT and recovery support programs, creating a pathway to recovery for first responders. • Recovery programs continued to support persons who use opioids through peer recovery coaching, employment services, and workforce development. At least 341 admissions to MAT were attributed, in whole or in part, to a recovery coach. • Texas continues to expand prevention programs including: 2,955 persons trained to prevent overdose death using naloxone; 4,172 health professionals trained on safe prescribing practices and meaningful use of the Prescription Monitoring Program; 103,975 single use drug disposal pouches distributed to community members; and over 154,073 two-dose units of naloxone distributed to persons across Texas.
Utah	<ul style="list-style-type: none"> • In partnership with Syringe Services Programs (SSPs), Utah referred 5,406 individuals to treatment and distributed 5,450 units of educational materials. • Utah created coalitions to increase drug take-back participation. Through this effort, 23,706 individuals were engaged at the take-back events, resulting in 882,919 pounds of medication collected through drop boxes. • Through the implementation of the Community Reinforcement and Family Training (CRAFT) groups, 1,539 individuals were taught effective strategies for helping loved ones with behavior modification by changing the way the family interacts with the individual.

State/Territory	Key Accomplishments
Vermont	<ul style="list-style-type: none"> • In partnership with the Lamoille County Sheriff's Department (LCSD), Vermont's Drug Disposal Program has collected 6,217 pounds of medication in FY 2020. The grantee's drug disposal kiosks accounted for 3,668 pounds of medication collected. • Vermont's Specialty Recovery Coaching program has trained and educated recovery coaches who serve specialty populations such as elders, adolescents/youth, and individuals seeking to re-enter the workforce. In FY 2020, nine specialty recovery groups took place with 23 clients who identify as Deaf/Hard of Hearing, eight LGBTQ led groups took place with 36 LGBTQ clients, and seven Black/Indigenous/People of Color led groups took place with 33 participants. • The Vermont Helplink (Substance Use Disorder Centralized Intake and Resource Center) has provided individuals a single point of contact for seeking information, resources, and support for SUD and OUD treatment services. As of December 2020, Vermont Helplink had received 103 calls, 2,784 website visits, and 71 direct searches.
Virginia	<ul style="list-style-type: none"> • In Virginia, more than 7,000 individuals participated in Drug Take Back events and permanent drug drop boxes were available to over 900,000 individuals in seven Community Service Board catchment areas. • In FY 2020, sub-grantees trained 3,115 community members in REVIVE!, Virginia's opioid overdose and naloxone training, which was nearly three times the number trained in FY 2019. • Peer Recovery Specialists placed in seven Virginia Department of Health (VDH) sites provided support to innovative programs in a wide range of settings and systems, including police departments, recovery/drug courts, jails and prisons, hospitals, and harm reduction centers. VDH peers provided more than 2,500 peer support services, including individual support, community outreach, warmline support, and support in emergency department and justice settings.
Virgin Islands	<ul style="list-style-type: none"> • USVI has distributed 118 naloxone kits and conducted overdose education and training to first responders, recovery providers, veterans, behavioral health staff, and methadone clients. • USVI provided methadone treatment to 22 individuals and provided five referrals for residential treatment. • Virtual outreach was conducted in December 2020 for two high schools by providing educational prevention presentations and activities.

State/Territory	Key Accomplishments
Washington	<ul style="list-style-type: none"> • In partnership with the Seattle Indian Health Board, Washington State provided low barrier MAT to urban American Indian and Alaskan Native individuals who are experiencing homelessness with OUD. Fifty-four percent of the clients received medical and behavioral health services within 24-hours and flexible dosing/prescribing for 30 to 60 days. • Through the ‘Hub and Spoke’ model, Washington expanded statewide access to MAT, behavioral health treatment and/or primary healthcare services, wraparound services, and referrals. As of September 2020, 1,139 unique individuals were inducted onto MAT. Of those individuals, 244 clients received methadone, 825 received buprenorphine, and 70 received injectable naltrexone. • In collaboration with the Office of the Superintendent of Public Instruction (OSPI), 717 school-based prevention-intervention activities using Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) were implemented in Washington State. Through Project SUCCESS universal activities, 53,244 people were served.
West Virginia	<ul style="list-style-type: none"> • To actively eliminate transportation barriers, West Virginia partnered with West Virginia Public Transit Authority to serve all 55 counties with a shared ride system and modified routes for rural areas not served on a bus route. For the funding period of September 30, 2019 through September 29, 2020, West Virginia Public Transit Authority provided a total of 14,274 rides, totaling 432,185 miles and 13,114 hours. • West Virginia funded Quick Response Teams (QRT), composed of first responders, substance use treatment/recovery providers, law enforcement, and/or faith-based organizations, to identify individuals who have overdosed and promptly engage them in treatment. A total of 992 referrals were received by the QRTs between September 30, 2019 through September 29, 2020. • Through a Harm Reduction Bureau for Public Health collaborative, from September 30, 2019 through September 29, 2020, a total of 6,786 harm reduction visits were provided, 1,009 HIV and 694 HCV tests were conducted, and 252 referrals to SUD treatment were made.

State/Territory	Key Accomplishments
Wisconsin	<ul style="list-style-type: none"> <li data-bbox="621 191 1432 558">• The ED2 recovery project continues to see peer specialists and recovery coaches working in collaboration with hospitals across the state providing referrals, support, and follow-up for treatment and recovery to individuals who have experienced an opioid overdose. The state reported 952 recoverees received initial contact from an ED2 Recovery peer support provider. In addition, 31 hospitals accessed peer support services across 15 counties and 114 peer support providers were employed by 12 partner organizations. <li data-bbox="621 558 1432 884">• The ED2 Recovery Project partnered with the Wisconsin Addiction Recovery Helpline to create warm handoffs to peer services. The state reported 36 callers were transferred to the Recovery Coach Warm Line and 14 callers were warm transferred elsewhere for a total of 50 warm transfers for the period of August 1, 2020 through September 29, 2020. Overall, the helpline received 1,532 opioid related calls; 820 of those calls were related to heroin and 712 were for other opioids. <li data-bbox="621 884 1432 1144">• The number of agencies (e.g., local public health departments, tribal health clinics, and syringe access programs) participating in the Narcan Direct Program increased from 72 to 100. The state highlighted this area of critical importance due to the increasing number of individuals experiencing an overdose as a result of the pandemic and associated behavioral health stress.

State/Territory	Key Accomplishments
Wyoming	<ul style="list-style-type: none"> • Ten regionally located Community Treatment Providers are currently funded under SOR to increase access and availability of treatment for people with OUD. This has led to improved treatment outcomes, expanded clinic hours, increased access to medication-assisted treatment (MAT), and additional supports such as housing assistance that allow clients to maintain their recovery. • Eight of the ten SOR Community Treatment Providers were also funded to address stimulant use in their geographic catchment areas. • The Eastern Shoshone Tribe is continuing efforts with the University of Wisconsin-Madison to adopt a recovery application, A-CHESS Recovery Application, for American Indians and Alaskan Natives (AI/AN). The new application, called Path to Wellness, is the first evidence-based application designed for the AI/AN population and allows individuals struggling with addiction (including OUD and stimulants) to find social supports, connect with resources, and participate in culturally-appropriate activities. It also documents risky behaviors and periods of abstinence. Previous usage data shows that nine people used the application extensively, and all users found the application helpful in supporting recovery.