

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

2023 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

**Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment**

Substance Abuse and Mental Health Services Administration

Miriam E. Delphin-Rittmon, Ph.D.

Assistant Secretary for Mental Health and Substance Use

Center for Substance Abuse Treatment

Yngvild Olsen, MD, MPH

Director

Center for Substance Abuse Treatment

C. Danielle Johnson Byrd, MPH

Director, Division of State and Community Systems

Center for Substance Abuse Treatment

Talisha Searcy, MPA, MA

Director, Office of Performance Analysis and Management

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Executive Summary

The Substance Abuse and Mental Health Services Administration (SAMHSA) awards State Opioid Response (SOR) grants to states, territories, and the District of Columbia to address the growing overdose crisis. Initially awarded in fiscal year (FY) 2018, these grants aim to increase access to medications for opioid use disorder (MOUD), reduce unmet treatment need, and reduce opioid-related overdose deaths through the provision of prevention, harm reduction, 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 involving cocaine and methamphetamine. This expansion of allowable services continued in FY 2023.

States, territories, and the District of Columbia have used SOR funds to implement evidence-based practices (EBPs) using several effective and innovative approaches. These approaches have resulted in positive outcomes such as improved access to MOUD via in-person encounters, through mobile clinics, and/or telehealth; an increased number of peer-certified specialists and supervisors; improved transitions for clients reentering communities from criminal justice settings; increased client engagement, satisfaction, and retention in treatment; and increased access to naloxone for high-risk individuals in the community through outreach and educational events, vending machines, and technology-based applications (e.g., web-based applications to locate naloxone).

To document these and other outcomes, grantees are required to collect and submit client level and administrative data annually. Analysis of these data demonstrate the positive impact SOR grant funds have on individual lives and community access to different interventions. Positive client outcomes include an increase in social connectedness, employment, and housing stability; decreases in use of alcohol or illicit drugs; and decreases in reported mental health symptoms (such as depression or anxiety). Individuals and communities have benefitted significantly from SOR-funded purchase and distribution of naloxone and fentanyl test strips.

SOR funding has increased the amount and availability of the full spectrum of prevention, harm reduction, treatment, and recovery support services in communities across the United States and its territories to address the complex and multifaceted clinical and psychosocial needs of people with opioid use disorder (OUD) and stimulant use disorder. SOR funding has also increased access to and retention in OUD treatment services, provided support for long-term recovery, and enhanced and implemented preventive services, which have been instrumental in addressing the opioid and overdose crisis.

While these outcomes show a slower rate of positive change among ethnic and racial minorities, SAMHSA has undertaken several efforts to address these disparities. For example, in FY 2022, SAMHSA required applicants to develop and submit a strategic plan to address the needs of their respective historically under-resourced populations to promote behavioral health equity. Additionally, SAMHSA continues to promote best practices to reach diverse communities through ongoing education, technical assistance, and training efforts.

SAMHSA will continue to require the use of these lifesaving services in the SOR program to provide resources and increase client engagement – particularly in historically under-resourced communities – and to reduce health disparities.

Congressional Request

In the [FY 2023 joint explanatory statement](#) accompanying the Consolidated Appropriations Act, 2023 (P.L. 117-328), Congress directed SAMHSA to “conduct a yearly evaluation of the [State Opioid Response grant] program to be transmitted to the Committees no later than 180 days after enactment of this Act and make such an evaluation publicly available on SAMHSA's website.” SAMHSA is therefore submitting this report on the SOR grant program. This report includes data collected from SOR grantees across time periods in FYs 2021, 2022, and 2023.

Introduction

The purpose of the SOR program is to address the overdose crisis by providing resources to states and territories for increasing access to the three Food and Drug Administration (FDA)-approved forms of MOUD and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and other concurrent substance use disorders. The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine. The SOR program aims to help reduce unmet treatment needs and opioid-related overdose deaths across the United States.

SOR grants are awarded based on a formula that accounts for overdose death rates and treatment need. For the years and cohorts included in this report, the program also included a 15 percent set-aside for the 10 states¹ with the highest mortality rate for drug-related overdose deaths.² In FY 2022, 58 SOR grantees were awarded a total of \$1,439,500,000 in grant funding. Between FY 2018 and FY 2023, SOR was structured as a two-year program.

The SOR program is the successor to the State Targeted Response to the Opioid Crisis grant program, which was authorized in section 1003 of the 21st Century Cures Act [Public Law 114-255]. SOR was established and first funded through the Consolidated Appropriations Act, 2018 (P.L. 115-141) and received funding each year through annual appropriations bills. SOR awards and activities referenced in this report are those that were authorized under the Consolidated Appropriations Act, 2023, Division H, Title II [Public Law 117-328] and the amended section 1003 of the 21st Century Cures Act (42 USC 290ee-3a).³

The program is administered by SAMHSA’s Center for Substance Abuse Treatment (CSAT).

Methods

¹ 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.

² SAMHSA has revised the formula for FY 2024, but data was collected and used for this report when the original formula devised for the program was in place. The original formula was based on two elements weighted equally: the state's proportion of people who meet criteria for dependence or abuse of heroin or pain relievers (based on Diagnostic and Statistical Manual Version IV criteria) who have not received any treatment (NSDUH 2017-2018) and the state's proportion of drug poisoning deaths (CDC, 2018). 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.

³ SOR grantee activities discussed in this report were conducted prior to the enactment of the Further Consolidated Appropriations Act, 2024 (Public Law 118-47). The statutory requirements referenced here were current at the time the data was gathered and the report was developed.

This report describes SOR program implementation with respect to evidence-based practices (EBPs) used, as well as services delivered across different time periods between May 1, 2022, to March 31, 2023. Grantees report information to SAMHSA via a variety of sources including SAMHSA's Performance Accountability and Reporting System (SPARS), through semi-annual performance progress reports (PPRs), and through routine program monitoring with assigned Government Project Officers (GPOs).

This report highlights SOR program performance, including impacts on client outcomes. SAMHSA requires grantees that provide direct treatment and/or recovery support services to submit data using a robust data collection tool designed to collect information on client outcomes, demographic characteristics, services received, substance use behaviors, employment status, housing stability, reduction of criminal justice involvement, and social connectedness.⁴ These data are based on elements expected to be collected during any standard assessment of substance use disorder (SUD) treatment and/or recovery needs.

These data are reported in SPARS to ensure that SAMHSA meet compliance requirements under the Government Performance and Results Act (GPRA). SPARS is an online data entry, reporting, technical assistance request, and training system that supports 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. SOR grantees enter data into SPARS on a rolling basis.

This report uses data collected from SOR grantees during three separate time periods: 1) SPARS client data collected between May 1, 2022, and January 20, 2023, that comprises information from 57 FY 2020 grants, 47 FY 2020 grants in no-cost extensions (NCEs), and 58 FY 2022 grants; 2) SPARS program data collected between April 1, 2022, and March 31, 2023; and 3) data from grantees' PPRs for the reporting period between September 30, 2021, and September 29, 2022.⁵

Methods used for this report include descriptive statistics (e.g., frequencies, percentages, and rate of change) that were available in SPARS at the time of analyses. Additionally, analyses of SOR data were conducted including McNemar Test and paired-samples t-tests as appropriate using IBM Statistical Package for the Social Sciences (SPSS) Statistics 28.0.1.1 for Windows.

Evidence-Based Practices (EBPs)

SOR grantees implement coordinated SUD prevention, harm reduction, treatment, and recovery support efforts to address the opioid and stimulant overdose and addiction crisis. To meet this goal, grantees implement EBPs. EBPs are interventions that are guided by the best research evidence with practice-based expertise, cultural competence, and the values of the persons receiving the services, that promote individual-level or population-level outcomes. EBPs commonly implemented by SOR grantees include: MOUD, Peer Recovery Support Services, Overdose Education and Naloxone Distribution (OEND), Motivational Interviewing (MI), Contingency Management (CM), Harm Reduction, and Cognitive Behavioral Therapy (CBT).

MOUD – comprising methadone, buprenorphine products, and injectable extended-release naltrexone – is the standard of care for the treatment of OUD. All grantees are required to make MOUD available to

⁴ For more information on the SAMHSA CSAT Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs, refer to: <https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra>

⁵ For information regarding the limitations of the analysis of the data included in this report see the Limitations Section.

any individual with an OUD served by the SOR program. These medications are often provided in combination with evidence-based psychosocial services based on individualized assessments. Individuals with OUD primarily access MOUD through opioid treatment programs (OTPs) and office-based opioid treatment (OBOT) settings, which can include specialty behavioral health treatment programs or primary care.

OTPs are accredited treatment programs that hold SAMHSA certification and Drug Enforcement Administration (DEA) registration to administer and dispense MOUD. OTPs must have the ability to provide adequate medical, counseling, vocational, educational, mental health and other assessment and treatment services either on-site or by referral to an outside agency or practitioner through a formal agreement. In December 2022, SAMHSA issued a [notice of proposed rulemaking](#) (NPRN) to modify certain provisions of 42 CFR part 8 to update OTP accreditation and certification standards, treatment standards for the provision of medications for opioid use disorder (MOUD) as dispensed by OTPs, and requirements for individual practitioners eligible to dispense (including by prescribing) certain types of MOUD with a waiver under [21 U.S.C. 823\(g\)\(2\)](#). The proposed updates to 42 CFR part 8 were developed to promote practitioner autonomy; remove stigmatizing or outdated language; create a patient-centered perspective; and reduce barriers to receiving care.

On July 28, 2021, the DEA published a final rule that permits DEA registrants who are authorized to dispense methadone for OUD to add a “mobile component” to their existing registration. This final rule eliminated the separate registration requirement for OTP mobile medication units.⁶ This was an important step, as it streamlined the DEA registration process, making it easier for OTPs to meet people where they are and provide needed services in remote or under-resourced areas.

OBOT models provide MOUD in outpatient settings other than OTPs. The OBOT model of care uses buprenorphine or injectable extended-release naltrexone, and providers focus on medication management and treatment of other substance use, mental health disorders, medical comorbidities, and psychosocial needs.

Peer Recovery Support Services are services provided by peer support workers which may include emotional (e.g., mentoring), informational (e.g., parenting class), instrumental (e.g., accessing community services), and affiliational (e.g., social events) support. A peer recovery support specialist (PRSS) or peer support workers are people who have been successful in the recovery process who help others experiencing similar situations.

OEND entails activities that aim to increase awareness about the use of naloxone and to 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.

MI is an evidence-based clinical technique for addressing behavior change. An essential element in motivational SUD interventions is helping people who misuse substances to raise awareness of their values and hopes for a healthy life.⁷ Using strategic conversational approaches can increase clients’ internal motivations to take actions toward wellness.

⁶ For more information, refer to: [DEA Finalizes Measures to Expand Medication-Assisted Treatment](#)

⁷ Substance Abuse and Mental Health Services Administration. (2021). Using Motivational Interviewing in Substance Use Disorder Treatment. Advisory.

CM is a behavioral intervention grounded in operant conditioning theory, which asserts that individual behaviors can be shaped by external reinforcement schedules.⁸ Operant conditioning explains how people learn new behaviors, and CM reinforces positive behaviors with the opportunity to obtain a desired motivational incentive.

Harm Reduction is a practical and transformative approach that incorporates public health strategies, including prevention, risk reduction, and health promotion, to help people who use drugs live healthy and purpose-filled lives. Harm reduction emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission; improve physical, mental, and social well-being; and offer low barrier options for accessing health care services, including substance use and mental health disorder treatment. Evidence-based harm reduction interventions, such as fentanyl test strip distribution and testing and referral to treatment for HIV and viral hepatitis, are critical to keeping people who use drugs alive and as healthy as possible and are a key pillar in the multifaceted U.S. Department of Health and Human Services' (HHS) Overdose Prevention Strategy.⁹

CBT is a form of psychological treatment that has been demonstrated to be effective for a range of problems, including alcohol and drug use and other co-occurring disorders.¹⁰ CBT helps individuals learn to identify and correct problematic behaviors by applying a range of different skills that can be used to reduce and cease substance use. This EBP assists individuals with understanding patterns of their substance use, managing drug cravings, recognizing and changing thoughts associated with substance use, increasing problem-solving and decision-making skills, and using alternative coping mechanisms to reduce risk of return to drug use.

Highlights of How SOR Grantees Implement EBPs

Using SOR funds, states, territories, and the District of Columbia have implemented the above EBPs with several effective and innovative approaches (see Appendix I for grantee examples).

MOUD Implementation

SOR funds have increased access to MOUD in a variety of settings. Common grantee approaches include implementing rapid access to MOUD treatment in settings including but not limited to emergency departments (EDs), mobile medication units, and criminal justice settings. Expanding and enhancing capacity for telehealth has also resulted in increased access to MOUD, particularly in rural and other hard to reach areas.

Additional approaches to MOUD expansion include a focus on increasing access for special populations, such as individuals involved in the criminal justice system, the lesbian, gay, bisexual,

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA): Treating Concurrent Substance Use Among Adults. SAMHSA Publication No. PEP21-06-02-002. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021.

⁹ For more information on the U.S. Department of Health and Human Services' Overdose Prevention Strategy, refer to: <https://www.hhs.gov/overdose-prevention/>.

¹⁰ Center for Substance Abuse Treatment. Brief Interventions and Brief Therapies for Substance Abuse. Treatment Improvement Protocol (TIP) Series, No. 34. HHS Publication No. (SMA) 12- 3952. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999.

transgender, queer and/or questioning, intersex, and other (LGBTQI+) community, individuals experiencing homelessness, pregnant and postpartum women, veterans, and service members. Reported outcomes from states, territories, and the District of Columbia include:

- Improved access to MOUD via in-person visits, mobile clinics, and/or telehealth;
- Increased number of practitioners trained to prescribe buprenorphine in states, territories, and the District of Columbia¹¹;
- Enhanced access to intake, assessment, and medication initiation by expanding hours of service providers;
- Strengthened coordination efforts with various state and local agencies including medical centers, transit systems, Justice Departments, Departments of Corrections, Departments of Family and Children Services, Federally Qualified Health Centers (FQHCs), community health clinics, faith-based organizations, 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-two states and territories reported using SOR funds to implement 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 SUD treatment. Once stabilized, referrals are made to community-based “spokes” for ongoing care 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 EDs, residential treatment providers, or jails. Additional “spoke” settings may include primary care offices, Tribal health centers, and community mental health centers. Reported outcomes from states, territories, and the District of Columbia 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 MOUD experts in “hubs;”
- Improved transitions for clients reentering communities from criminal justice settings or rehabilitative settings through close partnerships of “hub” locations and “spoke” providers; and
- Continuity of care through increased utilization of telehealth and telemedicine.

Forty-three states and territories reported using SOR funds to support OTPs. States and 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 several 24/7 OTPs to provide timely intake, assessment, and MOUD initiations. These OTPs are in identified “hotspots” and utilize a “no wrong door” approach, which ensures a person needing treatment will be identified, assessed, and receive treatment, either directly or through appropriate referral, no matter where they seek services. During the COVID-19 pandemic, OTPs received additional flexibilities for dispensing controlled medications to ensure necessary MOUD remained accessible. Reported outcomes from

¹¹ While the Consolidated Appropriations Act, 2023, removed the requirement for a special waiver to prescribe buprenorphine for the treatment of OUD, practitioner training data reflected in this report are from time periods when DATA-waiver trainings were still required by federal law.

states, territories, and the District of Columbia include:

- Strengthened networks of MOUD providers through trainings and collaboration in OTPs; and
- Increased numbers of “spoke” affiliated practitioners who provide services in “hub” locations.

Forty-four states and territories reported using SOR funds to provide OBOT services. In addition to OTPs, OBOT providers received flexibilities during the COVID-19 pandemic to avoid disruption of MOUD services. These flexibilities offered practitioners the opportunity to initiate buprenorphine via audio-visual and audio-only telehealth platforms without the statutory requirement of an initial in-person medical evaluation. Reported outcomes from states and territories include:

- Increased outreach and engagement with diverse clinics and facilities acting as OBOT providers, such as FQHCs, 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 settings; and
- Expanded outreach and treatment services for pregnant and postpartum women, individuals involved in criminal justice settings, individuals with co-occurring disorders, individuals who are deaf and hard of hearing, individuals experiencing homelessness, and Spanish-speaking individuals.

Peer Recovery Support Services Implementation

Forty-nine states and territories reported using SOR funds to implement Peer Recovery Support Services. In various settings, peers collaborate closely with several partners, 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. A popular collaboration involves peers joining first responders to assist in connecting people to treatment following an overdose in the community. Reported outcomes from states and territories include:

- Increased number of certified PRSS and PRSS supervisors in the states and territories, with streamlined application and educational processes for individuals to seek certification;
- Enhanced transition for individuals reentering communities from criminal justice settings or other rehabilitative settings; and
- Increased access to recovery support services including recovery planning and stabilization, recovery residences, peer services, mutual support groups, employment, transportation, housing services, outreach and engagement, treatment support, and linkages to family support services for child reunification efforts.

OEND Implementation

OEND remains a large focus of SOR grantees, with forty-eight states and territories implementing these activities using SOR funds. To address the increase in preventable overdose deaths, reported outcomes from states and territories include:

- Increased access to naloxone and distribution in the community via pharmacy programs, outreach and educational events, vending machines, technology-based applications (e.g., web-based applications to locate naloxone), and provision to first responders;
- Enhanced safety for at-risk individuals reentering communities from criminal justice settings by providing naloxone upon release from incarceration; and
- Increased education and training on overdose awareness and naloxone administration in the community via public service announcements and media campaigns, training of first responders and other community members, outreach activities, and educational events.

Of note, as a part of their FY 2022 SOR grant applications, states were required to include a naloxone distribution and saturation plan particularly focused on areas with high rates of overdose mortality. The plans addressed targeted distribution and communication strategies to get the appropriate type of naloxone into the hands of those most likely to witness an overdose and in the locations where they were most likely to occur. An internal analysis showed that 83% of the plans reported community-level distribution and 55.3% reported a communication strategy that involved active outreach. Of the plans that identified the types of kits to distribute, 100% included intranasal naloxone and 25.7% included intramuscular kits.

MI Implementation

Thirty-eight states and territories reported using SOR funds to implement MI. MI is another EBP used as a psychosocial support in combination with MOUD. One approach is utilizing MI for individuals who seek MOUD in hospital EDs prior to discharge into the community. Another approach is to use MI in outreach attempts to individuals who have not yet engaged in treatment and/or to use MI techniques to increase retention in treatment as a way of eliciting positive behavioral changes. Reported outcomes from states and territories include:

- Increased provider support and continuous individualized training on MI;
- Enhanced ability for treatment providers to conduct outreach, brief interventions, and motivational enhancement services; and
- Increased utilization of MI principles to provide information and education to improve awareness of the connection between parental substance use and negative impacts on their children.

CM Implementation

Thirty-six states and territories reported using SOR funds to implement CM. Reported outcomes from states and territories include:

- Improved treatment engagement, attendance, participation in wellness activities, and abstinence from substances;
- Increased access to care and evidence-based treatment for clients with stimulant use disorder; and
- Consistent improvement in patient outcomes and positive impacts on the overall quality of life for individuals.

Harm Reduction Implementation

Thirty-two states and territories reported using SOR funds to provide harm reduction services including access to pre-exposure prophylaxis (PrEP), access to HIV and viral hepatitis testing and treatment, access to certain components of syringe service programs (SSPs) permitted under law (see Consolidated Appropriations Act, 2023¹²), fentanyl test strip (FTS) distribution, and medical care, including wound care.¹³ Reported outcomes from states and territories include distribution, and medical care, including wound care, and:

- Reduced harm associated with drug use and related behaviors that increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections;
- Improved connection of individuals to overdose education, counseling, and referral to treatment for infectious diseases and substance use disorders; and
- Increased access to naloxone to reduce overdose deaths, increased linkages to additional support services, and coordination of co-located services as part of a comprehensive, integrated approach.

CBT Implementation

Twenty-six states and territories reported using SOR funds to implement CBT. CBT is often used as a psychosocial support in combination with MOUD. Reported outcomes from states and territories include:

- Increased training of providers on CBT and utilization of the evidence-based practice in multiple settings including stimulant disorder treatment and harm reduction services;
- Implemented CBT with justice-involved individuals resulting in successful completion of probation/parole; and
- Increased successful family reunification using a CBT support-group model.

For more information on state/territory approaches, highlights, and accomplishments, please refer to Appendix I.

Results

Demographic Profile

Between May 1, 2022, and January 20, 2023, 76,583 client-level GPRA intake interviews were conducted by SOR grantees.¹⁴ During this same period, grantees conducted six-month follow-up assessments for 11,190 clients.¹⁵ To assess program performance for treatment services provided

¹² SOR grantee activities discussed in this report were conducted prior to the enactment of the Further Consolidated Appropriations Act, 2024 (Public Law 118-47). The statutory requirements referenced here were current at the time the data was gathered and the report was developed.

¹³ For more information on allowable harm reduction services and supplies, refer to <https://www.samhsa.gov/find-help/harm-reduction>

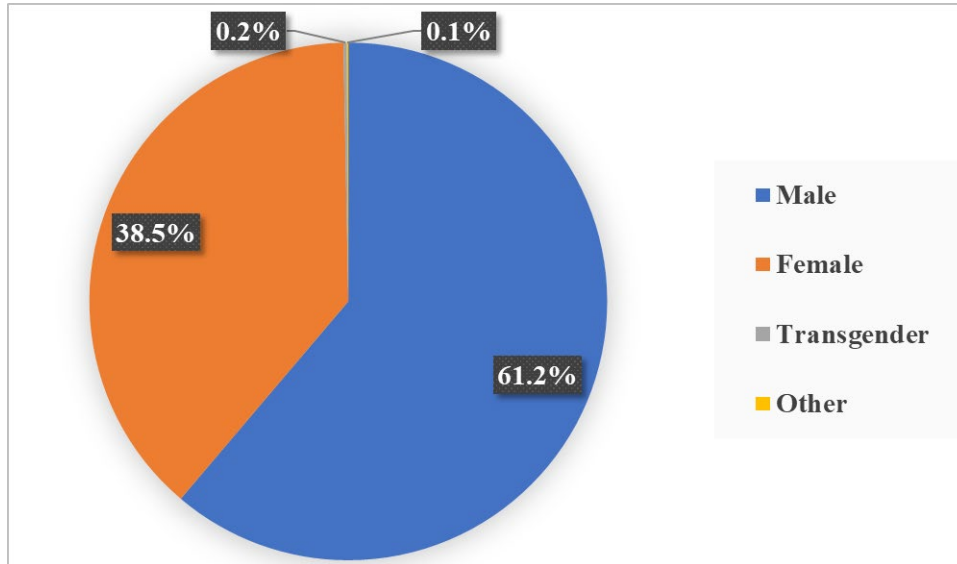
¹⁴ Data from the CSAT GPRA Client Outcome Measures for Discretionary Programs tool were used in this report. Note, the tool was modified following the reporting period covered in this report.

¹⁵ The difference between the number of clients who had six-month follow-up assessments versus the number of clients included in the outcome analysis found in this report is due to the period of review. From May 1, 2022, to January 20, 2023, 18,092 clients completed a six-month follow-up. However, 6,902 of these clients completed intake assessments outside of

during the reporting period, SAMHSA identified 11,190 clients who had both an intake and six-month follow-up assessments between May 1, 2022, and January 20, 2023.

Analysis of the 76,133 client-level GPRA intake interviews, or 99.4 percent, in which demographics data was available, revealed the demographic characteristics of the clients served by SOR grantees. Most of the clients served by SOR grantees were male. As shown in Figure 1, male clients represent 61.2 percent (n = 46,619) of all clients. Clients who identify as female accounted for 38.5 percent (n = 29,272) of clients. Individuals who identify as transgender or “other” account for less than one percent of (n = 242) of all clients.

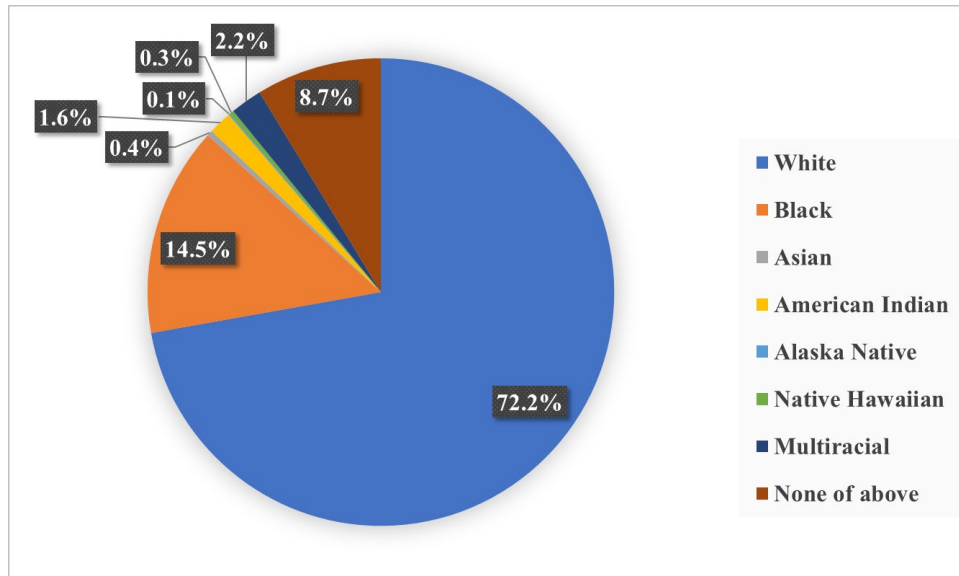
the report timeframe. Therefore, program outcome analysis is based on the subset of clients who had both intake and six-month follow-ups within the reporting period or 11,190.

Figure 1: Gender

Note: N = 76,583. For this graphic n = 76,133 as clients with missing data or clients who refused to answer the question were excluded (n = 450). Data from this figure were accessed from SPARS on June 15, 2023.

Nearly three out of four clients identified as White (n = 54,878) (Figure 2). The second-highest group, clients who report their race as Black/African American, represented 14.5 percent (n = 11,015) of clients. Clients who identify as Asian and Native Hawaiian/Other Pacific Islander represented only 0.7 percent (0.4 percent (n= 273) and 0.3 percent (n= 240) of clients respectively). More than one percent of clients self-identified as American Indian or Alaska Native (1.6 percent (n = 1,180) and 0.1 percent (n = 90) respectively).¹⁶

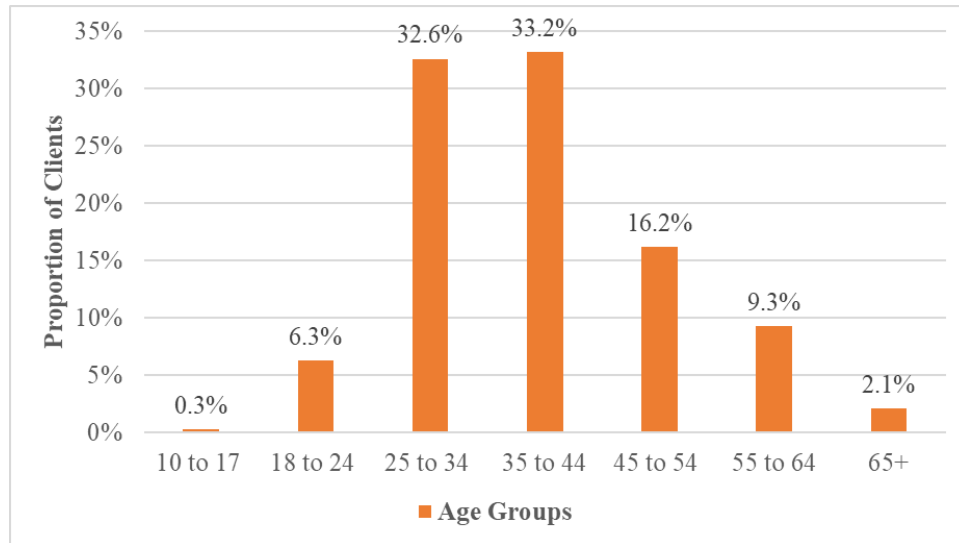
¹⁶ It is important to note that SOR's sister program, the Tribal Opioid Response (TOR) grant program, provides funding to federally recognized American Indian or Alaska Native tribe or Tribal organization to provide access to OUD treatment services. Therefore, American Indian or Alaska Natives may be served under the TOR program.

Figure 2: Race

Note: N= 76,583. For this graphic n= 75,936 as clients with missing data or refused to answer the question were excluded (n=647). Data from this figure was accessed from SPARS on June 15, 2023

More than two percent (2.2 percent (n= 1,655)) of clients identified as Multiracial. Approximately nine percent of clients (n= 6,605) did not identify with the racial options included in the GPRA interviews (i.e., none of the above). In addition, 10.9 percent (n= 8,350) of clients reported their ethnicity as Hispanic/Latino/Latina.

Clients supported by SOR dollars represent various age groups. Among the 75,936 clients intake interviews, or 99.1 percent of all client intakes, in which age data was available, nearly two-thirds of clients were between the ages of 25 and 44. As shown in Figure 3, among clients, 32.6 percent (n= 24,643) were between the ages of 25 and 34 and 33.2 percent (n= 25,095) were between the ages of 35 and 44. As it relates to youth and young adults, 6.3 percent (n= 4,768) of clients were between the ages of 18 and 24 and 0.3 percent (n= 212) were between the ages of 10 and 17. More than 27 percent of clients were older than 45. Among total clients, 16.2 percent (n= 12,219) were between 45 and 54, 9.3 percent (n= 7,016) were between 55 and 64, and 2.1 percent (n= 1,623) were 65 or older.

Figure 3: Age Groups

Note: Graph based on SPARS data generated on June 15, 2023. N= 76,583. For this graphic n= 75,576 as clients with missing data or refused to answer the question were excluded (n= 1,007).

Naloxone Distribution and Overdose Reversals

Grantees are required to implement prevention and education services. These include: (1) training peers and first responders on recognizing an opioid overdose and the appropriate use of the opioid overdose antidote naloxone; (2) developing evidence-based community prevention efforts such as evidence-based strategic messaging on the consequences of opioid misuse; and (3) purchasing, distributing, and training on the use of naloxone. From April 1, 2022, to March 31, 2023, grantees reported purchasing 2,756,798 naloxone kits and distributing 2,679,099 naloxone kits.¹⁷ Grantees also reported using naloxone to reverse 92,189 overdoses.¹⁸

MOUD

SAMHSA requires that MOUD be made available to those diagnosed with an OUD. FDA-approved medications include methadone, buprenorphine products, and injectable extended-release naltrexone.

Based on grantees' PPRs, grantees report that 177,541 clients received treatment services for OUD¹⁹ between September 30, 2021 and September 29, 2022, and 56,601 clients received treatment services for stimulant use disorder during this same time period.²⁰ Grantees also report that, of the clients receiving treatment services for OUD, 91,910 clients received buprenorphine, 46,449 received methadone, and 5,907 received injectable extended-release naltrexone between September 30, 2021 and September 29, 2022.²¹

¹⁷ Data reporting is based on GPRA data generated in SPARs on July 30, 2023, for the number of naloxone kits purchased and distributed.

¹⁸ Data reporting is based on GPRA data generated in SPARS on June 15, 2023, for overdose reversals.

¹⁹ Data are from the FY 2020 SOR cohort Performance Progress Reports (September 30, 2021, to September 29, 2022).

²⁰ Ibid.

²¹ Ibid.

Recovery Support Services

In addition to treatment services, grantees are required to employ effective recovery support services to ensure that individuals receive a comprehensive array of services across the spectrum of prevention, harm reduction, treatment, and recovery. Based on the grantees' PPRs, 479,600 individuals received recovery support services between September 30, 2021, and September 29, 2022.²² These services included recovery housing, employment services, peer support, case management, family services, and transportation assistance.

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 grants programs are improving the lives of individuals served. SAMHSA recognizes the unique impact of substance misuse on an individual's life. However, it is not simply the use of substances that must be addressed. Substance misuse also impacts other aspects of a person's life – such as an individual's ability to gain and maintain employment, housing stability, and social connectedness. To assess the impact of the SOR program, SAMHSA analyzed client outcome data for a subset of clients about whom intake data was available and six-month follow-ups were conducted during the reporting period (n=11,190).²³

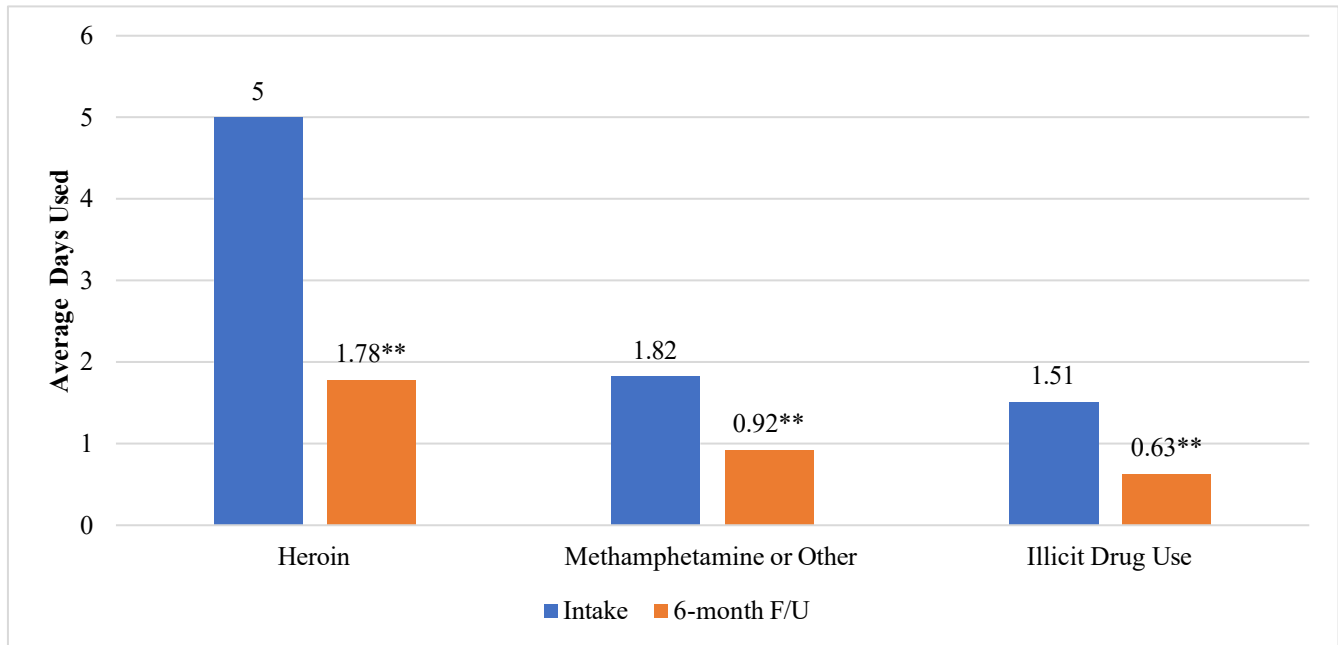
Opioid Use Among SOR Clients

Opioid misuse is a key factor that the SOR program aims to address. Paired-samples t-tests were conducted to assess the differences between substance use in the past 30 days among matched intake and six-month follow-up interviews. SPARS outcome data show that heroin use decreased from an average of 5 days of use within the past 30 days prior to intake to an average of 1.78 days of use within the past 30 days prior to the six-month follow-up ($p < 0.001$). Methamphetamine use decreased from an average of 1.82 days of use within the past 30 days prior to intake to 0.92 days within the past 30 days prior to the six-month follow-up ($p < .001$). The average number of days of other illicit drug use (e.g., fentanyl, cocaine, or Adderall) decreased from 1.51 days within the past 30 days prior to intake to 0.63 days within the past 30 days prior to the six-month follow-up ($p < .001$) (Figure 4).

²² Data is from the FY 2020 SOR cohort Performance Progress Reports (September 30, 2021 to September 29, 2022).

²³ The limitations associated with the following analyses are under the limitations section of this report.

Figure 4: Substance Use Among SOR Clients



Note: The denominator for this figure is N=11,190. Cumulative data from this figure range from May 1, 2022, to January 20, 2023.
 *Notes a p-value <0.05, ** Notes a p-value <0.001

SOR Clients’ Performance on National Outcomes Measures (NOMs)

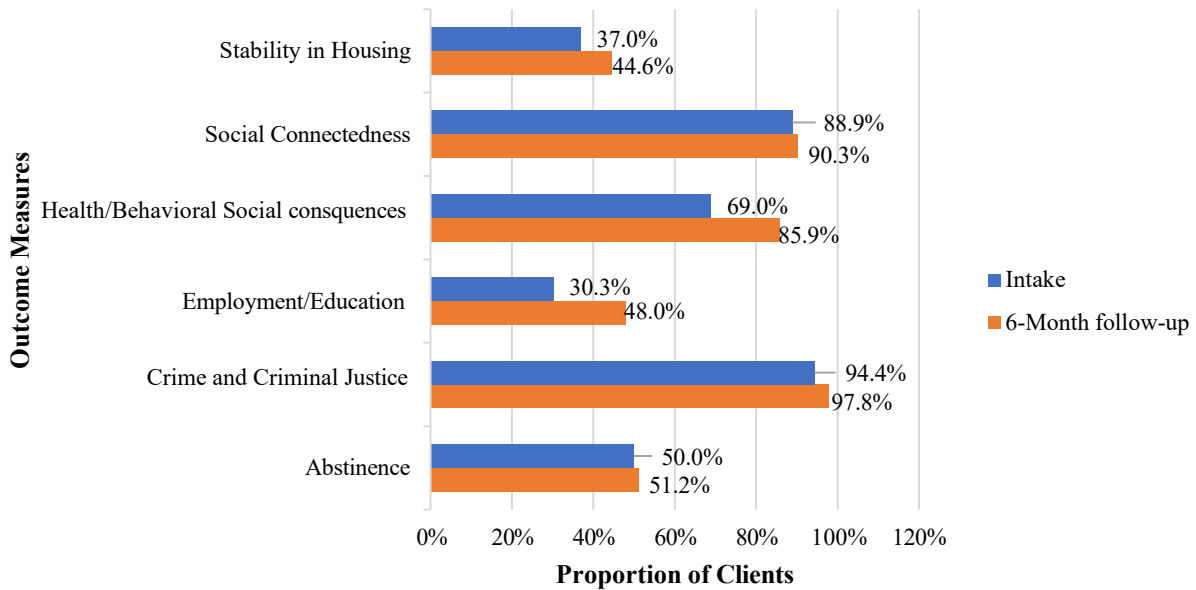
SAMHSA developed the NOMs in consultation with states and other stakeholders to assess performance and to improve accountability of SAMHSA programs. NOMs are composed of domains, outcomes, and measures. The domain for each NOM has an expected outcome, as well as treatment and/or prevention measures that are used to determine whether the expected outcome was achieved. The domains are (1) Abstinence: did not use any alcohol or illegal drugs within the past 30 days;²⁴ (2) Employment/Education: currently employed or attending school; (3) Crime and Criminal Justice: has no past 30 day arrest; (4) Stability in Housing: had a permanent place to live in the community; (5) Social Connectedness: felt socially connected; and (6) Health/Behavioral/Social Consequences: experienced no alcohol or drug related health, behavioral, or social consequences.²⁵

Overall, SOR clients saw positive performance between intake and six-month follow-up on all NOMs (Figure 5).

²⁴ Illegal drugs include unprescribed use of prescription medication or misuse of prescribed medication (e.g., taking more than prescribed).

²⁵ A “behavioral or social consequence” is defined as experiencing stress, reduction or cessation of important activities, and emotional problems because of substance use.

Figure 5: Client Outcomes



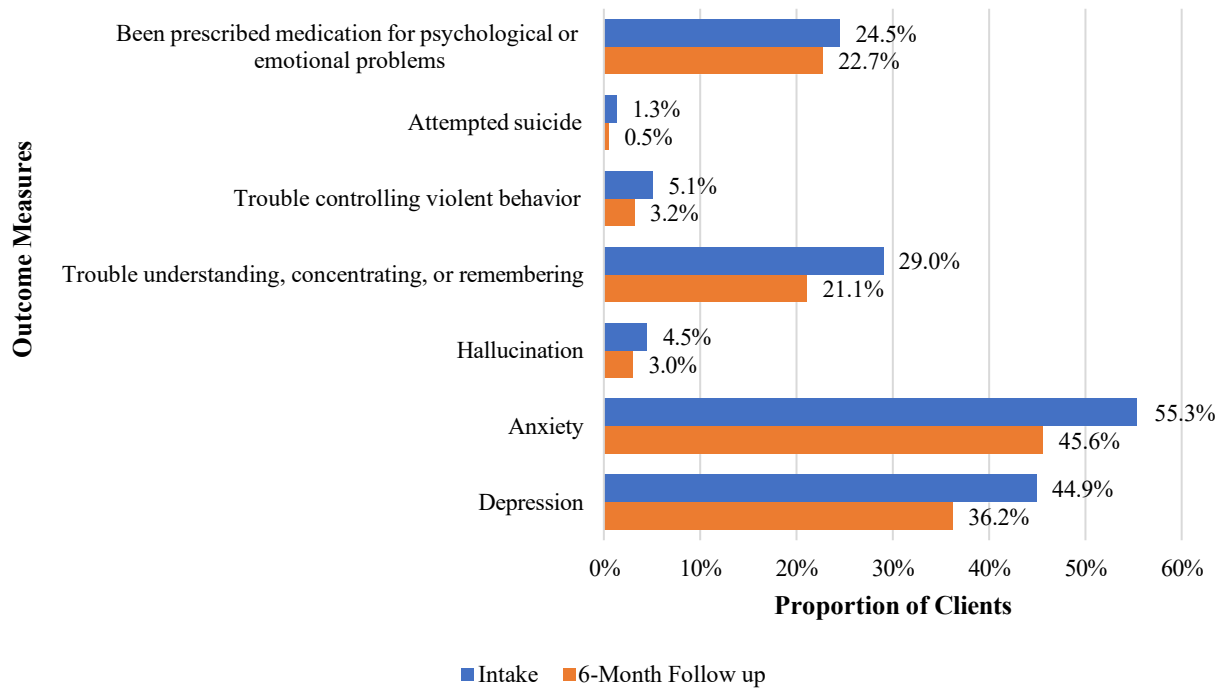
Note: N=11,190 based on the number of clients with an intake and matched six-month follow-ups. Data from this figure were accessed from SPARS on June 15, 2023.

Specifically, the percentage of clients who reported:

- A permanent place to live in the community increased by 20.5 percent.
- Feeling socially connected increased by 1.6 percent.
- Experiencing no alcohol or illegal drug-related health, behavioral or social consequences in the previous 30 days increased by 24.5 percent.
- Current employment or school attendance increased by 58.4 percent.
- No past 30-day arrests increased by 3.6 percent and 97.8 percent of clients reported no criminal justice system involvement at intake.
- Abstaining from alcohol or illegal drugs increased by 2.4 percent.

SAMHSA also captures NOMs related to mental health. Clients receiving SOR-supported services also had positive mental health outcomes between intake and six-month follow-up (Figure 6).

Figure 6: Mental Health Outcomes



Note: N=11,190, which is based on the number of clients with an intake and matched six-month follow-ups. Data from this figure were accessed from SPARS on June 15, 2023.

Outcomes as reported by percentage of clients include:

- Attempting suicide decreased by 61.5 percent.
- Having trouble controlling violent behavior decreased by 37.25 percent.
- Having trouble understanding, concentrating, or remembering decreased by 27.2 percent.
- Experiencing hallucinations decreased by 33.3 percent.
- Experiencing anxiety decreased by 17.5 percent.
- Experiencing depression decreased by 19.4 percent.
- Being prescribed medication for psychological or emotional problems decreased by 7.3 percent.

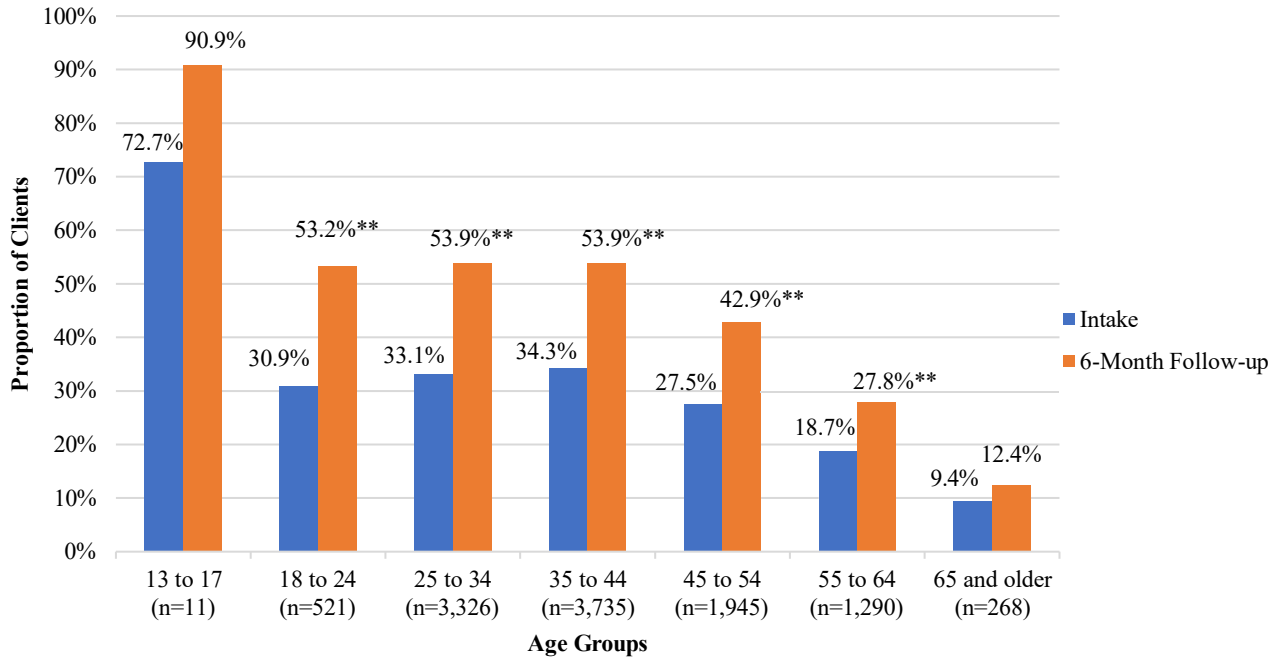
Variation in Client Outcomes on NOMs

As described in the Demographic Profile section of this report, SOR clients included in this report varied by age, gender, race, and ethnicity. It is important to ensure that the positive impacts of the SOR program were experienced equitably. To assess whether disparities existed, McNemar’s Tests were conducted between client characteristics (e.g., age, gender, race, and ethnicity) and performance on NOMs measures between intake and six-month follow-up. To conduct this analysis, we identified 11,190 clients with both intake and six-month follow-up assessment data available in SPARS during the period covered in this report.

Variation by Age

Age plays a role in how clients performed on the Employment/Education NOM. The Employment/Education NOM is designed to capture whether the percent of clients who obtained employment or started school increased during the first six months of receiving SOR-supported services. We found that although age was a statistically significant factor on client outcomes related to the Employment/Education NOM ($p < 0.001$), differences in client outcomes between intake and follow-up varied by age group (Figure 7).

Figure 7: NOMs: Employment and Education by Age †



Note: N=11,190, which is based on the number of clients with an intake and matched six-month follow-ups. For this graphic, n=11,096, as clients with missing data or refused were excluded (n=94). Cumulative data from this figure range from May 1, 2022, to January 20, 2023. * $p < 0.05$, ** $p < 0.001$, † $p < 0.001$ across all groups.

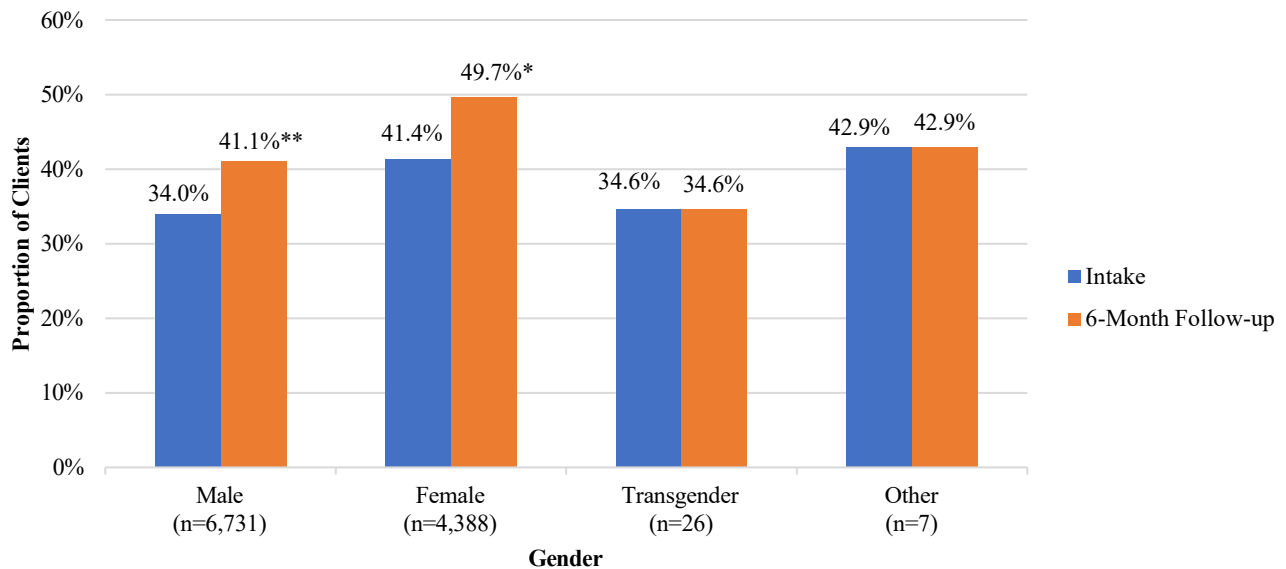
As shown in Figure 7, 53.9 percent of clients between the ages of 25 and 34 reported having current employment at six-month follow-up. This was a statistically significant difference of 62.8 percent from intake ($p < 0.001$). Similarly, clients between the ages of 18-24, 35-44, and 55-64 also showed statistically significant differences between intake and six-month follow-up in education and employment. For example, clients between the ages of 35 and 44 had a statistically significant difference of 57.3 percent in education and employment ($p < 0.001$) between intake and six-month follow-up.

Not all age groups showed significant differences, however. Clients ages 13 to 17 and clients 65 and older saw no significant difference between intake and six-month follow-up for current employment or school attendance during this reporting period. At six-month follow-up, nine in 10 clients between the ages of 13 and 17 were enrolled in school or employed. There was a difference of 25 percent between intake and six-month follow-up for this age group. Moreover, among clients 65 and older, there was a difference of 32 percent between intake and six-month follow-up.

Variation by Gender

Most SOR clients during this reporting period identified as male (60.9 percent). The Stability in Housing NOM assesses the percent of clients who have obtained a permanent place to live in the community while receiving treatment. The Social Connectedness NOM is designed to capture the extent to which clients have a positive social network while obtaining SOR services. We found that although gender was a statistically significant factor on client outcomes related to the Stability in Housing and Social Connectedness NOMs ($p < 0.001$), differences in client outcomes between intake and follow-up varied by gender identity.

Figure 8: NOMs: Stability in Housing by Gender †



Note: N=11,190, which is based on the number of clients with an intake and matched six-month follow-ups. For this graphic, n=11,152, as clients with missing data or clients who refused were excluded (n=38). Cumulative data from this figure range from May 1, 2022, to January 20, 2023. * $p < 0.05$, ** $p < 0.001$, † $p < 0.001$ across all groups.

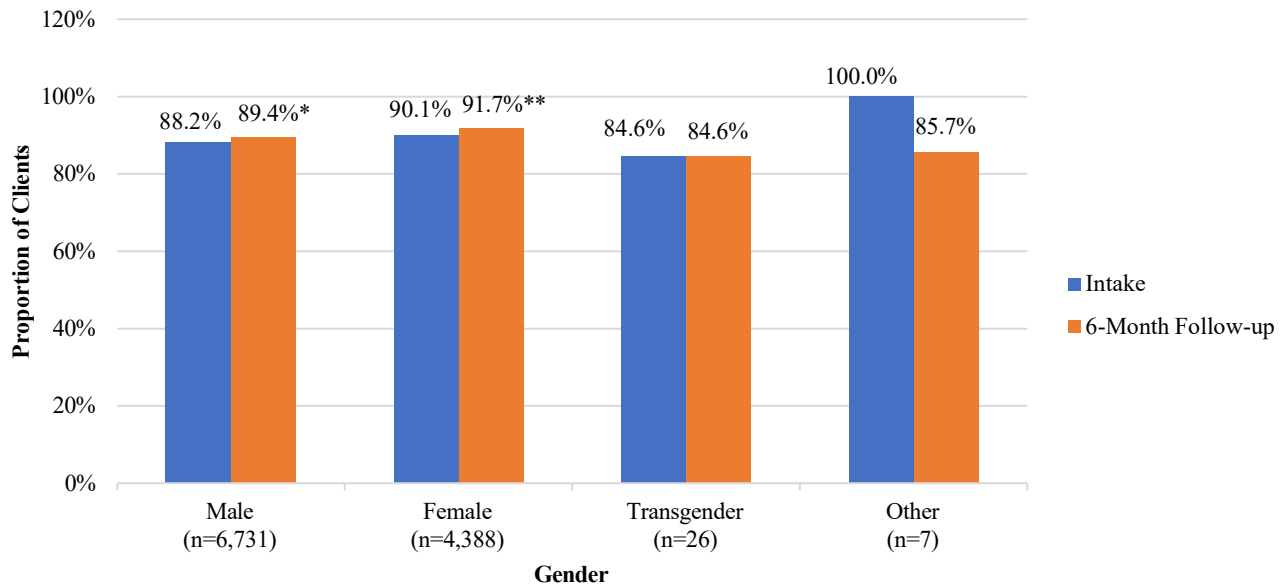
As shown in Figure 8, 41.1 percent of clients who identify as male reported having a permanent place to live in the community at six-month follow-up. This is a 21.3 percent difference ($p < 0.001$) from the intake rate of 34 percent. Nearly five in 10 female clients reported living in a permanent place at six-month follow-up, a 20.1 percent difference ($p < 0.001$) from intake.

Transgender clients reported no change in the Stability in Housing NOM between intake and six-month follow-up. Nearly 35 percent of transgender SOR clients reported having stable housing at six-month follow-up. Similarly, clients who identified as “other” had no significant difference between intake and six-month follow-up in the domain of housing stability during this reporting period. At follow-up, more than four in 10 clients who identified as “other” had permanent housing.

Like on the Stability in Housing NOM, male clients saw an increase between intake and six-month follow-up on the Social Connectedness NOM (Figure 9). At six-month follow-up, 89.4 percent of clients reported feeling socially connected. This was a statistically significant difference of 1.4 percent ($p < 0.05$) from the intake rate of 88.2 percent. Clients who identify as female also saw a significant difference of 1.7 percent ($p < 0.05$) between intake and follow-up with 91.7 percent reporting feeling

socially connected at six-month follow-up compared with 90.1 percent at intake.

Figure 9: NOMs: Social Connectedness by Gender ‡



Note: N=11,190, which is based on the number of clients with an intake and matched six-month follow-ups. For this graphic, n=11,152, as clients with missing data or clients who refused were excluded (n=38). Cumulative data from this figure range from May 1, 2022 – January 20, 2023. *p <0.05, **p <0.001, ‡ p <0.001 across all groups.

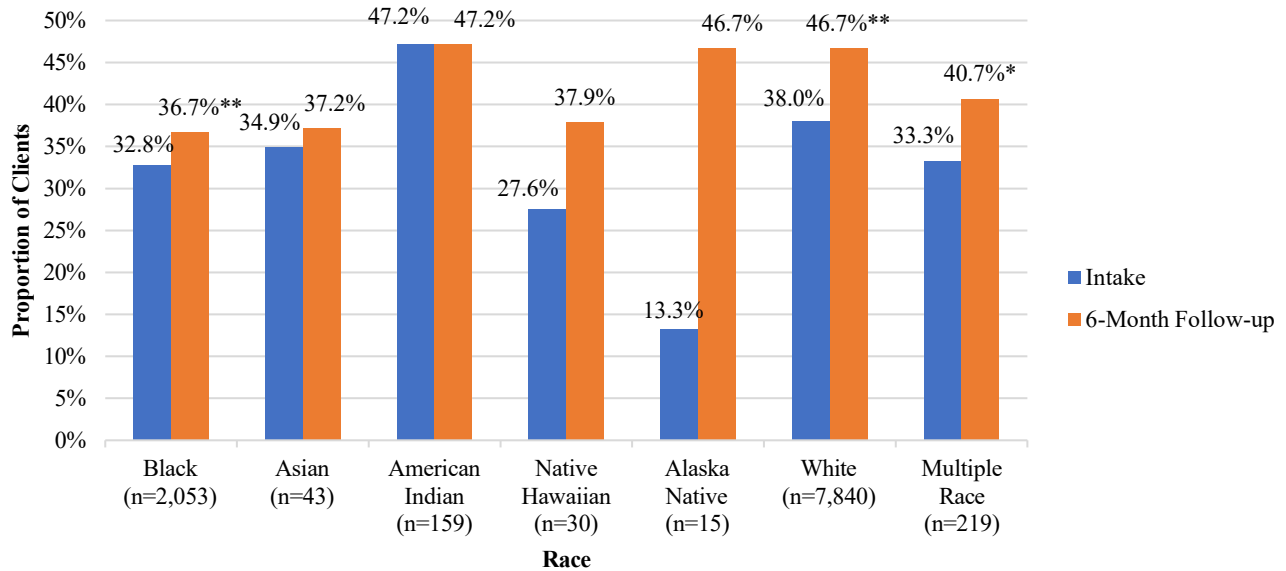
Transgender clients had no significant difference between intake and six-month follow-up during this reporting period for the domain of social connectedness. Additionally, clients who identified as ‘other’ reported a 14.3 percent decrease. At six-month follow-up, 85.7 percent of clients who identified as ‘other’ reported feeling socially connected, compared with 100 percent at intake.

Variation by Race

Race is also a factor that can impact client outcomes on NOMs. In this section we examine variation by race in client outcomes on the Stability in Housing NOM, as well as on the Abstinence, Crime and Criminal Justice, and Health/Behavioral/Social Consequences NOMs. We found that although race was a statistically significant factor (p <0.001), on client outcomes related to the Stability in Housing, Abstinence, Crime and Criminal Justice, and Health/Behavioral/Social Consequences, the differences in client outcomes between intake and follow-up varied by race category.

For example, for the Stability in Housing NOM, 36.7 percent of Black or African American clients reported having permanent housing at six-month follow-up (Figure 10). This was a 12.1 percent difference, compared with intake (p <0.001). Nearly 5 in 10 White clients reported having stable housing at six-month follow-up, compared with 38 percent at intake. This is a statistically significant difference of 22.9 (p <0.001). Clients who identified as ‘multiple race’ reported a 22.2 percent significant increase (p <0.05). At six-month follow-up, 40.7 percent of clients who identified as ‘multiple race’ reported having permanent housing, compared with 33.3 percent at intake.

Figure 10: NOMs: Stability in Housing by Race †

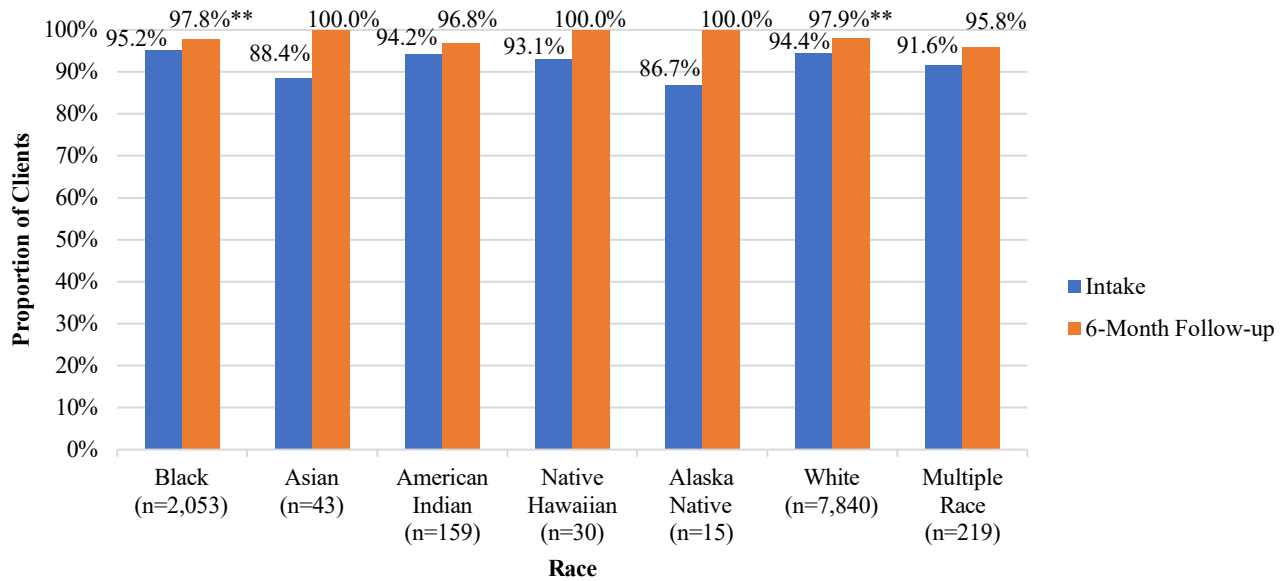


Note: N=11,190, which is based on the number of clients with an intake and matched six-month follow-ups. For this graphic, n=11,127, as clients with missing data or clients who refused were excluded (n=63). Cumulative data from this figure range from May 1, 2022, to January 20, 2023. *p <0.05, **p <0.001, † p <0.001 across all groups.

Asian, American Indian, Native Hawaiian, and Alaska Native clients had no significant difference between intake and six-month follow-up during this reporting period for the domain of stable housing. Asian clients saw a 6.7 percent increase between intake and follow-up. At six-month follow-up, 37.2 percent of Asian clients reported having stable housing, compared with 34.9 percent at intake. American Indians reported no difference in permanent housing between intake and follow-up. Nearly four in 10 Native Hawaiian clients reported having permanent housing at six-month follow-up. For Alaska Native clients, 46.7 percent reported having permanent housing at six-month follow-up, compared with 13.3 percent who reported permanent housing at intake.

As it pertains to the Crime and Criminal Justice NOM, most clients across all racial groups reported no arrests or criminal justice system involvement at six-month follow-up (Figure 11). Nearly all Black or African American clients reported that they had no past-30-day arrests at six-month follow-up. This was a statistically significant difference of 2.7 percent (p <0.001), compared with the intake rate of 95.2 percent. Similarly, nearly 98 percent of White clients reported no arrest or criminal justice system involvement at six-month follow-up, compared with 94.4 percent at intake. Asian, American Indian, Native Hawaiian, Alaska Native, and clients who identified as ‘multiple race’ saw no significant differences between intake and six-month follow-up in this area during this reporting period.

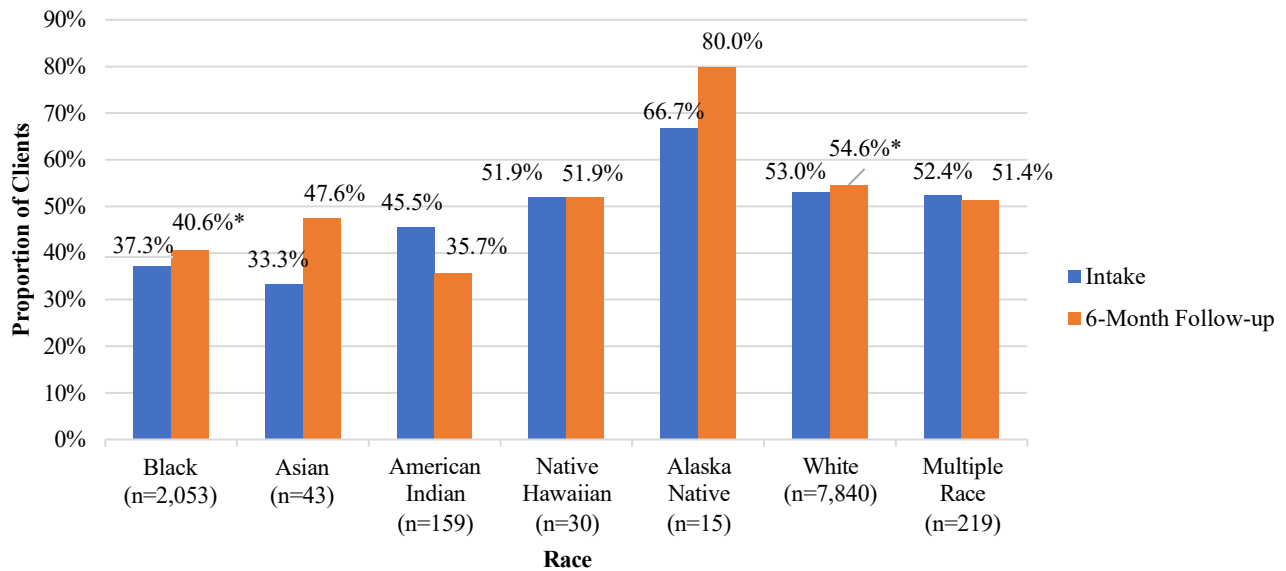
Figure 11: NOMs: Crime and Criminal Justice by Race †



Note: N=11,190, which is based on the number of clients with an intake and matched six-month follow-ups. For this graphic, n=10,359, as clients with missing data or clients who refused were excluded (n=831). Cumulative data from this figure range from May 1, 2022, to January 20, 2023. *p <0.05, **p <0.001, † p <0.001 across all groups. Crime and Criminal Justice variable defined as no past 30-day arrests.

Client outcomes on the Abstinence NOM saw statistically significant differences between intake and six-month follow-up for all racial groups (Figure 12). For example, 40.6 percent of Black or African American clients reported abstaining from alcohol and illicit drug use at their six-month follow-up. This was a statistically significant difference of 8.8 percent (p <0.05) from the intake rate.

Figure 12: NOMs: Abstaining from Drug and Alcohol Use by Race †

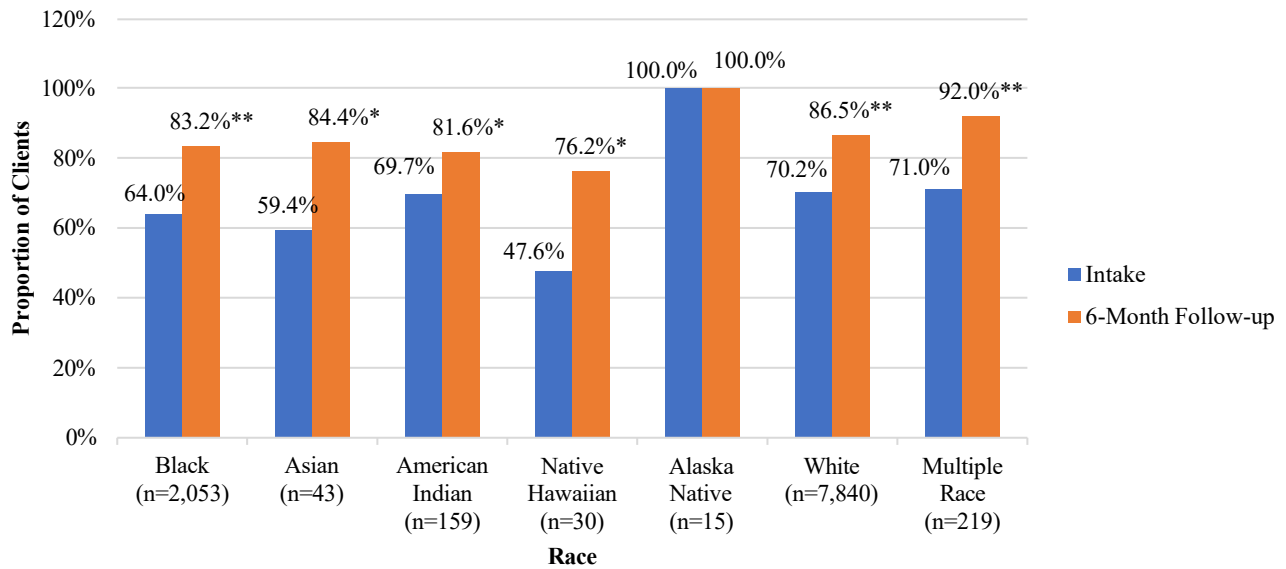


Note: N=11,190, which is based on the number of clients with an intake and matched six-month follow-ups. For this graphic, n=10,359, as clients with missing data or clients who refused were excluded (n=831). Cumulative data from this figure range from May 1, 2022, to January 20, 2023. *p <0.05, **p <0.001, † p <0.001 across all groups.

More than five in 10 White clients reported abstaining from illicit drugs and alcohol at six-month follow-up, a statistically significant difference of 3 percent (p <0.05). Like on the Crime and Criminal Justice NOM, Asian, American Indian, Native Hawaiian, Alaska Native, and clients who identified as ‘multiple race’ saw no significant differences between intake and six-month follow-up in this area during this reporting period.

Unlike on the Abstinence NOM, client outcomes on the Health/Behavioral/Social Consequences saw statistically significant differences between intake and six-month follow-up for nearly all racial groups (Figure 13).

Figure 13: NOMs: No Social Consequences by Race †



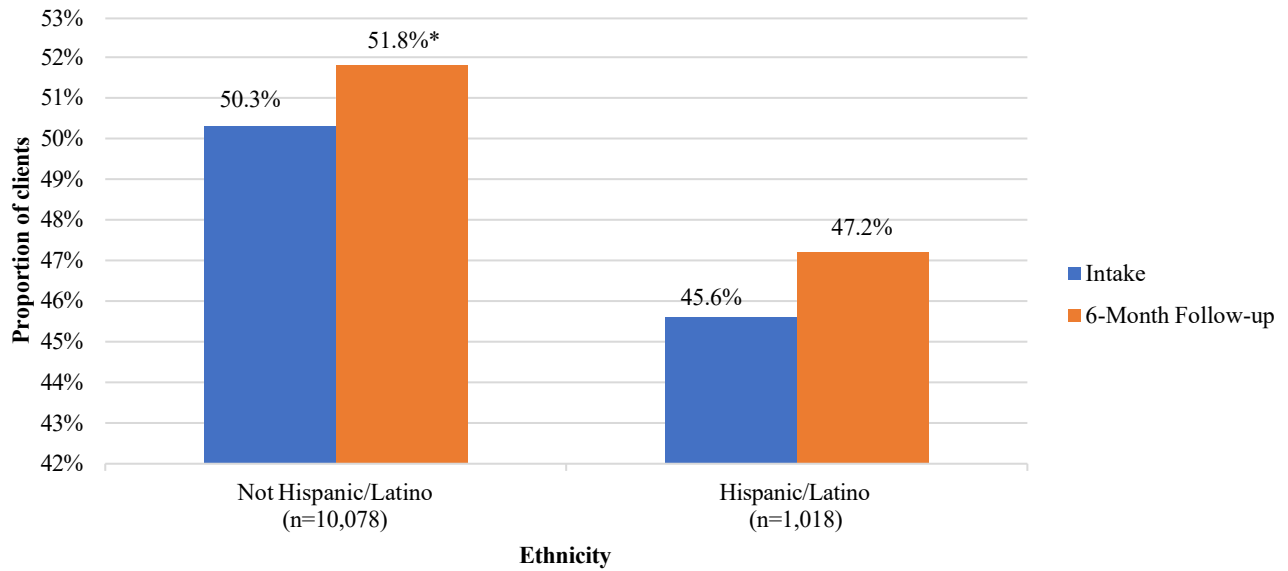
Note: N=11,190, which is based on the number of clients with an intake and matched six-month follow-ups. For this graphic, n=10,359, as clients with missing data or clients who refused were excluded (n=831). Cumulative data from this figure range from May 1, 2022, to January 20, 2023. *p <0.05, **p <0.001, † p <0.001 across all groups.

At six-month follow-up, more than eight in 10 Asian clients reported not experiencing health, behavioral, and social consequences of substance use in the past 30 days. This was a statistically significant difference of 42.1 percent from the intake rate (p <0.05). Black or African American clients also saw a significant difference with a 30 percent rate of change from intake to six-month follow-up (p <0.001). At both intake and six-month follow-up, 100 percent of Alaska Native clients reported not experiencing any alcohol- or illicit drug-related health, behavioral or social consequences in the past 30 days.

Variation by Ethnicity

Ethnicity was not a significant factor as it pertains to the Abstinence NOM. Per Figure 14, 47.2 percent of clients who identified as Hispanic or Latino reported abstaining from illicit drugs and alcohol at their six-month follow-up, compared with 45.6 percent at intake. However, there was no significant difference among clients who identified as Hispanic or Latino. This finding may be due to the number of clients who identified as Hispanic or Latino during this reporting period. Conversely, 52 percent of non-Hispanic or Latino clients reported abstaining from drugs and alcohol at follow-up. This was a statistically significant difference of 2.9 percent from intake (p <0.05).

Figure 14: NOMs: Abstaining from Drug and Alcohol Use by Ethnicity

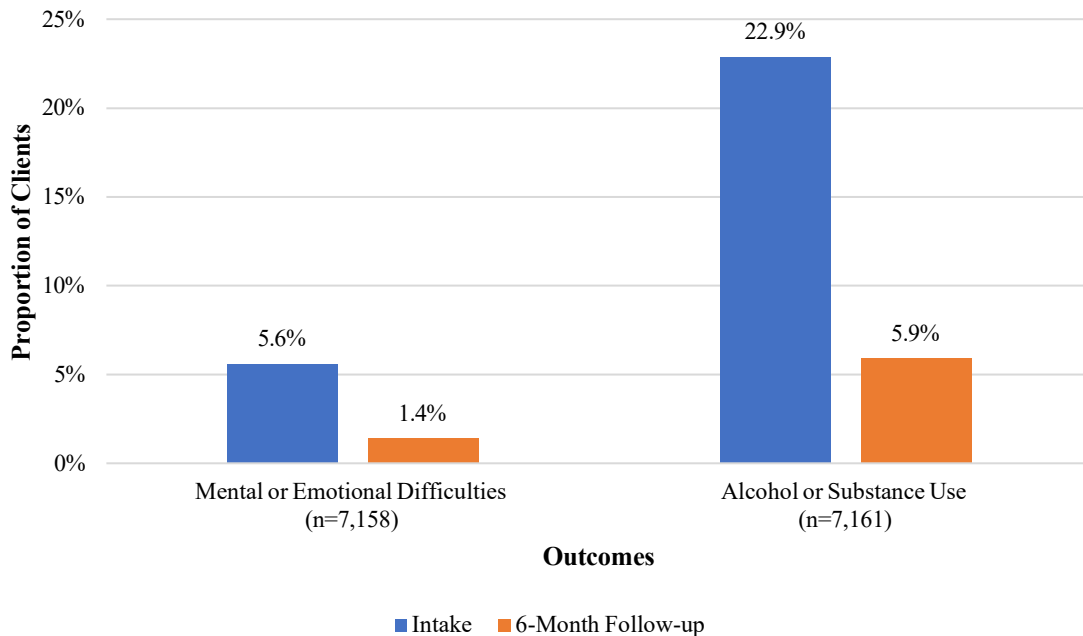


Note: N=11,190, which is based on the number of clients with an intake and matched six-month follow-ups. For this graphic, n=11,096, as clients with missing data or clients who refused were excluded (n=123). Cumulative data from this figure range from May 1, 2022, to January 20, 2023. *p <0.05, **p <0.001.

Hospital or ED Visits

Outlined in Figure 15, SOR clients included in this reported decreased use of EDs 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 15: Change in Hospital or ED Visits from Intake to Six-Months



Note: Graph based on SPARS data generated on June 15, 2023. N= 11,190, which is based on the number of matched six-month follow-ups.

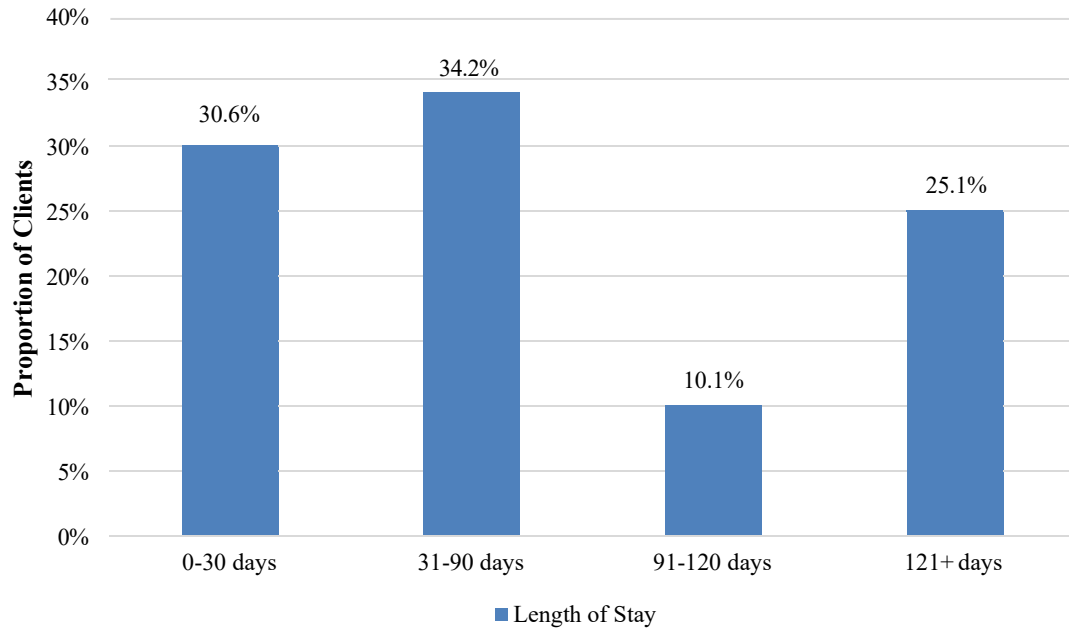
The data below highlights the declines between intake and six-month follow-up.

- The percentage of clients who reported seeking care in a hospital or an ED for mental and emotional difficulties decreased from intake to six-month follow-up by 75 percent.
- The percentage of clients who reported seeking care in a hospital or an ED for alcohol and/or substance use declined from intake to six-month follow-up by 74.2 percent.

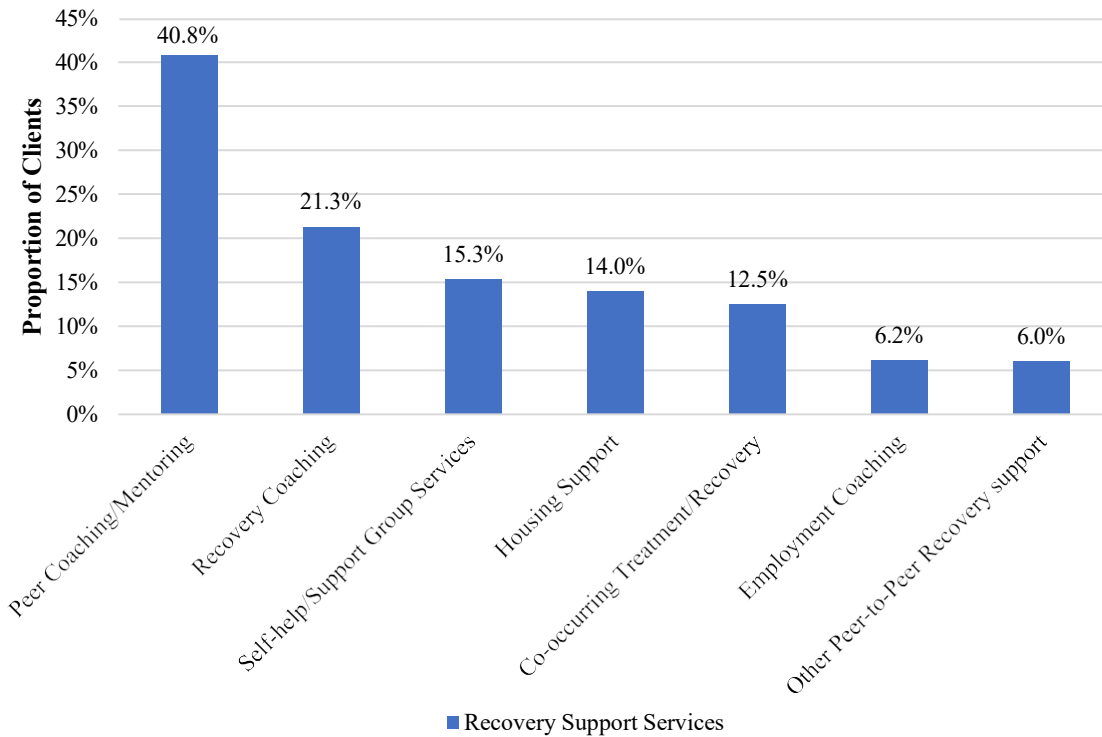
Retention and Length of Stay

Of the clients served from May 1, 2022, through January 20, 2023, 19,552 client discharges were reported to SPARS. Among the clients discharged, the median length of stay was 61 days compared to the average length of stay of 78.5 days, with a range of 0 to 378 days (Std Dev. 67.3). Over ten percent (n=1,976) stayed in services for 91-120 days. Thirty-one percent (n=5,988) stayed for 0-30 days, 34 percent (n=6,682) had lengths of stay of 31-90 days, and approximately 25 percent (n=4,906) of the clients had stayed in services for 121+ days. Figure 16 highlights client retention and length of stay during this reporting period.

Figure 16: Client Retention and Length of Stay



Note: Graph based on SPARS data generated on June 15, 2023. N=19,552. Treatment modalities include Inpatient/Hospital, Outpatient, Intensive Outpatient, Residential/Rehabilitation, Detoxification, etc.

Figure 17: Recovery Support Services

Note: Graph based on SPARS data generated on June 15, 2023. N=19,552. Clients may receive multiple services prior to discharge.

Among individuals with discharge data available, the SOR program provided its clients with 242,101 days of recovery support services from May 1, 2022, through January 20, 2023. Among these clients, 40.8 percent (n=7,974) received peer coaching or mentoring, 21.3 percent (n=4,170) received recovery coaching, and 15.3 percent (n=2,999) of clients received self-help and support group services. Additionally, 14 percent (n=2,744) received housing support services, 12.5 percent (n=2,442) received co-occurring treatment/recovery services, 6.2 percent (n=1,215) received employment coaching, and 6 percent (n=1,168) received other peer-to-peer recovery support services.

Limitations

The SOR FY 2023 Report to Congress uses aggregate data collected and reported by SOR grantees via SPARS (May 1, 2022, to January 20, 2023) and the PPRs (September 30, 2021, to September 29, 2022). The report highlights selected program-specific indicators including demographic characteristics, the number of clients served during this reporting period, services received, retention and length of stay, and client-level NOMS at intake and at six-month client follow-up. The report does not include all data that was collected for this grant program and only captures a specific timeframe. Methodologies used to conduct statistical analysis have been noted throughout the report. Instances in which differences were not statistically significant, this could be due to a few factors including but not limited to small sample size. The data also does not fully recognize ongoing grantee challenges related

to COVID-19 over the course of the reporting period (COVID-19 Public Health Emergency expired on May 11, 2023) nor does it account for variable program implementation or differences in service delivery models. Data were downloaded at one point in time (on June 15, 2023); it is possible that additional data for the period covered in this report was submitted into SPARS after the data were accessed. This report comprises primarily self-reported data with client data at follow-up included only for clients who responded to the survey at six months. As a result, there is the possibility of selection and attrition bias.

During the reporting period, both the second SOR cohort ended, and the third cohort began at the end of FY 2022, impacting the number of clients served due to close-out activities and program start-up. In addition, SAMHSA implemented a revised CSAT GPRA tool on January 21, 2023. The current version of the CSAT GPRA Client Outcome Measures for Discretionary Program instrument does not account for key client characteristics that will help SAMHSA to better understand outcomes among diverse populations. The revised tool captures key client characteristics such as sexual orientation and gender identity. However, the implementation of the new tool on January 21, 2023, limited grantees' ability to batch upload data for the expired tool further reducing the number of clients served reported.

Conclusion

SOR funding provides necessary support for states, territories, and the District of Columbia to implement a range of prevention, harm reduction, treatment, and recovery support services for opioid and stimulant use disorders. These services include training on identification of opioid overdose and reversal using the opioid overdose antidote naloxone that has resulted in 92,189 lives saved during this reporting period.

Naloxone continues to be an important tool in preventing overdose deaths, and saturation of naloxone distribution in communities with high rates of overdose mortality reduces overdose death rates.^{26,27} On November 17, 2022, Dr. Rahul Gupta, Director, Office of National Drug Control Policy (ONDCP) sent correspondence to State Governors encouraging state leaders to participate in technical assistance opportunities provided by SAMHSA to enrich the plans submitted in their FY 2022 SOR grant applications.²⁸

As part of its technical assistance efforts, SAMHSA, in partnership with the National Association of State Alcohol and Drug Abuse Directors (NASADAD), hosted a 2-day virtual Learning Community with all 50 states and interested territories in January 2023. The purpose of the Learning Community was to share insights, challenges, and opportunities to refine and further strengthen existing naloxone distribution and saturation plan. The Learning Community included presentations from a range of subject matter experts and Single State Authorities. Due to the varying landscape of each state, SAMHSA Regional Administrators facilitated break-out discussions pertaining to modeling approaches, which included targeted communication and distribution strategies, as well as expanding

²⁶ Walley AY, Xuan Z, Hackman HH, Quinn E, Doe-Simkins M, Sorensen-Alawad A, Ruiz S, Ozonoff A. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ*. 2013 Jan 30; 346: f174.

²⁷ Irvine MA, Oller D, Boggis J, Bishop B, Coombs D, Wheeler E, Doe-Simkins M, Walley AY, Marshall BDL, Bratberg J, Green TC. Estimating naloxone need in the USA across fentanyl, heroin, and prescription opioid epidemics: a modelling study. *Lancet Public Health*. 2022 Feb 10: S2468-2667(21)00304-2. doi: 10.1016/S2468-2667(21)00304-2. Epub ahead of print. PMID: 35151372.

²⁸ Letter to the State Governors on State Naloxone Plans from Dr. Rahul Gupta, Director of ONDCP.

partnerships.

After the Learning Community SAMHSA, in partnership with NASADAD and the Association of State and Territorial Health Officials (ASTHO) planned an in-person Naloxone Saturation Policy Academy for the following quarter. The Policy Academy was developed to ensure continued focus and implementation on naloxone saturation for all SOR recipients.

SOR resources have assisted grantees in addressing the complex and multifaceted clinical and social needs of those with opioid and stimulant use disorders. Data analyses suggest that clients provided with SOR-funded services reported positive outcomes – including abstinence from alcohol or illegal drugs, increased employment and education, decreased involvement with the criminal justice system, increases in stable housing, and increased social connectedness. Clients provided with SOR-funded services also reported positive mental health outcomes, with a decrease in the percentage of clients who reported experiencing anxiety, depression, and hallucinations. Clients included in the report also reported decreases in hospitalizations and ED visits.

However, the positive outcomes show a slower rate of change by clients' demographic characteristics such as race and ethnicity. During the reporting period, 76,583 clients were served, and 11,190 clients had a six-month follow-up. Among clients with six-month follow-up interviews, demographic characteristics such as age, race, and gender were found to be associated with client outcomes, specifically NOMs. As noted in the 2022 SOR Report to Congress, age significantly influenced employment and education. Additionally, both Black/African American and White clients reported improvements in abstaining from alcohol and illicit drug use at their six-month follow-up compared with at intake. Clients who identified as male and female exhibited a significant increase between intake and six-month follow-up on the Social Connectedness NOM. These findings are consistent with disparities reported in the literature.^{29, 30, 31, 32, 33}

To address these disparities, SAMHSA is undertaking a number of efforts. As a part of their FY 2022 SOR grant applications, states were required to develop a strategic plan to address the needs of diverse populations, underserved populations (e.g., racial/ethnic minorities and the LGBTQI+ community) and older adults with focused interventions, when appropriate, as well as strategies and activities that will be incorporated to promote behavioral health equity. The plans also address outreach efforts to engage Tribes, Tribal organizations, and urban Indian organizations to ensure that strategies are implemented to meet their needs. In implementing their strategic plans, SOR recipients have engaged in a number of activities to promote behavioral health equity, including: a SOR-funded recovery community organization (RCO) bringing recovery support services to residents on Tribal land; developing media campaigns tailored to underserved populations to increase awareness of the dangers of fentanyl and other opioids; training providers on topics such as operationalizing racial equity in the workplace and

²⁹ Olivet, J., Wilkey, C., Richard, M., Dones, M., Tripp, J., Beit-Arie, M., Yampolskaya S., & Cannon, R. (2021). Racial inequity and homelessness: Findings from the SPARC Study. *The ANNALS of the American Academy of Political and Social Science*, 693(1), 82-100.

³⁰ Perissinotto, C., Holt-Lunstad, J., Periyakoil, V. S., & Covinsky, K. (2019). A practical approach to assessing and mitigating loneliness and isolation in older adults. *Journal of the American Geriatrics Society*, 67(4), 657-662.

³¹ Kapadia, F. (2022). Ending Homelessness and Advancing Health Equity: A Public Health of Consequence. *American Journal of Public Health*.

³² Mehdipanah R. (2020). Housing as a determinant of COVID-19 inequities. *American Journal of Public Health*. 2020;110(9):1369–1370.

³³ Versey, H. (2021). The impending eviction cliff: housing insecurity during COVID-19. *American Journal of Public Health*. 2021;111(8):1423–1427.

increasing cultural competence to provide MOUD in Native communities; funding Black, Indigenous, and People of Color (BIPOC)-led organizations providing prevention, treatment, and recovery support services; and educating adults 65 and older and their caregiver(s) on opioid pain medications, non-opioid pain medications and integrative medicine therapies for the management of chronic pain.

Additionally, SAMHSA continues to promote best practices to reach diverse communities through its ongoing education, technical assistance, and training efforts through the Opioid Response Network (ORN). The ORN was designed to provide educational resources, training, and technical assistance to SOR recipients, Tribal Opioid Response (TOR) recipients, health care professionals and paraprofessionals, states, communities, community-based organizations, and individuals. The ORN provides culturally appropriate, evidence-based training and technical assistance to address OUDs and stimulant use at the local level.³⁴ To help reach historically and continually marginalized communities and to address health disparities, the ORN has population-specific workgroups. ORN workgroups comprise members from within and outside of ORN, bringing experience from working within and among the communities that have been, and continue to be, disproportionately impacted by overdose deaths. The following are examples of some of the workgroups' efforts:

The **ORN Indigenous Communities Workgroup** ensures the provision of culturally informed education and training developed in partnership with Native communities. The Indigenous Communities Response Team, a designated group of ORN Technology Transfer Specialists with extensive experience working with Tribal communities, leverages the insights and guidance of this workgroup in designing a technical assistance plan in response to TOR grantees and Native communities. Additionally, the workgroup presented at SAMHSA webinars, which offered TOR grantees information on how to engage with ORN and its services, bringing a voice to the Tribal communities from members of the workgroup that are also members of their own Tribal communities. Workgroup members also presented at national and local conferences in the past year, focusing on Tribal communities, notably the Association of American Indian Physicians, National Opioid Tribal Summit, and the National Indian Health Board. This type of outreach is imperative, not only to share the opportunities that are available through ORN, but also to foster a sense of trust and partnership.

In addition to supporting requests for technical assistance and vetting ORN materials and consultants, the **ORN Black Communities Workgroup** focused on increasing outreach and engagement with providers and organizations that serve Black communities. They utilize national data to identify the states and regions experiencing the most overdose deaths among Black residents to focus the scope of their work. A major source of invitees for the learning events they have hosted has been the SAMHSA-funded National Network to Eliminate Disparities in Behavioral Health (NNED) database, which provides contact information about their membership; NNED is a network of community-based organizations focused on the mental health and substance use issues of diverse racial and ethnic communities. The workgroup provided an overview of the resources and training opportunities that are available through the ORN, as well as an introduction to the workgroup members and their backgrounds and expertise, highlighting the support and cultural competence that is available when engaging with ORN for technical assistance.

This year, the **ORN Sexuality and Gender Diversity Workgroup** designed and hosted a webinar to examine the stigma, setbacks, and successes that members of the Black, Indigenous, and People of Color (BIPOC) and LGBTQ+ community encounter in their individual experiences with SUD.

³⁴ For more information on the ORN, refer to <https://opioidresponsenetwork.org/>.

Additionally, the workgroup utilized the SAMHSA treatment locator to identify clinicians and health care organizations who provide services to the LGBTQI+ community. This outreach effort provided information about how ORN and the workgroup can support providers in identifying strategies for reaching LGBTQ+ individuals who are struggling with opioid and stimulant use, creating action plans and resources to make treatment programs an affirming environment for LGBTQ+ people, and more.

In addition to the workgroups, the ORN has a team of Advanced Implementation Specialist consultants who have formed a Diversity, Equity and Inclusion (DEI) training team. This team has created a series of trainings to help organizations understand and address issues of health equity so they may more effectively work with all communities in supporting and treating people who have substance misuse issues. These trainings are frequently requested through ORN's technical assistance system. Additionally, the trainings are presented at national conferences, facilitating more requests for technical assistance for DEI in the substance use treatment field.

Finally, to address some of the limitations inherent in restricting analyses to a one-year timeframe, SAMHSA plans to conduct and disseminate additional, multiyear analyses on recruiting and retaining clients in MOUD treatment by race, sexual orientation, gender identity, and geography, and identifying processes that grantees have in place to ensure equitable access to MOUD treatment.

The SOR program continues to help states, territories, and the District of Columbia build robust infrastructures for addressing the overdose crisis by increasing the availability of effective prevention, harm reduction, treatment, and recovery support services. SOR has increased access to MOUD, expanded recovery support services, and enhanced and implemented prevention and harm reduction services, which are instrumental in addressing the opioid crisis. SAMHSA will continue to require the use of these lifesaving services to provide resources and increase client engagement among individuals with diverse racial, ethnic, geographic, and other demographic characteristics.

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

State/Territory	Key Accomplishments
Alabama	<ul style="list-style-type: none"> • The total number of practitioners that prescribe buprenorphine in Alabama increased from 920 to 1,224 practitioners. • Certified Recovery Support Specialists (CRSS) provided information and referral services to 53 pregnant and postpartum women, 26 of whom received treatment services. CRSS also provided services to 344 individuals reentering the community from prison, 130 of whom received treatment services. • Alabama distributed 435 naloxone kits to state probation and parole officers and 7,134 kits to law enforcement agencies.
Alaska	<ul style="list-style-type: none"> • Project Hope distributed 29,000 overdose kits, including naloxone and fentanyl test strips, across the state of Alaska. There was a total of 6,910 kits distributed using SOR funds. • Between September 30, 2021, and September 29, 2022, there was an increase of 67 peer support specialist supervisors. The number of peer support specialist certificates issued statewide was 71. One hundred fifty-nine clients were served through statewide recovery housing residences and 75 clients were served through rural recovery housing residences. • An anti-stigma campaign, <i>End Stigma, Find Treatment, Begin Healing</i>, included testimonies of parents who had lost a child from an opioid overdose, as well as an ongoing series of testimonies from people in recovery. The opioid prevention campaign included messages on how to prevent an overdose, recognize the signs of an overdose, and administer naloxone if needed.
American Samoa	<ul style="list-style-type: none"> • American Samoa successfully completed 321 Drug Abuse Screening Tool (DAST) assessments to screen for opioid misuse and to assess levels of risk for OUD across the community. • Between September 30, 2021, and September 29, 2022, a total of 26 individuals received a 16-week motivational enhancement therapy and cognitive behavioral therapy from an outpatient treatment program for stimulant use disorder. Ninety percent of those who completed the treatment program reported abstinence at discharge, and more than 86 percent were able to successfully connect with a recovery support program through their faith-based community or with a peer-support provider. • Brochures, posters, and public service announcements (PSAs) were created to share information on what opioids are and how they affect the brain. American Samoa conducted outreach at youth groups, schools, and other government agencies to educate and inform the community about opioid use.

State/Territory	Key Accomplishments
Arizona	<ul style="list-style-type: none"> • Arizona funds four Opioid Treatment Program (OTP) 24/7 access points. These access points serve a critical role in the optimization of MOUD services, allowing for continuous availability in some of the state’s most populous areas. In addition to providing treatment, staff continue to conduct outreach in the community, targeting high-risk groups by partnering with correctional health facilities, transitional housing programs, and programs for pregnant women with OUD. A total of 2,489 individuals received MOUD services through these sites, and 9,571 received recovery support services between September 30, 2021, and September 29, 2022. • SOR-funded, street-based outreach engages individuals who are at elevated risk for substance use in community locations where they are likely to be found such as parks, shelters, college campuses, housing camps, and colleges. Between September 30, 2021, and September 29, 2022, there were 25,905 individuals provided with services and 12,315 naloxone kits distributed. They also provided testing for HIV and Hepatitis C and referred those who were positive to medical treatment. Their efforts resulted in the administration of 1,825 HIV tests (17 were reactive) and 1,676 Hep C tests (80 were reactive). Of note, 15 individuals were cured of Hepatitis C. • Hushabye Nursery is a medically supervised withdrawal center using evidence-based practices to treat opioid-exposed infants, as well as provide wraparound services for families who need support services and family coaching. Between September 30, 2021, and September 29, 2022, Hushabye provided services to 580 clients. Outcomes were better than the current national standard: Only 34 percent of its opioid-exposed infants required treatment with morphine (compared with the national average of 98 percent); their average length of stay was eight days (compared with the national average of 22); the average cost incurred for treatment per infant was \$6,874 (compared with \$44,824 nationally); and 26 percent took the majority of their feeds from the breast (compared with 20 percent nationally). Overall, 79 percent of infants who participated in the Hushabye Nursery prenatal program were safely discharged to the care of their biological parents.

State/Territory	Key Accomplishments
Arkansas	<ul style="list-style-type: none"> • Arkansas Community Correction (ACC) has established prison-based treatment in some units. The program offers pre-release treatment, recovery services, MOUD, and the option to participate in injectable extended-release naltrexone with induction just prior to discharge from incarceration to the community. No overdoses were reported from MOUD participants during the reporting period. A total of 588 residents participated in an MOUD/Vivitrol reentry program. A total of 97 naloxone kits were provided to ACC staff who work with incarcerated residents, and 23 residents received naloxone in their exit property. Every participant is connected to a peer recovery support person during their exit interview to help with recovery in community reentry. • The University of Arkansas for Medical Sciences awarded 11 agencies (36 MAT-waived providers) funding. This means that 45 of 75 counties in Arkansas have access to MOUD, with 57 counties having at least one provider. • Arkansas Opioid Prevention for Aging and Longevity (OPAL) received naloxone and materials to assemble 250 kits, and it plans to distribute and train individuals in the community and collect demographic information on those receiving the naloxone kits. They also distributed information on naloxone at 16 presentations and community events. OPAL has 27 billboards across the state in high-prescribing and adjacent counties, wherein they have received 10.3 million impressions between September 30, 2021, and September 29, 2022. OPAL also put messaging on nine buses and had 2,101,638 impressions during this period.
California	<ul style="list-style-type: none"> • The CA Bridge program continued to expand access to MOUD in hospitals across the state through technical assistance, outreach, education, and pilot initiatives. Between September 30, 2021, and September 29, 2022, the CA Bridge program included 189 hospital sites providing MOUD, which resulted in 23,558 individuals started on buprenorphine in the ED through CA Bridge. • The Young People in Recovery project is focused on creating recovery-ready communities through California for young people in or seeking recovery by providing peer services and life-skills curriculum programs. Between September 30, 2021, and September 29, 2022, 12,191 individuals were served. • One SOR-funded project supports organizations implementing stimulant use prevention and treatment services specifically focused on communities of color throughout California. Between September 30, 2021, and September 29, 2022, 2,901 individuals received treatment for stimulant use disorders and 3,753 received MOUD. Seven thousand eight hundred units of naloxone were distributed with 1,258 overdose reversals reported and 2,054 fentanyl test strips were distributed. During the same reporting period, there were 1,498 trainings held for 14,650 professionals in the behavioral health workforce on topics such as overdose education, motivational interviewing, cognitive behavioral therapy, harm reduction, and suicide awareness. These professionals also received 66,609 units of naloxone and reported 10,898 overdose reversals.

State/Territory	Key Accomplishments
Colorado	<ul style="list-style-type: none"> • Between September 30, 2021, and August 29, 2022, 483 individuals received SOR-funded treatment services for OUD. • Between September 30, 2021, and August 29, 2022, 62,659 units of naloxone were distributed statewide. • Six mobile health units (MHUs) and two SUVs delivered OUD treatment and other resource services to rural Colorado in 54 communities in 31 counties. Additionally, three communities served by an MHU established sustained, substantial demand. So, they have transitioned to more permanent treatment service locations. This has allowed the MHUs to serve other communities in need, and helps achieve the goal of establishing sustainable, permanent treatment options in previously underserved areas.
Connecticut	<ul style="list-style-type: none"> • Connecticut continues to fund pre- and post-arrest recovery support through diversion efforts within the court system. The first program, the Treatment Pathway Program (TPP), consists of five Recovery Specialists who collaborate with clinicians in five courts to assist linking recently arrested individuals awaiting arraignment directly to treatment when substance use has been identified as contributing to their arrest. Between September 2021 and September 2022, 547 individuals were served. The second program, the Early Screening Intervention (ESI), is a pre-trial diversionary model that provides court-based, specialized screening and referral services for forensically involved individuals utilizing court-based resource counselors. Between September 2021 and September 2022, 1,183 cases across six locations were screened for services. Of those cases, 265 were referred to mental health treatment, 299 were referred to substance use treatment, and 135 were assisted with housing services. • In partnership with the Wheeler Clinic and the Connecticut Clearinghouse, Connecticut developed an opioid-targeted campaign and website that reach a variety of audiences including the elderly, construction workers, and realtors. The “Change the Script” public awareness campaign continues to be disseminated via gas stations, radio, social media, paratransit advertising, PSAs, and billboards (both print and digital) on major interstates across the state. The campaign has downloadable and customizable materials available at DrugFreeCT.org, which had 126,691 page views between September 2021 and September 2022. Additionally, the “Change the Script” van has interacted with 24,854 individuals during the same period. • Connecticut continues to support the Department of Children and Families in the provision of Self-Management and Recovery Training (SMART) Recovery, Alternate Peer, and Family & Friends groups. The Statewide Youth Recovery Support Network increases involvement of youth and families in addressing SUDs in Connecticut, reduces stigma associated with substance use problems, and increases options and access to recovery supports for young people in Connecticut and their families. Youth Recovery Connecticut has been particularly successful in engaging teens in SMART meetings, as well as incarcerated teens and young adults. Alternative peer groups, which feature a range of activities from yoga/exercise to experiential art/music activities, to guest speakers, have assisted in providing youth with prosocial experiences. Between September 2021 and September 2022, 580 participants were served.

State/Territory	Key Accomplishments
Delaware	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, the Department of Services for Children, Youth, and their Families (DSCYF) delivered school-based prevention and education activities to 140 children and outreach to 6,604 individuals through activities that address opioid and/or stimulant use in underserved populations. Additionally, DSCYF created an awareness campaign focused on talking to children about drug use/misuse. • Between September 30, 2021, and September 29, 2022, Bridge Outreach Teams continued street outreach, as well as outreach to statewide encampments, homeless shelters, and individuals recently released from prison. Additionally, the Department of Substance Abuse and Mental Health (DSAMH) Bridge Clinics continued to conduct more than 10 events weekly – including outreach to persons experiencing homelessness, sheltered individuals, justice-involved individuals, and other high-risk populations. DSAMH also partnered with community partners, city organizations, the Delaware Department of Transportation, and others to identify additional homeless encampments. • In order to help identify key populations with vulnerability or unmet needs, maps of suspected overdose deaths were used to inform Delaware’s naloxone distribution. The evaluation team mapped the locations and volume of naloxone distribution in the state to identify areas in which it is most needed. These maps are supporting naloxone distribution planning, will be added as story maps in the My Health Healthy Community portal online, and are comparable to other population metrics that portal provides to the public.
District of Columbia	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, Washington, D.C.’s Text to Live program had 53,392,000 digital media impressions from online ads; 620,000 print media impressions; 6,000,000 radio impressions; 9,000,000 television impressions; and 98,873,900 transit ad impressions. Additionally, during this time, there were 1,966 Text to Live messages that resulted in 443 naloxone delivery requests. • D.C.’s three SSPs, supported by SOR, distributed harm reduction supplies, linked individuals to treatment, initiated buprenorphine, conducted outreach, and responded to overdose clusters. Between September 30, 2021, and September 29, 2022, the SSPs distributed 18,356 units of naloxone; reversed 90 overdoses; and distributed 3,589 fentanyl test strips. • Between September 30, 2021, and September 29, 2022, D.C. enrolled 233 new individuals in the District’s four peer-operated centers and made 104 linkages to employment services; 37 linkages to treatment services; and 738 linkages to recovery support services.

State/Territory	Key Accomplishments
Florida	<ul style="list-style-type: none"> • There were 10,993,963 impressions identified through Florida’s media campaigns between September 30, 2021, and September 29, 2022. • Florida added 60 Oxford House Inc. Recovery Houses between September 30, 2021, and September 29, 2022. • Between September 30, 2021, and September 29, 2022, 109 participants received tele-harm reduction interventions. This resulted in a three-month retention rate for those prescribed buprenorphine of 58.7 percent. In the multivariable logistic regression model, after adjusting for age, sex, race/ethnicity, insurance status at enrollment, and housing status at enrollment, seeing a provider via telehealth at any follow-up visit had a higher adjusted odd of retention at three months.
Georgia	<ul style="list-style-type: none"> • Twenty faith leaders participated in monthly trainings on engaging faith leaders from various religions about the opioid crisis and their potential to have a positive impact. • Between September 30, 2021, and September 29, 2022, Georgia’s media campaign had 20,461,360 impressions. • Between September 30, 2021, and September 29, 2022, there were 4,071 first responders trained on OUD and the use of naloxone.

State/Territory	Key Accomplishments
Guam	<ul style="list-style-type: none"> • The Young Adult Program (YAP) is a substance use treatment program for young adults ages 18-26. The YAP started on October 23, 2020, with five participants in the Guam Behavioral Health & Wellness-Drug & Alcohol Program. Two contracted agencies, the Oasis Empowerment Center and Salvation Army-Lighthouse Recovery Center, started their YAP programs on November 9, 2020, with approximately five to six participants in each YAP. The YAP continues to grow as young adults continue to come in for treatment. The YAP program had three different groups, with a total of 76 participants from September 30, 2021, to September 29, 2022. • The Peer Recovery Organization Transforming Ourselves, through Healing, Growth & Enrichment (TOHGE) hired 10 Peer Specialists to provide peer support services for the clients in YAP. The Peer Recovery Specialists (PRSs) are assigned to each consumer in the YAP program and provide recovery coaching and mentoring, and they co-facilitate the YAP support and treatment groups. The PRS are also involved in the consumers treatment planning and case management sessions. The PRS assist consumers in reaching their goals and objectives and work closely with consumers to help them navigate recovery support services in the community, as well as encourage and motivate consumers to continue their recovery journeys through sharing their lived experiences. TOHGE also trained 12 peers at the Peer Recovery Academy between February 5, 2022, and March 31, 2022. These PRS will be trained to work on the Warmline, will provide peer support in emergency rooms and will encourage individuals to enter treatment and recovery services, as well as provide transportation and a warm handoff to treatment facilities. TOHGE continues to provide the warmline and screening, brief intervention, and referral to treatment (SBIRT) services in emergency rooms. They receive an average of 25 calls a day for peer recovery services. This Fiscal Year, they report to have provided 68 SBIRT screenings in the community and to have assisted 37 individuals to receive SUD treatment. TOHGE received a total of 545 calls on the Warmline and provided Peer Recovery Services to approximately 639 individuals in this year. • TOHGE also provided 18 SBIRTs during community outreach when needed. Peers provide recovery coaching and mentoring in treatment, navigation of recovery support services and advocacy. TOHGE has responded to 18 calls from the two local emergency rooms and has provided Peer Recovery services to each participant they responded to, and their families. Of the 18 SBIRTs provided, nine individuals were referred to treatment providers in the community.

State/Territory	Key Accomplishments
Hawaii	<ul style="list-style-type: none"> • A total of 67 Kumu (teachers) were trained on the Kanilehua Framework and how culture is an important part of teaching students resilience and preventing opioid and other substance use. There were a total of six teacher workshops; one on Oahu and five on Hawaii Island. • As a result of the Health Enhancement to Reduce Opioid Use Disorder (HERO) Project: Hepatitis Care Coordination for Increasing Opioid Treatment, 11 individuals started Hepatitis C Virus (HCV) treatment; four completed HCV treatment, 57 individuals were referred to MOUD, and 39 individuals started MOUD treatment. • The UTelehealth program, which serves people who live in rural and urban communities throughout the state and are uninsured, provided 924.83 hours of telehealth services.
Idaho	<ul style="list-style-type: none"> • In July 2021, Idaho became the second state within the United States to install a Harm Reduction Vending Machine (HRVM). Idaho's first HRVM is inside an OTP in Boise. Between September 30, 2021, and September 29, 2022, 54 participants accessed the HRVM, 23 of whom elected to participate in the evaluation survey. During that same time period, 318 naloxone kits were disseminated, and 123 overdose reversals were reported. • Though initially delayed, Ideal Options, an OBOT program, opened two locations in North Idaho. Idaho provided SOR funding to North Canyon Family Medicine (NCFM) for the start-up of OBOT services in at least four rural Idaho counties. Additionally, two OTPs opened, increasing the total number of OTPs in Idaho to six. • The reentry program at the Pocatello Women's Correctional Center (PWCC) continued to serve individuals who were released from prison and returning to the community, providing them with case management and recovery coach services, as well as continuing those services for the individuals as they rejoined their communities. Between September 30, 2021, and September 29, 2022, the PWCC Reentry program served 188 women.

State/Territory	Key Accomplishments
Illinois	<ul style="list-style-type: none"> • The Access to Medication Assisted Recovery (A-MAR) program utilizes a “Hub and Spoke” model, with the goal of having a substantial population center working with surrounding areas that have low access to MAR. Illinois implemented five A-MAR Networks across the state. Between September 30, 2021, and September 29, 2022, 363 clients were admitted to MAR through these service networks. • Beginning in July 2021, Illinois introduced the “Access Narcan” program, which allows state-approved Drug Overdose Prevention Programs (DOPPs) to order naloxone. Between September 30, 2021, and September 29, 2022, 99,528 two-dose kits were purchased and shipped through the Access Narcan program. Additionally, 323 community organizations and 76 hospitals and clinics enrolled in the program during the same period. • The Illinois Opioid Crisis Helpline, launched on December 5, 2017, is a statewide, 24-hour, 7-day/week helpline for persons with OUD and related issues. The Helpline’s website was launched in September 2018. Between September 30, 2021, and September 29, 2022, the helpline received 17,106 calls and 8,534 online service searches; and its staff responded to 1,760 chats and 608 texts.
Indiana	<ul style="list-style-type: none"> • Indiana continues to use SOR funds for OUD and stimulant use disorder treatment. Between September 30, 2021, and September 29, 2022, 156 individuals received evidence-based treatment and MOUD from 32 participating providers. • The state’s Mobile Integrated Response System (MIRS) teams include 10 MIRS providers operating in 30 counties. The MIRS teams include community-based peer recovery coaches, a MOUD prescriber in a local ED, and a wraparound service provider. The teams assist with clinical interventions, referrals, transportation to MOUD and medical clinics, recovery housing, employment support, and other needed services. Between September 30, 2021, and September 29, 2022, MIRS teams provided at least one service to more than 7,600 people in their respective communities. • Indiana continues to fund the Regional Recovery Hub program, which provided 8,254 individual services to people with OUD or stimulant use disorder between September 30, 2021, and September 29, 2022. The Regional Recovery Hubs also provided 2,645 referrals for resources and services related to opioid and stimulant use. There are currently twenty Regional Recovery Hubs, including three Black, Indigenous, and People of Color (BIPOC)-led Hubs.

State/Territory	Key Accomplishments
Iowa	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, 348 individuals received CM for the treatment of stimulant use disorder. CM is being implemented by 14 of the 16 contracted agencies. • Naloxone distributed between September 30, 2021, and September 29, 2022, totaled 7,216 kits across all programs and contracts. The Tele-Naloxone program and the Local Pharmacies program for naloxone and drug disposal kits continued to see increases in the distribution of kits and reported reversals. • Local-level treatment providers served 53 new and 71 continuing OUD clients with comprehensive treatment and recovery support services that include MOUD. SOR funds support improved outreach, contingency management, linkages to care, HIV and HCV testing, and ongoing access to MOUD for patients. Between September 30, 2021, and September 29, 2022, a total of 679 individuals received treatment and recovery services; many of them received more than one recovery-related support service.
Kansas	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, a total of 1,596 individuals with OUD received SOR-funded treatment services. Three hundred forty-four of those individuals received methadone, 239 received buprenorphine, and 21 received injectable extended-release naltrexone. • Between September 30, 2021, and September 29, 2022, 3,412 individuals, representing 103 of the 105 counties in Kansas (98 percent), received naloxone training, and 13,423 naloxone kits were distributed throughout Kansas. This included naloxone distribution to first responders, law enforcement, fire departments, group homes, behavioral health providers, community mental health centers, Tribal communities, libraries, and individuals. • Operation Prevention has been implemented throughout the state to educate youths about the opioid crisis and its consequences. With COVID-19, it became essential to present virtually to student groups. There were 313 trainings held, reaching an audience of 2,653 participants both virtually and in person. In addition, the Older Adult MedSafe education program was presented 12 times, reaching 142 persons and leading to 194 MedSafe units installed in counties without a disposal site between September 30, 2021, and September 29, 2022.
Kentucky	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, Too Good for Drugs, a universal school-based prevention program for grades K-12, was utilized in 242 Kentucky schools. • Kentucky distributed 1,440 Deterra disposable pouches for medication disposal that included information about National Drug Take Back Day and local drop boxes. • Forty SSPs were awarded funding to expand their harm reduction services by purchasing approved supplies, hiring staff to expand operation hours, incorporating peer support, providing wound care, and implementing outreach campaigns. Between September 30, 2021, and September 29, 2022, 4,887 individuals accepted referrals to treatment; 1,716 clients received peer support services; 83 educational events were attended by 2,164 individuals; 6,227 brochures and educational materials were distributed; and 1,277,361 impressions were tracked from media messaging.

State/Territory	Key Accomplishments
Louisiana	<ul style="list-style-type: none"> <li data-bbox="513 233 1455 394">• Between September 29, 2021, and September 30, 2022, a total of 27 OBOTs across the state received SOR funds to provide MOUD treatment services. This included FQHCs, rural health clinics, urgent care clinics, hospitals, and primary care practices. Through these OBOTs, a total of 461 individuals were served during the reporting period. <li data-bbox="513 405 1455 636">• In collaboration with the Office of Public Health Louisiana Perinatal Quality Collaborative (LaPQC), the Improving Care for the Substance-Exposed Dyad (ICSED) initiative was implemented. This is a limited statewide project focused on improving care for birthing persons, parenting persons, and newborns affected by substance use, to improve infant health outcomes. From September 30, 2021, to September 29, 2022, LaPQC recruited 13 hospitals to participate in the initiative, exceeding the goal of five. <li data-bbox="513 646 1455 835">• The Department of Corrections (DOC), through SOR funds, provided OUD treatment services, including MOUD, to individuals in correctional facilities. In addition to MOUD, evidence-based practices were used during the pre-release phase, including intensive cognitive-behavioral therapies. DOC provided treatment services to 509 individuals from September 30, 2021, to September 29, 2022.

State/Territory	Key Accomplishments
Maine	<ul style="list-style-type: none"> • Maine continues to provide services such as MOUD, drug screenings, behavioral health therapy, and treatment cost assistance to uninsured individuals diagnosed with an OUD who are incarcerated. Six hundred forty-one incarcerated individuals received OUD treatment services between September 2021 and September 2022. Of those, 608 individuals received buprenorphine, 30 individuals received methadone, and three individuals received injectable extended-release naltrexone. • Maine funds the Student Intervention Reintegration Program (SIRP), a 12-hour educational program for youth who have experimented with alcohol and/or other drugs. There are three components of the program—student, parent, and community engagement—that work together to achieve attitude and behavior changes, resulting in lower-risk choices by participants. SIRP is available to all Maine residents 13-18 years old who are referred by schools, school resource officers, juvenile community correction officers, law enforcement, community referrals, and “other,” a category that can include parents, self, coaches, and relatives. Between September 2021 and September 2022, 103 students were referred to SIRP; of those, 71 students completed the program. • Maine developed the Homeless Opioid Users Services Engagement (HOUSE) Program to support individuals who are experiencing homelessness in Portland and greater York County. HOUSE provides rapid access to low-barrier treatment for SUD and stable housing support to individuals who are among the most vulnerable and unstable. Providers work with participants to attain and sustain recovery; minimize the risk of overdose using methods including reducing or ceasing substance use; decrease diversion of prescribed substances, including buprenorphine; connect with recovery community resources; identify short- and long-term goals; and develop new skills to support recovery. Between October 2021 and June 2022, 148 individuals were engaged in peer support, 105 participants were engaged in individual counseling, 19 participants were permanently housed, and 64 participants received OUD treatment services and peer recovery coaching.

State/Territory	Key Accomplishments
Maryland	<ul style="list-style-type: none"> • In Maryland, fentanyl-laced drugs are a leading cause of accidental overdoses. Maryland launched a statewide multimedia campaign with special attention toward drug users at risk of fentanyl poisoning. The campaign contains education on the potential existence of fentanyl in street drugs and the risk of an overdose during casual drug use. It encourages the public to learn about and use naloxone and other resources. The Dangers of Fentanyl public service announcement earned several awards, including a silver award from the international MUSE Creative Awards in the category of “Video – Public Service & Activism” and 2 silver Telly Awards in the categories of “General Public Service Announcement (PSA)” and “Health & Safety.” • Maryland’s Hub and Spoke initiative involved identifying patients within the Spokes (treatment administered by buprenorphine prescribers) who were having challenges and placing them in Hubs (OTPs) to become stabilized with substance use counseling, group and individual sessions, urinalysis monitoring, care coordination, and peer encounters. The goal was to decrease overdoses, illicit opioid use, illegal activity, and involvement in the criminal justice system while increasing overall life satisfaction. Between September 30, 2021, and September 29, 2022, 21 hubs and 30 spokes enrolled 175 participants; 94 individuals started MOUD; 1,371 received care coordination; and 131 individuals had a total of 804 peer encounters. • The Healthy Beginnings (HB) initiative is a multidisciplinary care service for pregnant and postpartum women who struggle with opioid dependence and who are at high risk for infectious diseases and unplanned pregnancy. Between September 30, 2021, and September 29, 2022, approximately 188 participant visits were made, with 111 clients keeping six or more prenatal visits, and 147 participants receiving prenatal vitamins. Of the participants with a history of smoking, 27 stopped smoking prior to delivery, and 119 received nicotine cessation services that included patches or gum and smoking cessation classes. One hundred forty-two women were linked to substance use services, 37 were linked to vocational/educational services, and 152 were linked to services such as job sources, Healthy Families Prevention Services, MOUD providers, targeted case management, and outpatient mental health services. In addition, a total of 615 outreach encounters were conducted by HB’s staff, MOUD providers, and other community behavioral health providers to provide harm reduction interventions to individuals who were actively enrolled in HB services and individuals engaged during community outreach.

State/Territory	Key Accomplishments
Massachusetts	<ul style="list-style-type: none"> • Massachusetts continues to expand access to MOUD and other evidence-based treatment and recovery supports for pregnant and postpartum women and their families through the Moms Do Care and the FIRST (Families In Recovery Support) Steps Together programs. The Moms Do Care programs serve pregnant and postpartum women who have a history of OUD and stimulant use disorder. The programs offered perinatal peer support, health care, wraparound treatment, recovery support, and family services to approximately 224 clients between September 2021 and September 2022. The FIRST Steps Together programs are home-visiting, parenting-and-recovery support initiative serving pregnant women, mothers, and fathers of young children impacted by OUD and stimulant use disorder. Between September 2021 and September 2022, 255 individuals were enrolled in the programs. • In partnership with the AdCare Educational Institute, Massachusetts offered 240 training courses and workshops, and trained 5,783 treatment and recovery professionals between September 2021 and September 2022 on topics such as providing trauma-informed care, helping people with co-occurring substance use and mental health disorders, shattering stigma, understanding and serving people who are justice-involved, serving youth and young adults, operationalizing racial equity in the workplace, using motivational interviewing, and increasing cultural competence to provide MOUD in Native communities, as well as other skills. In addition, these trainings offered numerous credentialing opportunities to addictions counselors, addiction recovery coach certification, and group peer support (GPS) facilitators. • In collaboration with 29 OTP and OBOT programs, Massachusetts increased access to treatment and enhanced services to reach and engage underserved or hard-to-reach populations. Between September 2021 and September 2022, 994 individuals were enrolled.

State/Territory	Key Accomplishments
Michigan	<ul style="list-style-type: none"> • Prepaid Inpatient Health Plan (PIHP) regions continue to utilize State Opioid Response (SOR) funds to support the cost of treatment services for uninsured or underinsured individuals. Between September 30, 2021, and September 29, 2022, 3,894 individuals received therapy services for OUD (2,605) and stimulant use disorder (1,289). During the same period, 5,308 people received other services including MOUD, case management, transportation services, cognitive behavioral therapy, and web-based treatment services. • Between September 30, 2021, and September 29, 2022, SSPs continued to engage individuals who use drugs; to distribute naloxone and fentanyl test strips; and to make referrals to SUD and HIV/Hepatitis C (HCV) treatment as needed. The SSPs reported having 46,065 encounters with participants, referring 3,533 clients to treatment, and distributing 35,069 naloxone kits, which resulted in at least 2,241 overdose reversals statewide. The SSPs also distributed 33,624 fentanyl test strips and conducted 554 HIV tests and 624 HCV tests. • PIHP regions continue to implement MOUD services in county jails and to expand the capacity of jails currently offering MOUD services throughout the state. A total of 2,762 individuals were served through jail-based MOUD and OUD programming between September 30, 2021, and September 29, 2022. Additionally, 1,087 individuals received post-release follow-up, and 2,582 received therapeutic services – which include individual and group therapy, as well as peer support services.
Micronesia	<ul style="list-style-type: none"> • Micronesia has worked jointly with the World Health Organization (WHO) to develop their FSM Guideline for Use of Opioids in Pain Management, as they look to regulate opioid prescriptions within the Federated States of Micronesia (FSM). • Micronesia is working on a Congressional amendment to add buprenorphine to their formulary in order to be able to prescribe it within FSM. • Micronesia conducted 71 prevention activities, engaging 5,409 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"> • The state continues to fund the media campaign Know the Dangers to provide education, information, and general awareness regarding OUD and stimulant misuse and use disorder. The website, Facebook, Twitter, Instagram, and YouTube channel. The website features a resource page with fact sheets, a social media toolkit, videos, news stories, the state opioid plan, and treatment and naloxone locators and logged 47,631 sessions between September 30, 2021, and September 29, 2022. • SOR continues to fund recovery support services. Between September 30, 2021, and September 29, 2022, 1,104 individuals received recovery housing, 1,364 individuals received recovery coaching or peer coaching, and 700 individuals received employment support. • Minnesota’s SOR-funded providers reported increased community outreach and engagement highlighted by their six outreach events, which reached more than 610 individuals. They also reported distributing 326 naloxone kits and 111 fentanyl test strip kits during outreach events and other targeted distribution efforts.
Mississippi	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, Mississippi utilized SOR funds to purchase 6,000 Deterra packets for medication disposal that were distributed with naloxone. • The website “Stand Up, Mississippi” is a statewide initiative to put an end to the opioid crisis in the state and inspire all Mississippians to work together to take positive steps towards creating a stronger and healthier future. The website had 27,586 page views with the Treatment Locator being the second-most visited portion of the website after the homepage. • Between September 30, 2021, and September 29, 2022, 85 different agencies and departments throughout Mississippi received naloxone, distributing 14,127 kits.
Missouri	<ul style="list-style-type: none"> • The SOR-funded mobile application, u-MATr, expanded to reach any individuals with OUD and stimulant use disorder. Developed by Washington University, u-MATr is used in 22 different sites around the state with 624 unduplicated participants and 232 newly enrolled participants between September 30, 2021, and September 30, 2022. Additionally, during this time, 449 individuals logged in and utilized the application. • Recovery Lighthouse, Inc., continued to provide family recovery support services, education, and resources for individuals and families affected by OUD and stimulant use disorder. Open support groups were held with 87 families and 430 individuals. Seventy-six families participated in the family education workshops, and 43 families received family therapy sessions. • As of September 2022, there are 163 accredited recovery houses, offering 1,776 total recovery housing beds statewide (1,120 for men and 656 for women). Additionally, the Missouri Coalition of Recovery Support Providers (MCRSP) continues to provide accreditation for recovery housing providers to ensure they meet national accreditation standards. MCRSP accredited 38 new recovery houses between September 30, 2021, and September 29, 2022.

State/Territory	Key Accomplishments
Montana	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, 626 individuals received OUD services. Of the clients served by MOUD providers, nearly 30 percent reported involvement with the criminal justice system and 42 percent self-identified as American Indian. • Between September 30, 2021, and September 29, 2022, a total of 26,761 naloxone kits were distributed to key community partners. • Ninety-four individuals received treatment services for stimulant use disorder between September 30, 2021, and September 29, 2022. Services were supported through extensive outreach to providers, training and technical assistance, implementation support, and ongoing technical assistance. A total of nine sites implemented these services.
Nebraska	<ul style="list-style-type: none"> • A total of 3,064 naloxone nasal spray kits were distributed between September 2021 and September 2022. This total includes 686 kits that were distributed through the pharmacy naloxone distribution program distributed to first responders and treatment providers. • Community Prescription Drug Disposal events collected 670.6 pounds of controlled and non-controlled substances between September 2021 and September 2022. • The Nebraska Department of Behavioral Health partnered with the Nebraska Medical Association to coordinate training on MOUD and stimulant use disorder in an effort to increase the workforce capacity and enhance behavioral healthcare services. This partnership provides expert consultation support to newly waived providers on MOUD initiation. As of September 2022, 97 providers are confirmed MOUD prescribers and are practicing throughout Nebraska. More than 300 providers across the state were trained through MAT Waiver trainings, a MAT 101 class, and Motivational Interviewing.
Nevada	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, Mobile Outreach Recovery Teams increased services by adding a certified peer recovery support specialist stationed at the hospital. The team received 1,039 referrals from the hospital, completed 1,039 screenings, transported 419 individuals to withdrawal management, referred 75 individuals to housing or long-term care, and referred 584 individuals to MOUD or other care. • SOR funds were used to purchase fentanyl test strips in October 2021, and full-scale distribution was implemented in March 2022. The program began with one pilot site in the fall of 2021 and has expanded to 32 sites, with SOR distributing 21,900 strips as of September 2022. • Trac-B Exchange and Northern Nevada HOPES have naloxone distribution programs supported by SOR funding. Trac-B Exchange additionally has vending machines that distribute naloxone to registered clients in Las Vegas and have been able to place one in the rural community of Hawthorne, NV. They will be placing six new vending machines in a variety of rural and urban locations.

State/Territory	Key Accomplishments
New Hampshire	<ul style="list-style-type: none"> • New Hampshire continues to fund The Doorway system, a regional low-barrier entry point for residents to access prevention, treatment, recovery, harm reduction, and support services. Through The Doorway, 12,645 individuals were served; 3,210 referrals to treatment were made; 3,500 short-term, low-barrier crisis bed nights were provided to more than 1,039 individuals affected by OUD and stimulant use disorder in need of safe shelter; and approximately 7,000 calls were referred by 2-1-1 New Hampshire to The Doorway between September 30, 2021, and September 29, 2022. • New Hampshire continues to fund several recovery support services to increase access to peer recovery support, recovery housing, and opportunities for employment. Thirteen recovery community organizations and 20 recovery centers served 1,510 individuals in recovery over an average length of 273 days, participating in more than 8,000 organizational, outreach, and training activities between September 30, 2021, and September 29, 2022. During the same period, 124 individuals received vocational services and employment specialist trainings, 28 individuals received recovery housing services, 264 individuals received recovery case management services from the Department of Corrections post incarceration, and 463 individuals received MOUD while incarcerated. • SOR funds were used to expand the availability of evidence-based prevention strategies for adverse childhood experiences (ACEs) caused by opioid or stimulant misuse. ACEs crisis response teams consist of crisis advocates and police officers providing behavioral therapies, recovery coaching, crisis interventions, peer support groups, and support during court proceedings. Between September 30, 2021, and September 29, 2022, the crisis teams assisted 58 people 18 and younger.
New Jersey	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, 1,581 unduplicated individuals received treatment services for OUD. • The Department of Human Services, Division of Mental Health and Addiction Services continues to support the use of MOUD for inmates in all New Jersey county jails. SOR resources supported the initiative in four county jails. Between September 30, 2021, and September 29, 2022, 1,724 individuals received treatment services for OUD and stimulant use disorder. Of those individuals, 404 received methadone; 1,263 received buprenorphine; and 62 received injectable extended-release naltrexone. Additionally, 305 individuals received recovery support services through case management and 171 through a peer specialist. • Between September 30, 2021, and September 29, 2022, Oxford House, Inc., recruited, hired, and trained six Oxford House Outreach Staff with SOR funding. Under guidance from the regional manager and other senior staff, 15 Oxford Houses opened, providing an additional 120 beds. The program continues to emphasize expanding the number of houses within the state supporting women with children.

State/Territory	Key Accomplishments
New Mexico	<ul style="list-style-type: none"> • Overdose death data shows African American men in New Mexico die disproportionately, and statistically significantly, from opioid overdose more than any other demographic in the state. To address opioid overdose in this population and the broader community (e.g., faith-based communities/churches, families, adolescents, and formerly incarcerated women and men), a non-profit organization was engaged to conduct overdose prevention education and naloxone distribution in the Albuquerque metro area and the southeastern part of the state. To date, almost 200 hours of overdose prevention, recognition, and response trainings have been provided. • Between September 30, 2021, and September 29, 2022, one detention facility started a treatment program using MOUD focused on individuals with OUD and stimulant use disorder. Four trainings were provided for both the facility and community providers to ensure a strong internal program and warm handoff. One of the new hubs (Mental Health Resources) was specifically funded to start community-based MOUD services in the same community as this criminal justice hub. • SOR PAX Good Behavior Game intervention continues to be implemented in New Mexico. Between September 30, 2021, and September 29, 2022, training was provided to 92 teachers, 19 administrators, and 82 special staff. In the same reporting period, 2,501 students were reached across 12 public schools districts.
New York	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, a total of 4,878 individuals received treatment services for OUD. • Between September 30, 2021, and September 29, 2022, 15 Recovery Community and Outreach centers provided recovery and peer support or peer support group services to 14,066 individuals. • Fifty-four providers delivered 16 different prevention EBPs or promising programs and practices, including Teen Intervene, Triple P, Strengthening Families Program, Parenting Wisely, PAX Good Behavior Game, and Environmental Change Strategies (ECS).

State/Territory	Key Accomplishments
North Carolina	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, 114 parents received SUD treatment through partnership with Department of Social Services and a local treatment provider. • A total of 1,428 individuals received naloxone and linkage to community health centers for continued SUD care in reentry and criminal justice detention centers. • Eastpointe contracted with WEconnect to provide members with a recovery smartphone application that works by reinforcing positive activities that are directly tied to recovery and required location verification to obtain rewards. The application enabled members to participate in online support meetings, access peer support, and log activities that were part of their recovery – all while using a HIPAA-compliant messaging platform. Outcome data between September 30, 2021, and September 29, 2022, includes: <ul style="list-style-type: none"> ○ 337 total participants on the WEconnect app ○ 185 new participants ○ 83.2 percent of participants engaged with peer support ○ 92 percent engagement Rate (Engaged = Checking in to appointments & messaging peer) ○ 69,533 total check-ins (Average per member: 206) ○ 2,601 support group meetings attended ○ 6,316 MOUD treatment sessions attended ○ 11,431 peer interactions ○ 86.9 percent of rewards redeemed
North Dakota	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, 55 individuals received treatment services for OUD. • Community and Tribal grantees were able to provide 66 rides to individuals for MOUD services, provide transportation for 14 individuals to OTPs, and serve 10 individuals via telemedicine. Two community grantees are actively working with partners to implement contingency management programs. • The North Dakota Department of Human Services’ Behavioral Health Division contracted with the state Department of Corrections and Rehabilitation (DOCR) to continue efforts to purchase MOUD to support residents of DOCR who suffer from moderate and severe OUD, especially prior to release.

State/Territory	Key Accomplishments
Northern Marianas (CNMI)	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, the CNMI SOR Recovery Clinic continued to provide services to clients, with 48 individuals receiving intake and assessment, group therapy sessions such as relapse prevention, early recovery skills, social support, and family education through implementation of the Matrix Model. • To help support SOR goals, a multisector consortium of more than 300 CNMI stakeholders invested in preventing and addressing substance use disorders held 10 general meetings and numerous subcommittee meetings. Consortium members received trainings on topics such as SBIRT, social determinants of health, and overdose prevention. • Since the inception of the Blue-Ribbon Initiative Consortium, the Community Guidance Center saw a 150 percent increase in new referrals for services provided to the community.
Ohio	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, a regional homeless response team contacted 260 individuals during the first three months of operation, with 99 following up to request assistance with an opioid or a stimulant use disorder. SOR-funded initiatives also helped to reduce or eliminate any interruption of MOUD for clients who had been released from jail or who had moved from residential treatment to their own homes. • Ohio’s SOR-funded organizations worked to expand their mobile engagement, street outreach, and educational campaigns to special populations, including racial and ethnic minorities, school-aged youth, teachers, individuals experiencing homelessness, rural populations, and older adults living in senior centers and independent living facilities. Through the efforts of the SAFETY. OUTREACH. AUTONOMY. RESPECT. (SOAR) Initiative, the “Deadly Batch Alerts” text messaging system expanded from five regional county areas to statewide, enabling greater access to overdose prevention resources particularly in rural and underserved communities. The number of subscribers and the reporting of “bad batches” increased. Notably, there were 68 community reports detailing fentanyl contamination, overdoses that required additional naloxone for successful revival, inorganic contaminants (e.g., glass), and fake pressed pills. • Between September 30, 2021, and September 29, 2022, 59 faith-based organizations across the state of Ohio supported prevention and stigma reduction with SOR funding. These organizations provided education, training, and professional development, including learning communities held monthly along with outreach and awareness activities and media campaigns reaching millions. Organizations leveraged community support through collaborative planning, as well as supported individuals in recovery.

State/Territory	Key Accomplishments
Oklahoma	<ul style="list-style-type: none"> • Oklahoma Department of Mental Health and Substance Abuse Services launched a program providing opioid education and naloxone distribution in healthcare settings and enrolled 18 primary care sites and one inpatient center between September 30, 2021, and September 29, 2022. This includes implementation of SBIRT with primary care providers to screen for substance use. The first cohort of 27 providers, which was completed in June 2022, screened more than 5,881 patients. SBIRT with adolescents included seven pediatric/family medical clinics and screened more than 3,768 patients during the same period. • Faith-Based Organizations via the Oklahoma Conference of Churches, which encompasses 17 different Christian denominations, held events focused on opioid and stimulant use. They disseminated education and information to approximately 600,000 residents and 1,600 houses of worship statewide. • OEND was provided to more than 5,000 Oklahomans.
Oregon	<ul style="list-style-type: none"> • SOR funding enabled Max's Mission to employ the project management and peer recovery staff needed to distribute naloxone to those most at risk of overdose in southern Oregon on a regular basis, which contributed to more than 500 overdose reversals from trained recovery staff. • The Native American Rehabilitation Association of the Northwest (NARA) was able to implement several American Indian/Alaska Native-focused programs such as Red Road and White Bison with the residential treatment facilities. With the SOR-funded activities, it enabled people with OUD to experience culturally sensitive prevention, education, medical treatment, and support with recovery. NARA was able to implement outpatient treatment with each session, bringing in 10-14 individuals at least twice a week. NARA was able to continue treatment and prevention at homeless shelters and churches, as well as at NARA facilities. • SOR funding in the 2021-2022 school year helped support services to graduate 10 students; outreach with 71 unduplicated new young people; and 49 unduplicated enrollments at Harmony Academy Recovery High School, Oregon's first recovery high school for young people with SUD. Harmony Academy provides a positive peer culture, a resilient and impactful staff, and an environment where youth who have been disengaged from school and who struggle with behavioral health challenges can find the safety to risk, grow, acquire credits, find career paths, and graduate with full diplomas and lives of freedom and possibility.

State/Territory	Key Accomplishments
Pennsylvania	<ul style="list-style-type: none"> • The Pennsylvania State Police (PSP) Drug Law Enforcement Division continued to analyze data through the Overdose Information Network (ODIN) to identify areas where there had been activity related to opioids, including police activity, drug overdoses, death, and naloxone administration. The PSP continued to use the combined model of community policing and warm handoffs, as well as increased officer presence in those communities to identify individuals in need of services and supports, to encourage them to engage in treatment, and to disseminate naloxone where needed. Between September 30, 2021, and September 29, 2022, the program resulted in 1,368 individuals referred to treatment. • In Pennsylvania, the Department of Corrections (DOC) continued to expand access to MOUD in all 47 Single County Authorities and collaborated to ensure that all individuals started on MOUD during incarceration continued MOUD upon their release. The expansion of injectable buprenorphine within the State Correctional Institutions was the DOC's biggest success, and social workers across the DOC system continued to work diligently to make sure each reentrant had services in place before the day of release. Between September 30, 2021, and September 29, 2022, 2,182 individuals received at least one dose of MOUD. • Between September 30, 2021, and September 29, 2022, the DOC continued their collaboration with the Department of Health to implement evidence-based tobacco cessation programming. Over the course of the project period, 257 unique individuals received at least one counseling session for tobacco cessation and 10,240 nicotine patches were provided, compared with zero in the previous year.
Puerto Rico	<ul style="list-style-type: none"> • A total of 651 overdose events were reported between September 30, 2021, and September 29, 2022. The majority of these opioid-associated overdose events (96.3 percent, N=627) were nonfatal due to the use of naloxone kits. • Between September 30, 2021, and September 29, 2022, the Puerto Rico SOR program certified 45 SUD recovery peers, exceeding their certification target of 40. • Between September 30, 2021, and September 29, 2022, a total of 357 unduplicated clients received SOR-funded stimulant use disorder treatment.

State/Territory	Key Accomplishments
Rhode Island	<ul style="list-style-type: none"> • Rhode Island continues to fund the Behavioral Health Link, a 24/7 behavioral health hotline and triage center that provides wraparound and transportation services. Between September 30, 2021, and September 29, 2022, a total of 1,733 face-to-face assessments were conducted at the 24/7 walk-in triage center. These visits led to referrals to private mental health providers, medically supervised withdrawals, residential and outpatient services, community mental health centers, and recovery housing. During the same period, the 24/7 hotline received 10,031 calls; 22 percent were for crisis calls, 33 percent for treatment referral, 37 percent requesting information, 7 percent for other inquiries, and less than 1 percent for COVID-19-related questions. • SOR funds continue to support Rhode Island’s Recovery Friendly Workplace Initiative. The initiative engages companies and employers to create work environments that are supportive and empowering for employees in recovery. Thirty-five employers comprising of 40,229 employees were designated as Recovery Friendly Workplaces between September 30, 2021, and September 29, 2022. Of these employees, 6,864 received SOR-funded services, 152 received naloxone kits, and 193 attended virtual education classes. Additionally, 84 individuals in long-term recovery obtained gainful employment, and 70 persons in positions of leadership received training on how to create a recovery friendly workplace. Furthermore, the first Recovery Friendly Job and Career Fair was held – with 16 employers, four apprenticeship organizations, and four higher education facilities participating. More than 100 job postings from Recovery Friendly Workplaces were viewed by more than 1,000 people, which resulted in 68 job positions filled on-site and 21 new college enrollment packets completed on-site by universities and higher education academies. • In collaboration with the Parent Support Network of Rhode Island at the Department of Children, Youth and Families, Rhode Island provides on-site, certified peer recovery specialists to aid families affected by substance misuse. Between September 30, 2021, and September 29, 2022, 329 referrals occurred across multiple targeted demographics needing recovery support services such as family drug court participants, fathers in recovery, Spanish-speaking individuals, pregnant women, and parents taking MOUD. Of the 329 referrals, 32 were expectant mothers, and 33 were mothers with newborns who tested positive for substances at birth. One hundred eighty-three individuals remained active in the program until the end of the reporting period. Staff used referrals to connect people to a range of services including SUD treatment, MOUD providers, parenting classes, and community mental health centers.

State/Territory	Key Accomplishments
South Carolina	<ul style="list-style-type: none"> • South Carolina has partnered with the only federally recognized Native American Tribe in the state, the Catawba Nation. Through SOR funding, South Carolina has supported yearly events on the native land. As a result, the Catawba Nation attended and supported numerous South Carolina-sponsored events across the state and has played a major role in shaping the landscape of recovery for those with an OUD in York County. The Catawba Nation has been working with a South Carolina-funded RCO to bring recovery support services (RSS) to residents of the Tribal land. This collaboration, The Catawba Safe Space, has facilitated 366 RSS encounters and 273 individual recovery coaching sessions for those with an OUD. The Catawba Nation has also seen a member of their nation trained as a certified peer support specialist, ensuring that other Tribal members will have access to evidence-based services without having to leave their land. Additionally, the Catawba Nation partnered with South Carolina to cosponsor the Recovery on the River event that showcased their culture and RSS work to an audience of over 300 attendees. • Project ECHO (Extension for Community Healthcare Outcomes) an online training platform, provided 48 sessions with 2,248 total participants joining. An average of 47 participants joined each session, and there were 533 participants from county alcohol and drug abuse authorities. Participants came from 85 percent of the counties in South Carolina and 12 different states. Physicians conducted 25 consultations through Project ECHO. • South Carolina Telehealth treated an average of 32 individuals with OUD per month between September 30, 2021, and September 29, 2022.
South Dakota	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, 949 individuals received treatment services for OUD. • Between September 30, 2021, and September 29, 2022, a total of 949 individuals received treatment cost assistance for MOUD services, representing 94 percent of the annual target. • South Dakota provided integrated peer recovery support services to 699 of the 949 individuals who also received treatment cost assistance as part of their MOUD treatment.
Tennessee	<ul style="list-style-type: none"> • In a Tennessee State Department of Mental Health and Substance Abuse Service survey, prevention providers were asked about questions they received from patients, misinformation circulating in their communities, and information they needed about fentanyl. Responses were used to develop a training program by a professor at the University of Tennessee Health Sciences Center. Virtual trainings were provided to coalitions; regional overdose prevention specialists; Department of Health employees; CDC High Impact Areas; the Tennessee Department of Health's Overdose Response Coordination Office; substance use treatment, recovery, and criminal justice providers statewide; and social services and medical providers. • From survey results of those who used FTS, 85 percent of respondents who received at least one FTS showing positive results for fentanyl utilized at least one harm reduction strategy (e.g., having naloxone nearby). • The Vanderbilt University Medical Center ED inducted 169 patients with buprenorphine between September 30, 2021, and September 29, 2022.

State/Territory	Key Accomplishments
Texas	<ul style="list-style-type: none"> • Overdose Prevention and Education Training at the University of Texas Health Science Center at San Antonio trained 757 people on how to prevent opioid overdoses. They also distributed 50,348 units of naloxone throughout the state. • The state’s integrated Opioid Drop-In Centers include walk-in clinics for individuals seeking treatment and locations serving those apprehended by law enforcement. They provide a variety of services, such as primary care, induction onto buprenorphine, and recovery support services, before referring patients to long-term substance use treatment. Between September 30, 2021, and September 29, 2022, the Opioid Drop-in Centers served 12,519 individuals, referred 181 individuals to MOUD, provided RSS to 2,285 individuals, and distributed 12,032 naloxone kits. • Through Emergency Medical Services (EMS) Expansion, individuals who have survived an overdose receive a visit one to three days post-event from a team, usually a trained first responder and peer specialist, who offer overdose prevention training and materials, access to treatment and recovery services, and induction onto buprenorphine. The EMS program started in four pilot cities and then expanded to 11 locations. Between September 30, 2021, and September 29, 2022, these sites responded to 1,663 overdoses, served 1,752 individuals, inducted 339 individuals onto buprenorphine, provided RSS to 743 individuals, and distributed 1,569 naloxone kits.
Utah	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, a total of 5,326 individuals received treatment services for OUD. • The state expanded partnerships between physical health providers and local substance use authorities to ensure an integrated treatment approach, 2,544 were enrolled into insurance plans through the assistance of insurance navigation specialists. • Utah continued to promote health, recovery-oriented services and peer support for individuals and families in recovery from opioid or stimulant use disorders. Between September 30, 2021, and September 29, 2022, 1,362 individuals received peer support services.

State/Territory	Key Accomplishments
Vermont	<ul style="list-style-type: none"> • Vermont continues to support the recovery support initiative in 14 EDs. SOR funds are being used to support Vermont’s existing network of community-based recovery centers and coaches to establish, manage and monitor program progress. Between September 30, 2021, and September 29, 2022, 215 recovery coaches were on staff, and 1,711 unduplicated individuals were served. • Vermont continues to fund specialty recovery coaching activities, which include services provided by a recovery coach parenting specialist and 12 recovery coaches, as well as a recovery data platform. Between September 30, 2021, and September 29, 2022, 3,410 individuals utilized recovery coach services, and 1,174 parents were served. • The Vermont Helplink, a SUD centralized intake and resource center, continues to provide individuals a single point of contact for seeking information and support for substance use treatment services. Between September 30, 2021, and September 29, 2022, Vermont Helplink received 1,414 calls; 746 referral calls; 256 informational calls; 32,384 website visits; 2,370 direct searches, and 361 online chat requests. Of the referral calls received, 24 percent of individuals were referred to SUD outpatient services, 25.3 percent were referred to SUD residential services, 11.9 percent were referred to harm reduction services, 13.2 percent were referred to MOUD, 15.8 percent were referred to recovery support services, and 3.5 percent were referred to recovery housing. Additionally, alcohol (59.7 percent), heroin (12.9 percent), other opioids (11.2 percent), stimulants (8.8 percent), and hallucinogens (4.1 percent) were the top five substances reported.
Virginia	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, Virginia continued to implement prevention strategies to reduce access to opioids throughout its communities via proper disposal and storage methods. During this reporting period, 29,631 drug deactivation packets; 11,231 lockboxes; and 6,589 smart pill bottles were distributed throughout the state. Additionally, more than 385,000 stickers were distributed for pharmacies to place on prescription bags detailing safe storage and disposal practices. • Thirteen peer recovery specialists, placed through seven Virginia Department of Health (VDH) sites, provided support in innovative programs in a wide range of settings and systems, including law enforcement, drug courts, jails and prisons, hospitals, and harm reduction centers. Between September 30, 2021, and September 29, 2022, VDH peers provided support to 3,394 unique individuals such as individual support, community outreach, warmline support, and support in ED and justice settings. • Many communities also participated in Drug Take Back Events and the installation of new permanent drug drop boxes. Between September 30, 2021, and September 29, 2022, more than 19,000 pounds of medication were collected via these efforts.

State/Territory	Key Accomplishments
Virgin Islands	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, six individuals received methadone treatment. • There were 114 overdose reversals reported by EMS between September 30, 2021, to September 29, 2022. Cocaine was the top-used substance in reversed overdoses. • The Virgin Islands served six patients with recovery support services. The recovery services included personalized recovery support, which involved working with participants to create a plan that met their individual needs, as well as enhanced case management services, which included referrals for housing, education, social service needs, support groups, and access to treatment.
Washington	<ul style="list-style-type: none"> • Washington continues to enhance, implement, and evaluate the statewide “Starts with One” public education campaign. This includes hands-on toolkits for community prevention providers, content on never sharing prescription medication and how to have a conversation with a friend/peer about the dangers of opioids. Between September 30, 2021, and September 29, 2022, there were 4,613 downloads of the toolkit in both English and Spanish. • Between September 30, 2021, and September 29, 2022, recovery support contractors overcame significant challenges, particularly COVID-19 and staff turnover, but they were able to return to providing services in person, as well as via phone, text and Zoom. Recovery coaches and peer supporters had to be flexible and were able to maintain connection with individuals receiving services. Despite the challenges, the recovery support sites achieved intake requirements and provided services in creative and thoughtful ways. Multiple individuals receiving services said their recovery coach was their “lifeline” during the pandemic. Recovery coaches provided Personal Protection Equipment, assisted individuals in accessing vaccinations, ordered supplies and basic needs for individuals online, and continued to support individuals in their recovery journeys. • Coalitions continued to use SAMHSA’s Strategic Prevention Framework for planning, implementation, and sustainability of the coalition and evidence-based programs. On October 23, 2021, and April 30, 2022, coalitions across the state held Rx Take Back events. Coalitions reviewed their Community Survey data from 2021 and began the Community Survey for 2022. Coalitions also reviewed results from their Coalition Assessment Tools to prepare for building capacity needs, to identify areas of strength, and to prioritize coalition goals for the year.

State/Territory	Key Accomplishments
West Virginia	<ul style="list-style-type: none"> • Effective June 10, 2022, fentanyl test strips were decriminalized in West Virginia. Following Bureau for Behavioral Health guidance, SOR grantees utilized the harm reduction tool as a substantial part of their programs. Between the months of June 2022 and September 2022, a total of 2,831 fentanyl test strips were distributed across the state. • Peer Residential Boarding – which is supportive of medication, supports recovery, and improves chances of sustaining long-term recovery – used SOR funding to expand access to recovery home beds for individuals receiving MOUD treatment. All SOR grantees providing recovery housing services are now certified as recovery housing facilities by West Virginia Alliance of Recovery Residences. Through four SOR-funded recovery housing facilities, dependents were able to live with their caretakers, which eliminated the stress of family separation. • The Statewide Transportation Collaborative in West Virginia is an initiative in which the Public Transit Authority serves all 55 counties with a shared ride system to increase access to treatment and remove organizational policy barriers. Between September 30, 2021, and September 29, 2022, a total of 1,037,214 miles were logged, which accounted for 64,069 single boarding trips by a transit associate. There were 18 different transit providers that participated in this program.
Wisconsin	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, Nalox-Zone boxes were installed in 33 new locations, which now cover 35 counties across Wisconsin. Additionally, 174 cases of naloxone were provided in partnership with the State's Narcan Direct program. Lastly, 13 train-the-trainer naloxone trainings were conducted. In combination with community partners, 7,642 individuals were also trained. • The Wisconsin Addiction Recovery Helpline is a statewide resource that helps individuals find SUD treatment and recovery services. Between September 30, 2021, and September 29, 2022, the helpline received 6,482 phone calls. Of these calls, 830 individuals received a warm handoff in the form of peer support or recovery coaching beyond the initial contact. • The state's workforce development activities offer opportunities for advancing collaborative and innovative behavioral health education, capacity training, peer-to-peer learning, and evaluation to professionals working in the SUD field. Between September 30, 2021, and September 29, 2022, more than 1,900 professionals from 37 grant-funded agencies attended workforce development trainings. Topics included SUD & Pregnancy Certificate Programs, Matrix Training, Trauma and Resilience-Responsive Care, and Youth Justice.

State/Territory	Key Accomplishments
Wyoming	<ul style="list-style-type: none"> • Between September 30, 2021, and September 29, 2022, 115 individuals received treatment for OUD. • Yellowstone Behavioral Health Center started a cognitive behavioral treatment program, Thinking for a Change, for SOR participants. The staff has received training in Trauma Informed Care with Criminal Justice Populations and Motivational Interviewing. The director, case manager, and peer specialist are currently receiving training through the SAMHSA’s Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) program to better help participants apply for SSI/SSDI. Yellowstone Behavioral Health Center, which prioritizes working with justice-involved individuals, reported several probation/parole clients were not only able to complete all requirements of probation/parole but also had other successes. • The Eastern Shoshone Tribe’s Eastern Shoshone Recovery (ESR) program received an award to provide prevention and recovery services including promotion, enhancing the use of the Path to Wellness (PTW) Application, and increasing the capacity to provide evidence-based opioid and stimulant treatment services. The PTW Application is an addiction management platform through Chess Health. ESR uses the PTW Application to support individuals in the recovery program.