

2020 Report to Congress

On the

State Opioid Response Grants



Elinore McCance-Katz



SAMHSA
Substance Abuse and Mental Health
Services Administration

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

2019 Report to Congress on the State Opioid Response Grants (SOR)



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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**

U.S. Department of Health and Human Services

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Congressional Request

As directed by Congress from the enacted budgets for Fiscal Years 2018, 2019, and 2020, SAMHSA is submitting a report on the State Opioid Response grant program. This report covers data collected for FY 2018 and FY 2019.

Introduction

The State Opioid Response (SOR) grant program aims to increase access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder (OUD), reduce unmet treatment need, and reduce opioid overdose deaths through the provision of prevention, treatment and recovery activities for OUD, including prescription opioids, heroin and illicit fentanyl and fentanyl analogs. Grants were awarded to states and territories based on overdose death rates and treatment need. The program also included a 15 percent set-aside for the 10 states with the highest mortality rate for drug-related overdose deaths.¹

Grantees are required to develop and implement comprehensive systems of prevention, treatment, and recovery support services to address the opioid crisis. The SOR program specifically emphasized the use of MAT as a requirement. Grantees are required to ensure that FDA-approved medications are coupled with clinical psychosocial interventions and community recovery supports to address OUD. Currently, there are 57 active SOR grants. In FY 2018, SOR grantees received \$932 million, plus \$485 million in State Targeted Opioid Response Grant funds. FY 2019 and FY 2020 grants are funded for a total of \$1,420 million per year. SOR was first authorized under Title II Division H of the Consolidated Appropriations Act, 2018, Public Law 115-141.

Methods

The report provides information related to program implementation with respect to evidence-based practices utilized as well as services delivered. Grantees report this information via a variety of sources to SAMHSA including their formal progress reports as well as routine program monitoring via their government project officers. The report also provides data specifically related to client outcomes for those served in the SOR program.

SAMHSA grantees that provide direct treatment and/or recovery support services are required to submit data using a robust data collection tool which comprises information related to demographic characteristics, services received, substance use behaviors, employment status, housing stability, criminal justice involvement, and social connectedness. These data are based on elements expected to be collected during any standard assessment of substance use disorder treatment needs. The data are largely based on elements of the validated and reliable Addiction Severity Index.

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

These data are reported in SAMHSA's Performance Accountability and Reporting System (SPARS). These data are collected in compliance with the Government Performance and Results Act (GPRA). All data are self-reported and collected at intake, six-month follow-up and client discharge. The data are analyzed using a within subject design with data analysis comparing outcome variables at the specified timepoints.

This report includes SPARS data collected between June 2019 and May 2020. Grantees will continue to enter client data into SPARS for the duration of this program, which will generate a more robust data base for future assessments. It also includes mid-year and annual Performance Progress Report (PPR) data for the first year of the program which ended in September 2019; mid-year PPR data for FY 2020 will not be available until June 2020.

Evidence-Based Practices

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

MAT is the evidence-based practice which serves as the standard of care for the treatment of opioid use disorder. All grantees are required to make available MAT to any individual with an OUD served by the SOR program. Grantees are required to ensure that all three FDA-approved medications—methadone, buprenorphine, and naltrexone—are provided as part of the SOR grant. These medications are provided in combination with evidence-based psychosocial services.

The "Hub and Spoke" model provides clients seeking care for OUD with an individualized assessment and initiation of treatment at a "hub" location, which specializes in addiction treatment. Referrals are made to community-based "spokes" for ongoing treatment to meet patient-specific needs including evaluation and treatment of mental disorders and general medical conditions.

Opioid Treatment Programs (OTP) are accredited treatment programs with Substance Abuse and Mental Health Services Administration (SAMHSA) certification and Drug Enforcement Administration (DEA) registration to administer and dispense medications that are approved by the Food and Drug Administration (FDA) to treat OUD (methadone, buprenorphine, and injectable naltrexone). OTPs must provide adequate medical, counseling, vocational, educational, mental health and other assessment and treatment services either onsite or by referral to an outside agency or practitioner through a formal agreement.

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

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

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

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

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

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

Approaches

Using SOR funds, states and jurisdictions have implemented the above evidence-based practices (EBPs) with a number of effective and innovative approaches.

Grantees are required to ensure that FDA-approved medications are coupled with clinical psychosocial interventions and community recovery supports to address OUD. SOR funds have increased access to MAT in a wide range of settings. Common approaches include the incorporation of “Bridge Clinic” models to provide rapid access to treatment by providing MAT in hospital emergency department settings. Expanding and enhancing capacity for telehealth has also resulted in increased access to MAT, particularly in rural and other hard to reach areas. Additional approaches to MAT include a focus on increasing access for special populations, such as incarcerated individuals, pregnant and postpartum women, veterans and service members. State reported outcomes include:

- Increased access to MAT and number of DATA-waivered practitioners in the State;
- Enhanced access to intake, assessment, and induction by expanding hours of service providers;
- Strengthened coordination efforts with various state and local agencies including Medical Centers, Justice Department, Department of Corrections, judges, correctional officers, the

Department of Family and Children Services, Federally Qualified Health Centers, community health clinics, Universities, and other local health governmental agencies; and

- Expanded MAT services such as therapy, case management and peer coaching in rural communities by implementing telehealth and mobile care units.

Twenty-four states report implementation of the “Hub and Spoke” model, which allows each person seeking care for OUD to receive an individualized assessment and initiation of treatment at a “hub” location specializing in substance use disorders clinical care. Once stabilized, referrals are made to community-based “spokes” for ongoing treatment to meet patient-specific needs. Although OTPs often serve as “hubs” and OBOTs often serve as “spokes”, other common approaches include “hub” locations such as hospital emergency departments, residential treatment providers, or jails. Additional “spoke” settings may include primary care offices, tribal health centers, and community mental health centers. State reported outcomes include:

- Improved access to immediate treatment by strategically placing “hub” locations no more than sixty minutes from a potential OUD client;
- Strengthened collaborations between the rural providers in “spokes” and the MAT experts in the “hubs”; and
- Improved transitions for patients reentering communities from criminal justice settings or other rehabilitative settings through close partnerships of “hub” locations and “spoke” providers.

OTPs are commonly funded by SOR as an evidence-based treatment for OUD which 34 states report having utilized. States are establishing new SAMHSA-certified OTPs across the country, or enhancing existing OTPs by expanding their hours of operation. For example, the SOR program has funded 24/7 OTPs to provide timely intake, assessment and MAT inductions. These OTPs are located in identified hotspots and streamline a “no wrong door” approach. State reported outcomes include:

- Strengthened network of MAT providers through continuous trainings and collaboration in OTPs;
- Increased the number of “spoke” affiliated DATA-waived practitioners/OBOT providers who provide services in “hub” locations.

OBOT is another common treatment approach using SOR funding. Thirty-three states report providing OBOT services. Metrics that have been reported include:

- Increased outreach and engagement with diverse clinics and facilities acting as OBOTs, such as Federally Qualified Health Centers, local governing entities, private organizations, and community health centers;
- Improved ability to integrate and provide wrap-around recovery support services not traditionally provided in OBOTs;
- OBOT programs serving adolescents incorporating a family education and support component. In such programs, consistent with the evidence on effectiveness, medications are combined with individual and group counseling, peer and recovery supports and family counseling; and

- Expanded outreach and treatment services for pregnant post-partum women, incarcerated individuals, individuals with co-occurring disorders, homeless and Spanish speaking individuals.

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

- Developed webinars such as Project ECHO, to increase the number of providers that can implement CBT;
- Engaged the criminal justice population by incorporating MAT services at pre- and post-release; and
- Increased successful family reunification through the use of a CBT support-group model.

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

- Increased utilization of evidence-based behavioral health treatment models and recovery supports;
- Enhanced ability for treatment providers to conduct outreach, brief interventions and motivational enhancement services without initially obtaining individual identifiable information; and
- Increased provider support and continuous individualized training on MI.

Seven states report implementing contingency management, which allows the use of incentives to enhance key treatment factors affecting outcomes, such as treatment attendance, completion of healthy activities, and abstinence from substances. State reported outcomes include:

- Developed an outpatient treatment program to provide buprenorphine and contingency management for patients under clinician supervision aged 18 years or older, and
- Improved healthy activities by purchasing gift cards, used to enhance key treatment factors related to contingency management.

Peer Recovery Support Services are reported as an EBP used by 43 states. Peer support specialists are engaged in a number of settings to assist individuals with an OUD to initiate or maintain recovery. In various settings peers collaborate closely with a number of stakeholders, including medical professionals, criminal justice personnel, and child welfare workers to provide education, support, and assistance with accessing treatment for OUD, including MAT. A popular collaboration involves peers joining first responders to assist in connecting people to treatment following an opioid overdose in the community. State reported outcomes include:

- Increased number of peer-certified specialists in the state, with streamlined application and educational processes for individuals to seek certification;

Department of Family and Children Services, Federally Qualified Health Centers, community health clinics, Universities, and other local health governmental agencies; and

- Expanded MAT services such as therapy, case management and peer coaching in rural communities by implementing telehealth and mobile care units.

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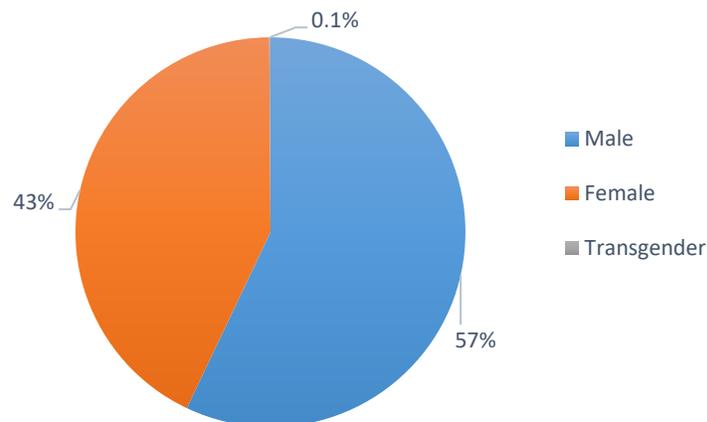
Recovery Support Services

In addition to treatment services, grantees are required to employ effective recovery support services to ensure that individuals continue to receive the support and guidance that was provided throughout treatment. In FY 2019, 112,486 individuals received recovery support services. These services included: Recovery Housing, Employment Services, Peer Support, Case Management, Family Services, and Transportation Assistance.

Demographic Profile

As of May 18, 2020, grantees reported data on 72,504 people into the SPARs system. Demographics data on these individuals is provided below.

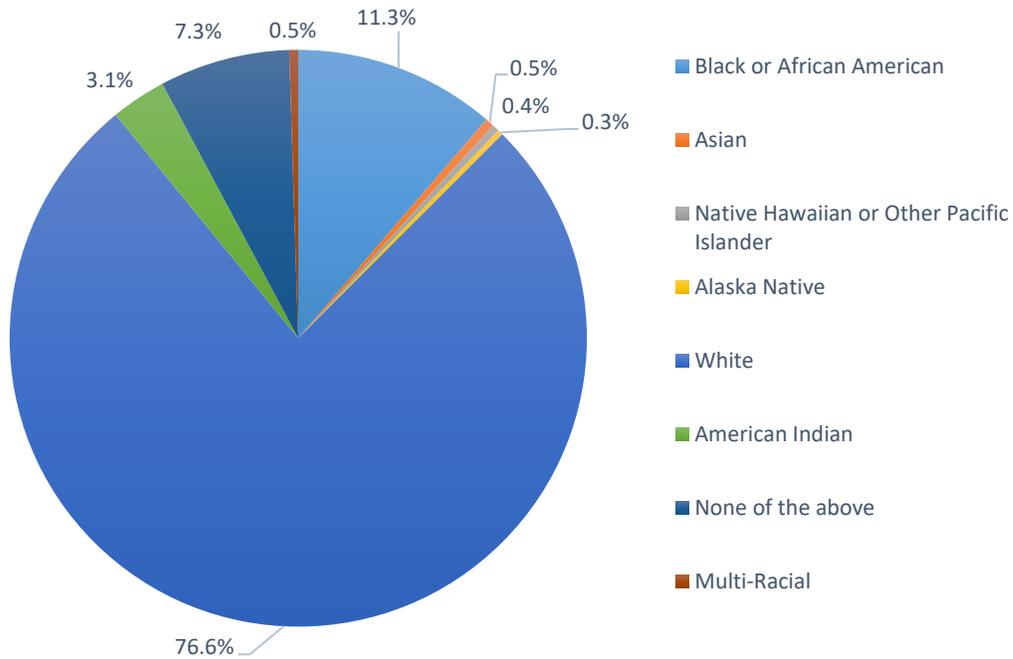
Figure 1: Gender



***Note:** Graph based on SPARS data generated on May 18, 2020.

As seen above, 57% report being male, 43% report being female and 0.1% report being transgender.

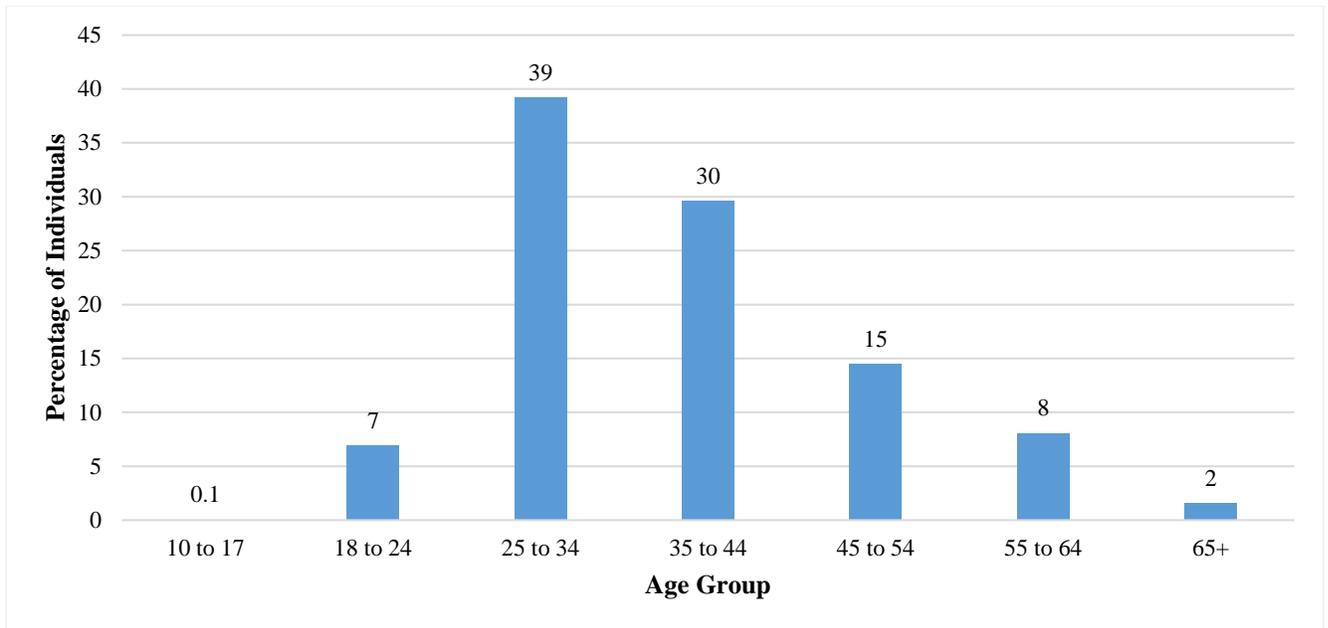
Figure 2: Race



***Note:** Graph based on SPARS data generated on May 18, 2020.

The majority (77%) of the clients report being White, 11% report being Black/African American, 3% report being American Indian, 0.5% report being Asian, 0.4% report being Native Hawaiian/Other Pacific Islander, 0.3% report being Alaska Native, 0.5% report being Multi-racial and 7% did not identify with the racial options (i.e., none of the above). In addition, 9% of the clients report being Hispanic/Latino.

Figure 3: Age Group



*Note: Graph based on SPARS data generated on May 18, 2020.

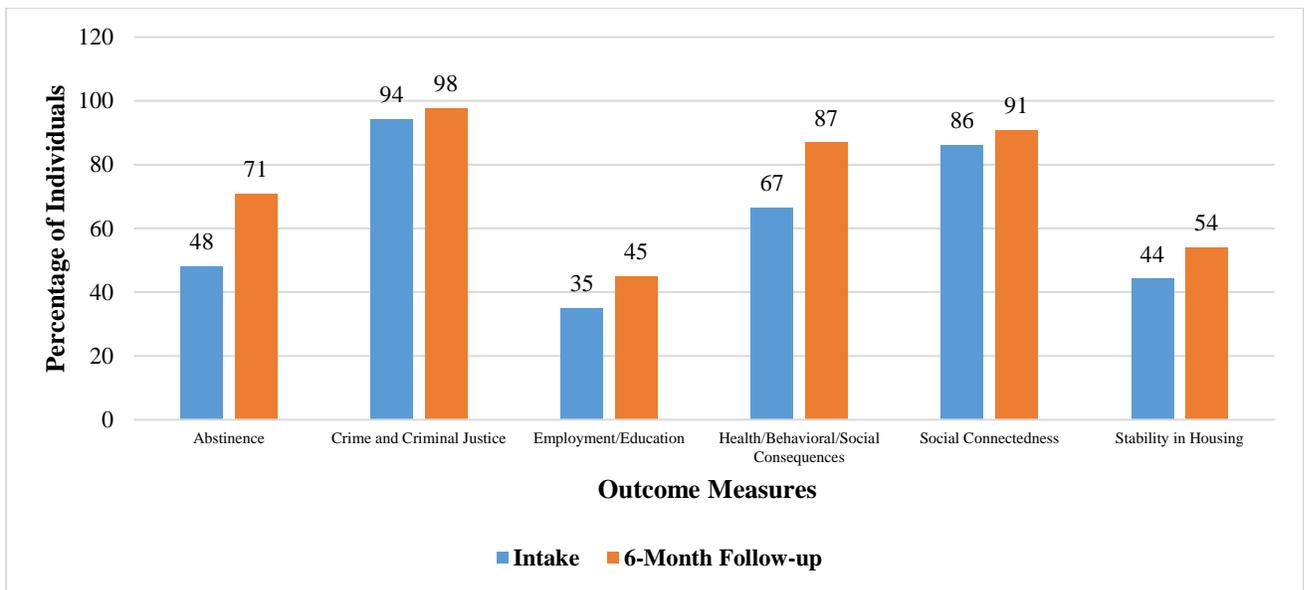
Among the clients served, 39% were between the ages of 25 and 34, 30% were between the ages of 35 and 44, 15% were between the ages of 45 and 54, 8% were between the ages of 55 and 64, 2% were 65 years or older and 0.1% were between the ages of 10 and 17.

Patient Outcomes

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

As such, SAMHSA has analyzed the following outcomes data on the SOR program on a subset of clients for which six month follow-ups were conducted. Opioid misuse is a key factor which this program aims to address. For clients on which SPARS outcome data are available, heroin use decreased by 66% (from 30% at intake to 10% at 6-month follow up). Pain reliever misuse decreased by 83% (from 16% at intake to 3% at 6-month follow-up). The average number of days of use of heroin went from 21 days in the 30 days prior to intake to 15 days in the 30 days prior to 6-month follow up.

Figure 4: SOR: Client Outcomes



*Note: Graph based on SPARS data generated on May 18, 2020.

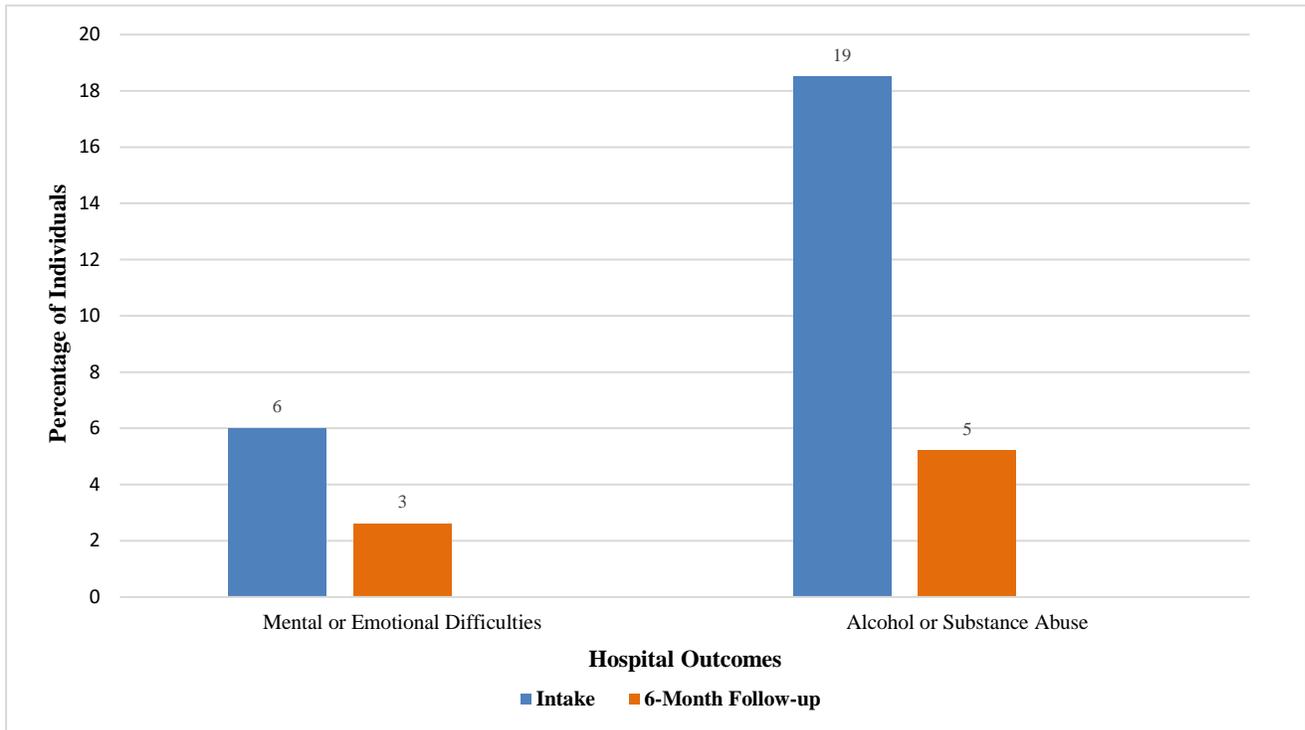
The data highlights the following positive client outcomes between intake and 6-month follow-up:

- The percentage of clients who abstained from alcohol or illegal drugs increased by 47%
- The percentage of clients who were not arrested in the past 30 days increased by 4%. Of note, 94% of clients had no criminal justice involvement at intake.
- The percentage of clients who were currently employed or attending school increased by 29%
- The percentage of clients that experienced no alcohol or illegal drug-related health, behavioral or social consequences in the previous 30 days increased by 31%
- The percentage of clients who were socially connected increased by 6%
- The percentage of clients who had a permanent place to live in the community increased by 22%

4. Hospital or Emergency Department (ED) Visits

Outlined in Figure 5 SOR clients reported decreased use of emergency departments for urgent treatment of mental or emotional difficulties or alcohol and/or substance misuse as well as decreased numbers of hospital admissions for these conditions following 6 months of program participation.

Figure 5: Change in Hospital or ED Visits from Intake to 6-Months



*Note: Graph based on SPARS data generated on May 18, 2020.

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

- The percentage of clients who reported seeking care in an emergency department for mental and emotional difficulties decreased from intake to 6-month follow-up by 50%
- The percentage of clients who reported seeking care in an emergency department for alcohol and/or substance abuse declined from intake to 6-month follow-up declined by 73%.

Conclusion

SOR funding has provided support necessary for states to implement prevention services including training on identification of opioid overdose and reversal using the opioid overdose antidote, naloxone with 32,300 lives saved to date. Further, this funding has substantially increased the number and availability of comprehensive treatment and recovery support systems to address the often complex and multi-faceted clinical and psychosocial needs of those with OUD. These systems and supports have increased the provision of MAT in communities across the United States. These resources have assisted individuals in achieving positive outcomes including abstinence from substance use, increased employment, decreased involvement with the criminal justice system, increased numbers obtaining stable housing and increased social connectedness. Clients served through this program have also reported decreases in hospitalizations and ED visits. If these trends continue, that could translate to substantial cost savings over time for states and communities as we have seen from other research (1, 2, 3, 4).

The data also clearly highlight the need for a continued focus on addressing polysubstance use as well as co-occurring mental and substance use disorders. SAMHSA will continue to promote

best practices through its technical assistance and training efforts for SOR grantees. It is important to acknowledge that many individuals with opioid use disorder aren't ready for treatment or they don't admit they have a problem, which speaks to the need for a good treatment infrastructure that is ready and responsive as soon as someone comes forward. The SOR program helps to build this infrastructure by contributing to increased number of practitioners able to prescribe buprenorphine and increasing in the number of individuals across the country receiving medication for OUD. In 2018, data demonstrate that approximately 1.27 million individuals received medication for their opioid use disorder. SAMHSA will continue to require the use of these life-saving treatments in its future iterations of the program.

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APPENDIX 1: State/Territory Approaches, Highlights and Accomplishments	
State/Territory	Key Accomplishments
Alabama	<ul style="list-style-type: none"> • An additional 14 OBOTs have been established in the state and approximately 34,000 distinct individuals have been served. • The state continues to expand the use of certified recovery support specialists in rural and underserved areas. To date, 227 certified peer specialists are working statewide. • The Alabama Opioid Training Institute’s (OTIs) statewide education program for community leaders and healthcare providers have trained a total of 1,066 individuals (455 community leader and 611 healthcare providers).
Alaska	<ul style="list-style-type: none"> • The Project HOPE (Harm Reduction, Overdose Prevention and Education) program distributed 10,469 naloxone kits and reported 191 overdose reversals. • The MAT program at the Petersburg Medical Center (PMC) in collaboration with the Justice Department in Petersburg are working with courts to review recommendations for entering MAT as an element of therapeutic justice. The program provides referrals to behavioral health substance abuse programs wraparound services and other resources. • Alaska has nine SOR funded recovery houses (two are operated by tribal organizations) where many of the individuals served are re-entering the community after incarceration. They are provided with pre-employment skills, assistance with budgeting and legal assistance.
American Samoa	<ul style="list-style-type: none"> • Successfully completed 187 Drug Abuse Screening Tool (DAST) assessments to screen for opioid misuse/abuse and assess level of risk for OUD across the community. • Trained 178 professionals on topics such as SBIRT, MI, peer recovery support, and CDC Guidelines for Safe Prescribing of Pain Medications. • Implemented Opioid Overdose Prevention Education (OE) and information dissemination initiatives including 2 Public Service Announcements (PSAs) to increase community awareness of opioid abuse / misuse, sharing medications and other SOR outreach information. These 30 seconds PSAs are run on local radio stations and television channels 3 times per day.
Arizona	<ul style="list-style-type: none"> • Launched third 24/7 access point for intake, assessment and induction, providing MAT services to 2,018 individuals.

	<ul style="list-style-type: none"> • Arizona launched a Rapid Re-Housing model statewide. 486 individuals received supportive housing assistance. • Implemented PAX Good Behavior Game in 36 schools to provide training on instructional and behavioral health strategies used daily by teachers and students in the classroom to promote long-term and sustainable reductions in youth opioid use.
Arkansas	<ul style="list-style-type: none"> • Through the Arkansas Model of Peer Recovery, the state reported their first ever regional peer recovery conference with 540 attendees. The conference agenda included national peer leaders, peer specialists, peer advocates, and champions of peers. • Arkansas has reported an increase in DATA-waived practitioners from 176 to 299. • Prescriber education has reduced the number of opioid prescriptions issued to patients at the Thomas & Lyon Longevity Clinic. For example, in one month there was a decline in prescriptions from 199 to 95.
California	<ul style="list-style-type: none"> • Created 650 new access point locations where patients can receive treatment for OUD, and provided treatment to approximately 22,000 new patients. • Established 52 hospitals and emergency rooms as centers for stabilization and referral to treatment for OUD, while initiating and referring into treatment 2,340 individuals on buprenorphine. • Expanded access to treatment in jails and drug courts in 29 counties, which have provided MAT services to 1,646 clients as a result of educational and technical assistance programming and infrastructure funding. • To date more than 240,000 units of naloxone have been distributed to over 800 organizations, in 55 of California's 58 counties. Approximately 7,500 opioid overdose reversals have been reported.
Colorado	<ul style="list-style-type: none"> • Through Overdose Education and Naloxone Distribution (OEND), 6,673 naloxone kits were distributed and 308 opioid overdose reversals were reported. • Colorado has employed 17 full-time Peer Navigators to help get clients into treatment. As a result, 379 individuals were connected with treatment services. • 451 individuals were served with Celebrating Families (CF), Community Reinforcement Approach Family Training Prevention (CRAFT-P), or Incredible Years.
Connecticut	<ul style="list-style-type: none"> • Five Regional Behavioral Health Actions Organizations (RBHAO's) conducted Narcan training and distribution, and suicide screenings at events. As of September 2019, 2,285 persons were trained and 2,073 kits were distributed.

	<ul style="list-style-type: none"> • Fourteen outpatient clinics throughout Connecticut are funded to increase MAT availability throughout the State. Six of the clinics provide enhanced MAT services that include recovery coaching and employment support. • The ‘Imani Breakthrough’, a faith-based initiative that focuses on recovery in the black community through churches, has had 470 participants. The success of the initiative has led to adaptations for Latino communities.
Delaware	<ul style="list-style-type: none"> • 13 school districts and the two charter schools are executing plans to conduct a comprehensive school behavioral health infrastructure and opioid prevention needs assessment. Interventions will focus on universal prevention of the use and abuse of opioids including the implementation of the evidence-based curriculum Botvin Life Skills in middle and high schools. • Delaware opened Bridge Clinics in all three counties in the State that have the capacity to provide OUD/SUD and mental health screening and referral to treatment, psychiatric evaluation for individuals with co-occurring disorders, treatment initiation to bridge patients to their permanent provider, and naloxone training to clients and in the community. The clinics have provided approximately 1,100 units of service. • A Mobile Bridge Van launched as an extension of the Bridge Clinics and has engaged 40 newly released persons who are reentering society from the correctional system.
District of Columbia	<ul style="list-style-type: none"> • Prevention Centers and Community organizations have conducted opioid prevention initiatives that reached over 2,597 youth and 4,550 adults to date. • The Department of Corrections (DOC) now offers all three FDA-approved forms of MAT. Buprenorphine is now available at six of the District’s Federally Qualified Health Centers (FQHCs), a community health clinic, and the Howard University Hospital health clinic. Six of the eight programs have peer recovery coaches. • Specialized Street Outreach Teams have been connecting eligible individuals to available resources and medication-assisted treatment (MAT). These teams have reached 968 individuals, linking 106 persons who inject drugs (PWIDs) to MAT services, with 86 of these individuals being homeless.
Florida	<ul style="list-style-type: none"> • Florida has implemented hospital bridge programs that initiate buprenorphine treatment for individuals with OUD. To date, 765 individuals were screened in the emergency department and 45 were inducted onto buprenorphine prior to discharge.

	<ul style="list-style-type: none"> • Florida has increased the number of Oxford Houses from 1 to 34. The 34 Oxford Houses have a total of 269 beds and reported an abstinence rate of approximately 91.9%. • To date 13,522 youth have been engaged in prevention programs, of which 9,842 or 73% participated in Botvin Life Skills Training (LST).
Georgia	<ul style="list-style-type: none"> • Georgia has trained judges, correctional officers and the Department of Family and Children Services on addiction and the importance of MAT treatment and recovery services. The trainings have focused on the science of addiction and how they could be supportive of someone coming through one of their systems while living with OUD or in recovery. • Georgia has increased the number of providers from nine to twenty, who can offer MAT services at no cost to qualified individuals. • Opioid awareness PSAs were delivered in movie theaters statewide, resulting in 506,741 views; radio PSAs were delivered statewide, playing over 678 times and resulting in 514,200 reached.
Guam	<ul style="list-style-type: none"> • Guam provided MAT to 24 individuals, as well as recovery support services, such as peer support, housing services, employment services, transportation services, and social support groups. • Educated approximately 100 physicians on substance use disorders with an emphasis on opioid use. • Provided training on Opioid Use Disorders and Stigma to 15 substance use counselors and 25 peer specialists.
Hawaii	<ul style="list-style-type: none"> • Hawaii's Community Addiction Resource Entry System (CARES), a single source number for referrals to treatment resulted in 80.1% of calls leading to referral to treatment. • Trained approximately 250 law enforcement and first responder professionals on opioid abuse, focusing on probation, pre-trial, parole, intake, and re-entry. • By enhancing PDMP registration, prescribing patterns of opioids can be tracked in an effective and efficient manner. Through active outreach to prescribers, HI PDMP registration rates doubled within three months at 90% of all licensed prescribers.
Idaho	<ul style="list-style-type: none"> • Idaho partnered with the Boise State University RADAR Center to distribute 1,332 units of free opioid awareness and treatment materials to community members and treatment providers across the state. Three SUD/ODU trainings, with a total of 104 attendees, were also supported with RADAR opioid materials.

	<ul style="list-style-type: none"> • Idaho has implemented a re-entry program within the Pocatello Women’s Correctional Center. A case manager and recovery coach are housed within the center to assist with re-entry planning for women with a history of opioid abuse. Some of the support services included are connecting with MAT providers, outpatient psychosocial services and community resources. • Recovery support services are provided through nine recovery centers. Services include sober recreational activities, peer support groups, recovery coaching, warm handoff services from emergency rooms to treatment centers and peer re-entry services from jail/prison. Over, 730 individuals received services through the centers.
Illinois	<ul style="list-style-type: none"> • Illinois expanded specialized and specific community-based outreach, referral, and linkage services available for persons with OUD in high-need areas. The state reported 285 clients received baseline GPRA interviews during the first year of SOR. • The state’s correctional facility-based MAT services provide injectable naltrexone and post-release MAT treatment services for persons with OUD in Illinois county jails. Additional SOR funding allowed the state to increase the number of Illinois county jails in which these services are available from 11 to 21. • Illinois expanded Overdose Education and Naloxone Distribution (OEND) efforts to include bystanders, friends, and family members of heroin or other opioid dependent persons. A total of 6,496 naloxone kits were distributed and 70 opioid overdose reversals were reported.
Indiana	<ul style="list-style-type: none"> • Indiana is increasing access to MAT for people seeking treatment at Community Mental Health Centers (CMHC), Opioid Treatment Programs (OTP), county jails, and other settings throughout the state. • The state has initiated a pilot program to provide CBT, as an adjunct to outpatient treatment that includes buprenorphine and contingency management, for patients 18 years or older who are currently under the supervision of a clinician. • Indiana has expanded its Stigma Reduction Media Campaign from 6 targeted counties to a statewide strategy.
Iowa	<ul style="list-style-type: none"> • Iowa launched the naloxone mobile-access program where Iowans can access naloxone through a mobile app connecting them to a pharmacist at the University of Iowa Hospitals and Clinics (UIHC) and then mailing them the overdose reversal drug, removing barriers to

	<p>access such as rural geography, or community stigma associated with OUD.</p> <ul style="list-style-type: none"> • The state hosted a series of Peer Recovery Coach trainings in which 25 participants completed the adult training, 12 of which opted for the additional training of trainers' component of the model; 14 completed the Recovery Coaching Academy for Young Adults, and 17 completed the Ethical Considerations for Recovery Coaches. • An additional medication unit began operation in rural northeastern Iowa during this grant year, bringing the total number of active locations for methadone access to 18.
Kansas	<ul style="list-style-type: none"> • With the partnership of four regional providers, Kansas has increased the number of physicians who are DATA-waived to treat opioid dependency from 97 in 2018 to 176 in 2019. • Kansas has added telehealth/technology components which have been used on a weekly basis, particularly in rural areas of the state, and collaborated with treatment providers to reach additional patients to expand access to care. • Kansas has served 1,248 individuals using evidence-based treatment and recovery support services for those with diagnosed opioid use disorders as well as those with a demonstrated history of opioid overdose problems. • Through partnership with four regional providers, Kansans are receiving the message about safe storage and disposal of medications with the National Prescription Drug Take-Back Days collections of old/unused medications by law enforcement agencies and healthcare facilities in communities statewide.
Kentucky	<ul style="list-style-type: none"> • Six of the ten largest hospitals in Kentucky are engaged in OUD treatment through the establishment of a bridge clinic, outpatient treatment or partnering with behavioral health or other community organizations to provide medical care and MAT medication in 13 urban and rural areas. • Six recovery community centers are providing centralized resources for community-based recovery supports. Each center has held community education events and developed various support groups such as Veteran's groups, SMART recovery groups and LGBT in recovery support groups. One of the centers has served 900 individuals in-person and through telephonic recovery support.

	<ul style="list-style-type: none"> To date approximately 130,000 youth participated in the Too Good for Drugs (TGFD), Sources of Strength (SOS), and the Positive Action curricula. 1,600 adults were trained to provide substance use prevention services.
Louisiana	<ul style="list-style-type: none"> Louisiana’s implementation of the “Hub and Spoke” model extended SOR funding to all 10 OTPs in the state. Additional funding also increased the number of treatment slots from 35 to 47 at each participating OBOT. The state reports a diverse roster of clinics and facilities acting as OBOTs, including those utilizing telehealth as a treatment delivery method in an effort to serve more rural areas of the state and expanded services using a mobile OBOT unit. Louisiana partnered with Oxford Inc. to provide education on OUD/MAT and referrals to other community linkages for those living with mental health and substance use disorders. Eleven on-site presentations were conducted at the program’s re-entry facilities with a total of 867 participants. To date, 3,379 individuals have been provided naloxone education, and 1,161 Lock your Meds Products have been disseminated.
Maine	<ul style="list-style-type: none"> Twenty-five schools were selected to implement the Second Step EBP program in 265 class rooms, pre-Kindergarten through 8th grade. Maine has opened nine Substance Abuse Peer Support Recovery Centers. In one month, over 700 clients were served. In partnership with local organizations, the Medication Assisted Recovery Project is providing low-barrier services for individuals with OUD who are homeless and without insurance coverage. Services include: medication management, counseling, peer services and intensive case management. In March 2020, approximately 21 individuals received services.
Maryland	<ul style="list-style-type: none"> Through Maryland’s Overdose Response Program (ORP), a total of 17,080 naloxone kits have been distributed and 160 overdose reversals were reported. 79 new crisis beds co-located in residential treatment facilities were created. 2,076 individuals have enrolled in residential treatment settings in 5 counties. 24/7/365 Crisis Stabilization/Walk-in Centers provide short term (< 4 days) treatment to individuals with an OUD related crisis. These centers opened in Baltimore City and 5 Maryland counties (Anne Arundel, Calvert, Carroll, Cecil, Harford, and Howard). Of the 951

	<p>individuals who were screened, 779 were enrolled in SOR programming, and 155 were referred to MAT.</p>
Massachusetts	<ul style="list-style-type: none"> • Nine post overdose follow-up sites covering 23 municipalities, have made 2,990 outreach attempts to overdose survivors – 1,269 of which resulted in a successful contact with either the overdose survivor or a member of their social network (family, friends, and associates). • Six OBOTs have been established that focus on special populations such as pregnant post-partum women, incarcerated individuals, individuals with co-occurring disorders, homeless and Spanish speaking individuals. One hundred and fifty-six clients have been enrolled in this program. • Massachusetts continues to expand the Moms Do Care program that serve pregnant women with OUD. The program offers perinatal peer support healthcare, wrap-around treatment, recovery support and family services to approximately 250 clients.
Michigan	<ul style="list-style-type: none"> • In one month, Michigan’s MAT Expansion in Rural Communities with Telehealth and Mobile Care Units program reported 486 units of services were provided to 126 individuals via mobile care units. Therapy, case management, and peer coaching services were offered via telehealth in Region 5 of the state. • Peer recovery support programs have been launched in three of Michigan’s tribal communities, and a total of 76 clients were enrolled during the first year of the project. Peer support specialists in these communities provide culturally tailored, trauma-informed care to tribal citizens with OUD. • Michigan implemented a comprehensive Youth/Family oriented prevention approach through four evidence-based programs: Project Towards No Drugs, Guiding Good Choices, Prime For Life, and Botvin Lifeskills via a wide variety of channels serving 1,850 individuals.
Micronesia	<ul style="list-style-type: none"> • Collaborated with the State Hospital and private clinics on data collection to more accurately assess opioid use in community. • Micronesia provided training to approximately 25 professionals on crisis response, MAT, and strategic planning. • Implemented opioid education and information dissemination activities, serving 873 individuals.
Minnesota	<ul style="list-style-type: none"> • The Minnesota Tribal Housing Collaborative provided financial assistance, resources, and supports to eligible SOR clients including transportation, housing,

	<p>healthcare, and connections to food programs, dental care, and other services.</p> <ul style="list-style-type: none"> • Minnesota, through its MAT Expansion and Recovery Resources initiative, reported progress toward implementing a community service center offering SUD and mental health treatment, employment, food security, and drop-in childcare services. The project is located in an under-utilized community center easily accessible by community members. • Nearly 2,015 doses of naloxone were distributed to communities across Minnesota. In addition, naloxone trainings were provided to over 1,067 individuals from nonprofits, community-based organizations, first responders, treatment providers and healthcare facilities across the state including clinical behavioral health staff, U of M College of Pharmacy; probation officers; attorneys from the Public Defender's Office; peer recovery services; treatment providers.
Mississippi	<ul style="list-style-type: none"> • To date, 966 individuals have been trained in naloxone administration and 5,668 Narcan Kits have been distributed. • Mississippi, as part of its workforce development contract, reported over 150 individuals were trained from 22 different agencies including Community Mental Health SUD providers, private OTP's, prevention programs, and private providers. • Mississippi reported an increased MAT utilization rate from STR (29% of unique clients served) to SOR (just under 75%). The state attributes this increase to a changing attitude among providers, as well as patients, on the benefits of MAT in treating opioid use disorder.
Missouri	<ul style="list-style-type: none"> • Implemented GenerationRx with middle and high school students as a primary prevention evidence-based program focused on medication safety, declining invitations to use drugs, provision of drug-free activities, and adaptive coping skills. Over 6,000 children have received the Generation Rx curriculum. • Recovery housing services have vastly expanded under the SOR grant – the Department of Mental Health, in partnership with the Missouri Coalition of Recovery Support Providers (MCRSP) and the National Alliance for Recovery Residences (NARR), has certified 72 recovery houses, with over 700 beds available in MAT-friendly recovery houses across the state. • Missouri increased access to MAT in rural areas through utilization of telehealth services. Of the episodes of care that involved telehealth services, 27% had more than 5 telehealth encounters.

<p>Montana</p>	<ul style="list-style-type: none"> • Montana has experienced a 175% increase in the number of DATA-waivered practitioners in a month period (from 49 to 135). • PAX Good Behavior Game is being implemented in 54 schools with 1,130 teachers trained across the state impacting approximately 15,730 students. • 185 peer support specialists attended recovery-related trainings and 408 providers attended treatment-related trainings.
<p>Nebraska</p>	<ul style="list-style-type: none"> • Nebraska promoted the “Every Day is a Take-Back Day” campaign with permanent drop box locations and drug disposal mail-in envelopes in participating pharmacies. Through this initiative 33,228 pounds of medications were collected. • Training was held in the Omaha area on overdose and Narcan education in which 150 Oxford House residents were in attendance. Other educational trainings surrounding OUD were held reaching over 300 people. • Three full-time outreach workers are employed to address coordination for recovery housing for OUD populations across the state, primarily in high burden areas across Nebraska. There are 48 Oxford Houses in Nebraska with 356 beds.
<p>Nevada</p>	<ul style="list-style-type: none"> • Nevada expanded access to Overdose Education and Naloxone Distribution (OEND) efforts by including three new additional naloxone distribution sites. A total of 1,835 naloxone kits were distributed and 448 opioid overdose reversals were reported. • The state expanded the number of substance use disorder treatment agencies in the state providing MAT by funding three additional agencies. This resulted in over 60 individuals receiving treatment in a two month period. • Nevada implemented a Neonatal Abstinence Syndrome (NAS) program that has expanded MAT services to provide treatment for 24 pre-natal or post-partum women struggling with OUD.
<p>New Hampshire</p>	<ul style="list-style-type: none"> • To date, the Doorways program has distributed 5,221 naloxone kits and reported 350 overdose reversals. • New Hampshire has implemented the “Hub and Spoke” model. The “hubs” provide statewide access and referral to services and supports via nine physical locations. The “hubs” have served 9,587 individuals and referred 6,069 individuals to treatment. • Six of the state’s Recovery Community Organizations have held 122 Sober Parenting Journey training sessions for 772 individuals.

<p>New Jersey</p>	<ul style="list-style-type: none"> • To date, 5,070 individuals received the Wellness Initiative for Senior Education (WISE) curriculum through community programs for older adults (age 60+) with alternatives to opioid analgesics as a means of managing acute or chronic pain. • The Department of Human Services, Division of Mental Health and Addiction Services (DMHAS), Department of Corrections (DOC) and the Department of Health (DOH) have jointly initiated a program to expand the use of MAT for inmates with opioid use disorders in all New Jersey county jails. • New Jersey’s Support Teams for Addiction Recovery (STAR) program assists individuals with OUD on issues such as homelessness, incarceration, legal problems, employment, education, transportation, social services, healthcare, etc. STAR served 864 individuals in a twelve month period.
<p>New Mexico</p>	<ul style="list-style-type: none"> • PAX Good Behavior Game has been implemented in 14 schools districts. 369 teachers are implementing the PAX in 219 public schools, and 150 in indigenous tribal communities; 7,743 children participated across all programs. • The New Mexico Treatment Team reported hosting 29 total trainings in Screening and Brief Intervention and Referral to Treatment (SBIRT) and Supportive Housing; and 11 trainings on the following topics: ASAM criteria, Motivational Interviewing, and Community Reinforcement Approach. Additional trainings included Clinical Reasoning Case Formulation OTP trainings and trainings with Oxford House on Overdose Prevention (Naloxone) and MAT training and education. • The NM SOR Rural “Hub and Spoke” model connects rural providers to experts in MAT treatment at a hub location and to resources that are centrally located. During the first year of the program, the state reported 636 clients received treatment services; 105 clients were referred for recovery support services, and a total of 465 clients received recovery support services.
<p>New York</p>	<ul style="list-style-type: none"> • PAX Good Behavior Game has been implemented in 53 schools, 500 classrooms, reaching 8,888 students in Pre-k –6th grade. • New York partnered five Federally Qualified Health Centers (FQHCs) with outpatient treatment providers to create bi-directional referrals to care. By introducing telehealth options as part of this partnership, patients can choose to manage their OUD medication through the FQHC while receiving behavioral health treatment with the outpatient treatment program. 436 individuals

	<p>received MAT services through the FQHC project in a twelve month period.</p> <ul style="list-style-type: none"> • 16 new Recovery Centers were established throughout the state providing recovery services to 3,905 individuals in a twelve month period.
North Carolina	<ul style="list-style-type: none"> • A theatre production titled “It’s Just a Pill” educated almost all sixth-grade students in two counties on the dangers of opioid addiction. 22,828 Narcan kits were distributed to Opioid Treatment Programs, community organizations, law enforcement, fire departments, EMS, local health departments, Harm Reduction Coalitions, and the Eastern Band of the Cherokee Indians Tribe. • In North Carolina, peer support specialists are working with an opioid overdose quick response team to identify and connect with individuals and family/friends of individuals who have experienced a recent overdose. Since August 2018, the team engaged 111 individuals and connected over 80% with treatment services. • As part of North Carolina’s initiative to expand access to MAT, one of the state’s local management entity/managed care organization (LME-MCO) reported using SOR funds to increase MAT capacity by 58% across their catchment area.
North Dakota	<ul style="list-style-type: none"> • North Dakota’s “Stop Overdose” awareness media campaign was expanded to ensure the message reached more individuals across the state, increasing awareness of and skills to recognize opioid overdose and respond appropriately. The media campaign had 1.1 million video views and 17.8 million total impressions. • The state purchased and distributed Detera® Drug Deactivation Bags to entities throughout the state to distribute to individuals who do not have access to a medication take-back location. The state reported 6,587 Detera Bags had been distributed. • North Dakota has provided MAT to 98 individuals and recovery support services to 192 individuals.
Northern Marianas	<ul style="list-style-type: none"> • Provided SUD counseling services for approximately 95 individuals in Saipan, Tinian, and Rota. Historically, it has been difficult to locate and fund the SUD workforce for the islands of Tinian and Rota. • Trained approximately six medical professionals on CBT for Pain Management. • Provided opioid education and information dissemination through community outreach presentations and distribution of printed materials and brochures to raise opioid awareness.

Ohio	<ul style="list-style-type: none"> • The Maternal Opiate Medical Supports (MOMS) program serves pregnant and post-partum women with OUD by providing access to mental health and substance use disorder services, intensive home based residential treatment, care coordination between healthcare and social service providers, and co-located OB/GYN services designed to increase pregnancy monitoring. A total of 664 women were admitted across all MOMS sites. • The Ohio START Program (Sobriety, Treatment and Reducing Trauma) provides intensive trauma counseling to children who have suffered maltreatment with substance use of a parent being the primary risk factor. The pilot is in 46 counties which will each serve approximately 12 families at once. The state reported serving 900 individuals in the first year of operation. • The Distribution of Drug Destruction Bags project facilitated the distribution of 60,000 Deterra bags throughout the state and increased collaboration across organizations. Partnerships with coalitions, healthcare agencies, farm bureaus, first responders, religious organizations, libraries, and other community agencies help to get the bags out to the community.
Oklahoma	<ul style="list-style-type: none"> • Oklahoma continues to provide opportunities for provider participation in Project ECHO sessions. The state reported there were 41 addiction medicine ECHO sessions held for a total of 294 participants. • With the addition of new providers participating in the state's Telehealth-MAT (T-MAT) Expansion, over half of Oklahoma's 77 counties have access to services via T-MAT. The T-MAT is designed to address barriers of access, transportation, and capacity. • Oklahoma implemented the PAX Good Behavior Game in the state through a combination of individual teacher trainings and site-level implementation support. In one year, the state reported that 415 educators received training.
Oregon	<ul style="list-style-type: none"> • Collaboration among the Oregon Department of Education, Oregon Health Authority, Multnomah County Health Department, SUN Community Schools – Latino Network, and Oregon Community Health Worker Association resulted in 6 training's across the state for teachers to implement H.E.A.L.T.H for K-5 in Portland Public schools, a skills-based health education curriculum, including substance use disorder awareness and prevention. • Six agencies, including two tribes, expanded access to MAT in multiple counties through their tribal health

	<p>clinics and substance use treatment programs. In the first year of the program, an estimated 297 individuals received buprenorphine and injectable naltrexone.</p> <ul style="list-style-type: none"> • Oregon opened a Recovery High School with 18 students in recovery and 14 identifying recent opioid use. The school provides education sessions and community resources for recovery with their family, along with a rich academic program that meets the diverse needs of the students, while completing the State graduation requirements.
Palau	<ul style="list-style-type: none"> • To improve outpatient treatment, Palau has increased the number of providers providing MAT and recovery services via the MATRIX model that will support OUD patients and their families.
Pennsylvania	<ul style="list-style-type: none"> • To date Botvin Life Skills has been delivered to 1,201 students across eight 8 school districts. • Intensive case management and supportive services such as housing assistance and education were expanded; 1,891 individuals were screened for services and 1,105 individuals were enrolled. • The Pennsylvania Coordinated Medication-Assisted Treatment (PacMAT) is a program designed to provide Medication-Assisted Treatment (MAT) and other critical treatments and supports to individuals with OUD. To date, three existing PacMAT sites have inducted 680 individuals on MAT.
Rhode Island	<ul style="list-style-type: none"> • Developed an opioid education module for Project SUCCESS curriculum; it was delivered to 8,817 students. • Rhode Island’s 24/7 Triage Center has conducted 1,710 face-to-face assessment and 6,561 calls for individuals experiencing behavioral health crisis. Intakes have led to referrals to private mental health providers, community mental health centers, treatment services, SUD residential and recovery housing. • In partnership with the Department of Corrections, 233 individuals were assessed by a provider upon release and were connect to treatment while on probation and parole.
South Carolina	<ul style="list-style-type: none"> • The Strengthening Families/Life Skills program has been successfully implemented in two counties with 25 families graduating. The state reported that 50% of South Carolinians recognize the “Just Plain Killers” campaign, while 48% of South Carolina residents can recall one or more messages from the campaign. • In South Carolina, 15 rural counties are implementing a health home model in order to provide the full spectrum of treatment and recovery services. The program has

	<p>served over 200 patients since its inception. Other counties have implemented similar models, serving nearly 1,000 patients across the full spectrum of services.</p> <ul style="list-style-type: none"> • Working with the South Carolina Department of Corrections, the state expanded certified peer support specialist training to include inmates with substantial recovery experience; these individuals work with current inmates and are matched with peer support jobs upon release. To date, 163 inmates have participated in the program.
South Dakota	<ul style="list-style-type: none"> • The South Dakota Board of Pharmacy established a drug take-back program, placing Trilogy MedWaste’s MedDrop receptacles in South Dakota hospitals and retail pharmacies. There are over 90 permanent drug take-back receptacles available across South Dakota and 38 of those have been placed through the SD Board of Pharmacy’s program. The MedDrop Program has returned a total of 4,295 pounds of medication for destruction. • South Dakota has expanded recovery support access through SOR funding with the delivery of 1,537 coaching sessions and a total of 315 individuals having engaged in peer recovery coaching services • Through SOR funding, over 800 professionals who serve populations affected by opioid abuse or misuse have been impacted through six events/trainings.
Tennessee	<ul style="list-style-type: none"> • Regional Overdose Prevention Specialist (ROPS) trained 52,810 individuals across the state in the first year of the program, on opioid use disorder, harm reduction, stigma, naloxone, and how to respond in the event of an overdose. • In Tennessee, the “Hub and Spoke” treatment model was established in high need areas of the state. More than 1,000 clients were enrolled in the first year of the program.
Texas	<ul style="list-style-type: none"> • Prevention Coalitions distributed 13,000 medication disposal pouches to the community at 117 events. • As part of the state’s recovery initiatives, recovery coaches are providing clients with transportation to MAT services, counseling, job interviews, educational classes, recovery support group meetings, food pantries, clothing closets, and other community events. Reported outcomes include coordinated access to rapid housing for clients, engagement with Child Protective Services on behalf of clients, service provision to individuals immediately upon release from incarceration, continued engagement

	<p>with clients who relocate, and participation in state recovery events.</p> <ul style="list-style-type: none"> • The Houston Emergency Opioid Response Engagement System (HEROES) Project continues to collaborate with physicians, paramedics, peer recovery support specialists, counselors, and researchers by implementing carefully designed procedures for treating patients using a combination of medical, behavioral, and peer support interventions. The project has provided 459 individuals with treatment services and 1,249 individuals with counseling, peer support, or outreach services.
Utah	<ul style="list-style-type: none"> • Increased access to MAT by contracting with office-based opioid treatment (OBOT) programs and opioid treatment programs (OTPs). As a result, 2,969 individuals received MAT services in a twelve month period. • Expanded availability of family support groups for those who have loved ones with addiction. 144 individuals participated throughout Utah in a twelve month period. • Utah distributed 24,056 naloxone kits and 366 overdose reversals were reported.
Vermont	<ul style="list-style-type: none"> • To date 3,535 pounds of medication were collected via drug disposal kiosks. • Correction-based MAT for incarcerated individuals has expanded to provide buprenorphine that will ensure continuity of care for individuals transitioning between the community and correctional care. To date, 1,375 incarcerated individuals received buprenorphine. • Transitional housing beds are made available to women in recovery from opioid use and other co-occurring disorders. In the last two months, 13 women were housed, which ensured them a safe, structured, supportive and sober environment, while receiving OUD treatment through Vermont’s health care system.
Virginia	<ul style="list-style-type: none"> • Community-based prevention strategies were implemented to reduce access to opioids at community level including distribution of over 14,000 drug deactivation packets, lockboxes, and smart pill bottles. Many communities also participated in Drug Take-Back Events and the installation of permanent drug drop boxes. • All 40 Community Service Boards in Virginia (local health governmental agencies) provide MAT services, up from only 18 CSBs in 2017. • Increased access to support has been achieved through a total of nine warm lines being established (at least one in

	<p>each of the state’s regions) and staffed with peer recovery specialists.</p>
Virgin Islands	<ul style="list-style-type: none"> • In partnership with local community organizations, outpatient and residential SUD treatment services such as case management are being provided throughout the islands.
Washington	<ul style="list-style-type: none"> • Nine community-based organizations implemented youth education strategies including: Positive Action (64 served), Botvin Life Skills (63 served), PAX Good Behavior Game (163 served), SPORT (24 served). Parenting Education includes: Strengthening Families (124 served) and Guiding Good Choices (114 served). • Through the grantee’s “Hub and Spoke” model, their networks have increased services such as addressing high-risk OUD pregnant patients and their partners, and increasing Hepatitis C screening, testing and medication compliance among MAT patients. To date, 1,689 clients have been inducted onto MAT. • Washington’s Care for Offenders with OUD Releasing from Prison (COORP) program has screened 606 individuals and enrolled 402 individuals into services. Of the 606 individuals, 9% were inducted with medication to treat OUD. Services have expanded to all prisons and eight work release facilities.
West Virginia	<ul style="list-style-type: none"> • Regional Prevention Lead Organizations collaborated with 55 community coalitions to provide OUD prevention for priority populations. Regional Adult Intervention Specialists have participated in 81 trainings and 226 community activities. Coalition Engagement Specialists have participated in 46 trainings and 134 Community Activities. • Services for pregnant and post-partum women have been expanded, integrating obstetric substance use disorder support for women and babies in the catchment area of 63% of birthing facilities. • West Virginia expanded the Comprehensive Opioid Addiction Treatment model as a “Hub and Spoke” model for Medication Assisted Treatment (MAT), adding 14 facilities.
Wisconsin	<ul style="list-style-type: none"> • The ED2 recovery project provides peer specialists and recovery coaches who work in collaboration with hospitals across the state to respond to the emergency room (ER) setting after a suspected overdose to establish contact and assist a person in navigating the treatment process. • Increased capacity for counties, tribes and local providers to provide evidence based treatment and recovery

	<p>services to individuals diagnosed with an opioid use disorder. Thirty-six counties and tribes now have the capacity and ability to connect individuals to at least two forms of FDA approved MAT.</p> <ul style="list-style-type: none"> • Wisconsin has expanded its Overdose Education and Naloxone Distribution (OEND) efforts to include local public health departments, tribal health clinics, syringe access programs, or pilot program agencies. As a result, a total of 72 agency locations provide Narcan® training and distribution in 45 counties (63% of counties in the state) and 10 tribes (91% of the tribes in the state) through the SOR program.
Wyoming	<ul style="list-style-type: none"> • Northern Wyoming Mental Health Center has had success in working with the local circuit court judges, county attorneys, and public defender’s offices in two counties. They are expanding their efforts with the local probation and parole, drug courts, Department of Family Services, and other stakeholders to understand MAT and recovery, and reduce stigma. • The state promoted opioid overdose prevention education and outreach activities using SAMHSA’s Opioid Overdose Prevention Toolkit through eighteen (18) in-person presentations with a total of one hundred eight (108) participants. The state has also delivered presentations at conferences such as the Wyoming Department of Health, Chronic Disease Conference and other local trainings. Three hundred fifty (350) Opioid Overdose Prevention Toolkits have been distributed at opioid trainings, community health fairs, resource fairs, and Department of Corrections re-entry meetings.