



December 2021

OPIOID USE DISORDER

Opportunities to Improve Assessments of State Opioid Response Grant Program

Accessible Version



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GAO Highlights

Highlights of [GAO-22-104520](#), a report to congressional requesters

Why GAO Did This Study

The misuse of illicit and prescription drugs, including opioids, has been a long-standing and persistent problem in the U.S., representing a serious risk to public health that has become even greater during the COVID-19 pandemic. Provisional data estimate that drug overdose deaths increased 29 percent in the year ending in April 2021—to a record high of 100,306—with opioid-related overdose deaths making up three-quarters of the total.

SAMHSA leads federal public health efforts to address the opioid crisis, which include administering the SOR grant program, the agency's largest such program since the grant began in 2018.

GAO was asked to review SAMHSA's SOR grant program. This report examines how SAMHSA assesses the grant program, among other things.

GAO reviewed documents relevant to SAMHSA's SOR monitoring and program assessment efforts; interviewed SAMHSA officials; and analyzed documentation for 10 SOR grantees, selected to reflect a range of award amounts.

What GAO Recommends

GAO is making two recommendations, that SAMHSA ensure its SOR grant program assessment efforts (1) identify potential limitations and how those limitations may affect the conclusions that can and cannot be drawn; and (2) further analyze existing program information to provide a more comprehensive, in-depth assessment of the program to identify opportunities for improvement. The Department of Health and Human Services concurred with GAO's recommendations.

View [GAO-22-104520](#). For more information, contact Alyssa M. Hundrup at (202) 512-7114 or HundrupA@gao.gov

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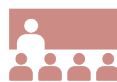
OPIOID USE DISORDER

Opportunities to Improve Assessments of State Opioid Response Grant Program

What GAO Found

The State Opioid Response (SOR) grant program provides grants to help address the negative effects of the opioid crisis, including overdose deaths. Through the program, the Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded nearly \$5.2 billion since 2018 to states, the District of Columbia, and U.S. territories for opioid-use disorder (OUD) prevention, treatment, and recovery support services.

Examples of Prevention, Treatment, and Recovery Support Services Grantees Provide Using State Opioid Response Grant Program Funding



Prevention Services

- ★ Education and training for health care professionals and first responders on the identification and treatment of opioid use disorder (OUD), including overdoses
- ★ Purchasing, distributing, and training on the use of the opioid overdose antidote, naloxone



Treatment Services

- ★ Expansion of access to medication-assisted treatment for people with OUD
- ★ Expansion of treatment services to high-risk populations



Recovery Support Services

- ★ Individual and group counseling services for people with OUD
- ★ Housing, employment, and transportation assistance for people in recovery for OUD
- ★ Case management

Source: GAO analysis of information from the Substance Abuse and Mental Health Services Administration. | [GAO-22-104520](#)

Text of Examples of Prevention, Treatment, and Recovery Support Services Grantees Provide Using State Opioid Response Grant Program Funding

- Prevention Services
 - Education and training for health care professionals and first responders on the identification and treatment of opioid use disorder (OUD), including overdoses
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 - Housing, employment, and transportation assistance for people in recovery for OUD
 - Case management

Source: GAO analysis of information from the Substance Abuse and Mental Health Services Administration. | GAO-22-104520

SAMHSA primarily assesses the SOR grant program through its annual SOR program profile and report to Congress, according to SAMHSA officials. These reports present a high-level national snapshot of SOR program performance, such as nationwide changes in drug abstinence and housing stability among program participants. The report to Congress also describes how grantees are implementing the program, such as describing evidence-based treatments and practices used by grantees.

However, neither the program profile nor the report to Congress provide information on potential limitations associated with the assessments. For example, SAMHSA does not make it clear that the data used for the 2020 profile were incomplete for two-thirds of people participating in the program, which could potentially affect conclusions that could be drawn from this information. SAMHSA is working to improve the completeness of these data, but also identifying potential limitations and their effects on conclusions could help ensure that Congress and others can correctly interpret the data and make more fully informed decisions, such as if changes are necessary to the SOR program.

In addition, the program profile and report to Congress do not fully leverage information available to provide a more in-depth assessment of the SOR program. SAMHSA has the potential to use its existing data to gain further insights into how well the program is working and why. For example, looking for variation in program performance across states and demographic groups could help identify best practices and areas for improvement. Such insights could help identify opportunities to improve program effectiveness and client outcomes, which may help reduce opioid-related overdose deaths and improve the lives of the clients the program serves.

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Abbreviations

FDA	Food and Drug Administration
GPRA	Government Performance and Results Act of 1993
HHS	Department of Health and Human Services
OD	opioid use disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
SOR	State Opioid Response

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December 9, 2021

Congressional Requesters

The misuse of illicit and prescription drugs, including opioids, has been a long-standing and persistent problem in the United States, representing a serious risk to public health that has become even greater during the Coronavirus Disease 2019 pandemic. An estimated 2.7 million Americans had an opioid-use disorder (OUD)—the misuse of or addiction to opioids—in 2020, according to the most recently available data from the Substance Abuse and Mental Health Services Administration (SAMHSA).¹ In addition, according to the most recent provisional data from the Centers for Disease Control and Prevention, a predicted record high of 100,306 overdose deaths occurred in the United States during the 12-month period ending in April 2021.² This was a 29 percent increase compared to the same period the year before, and opioid-related drug overdose deaths accounted for three-quarters of the total. The Acting Secretary of the Department of Health and Human Services declared the opioid crisis to be a public health emergency in October 2017 due to the high rates of OUD and related deaths, a designation that remains in effect.³

The federal government has made investments to address the opioid crisis, including providing grants that support community-based services to address OUD. However, given challenges the federal government faces in responding to the drug misuse crisis, in March 2021, we added

¹See Substance Abuse and Mental Health Services Administration, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health*, HHS Publication No. PEP21-07-01-003, NSDUH Series H-56, (Rockville, Md.: 2021). This is an annual survey that covers the civilian, non-institutionalized population aged 12 or older in the United States.

²The Centers for Disease Control and Prevention's National Center for Health Statistics provisional counts are adjusted to account for reporting delays. Provisional data are underreported due to incomplete data. These data represent the Centers for Disease Control and Prevention's predicted number of overdose deaths.

³A public health emergency declaration is in effect until the Secretary declares the emergency no longer exists, or 90 days after the declaration, whichever occurs first. A declaration that expires may be renewed by the Secretary. See 42 U.S.C. § 247d(a). Since first being declared a public health emergency in October 2017, the emergency declaration for the opioid crisis has been renewed 16 times, most recently in October 2021.

national efforts to prevent, respond to, and recover from drug misuse to our [High Risk List](#). We identified several challenges in the federal government's response to drug misuse, including the need for more effective implementation and monitoring.⁴

SAMHSA, an agency within the Department of Health and Human Services (HHS), leads the federal government's public health efforts to address the opioid crisis and reduce overdose deaths by, among other things, administering grants to states and U.S. territories to support action at the state and local levels.⁵ SAMHSA provides general direction, technical assistance, and monitoring of states' and U.S. territories' use of any grant funds received. SAMHSA's State Opioid Response (SOR) grant program—which aims to address the opioid crisis by funding prevention, treatment, and recovery services—has been the agency's primary opioid-related grant program since its inception in 2018.⁶ According to SAMHSA officials, the agency has awarded nearly \$5.2 billion since 2018 to states and U.S. territories through this grant program.⁷

You asked us to review information available regarding SAMHSA's SOR grant program. In this report we

⁴See GAO, *High-Risk Series: Dedicated Leadership Needed to Address Limited Progress in Most High-Risk Areas*, [GAO-21-119SP](#) (Washington, D.C.: Mar. 2, 2021). GAO's High-Risk Series identifies government operations with vulnerabilities to fraud, waste, abuse, and mismanagement, or in need of transformation to address economy, efficiency, or effectiveness challenges.

⁵For purposes of this report, unless otherwise noted, all references to states and territories include the 50 U.S. states, the District of Columbia, and U.S. territories.

⁶The SOR grant program was first established by the Consolidated Appropriations Act, 2018, Pub. L. No. 115-141, tit. II, 132 Stat. 348, 724. Subsequent laws have funded the program through 2021. SAMHSA also administers a companion program for tribal communities called the Tribal Opioid Response grant program. According to SAMHSA officials, the SOR and Tribal Opioid Response grant programs have common purposes and required services and reporting; however, the targeted recipients of services and culturally appropriate practices that are specific to the Tribal Opioid Response grant program result in the program having some service distinctions from the SOR grant program. This report is focused on the SOR program grants awarded to states and U.S. territories. Unless otherwise noted, the information in this report pertains to SOR.

⁷According to SAMHSA officials, the combined award amount for all other SAMHSA-administered, opioid-related grant programs during that same period was about \$700 million, including nearly \$194 million to tribal communities through the Tribal Opioid Response grant program.

1. describe how SAMHSA monitors the use of SOR grant funds, and
2. examine how SAMHSA assesses the SOR grant program.

To determine how SAMHSA monitors the use of SOR grant funds, we reviewed available documents relevant to SAMHSA's monitoring efforts (such as agency grant management policies and procedures), and interviewed SAMHSA officials. In addition, we obtained and reviewed SAMHSA monitoring documentation for 10 selected SOR grantees.⁸ We selected this non-generalizable sample of SOR grantees to reflect a range of fiscal year 2020 award amounts. The monitoring documentation generally covers the first 6 months of the latest SOR grant (October 2020 through March 2021), which was the most recent information available at the time of our review. The documentation we reviewed included email exchanges and other documentation of communication between SAMHSA grants management staff and individual grantee officials, as well as mid-year performance reports completed by grantees and submitted to SAMHSA. We also obtained from SAMHSA and reviewed the fiscal year 2020 and 2021 award amounts for all SOR grantees and how much of this funding each grantee had spent as of September 2021.

To examine how SAMHSA assesses the SOR grant program, we reviewed the two SOR grant program assessments that SAMHSA had conducted at the time of our review. We also reviewed the data collection tool SAMHSA uses to gather information for assessment purposes, and two studies conducted by the National Academies of Sciences, Engineering, and Medicine that focused on assessment of SAMHSA grant programs.⁹ In addition, we conducted interviews with SAMHSA officials to learn about their efforts to assess the SOR program. We compared the information we obtained to Office of Management and Budget guidance for improving program and service delivery and GAO-

⁸The 10 SOR grantees selected were California, Colorado, Indiana, Maine, Michigan, New York, Oklahoma, South Dakota, Utah, and the U.S. Virgin Islands.

⁹See National Academies of Sciences, Engineering, and Medicine 2020, *Measuring Success in Substance Use Grant Programs: Outcomes and Metrics for Improvement* (Washington, D.C.: The National Academies Press), accessed November 9, 2020, <https://doi.org/10.17226/25745>; and National Academies of Sciences, Engineering, and Medicine 2021, *Progress of Four Programs from the Comprehensive Addiction and Recovery Act* (Washington, D.C.: The National Academies Press), accessed March 30, 2021, <https://doi.org/10.17226/26060>.

identified leading practices for program assessment.¹⁰ We also compared the quality of SAMHSA's SOR program assessment efforts to federal standards for internal control for information and communication. An underlying principle of these control standards is that management should use quality information to achieve the entity's objectives and to address risks, including processing data into information that is appropriate, complete, and accurate, among other things.¹¹

We conducted this performance audit from September 2020 through December 2021 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

SAMHSA's State Opioid Response Grant Program

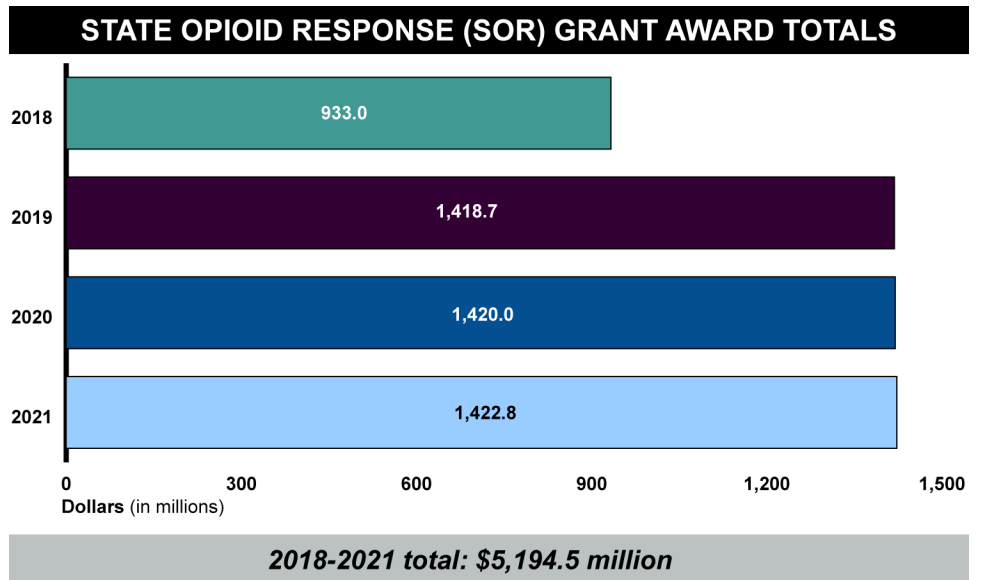
Through the SOR grant program, which was established in 2018, SAMHSA may award grants to all 50 states, the District of Columbia, and U.S. territories to help them provide OUD prevention, treatment, and

¹⁰See Office of Management and Budget, *Circular No. A-11 Preparation, Submission, and Execution of the Budget* (Washington, D.C.: August 2021), Section 240.12, accessed September 1, 2021, <https://www.whitehouse.gov/wp-content/uploads/2018/06/a11.pdf>. Part 6 of this circular includes the federal government's performance framework for improving program and service delivery. See also GAO, *Native American Youth: Agencies Incorporated Almost All Leading Practices When Assessing Grant Programs That Could Prevent or Address Delinquency*, GAO-20-600 (Washington, D.C.: Aug. 6, 2020); *Program Evaluation: Key Terms and Concepts*, GAO-21-404SP (Washington, D.C.: Mar. 22, 2021); and *Managing for Results: Enhancing Agency Use of Performance Information For Management Decision Making*, GAO-05-927 (Washington, D.C. Sept. 9, 2005).

¹¹See GAO, *Standards for Internal Control in the Federal Government*, GAO-14-704G (Washington, D.C.: Sept. 10, 2014). Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved.

recovery services.¹² See figure 1 for the annual SOR grant program award totals for fiscal years 2018 through 2021.

Figure 1: Fiscal Year Award Totals for SAMHSA’s State Opioid Response Grant Program (dollars in millions)



Source: GAO analysis of Substance Abuse and Mental Health Services Administration (SAMHSA) data. | GAO-22-104520

Data table for Figure 1: Fiscal Year Award Totals for SAMHSA’s State Opioid Response Grant Program (dollars in millions)

	2018	2019	2020	2021
State Opioid Response (SOR) grant award totals	\$933.0 million	\$1,418.7 million	\$1,420.0 million	\$1,422.8 million

2018-2021 total = \$5,194.5 million

¹²SOR succeeded the State Targeted Response to the Opioid Crisis grant program established under the 21st Century Cures Act. Pub. L. No. 114-255, § 1003, 130 Stat. 1033, 1044–46 (2016). The program, which first awarded grants in May 2017, aimed to address the opioid crisis by increasing access to treatment services for OUD, including medication-assisted treatment; reducing unmet treatment need; and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for OUD, including prescription opioids, as well as illicit drugs, such as heroin. Funding for the program ended in 2019. SOR builds upon the State Targeted Response to the Opioid Crisis grant program, but has a greater focus on increasing access to medication-assisted treatment using the three OUD medications—methadone, buprenorphine, and naltrexone—approved by the Food and Drug Administration (FDA).

Source: GAO analysis of Substance Abuse and Mental Health Services Administration (SAMHSA). | GAO-22-104520

The SOR grant program provides funding to grantees for activities that aim to address the opioid crisis by

- increasing access to medication-assisted treatment using the three Food and Drug Administration (FDA) approved medications for the treatment of OUD;¹³
- reducing unmet treatment need; and
- reducing opioid-related overdose deaths through the provision of prevention, treatment, and recovery activities for OUD (including use of prescription opioids, heroin, and illicit fentanyl and fentanyl analogs).

Starting in fiscal year 2020, SOR grantees could also use grant funds to provide evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including cocaine and methamphetamine. See figure 2 for examples of prevention, treatment, and recovery support services provided using SOR funding.

¹³For those with an OUD, medication-assisted treatment—which combines behavioral therapy and the use of certain medications—has been shown to reduce opioid use and to increase treatment retention (i.e., reducing dropouts) compared with other treatments.

Figure 2: Examples of Prevention, Treatment, and Recovery Support Services Provided Using State Opioid Response Grant Program Funding



Prevention Services

- ★ Education and training for health care professionals and first responders on the identification and treatment of opioid use disorder (OUD), including overdoses
- ★ Purchasing, distributing, and training on the use of the opioid overdose antidote, naloxone
- ★ Provider training on the safe prescribing of pain medications
- ★ Public service announcements on radio and television to increase community awareness of opioid misuse
- ★ Education efforts in middle and high schools to prevent opioid misuse



Treatment Services

- ★ Expansion of access to medication-assisted treatment for people with OUD by, for example, increasing treatment locations and number of available providers that can provide medication-assisted treatment
- ★ Assess clients for needed services and refer them to community-based providers as appropriate
- ★ Expansion of treatment services to high-risk populations, such as pregnant women and incarcerated individuals
- ★ Cognitive behavioral therapy to help individuals learn to identify and correct problematic behaviors to help stop substance misuse and address other co-occurring problems



Recovery Support Services

- ★ Employment of peer support specialists who combine experience of recovery with formal training and education to assist others in initiating and maintaining recovery
- ★ Individual and group counseling services for people with OUD
- ★ Housing, employment, and transportation assistance for people in recovery for OUD
- ★ Case management

Source: GAO analysis of information from the Substance Abuse and Mental Health Services Administration. | GAO-22-104520

Text of Figure 2: Examples of Prevention, Treatment, and Recovery Support Services Provided Using State Opioid Response Grant Program Funding

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- Case management

Source: GAO analysis of information from the Substance Abuse and Mental Health Services Administration. | GAO-22-104520

Primary recipients of SOR grants include states and U.S. territories.¹⁴ These primary recipients generally conduct grant activities by distributing the funds in the form of sub-awards, such as grants and contracts, to localities for distribution or directly to treatment providers. SAMHSA has provided SOR grant funding to primary recipients over 2-year project periods, with the first SOR grant covering September 30, 2018, through September 29, 2020, and the second SOR grant covering September 30, 2020, through September 29, 2022. Funding is allocated over the 2-year

¹⁴In this report, the term grantee or grant recipient refers to primary grant recipients, unless otherwise noted.

period in annual awards.¹⁵ The amount SAMHSA awards to each grantee is determined by a formula that factors in unmet need for OUD treatment and drug overdose deaths in the states and territories. The program, as required by law, also includes a 15 percent set-aside for the 10 states with the highest mortality rate related to opioid use disorders.¹⁶

SAMHSA's Process for Communicating with and Soliciting Proposals from Potential Grant Recipients for State Opioid Response Grant Program (Fiscal Years 2018 and 2020)

SAMHSA publicly announces the availability of grant funding through notices of funding opportunity. These notices provide information that prospective applicants need to apply for the grant. For example, notices describe the program, eligibility requirements, and application requirements. According to SAMHSA officials, SAMHSA communicates the availability of grant funding opportunities to eligible recipients through various mechanisms, including the following:

- Posting grant notices of funding opportunity on its website (www.SAMHSA.gov/grants).
- Posting forecasted and open grant funding opportunities on the federal government website www.grants.gov.
- Emailing funding announcements to those who have signed up on SAMHSA's website for automatic emails. SAMHSA officials said emailing is the primary way SAMHSA communicates funding opportunity information to potential recipients.
- Issuing press releases about funding announcements.
- Informing states about funding announcements.
- Enlisting SAMHSA regional administrators to help distribute information to potential grant recipients.
- Conducting webinars for potential grantee applicants that provide training and technical assistance on how to apply for a grant.

SAMHSA's communications are directed toward the State Opioid Response (SOR) grant program's eligible recipients, which are the 50 states, District of Columbia, and U.S. territories. These primary grantees distribute funding to sub-awardees that provide grant-funded services, such as treatment providers. SAMHSA officials said individual states may communicate information to potential sub-awardees regarding SOR; however, they said that SAMHSA is not involved in these communications, and that they may differ from state to state.

Source: GAO interview with Substance Abuse and Mental Health Services Administration (SAMHSA) officials. | GAO-22-104520

When applying for SOR grant funds, prospective grantees are to complete a grant application that includes budget information and a project narrative that describes how the grantee plans to use the funds to

¹⁵According to SAMHSA, funding availability and allocation for the second year of the 2-year period are contingent upon congressional appropriations and direction. Second year awards also depend on the recipient's progress in meeting project goals and objectives, timely submission of required data and reports to SAMHSA, and compliance with all terms and conditions of the award.

¹⁶See, e.g., Consolidated Appropriations Act, 2021, Pub. L. 116-260, div. H, tit. II, 134 Stat. 1182, 1578 (2020).

conduct approved activities, including performance goals and objectives that include the target number of individuals the grantee proposes to serve with the funds.

SOR Grantee Financial and Performance Information

SAMHSA collects or has access to several sources of financial and performance information for primary SOR grantees. For example, SAMHSA has access to data on grantee award amounts and how much of that funding grantees have withdrawn from federal accounts on an ongoing basis. In addition, grant recipients must provide information to comply with various reporting requirements throughout the funding period. Grantee information available to SAMHSA includes:

- **Financial reports.** Grantees must prepare various reports, including an annual Federal Financial Report that contains cumulative funding totals, such as the total grant funds awarded and the total amount spent by the grantee during the reporting period.
- **HHS Payment Management System.** SAMHSA has access to HHS's payment management system, a tool that helps grant recipients draw down funds and file financial reports. SAMHSA can access this system on an ongoing basis to see the amount of funds SOR grantees have spent. (See app. I for specific information on fiscal year 2020 and 2021 awards and associated spending for SOR grant recipients.)
- **Government Performance and Results Act data.** SAMHSA requires SOR grantees to collect and submit data on a series of topics to SAMHSA for all individuals who receive grant-funded treatment or recovery support services (referred to as clients). These data are to be collected by grantees using a questionnaire that, according to SAMHSA officials, the agency developed to help HHS meet requirements of the Government Performance and Results Act of 1993 (GPRA) and the GPRA Modernization Act of 2010. The questionnaire, referred to as SAMHSA's GPRA Client Outcome Measures tool (GPRA tool), is to be administered by providers for clients at intake, 6 months after intake, and discharge from a SAMHSA funded treatment program. (See table 1 for the types of information grantees are required to collect from clients using the GPRA tool and to report to SAMHSA.) SAMHSA expects grantees to collect and report 6-month follow-up GPRA data for at least 80 percent of clients served, regardless of whether they completed

treatment.¹⁷ Grantees are also to report to SAMHSA information related to naloxone overdose reversal kits, such as whether they used SOR funding to expand the availability, distribution, and use of such kits; how many naloxone overdose reversal kits they purchased; and how many kits they distributed.¹⁸

Table 1: Examples of Information Collected from Clients Using SAMHSA’s GPRA Client Outcome Measures Tool

General topic	Examples of information collected
Behavioral health diagnoses	Known diagnoses, including substance use disorders such as alcohol, stimulant-related, or opioid use disorders; and mental health conditions such as schizophrenia or bipolar disorder. Also collects information on whether client has received medication-assisted treatment.
Planned services	Services that will be provided to the client, such as case management, medical services, medication-assisted treatment, counseling services, and education services.
Demographics	Information about client’s gender, race, ethnicity, and date of birth.
Military family and deployment	Information about military service by client or individuals who are close to the client, such as family members.
Drug and alcohol use	Whether client has used drugs or alcohol in the last 30 days, including frequency of use and type of drug(s).
Family and living conditions	Where client has lived in the last 30 days and whether they are pregnant or have children.
Education, employment, and income	Whether client is enrolled in school or employed, education level completed, income, and source of income.
Crime and criminal justice status	Whether client has, in the last 30 days, been arrested, spent time in jail/prison, or committed a crime.
Mental and physical health problems and treatment/recovery	Client’s overall health, health care services received, sexual contacts, HIV status, energy levels, and experiences with depression or anxiety not due to alcohol or drug use.
Violence and trauma	Client experiences with violence or trauma, such as domestic violence, sexual assault, natural disaster, terrorism, and neglect.
Social connectedness	Whether client has attended self-help groups or received support from family members or friends.

Source: Substance Abuse and Mental Health Services Administration’s (SAMHSA) Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs. | GAO-22-104520

- **Performance and progress report.** Grantees are required to submit a performance and progress report mid-year and annually. This report

¹⁷SAMHSA began collecting data through the GPRA tool in June 2019. We reported in December 2020 that SAMHSA officials said the agency’s adoption of the GPRA tool would provide a more reliable, alternative source of data on individuals served by the program than the inconsistent data submitted by states in their performance and progress reports. We also reported that SAMHSA has taken actions to ensure more timely collection of the data collected through the GPRA tool. See GAO, *Substance Use Disorder: Reliable Data Needed for Substance Abuse Prevention and Treatment Block Grant Program*, [GAO-21-58](#) (Washington, D.C.: Dec. 14, 2020).

¹⁸Naloxone is a medication approved by the FDA that is designed to rapidly reverse opioid overdose.

is to include additional detail on the extent to which the grantee is making progress toward achieving goals established in their grant application. Grantees are also to describe major activities and accomplishments, any barriers encountered in using the grant funds for intended purposes, and how such barriers were addressed. Grantees must also document their compliance with various spending requirements, such as adhering to administrative spending limits.

SAMHSA's SOR Grant Program Monitoring Includes Regular Communication with Grantees and Reviews of Performance and Financial Information

SAMHSA is responsible for monitoring the primary SOR grant program recipients, which include the 50 states, District of Columbia, and U.S. territories. According to the guidelines SAMHSA uses for the SOR grant program, SAMHSA grants management staff are to work with and monitor the grant recipients on an ongoing basis to ensure they are complying with grant requirements and making progress on their pre-established goals. Specifically, agency staff are to monitor grantees through monthly phone calls and other ongoing communications with grantees, reviews of performance and financial information reported by grantees, and site visits when warranted. As needed, SAMHSA staff also provide technical assistance or develop corrective action plans for grantees if a grantee's performance warrants such actions. The primary grantees, in turn, are responsible for monitoring the recipients of any sub-awards, such as contractors and treatment providers.¹⁹

Based on our review of documentation for 10 selected SOR grantees, we found that SAMHSA's grant management staff generally monitored grantees' use of SOR funds through monthly phone calls and other ongoing communications with individual grantees. Specifically, we found that SAMHSA staff conducted monthly meetings with each of the 10 selected SOR grantees at least five times during the 6-month period from October 2020 through March 2021, generally consistent with SAMHSA's policy to meet with grantees to discuss their progress on program activities on a monthly basis. SAMHSA staff used the SOR grantee

¹⁹Our work focuses on SAMHSA's monitoring of SOR primary grant recipients, which are states, the District of Columbia, and U.S. territories. The monitoring of sub-awardees by the primary grant recipients was outside the scope of our work.

monitoring template for the meetings, which SAMHSA officials stated was developed to guide discussion topics and for SAMHSA staff to document the meetings. (See table 2 for the template discussion topics and examples of specific information discussed with the selected grantees during monthly monitoring calls.)

Table 2: SAMHSA Grantee Monitoring Template Discussion Topics for the State Opioid Response Grant Program

Topic	Description of type of information to be discussed
Personnel	Any key staff vacancies on the grantee’s personnel team and plans to fill vacancies, such as status updates on hiring for key positions supported with State Opioid Response (SOR) funding or coverage for positions that need to be staffed.
Progress on required activities	Grantee progress on required prevention, treatment, and recovery support activities, such as evidence-based practices and service delivery models, as well as other interventions provided through SOR program.
Other expectations	How grantees ensure grant funds are used for evidence-based services or practices that are appropriate for the population(s) of focus, and how grantees ensure the use of evidence-based medication-assisted treatment, such as through site visits to sub-awardees or monitoring by program staff.
Workgroups	Information on any workgroups that are assisting with grant efforts, such as task forces.
Data	Data submitted by grantees to SAMHSA. Includes what the data are showing, if there are any trends, any challenges with meeting targets, and plans to address challenges.
Other questions	Any challenges, barriers, or success stories in implementing grant activities, or other concerns.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) information. | GAO-22-104520

Note: Additional topics included in the SOR grantee monitoring template are SAMHSA updates/announcements, progress on other allowable activities, and date of next scheduled progress update.

Our review of agency documentation shows that SAMHSA staff were generally engaged in ongoing communication with the 10 selected grantees via email to answer grantee questions, resolve issues related to the SOR grant, and provide grantees reminders about upcoming reporting due dates, consistent with SAMHSA grants monitoring policies. For example, in several instances, SAMHSA staff had email exchanges with grantees to clarify the target number of individuals the grantee proposed to serve, to address discrepancies identified in grantee budget documentation, or to follow up with grantees who had questions regarding how grant funds could be used.²⁰

In addition to these monthly meetings and email communications, the grant monitoring documentation we reviewed included evidence that

²⁰As previously noted, prospective grantees complete a grant application that includes performance goals and objectives that include the target number of individuals the grantee proposes to serve with the funds.

SAMHSA staff reviewed GPRA data to check grantees' progress toward reporting required information and meeting the targeted number of individuals to be served, consistent with SAMHSA's grant monitoring policy. Specifically, the monthly meetings generally included discussions about the status of the grantee's GPRA data reporting and whether the grantee was on track for meeting its target number of clients served. Email communications also included instances in which SAMHSA staff worked to address issues related to GPRA data reporting.

SAMHSA officials also described how they collect and review mid-year and end-of-year performance and progress reports submitted to them by grantees, consistent with their grants monitoring policy. We obtained mid-year performance and progress reports for each of our 10 selected grantees generally covering September 30, 2020, through March 30, 2021, as well as documentation indicating that SAMHSA's grants management staff had reviewed these reports. Information in these reports includes the number of clients served by type of service (treatment and recovery services provided); the number of naloxone kits distributed and overdose reversals; a description of major activities and accomplishments; and any barriers grantees encountered when delivering SOR-funded services and how grantees addressed them.

In addition, according to SAMHSA grants management policy, SAMHSA staff may conduct site visits with state and U.S. territory grantees to further review and assess grantee use of SOR funds. SAMHSA officials stated that the decision to conduct a site visit is based on factors such as the amount of grant funds received and the severity of opioid problems in the state. During the time period for which we requested monitoring records (generally October 2020 through March 2021), SAMHSA conducted no site visits for our 10 selected grantees. Agency officials explained that this was because the grants started at the end of September and grantees were not required to begin providing services before the end of December 2020.

SAMHSA's grant monitoring policy states that in addition to monitoring performance information, agency staff are to monitor the submission of financial reports. Agency staff are to review this information to ensure grantees are spending grant funds in accordance with administrative, legal, and regulatory requirements. According to SAMHSA officials, agency staff regularly review HHS's payment management system data

on the amount of funds spent by the primary SOR grantees.²¹ (See app. I.) SAMHSA officials noted that they track the rate at which funds are spent and can intervene if there are indications that funds may not be spent as expected. However, they also noted that they are generally unable to control the rate with which these grant funds are spent, because it is often affected by procurement requirements at the state level outside of SAMHSA's control.

SAMHSA's SOR Grant Program Assessments Do Not Identify Potential Limitations or Fully Utilize Available Information to Make Program Improvements

SAMHSA Primarily Assesses SOR Grant Program through Annual Program Profile and Report to Congress

SAMHSA primarily assesses the SOR grant program through the development of its annual SOR program profile and an annual report to Congress, according to SAMHSA officials. Agency officials told us they developed the program profile to provide a snapshot of the grant program's performance and to show Congress, stakeholders, and the public how the program is performing. In addition, SAMHSA officials said their other evaluation effort is an annual report to Congress. The agency submits this report to respond to a congressional directive to submit an annual report and evaluation of the SOR program to Congress, and to make them publicly available on its website.²² Agency officials said both

²¹SAMHSA staff are also expected to review grantees' Federal Financial Reports, using information from HHS's payment management system, to verify information in the financial reports, according to agency officials. We did not receive documentation related to staff reviews of grantee Federal Financial Reports, because these reports were not due during the time period for which we requested monitoring documentation (generally covering October 2020 through March 2021).

²²See Explanatory Statement, 164 Cong. Rec. H2702 (daily ed. Mar. 22, 2018) (statement of Rep. Frelinghuysen); Pub. L. No. 115-141, § 4, 132 Stat. at 350 (clarifying that the explanatory statement regarding this act shall have the same effect as a joint explanatory statement with respect to the allocation of funds and implementation of certain divisions). See Substance Abuse and Mental Health Services Administration, *2020 Report to Congress on the State Opioid Response Grants*, accessed July 21, 2021, <https://www.samhsa.gov/sites/default/files/grants/pdf/other/samhsa-sor-report-08052020.pdf>.

the program profile and report to Congress could be used for making decisions about future funding and other matters related to the program.

Both the SOR program profile and report to Congress present information on six National Outcome Measures that SAMHSA uses to gauge the effectiveness of the SOR grant program. SAMHSA developed National Outcome Measures to assess the effectiveness of certain grant programs, including SOR. The measures are intended to give an indication of how a program is performing in terms of various client outcomes, such as abstinence from drugs or alcohol, housing stability, and employment. SAMHSA officials explained that the set of outcomes is important to assess program effectiveness, because substance use disorder, including OUD, affects all aspects of an individual's life. Therefore, SAMHSA looks at these outcomes to see if clients' lives have improved after they started receiving grant-funded services. SAMHSA uses data obtained from the GPRA tool to calculate these measures, and they generally reflect a client's status during the previous 30 days. The six measures used for the SOR grant program are measures related to the following:

- Abstinence: client did not use alcohol or illegal drugs.
- Crime and criminal justice: client had no arrests.
- Employment/education: client was currently employed or attending school.
- Health/behavioral/social consequences: client experienced no alcohol or drug related health, behavioral, or social consequences.
- Social connectedness: client was socially connected in the community.
- Stability in housing: client had a permanent place to live in the community.

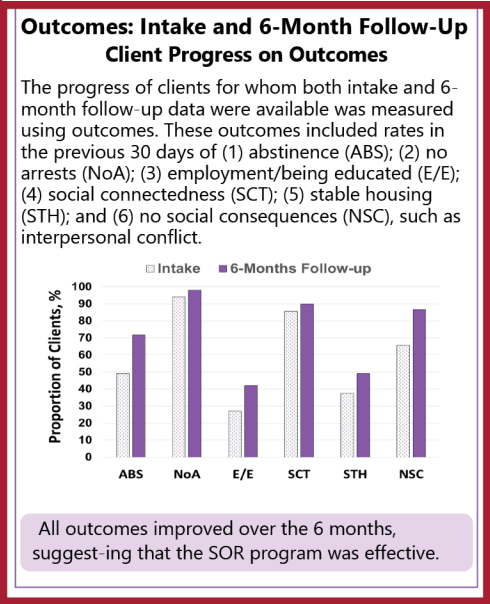
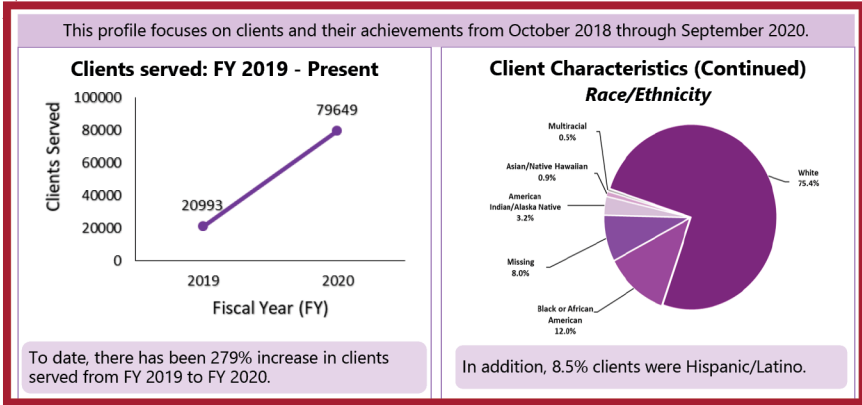
SOR Program Profile

SAMHSA published the first SOR program profile in December 2020, generally covering the 2-year time period of the first SOR grant that

started in October 2018.²³ This profile provides a high-level national snapshot of program performance that focuses on clients served through the program and is based primarily on GPRA data. Specifically, it includes information aggregated at the national level on (1) the number of clients who received grant-funded services, (2) their demographic characteristics and behavioral health diagnoses, and (3) changes in the six National Outcome Measures. (See fig. 3.) See appendix II for a full copy of the 2020 SOR program profile.

²³See Substance Abuse and Mental Health Services Administration, *State Opioid Response Grants*, accessed May 25, 2021, <https://www.samhsa.gov/sites/default/files/state-opioid-response-sor-report.pdf>. The profile states that it focuses on clients and their achievements from October 2018 through September 2020, which was generally the 2-year period of the first SOR grant. However, the profile further notes that the diagnostic data had been collected only since March 2019. At the time of our review, SAMHSA officials said they would start analyzing data for the next annual profile in the fall of 2021 and that it will cover fiscal year 2021 information; however, they did not provide a publication date for the 2021 profile.

Figure 3: SAMHSA's 2020 State Opioid Response Grant Program Profile



Source: Substance Abuse and Mental Health Services Administration (SAMHSA). | GAO-22-104520

For each of the six National Outcome Measures, the profile compares outcomes at intake (when services started) to outcomes 6 months later

for clients for whom SAMHSA had GPRA data for both time periods. For example, the profile reports that the percentage of clients who abstained from alcohol or illegal drug use during the previous 30 days was higher at the 6-month post-intake point than at intake. The profile also includes information on changes related to mental health outcomes, such as serious depression or attempted suicide.

Report to Congress on SOR

SAMHSA published its first annual report to Congress on the SOR grant program in September 2020, according to agency officials.²⁴ Most of the report focuses on program implementation by the individual grantees, such as describing evidence-based treatments and other evidence-based practices used by the grantees.²⁵ For example, the report includes the number of grantees using different types of evidence-based practices and general statements summarizing what grantees have reported about the positive outcomes of these practices. The report also lists key accomplishments reported by each grantee. For example, one state grantee reported among its accomplishments that it provided SOR funds

²⁴See Substance Abuse and Mental Health Services Administration, *2020 Report to Congress on the State Opioid Response Grants*, accessed July 21, 2021, <https://www.samhsa.gov/sites/default/files/grants/pdf/other/samhsa-sor-report-08052020.pdf>. The report states that it includes information based on GPRA data collected between June 2019 and May 2020, and information from grantees' mid-year and annual performance and progress reports for the first year of the program that ended in September 2019. According to SAMHSA officials, SOR grant recipients funded in fiscal year 2018 could not begin GPRA data collection until June 2019, 8 months into the first year of the grant project, due to delayed approval of the GPRA tool by the Office of Management and Budget.

SAMHSA provided us the 2021 Report to Congress on the State Opioid Response Grants on October 1, 2021, which was outside the period of our review. However, the 2021 report generally covers the same topics in the same format as the 2020 report. See Substance Abuse and Mental Health Services Administration, *2021 Report to Congress on the State Opioid Response Grants*, accessed October 1, 2021, <https://www.samhsa.gov/sites/default/files/2021-state-opioid-response-grants-report.pdf>

²⁵Examples of evidence-based practices described in the report include medication-assisted treatment, cognitive behavioral therapy, and peer recovery support services. According to SAMHSA's report, cognitive-behavioral therapy 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. Peer recovery support services include a wide range of services provided by peer support specialists. Peer support specialists are people who combine their own lived experience of recovery with formal training and education to assist others in initiating and maintaining recovery.

to 14 outpatient clinics to increase medication-assisted treatment availability throughout the state.

Similar to the SOR program profile, the report to Congress also includes a high-level snapshot of program performance based on GPRA data aggregated at the national level. Specifically, the report provides the number of clients who received grant-funded services, their demographic characteristics, and their performance on the set of National Outcome Measures that SAMHSA uses to assess the effectiveness of the SOR grant program. It also provides other nationally aggregated results, such as the number of clients who received recovery support services and changes in emergency department visits and hospital admissions for urgent treatment of mental or emotional difficulties or alcohol and substance misuse.²⁶

SAMHSA's SOR Program Profile and Report to Congress Do Not Identify Potential Limitations

Neither SAMHSA's SOR program profile nor its report to Congress identify potential limitations in their findings, or how any such limitations might affect what conclusions can or cannot be drawn from the information. For example, while both reports state that reported outcomes are based on data for a subset of clients for whom both intake and 6 month follow-up data are available, neither specifies the extent to which such data are incomplete or how this might affect the conclusions that can be drawn.

According to SAMHSA officials, the GPRA data collected from clients—used to develop the SOR program profile—had a 6-month follow-up completion rate of 33 percent, meaning that the information was incomplete for two-thirds of those clients for whom 6-month follow-up was due. Furthermore, the two-thirds of clients for whom data were incomplete may have different characteristics—and different results—compared to

²⁶According to SAMHSA officials, in July 2021, SAMHSA updated the 2020 report to Congress that was published in September 2020 to add a results section with the following information: the number of individuals who received grant-funded treatment; the number of those individuals receiving each of the three FDA-approved OUD treatment medications; the number of naloxone kits distributed; and the number of drug overdoses that were reversed through the use of naloxone (which was also included in the original version of the report). The updated report states that the treatment information is based on information grantees reported in their performance and progress reports, which cover a longer period of time than data on individuals served by the grant program that are also reported to SAMHSA.

those who provided complete intake and 6-month follow-up information. These potentially different results could affect the conclusions that could be drawn about the program, but this was not identified in either report. For example, if individuals who provided complete information experienced better outcomes than those who did not provide complete information, this would result in an overstatement of program results. SAMHSA officials said they recognize that this type of non-response bias is a potential limitation, and they have been working with grantees to improve the completeness of these data. To improve the completeness of the data, SAMHSA officials said they continue to provide grantees with technical assistance and other resources, such as webinars, and encourage grantees to support each other through mentoring and idea sharing. SAMHSA officials noted, however, that SOR clients include vulnerable populations for whom obtaining follow-up data may be difficult. For example, SOR clients include populations that tend to be transient or have increased mental health barriers.

Another example of a potential assessment limitation—also not identified in either report—is that client outcomes could be influenced by other factors. For example, some clients may be receiving other interventions in addition to SOR-funded services. According to SAMHSA officials, they compare clients' outcomes at intake and 6 months post-intake to see if they are improving across the National Outcome Measures. The officials stated that they recognize that the GPRA data are not designed to determine the extent to which reported outcomes can be directly attributed to the SOR funded services.²⁷ As we have noted in our prior work, isolating the impact of a program is challenging and can require

²⁷A 2021 report by the National Academies of Sciences, Engineering, and Medicine, which examined two other SAMHSA grant programs that collect data using the GPRA tool, noted a number of potential data limitations that could affect the use of the data or the conclusions that could be drawn from their use. Data limitations include the inability to determine the unique impact of the SAMHSA program being measured, because clients may be receiving interventions from other programs or may have participated in the SAMHSA program prior to the reporting period; potential bias in data due to low follow-up rates or because clients who participated in follow-up interviews may have characteristics that make them different from clients who did not; and difficulty interpreting the impact of the SAMHSA program on client outcomes due to the lack of pre- and post-data or comparison groups. See National Academies of Sciences, Engineering, and Medicine 2021, *Progress of Four Programs from the Comprehensive Addiction and Recovery Act* (Washington, D.C.: The National Academies Press.), accessed March 30, 2021, <https://doi.org/10.17226/26060>.

significant resources; however, acknowledging such limitations provides important context for interpreting the assessment information.²⁸

Identifying potential limitations can help provide clear information to Congress and other decision makers so that they can correctly interpret the data. Leading practices for assessing grant programs, as identified in our prior work, highlight the importance of including a discussion of limitations for agencies' performance measurement and program evaluation activities.²⁹ In addition, the Office of Management and Budget's guidance to agencies for managing performance under the GPRA Modernization Act states the "credible use of evidence in decision-making requires an understanding of what conclusions can be drawn from the information and, equally important, what conclusions cannot be drawn."³⁰

SAMHSA officials indicated that at the time the SOR profile and report to Congress were developed, including a discussion of potential limitations was not a priority due to the focus on presenting a snapshot of the SOR program's performance. However, a discussion of potential limitations in the SOR program profile and report to Congress would help ensure that Congress and other decision makers correctly interpret the information and make fully informed decisions about the grant program.

SAMHSA Does Not Fully Use Available Information to Make Program Improvements

SAMHSA's SOR program profile and report to Congress present program performance information; however, these assessments do not fully leverage information available to provide a more in-depth assessment of

²⁸See GAO, *Designing Evaluations: 2012 Revision*, [GAO-12-208G](#) (Washington, D.C.: Jan. 31, 2012); and *Program Evaluation: A Variety of Rigorous Methods Can Help Identify Effective Interventions*, [GAO-10-30](#) (Washington, D.C.: Nov. 23, 2009).

²⁹See GAO, *Native American Youth: Agencies Incorporated Almost All Leading Practices When Assessing Grant Programs That Could Prevent or Address Delinquency*, [GAO-20-600](#) (Washington, D.C.: Aug. 6, 2020). See also GAO, *Leading Practices for Managing for Results in Government*, accessed September 30, 2021, <https://www.gao.gov/leading-practices-managing-results-government>.

³⁰Office of Management and Budget, *Circular No. A-11 Preparation, Submission, and Execution of the Budget* (Washington, D.C.: August 2021), Section 240.12, accessed September 1, 2021, <https://www.whitehouse.gov/wp-content/uploads/2018/06/a11.pdf>. Part 6 of this circular includes the federal government's performance framework for improving program and service delivery.

performance that could strengthen the program, such as by identifying opportunities for improvement.

As described above, SAMHSA collects a detailed set of information on SOR clients from grantees that includes National Outcome Measure information and client demographics. Its assessment efforts related to this information focus on data aggregated at the national level to show the overall results of the program. SAMHSA officials said the agency has not further examined the data to gain a more detailed understanding of how well the program, or certain services provided within the program, may be working for certain clients or why. For example, agency officials have not disaggregated available data to examine how well grant program services may be working in different locations or among different groups of people, or to see if existing data can be leveraged to provide further insights into whether certain practices or interventions work better for some groups than others. Existing data, even with their potential limitations, may show whether certain groups of clients—such as clients in different age groups or clients using particular kinds of treatment services—may have different outcomes (such as abstaining from alcohol or illegal drug use) compared to other groups. In disaggregating available data, SAMHSA may have an opportunity to explore the reasons behind any different outcomes, which could help indicate possible areas for improvements to the program. SAMHSA officials told us that for future assessments of the SOR program, they are considering examining additional data and conducting different data analyses, but they did not provide specific plans to do so.

In addition, SAMHSA collects a variety of data from clients receiving services in SOR-funded programs that could be used to provide a more in-depth assessment of program performance and to identify opportunities for improvement. Examples include GPRA data about whether clients have recently received other treatments or interventions for alcohol or substance abuse; whether clients have received specific medical and behavioral health services; and specific details regarding substances used.³¹ While SAMHSA officials said they are considering

³¹An evaluation of the GPRA data or other data available to SAMHSA was outside the scope of our work. As a result, any additional analyses of these data must be contingent upon an assessment by SAMHSA of the suitability of the underlying data and analytical methodology for the intended purpose, as well as the disclosure of any potential limitations and how those limitations affect the conclusions that can and cannot be drawn.

examining additional data in future assessments of the SOR program, they did not provide specific plans to do so.

We have previously reported that both the executive branch and congressional committees need assessment information to help them make decisions about the programs they oversee—information that tells them whether and why a program is performing well or not.³² Our prior work has identified the importance of doing an in-depth examination of program performance to assess whether a program works and identify opportunities to improve program results. Our prior work has also identified the importance of disaggregating data according to demographic, geographic, or other relevant characteristics, as this can help pinpoint problems and identify solutions.³³ In addition, Office of Management and Budget guidance states that agency leaders should improve program outcomes by collecting and analyzing data in ways that inform targeting, and identifying and promoting the adoption of effective practices.³⁴

SAMHSA officials stated that the agency had prioritized the data analysis shown in the SOR program profile and report to Congress, which focus on presenting an overall snapshot of program performance. According to agency officials, the agency is considering greater use of available data in future program assessments. However, they did not provide specific plans to do so, and it is unclear whether future assessments would make greater use of available data that could improve the program.

³²See GAO, *Program Evaluation: Key Terms and Concepts*, [GAO-21-404SP](#) (Washington, D.C.: Mar. 22, 2021). This is consistent with internal control standards that say management should use quality information to achieve the entity's objectives, and process data into information that is appropriate, complete, and accurate, among other things. Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved. See [GAO-14-704G](#).

³³See GAO, *Managing for Results: Practices for Effective Agency Strategic Reviews*, [GAO-15-602](#) (Washington, D.C.: July 29, 2015); and *Managing for Results: Enhancing Agency Use of Performance Information For Management Decision Making*, [GAO-05-927](#) (Washington, D.C.: Sept. 9, 2005).

³⁴Office of Management and Budget, *Circular No. A-11 Preparation, Submission, and Execution of the Budget* (Washington, D.C.: August 2021), Section 200.12, accessed September 1, 2021, <https://www.whitehouse.gov/wp-content/uploads/2018/06/a11.pdf>. Part 6 of this circular includes the federal government's performance framework for improving program and service delivery. In addition, Federal Standards for Internal Control call for agencies to use quality information to achieve the agencies' objectives and use the information to identify and address risk. See [GAO-14-704G](#).

SAMHSA has the potential to use its existing data to gain further insights into how well the program is working and why, such as whether the program or certain interventions work better for some groups of people than others. For example, looking for variation in outcomes across states and demographic groups could help identify best practices and areas for improvements. Such insights could help SAMHSA determine ways to improve program effectiveness and client outcomes, and better position decision makers to strengthen the SOR program.

Conclusions

Through the SOR program, SAMHSA's primary opioid grant program, SAMHSA is working to help address OUD, a critically important effort as the nation faces a worsening crisis related to opioid-related overdose deaths. SAMHSA's SOR grant program assessments provide a high-level national snapshot of program performance. However, neither the SOR program profile nor SAMHSA's report to Congress identify potential limitations in their findings, such as the effects of a low response rate or how factors outside of the SOR program may affect clients' results. By identifying and disclosing associated limitations, SAMHSA would help ensure it is providing clearer information to Congress and other decision makers so they can correctly interpret the information and make more fully informed decisions about the SOR grant program.

Additionally, SAMHSA may be missing opportunities to learn from and help strengthen the SOR grant program, which may be found using the detailed data the agency collects. Although SAMHSA collects detailed information for the various clients and activities funded by the grant program and agency officials said they are considering changes to future assessments, the agency did not indicate whether they plan to further examine this information to gain a more detailed understanding of how well the SOR program is working and why. For example, these data may show whether certain interventions work better for some groups of people—such as clients in different age groups or locations—than others. Through a more comprehensive assessment of the SOR grant program, based on sufficient and appropriate data, SAMHSA has an opportunity to strengthen the program, which ultimately could help reduce opioid-related overdose deaths and improve the lives of the clients the program serves.

Recommendations for Executive Action

We are making two recommendations to SAMHSA:

The Assistant Secretary for Mental Health and Substance Use should ensure that SAMHSA's SOR grant program assessment reports, such as its annual SOR program profile and report to Congress, identify potential limitations in their findings, and describe how any such limitations may affect the conclusions that can and cannot be drawn about the effectiveness of the program. (Recommendation 1)

The Assistant Secretary for Mental Health and Substance Use should further analyze existing SOR grant program information, such as by disaggregating data by client groups, to provide a more comprehensive, in-depth assessment of program performance and use such information to identify opportunities for program improvement. (Recommendation 2)

Agency Comments

We provided a draft of this report to HHS for review and comment. In its comments, reproduced in appendix III, HHS concurred with both recommendations. HHS also provided technical comments, which we incorporated as appropriate.

Regarding our first recommendation, HHS stated that SAMHSA will begin to include a discussion of limitations in its program assessments. For the second recommendation, HHS stated that SAMHSA will provide disaggregated data in future reports to Congress and in evaluation reports. For both recommendations, HHS stated that SAMHSA is currently discussing a plan to provide a more in-depth evaluation of SOR program performance.

Additionally, HHS noted that SAMHSA does not consider the SOR program profile to be an assessment report. SAMHSA stated that SOR program profiles have been developed to provide a means to share aggregate data collected from grantees and to highlight selected program-specific indicators, often including the number of clients served, services received, and client-level National Outcome Measures.

SAMHSA's description is consistent with how we characterized the program profiles in our report. As we described, both the SOR program

profile and report to Congress include assessment information, such as National Outcome Measures, which could be used for making decisions about future funding and other matters related to the program. While our recommendations are not limited to these specific reports, we maintain the importance of identifying potential limitations in any such reports, and in providing a more comprehensive, in-depth assessment of program performance, as HHS also agreed to in its comments.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the Secretary of Health and Human Services, the Assistant Secretary for Mental Health and Substance Use, and other interested parties. In addition, the report will be available at no charge on the GAO website at <https://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or HundrupA@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs can be found on the last page of this report. Major contributors to this report are listed in appendix IV.



Alyssa M. Hundrup
Director, Health Care

List of Requesters

The Honorable Cathy McMorris Rodgers
Republican Leader
Committee on Energy and Commerce
House of Representatives

The Honorable Brett Guthrie
Republican Leader
Subcommittee on Health
Committee on Energy and Commerce
House of Representatives

The Honorable H. Morgan Griffith
Republican Leader
Subcommittee on Oversight and Investigations
Committee on Energy and Commerce
House of Representatives
The Honorable Gus M. Bilirakis
House of Representatives

The Honorable Larry Bucshon, M.D.
House of Representatives

The Honorable Michael C. Burgess, M.D.
House of Representatives

The Honorable Earl L. "Buddy" Carter
House of Representatives

The Honorable Jeff Duncan
House of Representatives

The Honorable Vicky Hartzler
House of Representatives

The Honorable Adam Kinzinger
House of Representatives

The Honorable Robert E. Latta
House of Representatives

Letter

The Honorable David B. McKinley
House of Representatives

The Honorable Fred Upton
House of Representatives

The Honorable Tim Walberg
House of Representative

Appendix I: State Opioid Response Grant Program Awards, Grantee Spending, and Amounts Remaining Unspent

This appendix shows the amount of State Opioid Response (SOR) grant funding awarded by the Substance Abuse and Mental Health Services Administration to each grantee for the combined period covering fiscal years 2020 and 2021, and the amount of funding that each grantee spent and had remaining unspent as of September 28, 2021, the most recent data available at the time of our review. (See table 3.) The award amount is the amount of funding awarded to grantees for the 2-year grant period that began September 30, 2020. Grantees have through the end of the 2-year award period—September 29, 2022—to spend the funds. However, grantees may request a no-cost extension of up to 12 months to ensure completion of the originally approved project goals.¹

Table 3: State Opioid Response Grant Program Awards, Grantee Spending, and Amounts Remaining Unspent, Fiscal Years 2020 and 2021

State/U.S. territory ^a	Fiscal year 2020 and 2021 award amount (in dollars) ^b	Total amount spent as of September 28, 2021 (in dollars) ^c	Total amount remaining unspent as of September 28, 2021 (in dollars)
Alabama	32,172,082	6,546,607	25,625,475
Alaska	8,001,844	1,843,885	6,157,959
American Samoa	500,000	172,204	327,796
Arizona	63,212,924	16,976,508	46,236,416
Arkansas	21,522,278	5,101,164	16,421,114
California	211,729,156	101,082,160	110,646,996
Colorado	41,685,208	8,826,589	32,858,619

¹A 2020 report from the Department of Health and Human Services Office of Inspector General includes additional information on the issue of unspent grant funds for another opioid-related grant program that preceded the State Opioid Response grant program. The Office of Inspector General recommended that SAMHSA work closely with states and territories during the no-cost extension period to address barriers to timely spending of grant funds. See Department of Health and Human Services, Office of Inspector General, *States' Use of Grant Funding for a Targeted Response to the Opioid Crisis*, OEI-BL-18-00460 (Washington, D.C.: March 2020).

**Appendix I: State Opioid Response Grant
Program Awards, Grantee Spending, and
Amounts Remaining Unspent**

State/U.S. territory^a	Fiscal year 2020 and 2021 award amount (in dollars)^b	Total amount spent as of September 28, 2021 (in dollars)^c	Total amount remaining unspent as of September 28, 2021 (in dollars)
Connecticut	28,430,428	10,829,660	17,600,768
Delaware	73,584,660	12,812,213	60,772,447
District of Columbia	47,642,310	3,659,363	43,982,947
Federated States of Micronesia	500,000	121,252	378,748
Florida	200,340,874	27,916,308	172,424,566
Georgia	58,552,488	9,762,114	48,790,374
Guam	500,000	43,614	456,386
Hawaii	8,003,294	531,129	7,472,165
Idaho	15,698,042	2,375,738	13,322,304
Illinois	73,560,178	10,613,378	62,946,800
Indiana	57,644,044	11,463,639	46,180,405
Iowa	17,963,146	3,007,986	14,955,160
Kansas	16,554,058	7,190,117	9,363,941
Kentucky	70,966,812	3,425,775	67,541,037
Louisiana	34,524,922	4,635,629	29,889,293
Maine	12,511,940	2,303,127	10,208,813
Maryland	101,502,264	15,172,905	86,329,360
Massachusetts	113,926,328	22,937,224	90,989,104
Michigan	72,881,850	10,269,514	62,612,336
Minnesota	22,460,928	1,512,412	20,948,516
Mississippi	14,323,996	3,427,633	10,896,363
Missouri	50,024,742	12,421,945	37,602,797
Montana	8,002,982	4,001,491	4,001,491
Nebraska	8,885,210	2,394,326	6,490,884
Nevada	33,073,078	4,901,360	28,171,718
New Hampshire	56,269,778	9,982,615	46,287,163
New Jersey	131,939,684	23,083,228	108,856,456
New Mexico	15,067,438	3,195,059	11,872,379
New York	112,470,044	14,887,064	97,582,980
North Carolina	70,298,762	20,542,765	49,755,998
North Dakota	8,001,546	2,195,845	5,805,701
Northern Mariana Islands	500,000	153,689	346,311
Ohio	192,456,858	32,383,067	160,073,791
Oklahoma	31,946,802	12,393,684	19,553,118
Oregon	30,602,698	12,284,441	18,318,257
Pennsylvania	159,657,050	17,194,774	142,462,276

**Appendix I: State Opioid Response Grant
Program Awards, Grantee Spending, and
Amounts Remaining Unspent**

State/U.S. territory^a	Fiscal year 2020 and 2021 award amount (in dollars)^b	Total amount spent as of September 28, 2021 (in dollars)^c	Total amount remaining unspent as of September 28, 2021 (in dollars)
Puerto Rico	24,050,000	3,420,315	20,629,685
Rhode Island	11,639,950	2,163,577	9,476,373
South Carolina	35,878,964	11,863,993	24,014,971
South Dakota	8,002,478	451,516	7,550,962
Tennessee	60,234,582	4,380,080	55,854,502
Texas	104,388,026	21,965,284	82,422,742
Utah	21,442,260	7,155,201	14,287,059
Vermont	8,002,848	1,894,104	6,108,744
Virgin Islands	500,000	43,675	456,325
Virginia	55,281,268	22,738,760	32,542,508
Washington	54,347,584	17,306,214	37,041,370
West Virginia	87,523,304	19,546,599	67,976,705
Wisconsin	33,456,174	5,676,551	27,779,623
Wyoming	8,001,174	2,999,573	5,001,601
Total	2,842,841,338	598,180,642	2,244,660,696

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) data. | GAO-22-104520

^aState Opioid Response (SOR) funds were awarded to the single state agency in each state and U.S. territory, and the District of Columbia. The single state agency is the entity designated to apply for and receive federal funds for substance use disorder services. See SAMHSA's website for a list of single state agencies, <https://www.samhsa.gov/sites/default/files/ssa-directory.pdf>

^bThe total amount of funds SAMHSA has awarded to grantees for the 2-year grant period, which started on September 30, 2020.

^cThe amount spent is based on the amount grantees have withdrawn from SAMHSA's grant award accounts as of September 28, 2021. This current grant period started September 30, 2020. Grantees have until September 29, 2022, to spend awarded funds. However, grantees may request a no-cost extension period of up to 12 months to ensure completion of the originally approved project goals.

Appendix II: SAMHSA's 2020 State Opioid Response Grant Profile

The Substance Abuse and Mental Health Services Administration (SAMHSA) issued this State Opioid Response (SOR) profile in December 2020 to convey the results of its assessment of the SOR grant program at the end of the first 2-year period for the program. To develop this profile, SAMHSA used data collected from its Government Performance and Results Act Client Outcome Measures tool. The information on client outcomes reflected clients for whom both intake and 6-month follow-up data were available. According to SAMHSA, 33 percent of the clients for whom the 6-month data collection was due had completed this information.

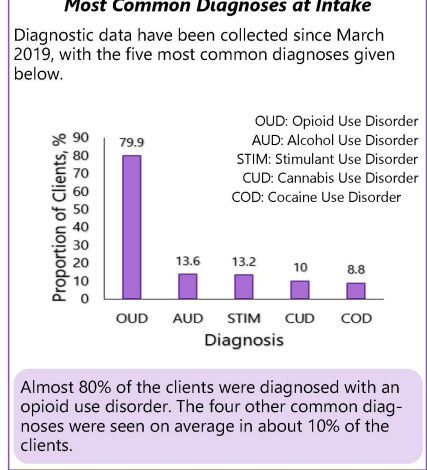
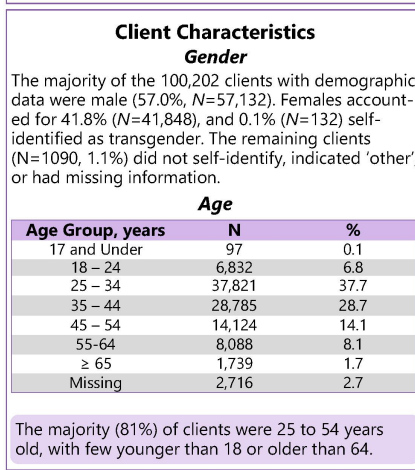
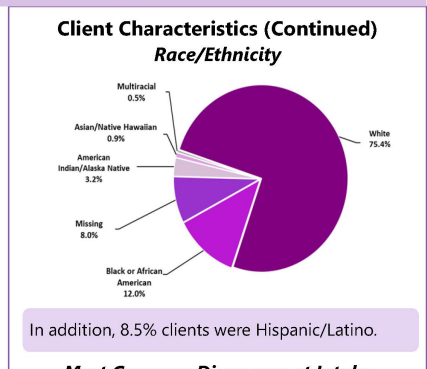
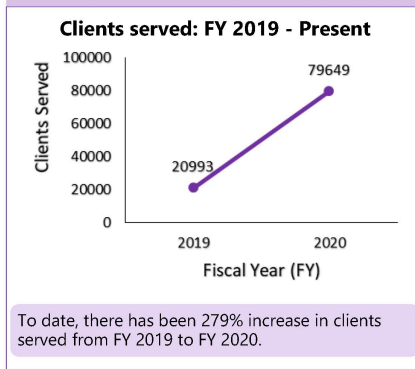
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Data current as of October 1, 2020

State Opioid Response Grants

In 2019, opioid use disorder (OUD) decreased significantly to 1.6 million from 2.0 million in 2018, suggesting that efforts to increase access to Medication-Assisted Treatment (MAT), psychosocial and community recovery supports have made a significant impact.¹ The purpose of the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response (SOR) grants is to address the opioid crisis by increasing access to MAT; reducing unmet treatment need; and reducing opioid overdose-related deaths. This purpose is accomplished by supporting prevention, treatment, and recovery activities for OUD. SOR supplements current state and territory opioid-related activities and supports a comprehensive response to the opioid epidemic. In Fiscal Year (FY) 2020, SAMHSA distributed approximately \$1.4 billion in SOR funding.

This profile focuses on clients and their achievements from October 2018 through September 2020.



¹<https://www.samhsa.gov/data/report/2019-nsduh-annual-national-report>
Center for Behavioral Health Statistics and Quality

For more information, please call (240) 276-1250 or visit the website at www.SAMHSA.gov

Appendix II: SAMHSA's 2020 State Opioid Response Grant Profile

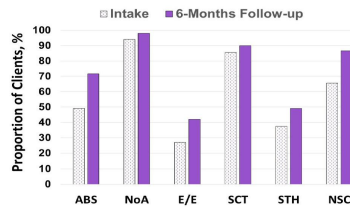
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State Opioid Response Grants

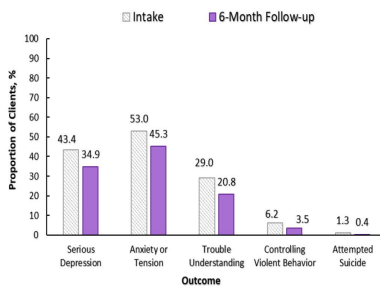
Outcomes: Intake and 6-Month Follow-Up Client Progress on Outcomes

The progress of clients for whom both intake and 6-month follow-up data were available was measured using outcomes. These outcomes included rates in the previous 30 days of (1) abstinence (ABS); (2) no arrests (NoA); (3) employment/being educated (E/E); (4) social connectedness (SCT); (5) stable housing (STH); and (6) no social consequences (NSC), such as interpersonal conflict.



All outcomes improved over the 6 months, suggesting that the SOR program was effective.

Outcomes: Mental Health at Intake and 6-Month Follow-up in the Past 30 Days



As shown above, all mental health outcomes showed improvement at 6-month follow-up.

Outcomes (Continued)

For each outcome, the relative percent change after the 6-month follow-up, calculated as

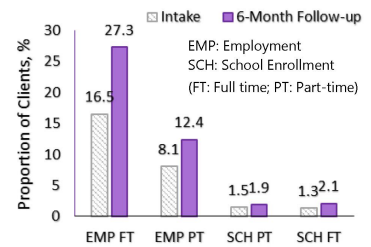
$$\frac{\text{Rate at follow-up} - \text{Rate at Intake}}{\text{Rate at Intake}} \times 100\%$$

Outcome	Description	% Change
Abstinence	No alcohol or illegal drug use	+46
Crime & Criminal Justice	No arrests within the last 30 days	+ 4
Employment/Education	Employed/enrolled in school	+ 54.7
Social Connectedness	Connected in their community	+ 4.9
Stable Housing	Permanent place to live	+ 31.4
Social Consequences	No illicit-substance related consequences	+ 31.9

Most outcomes improved noticeably, especially abstinence and employment/education.

Employment and Enrollment in School

Employment and school enrollment rates at intake and follow-up were as follows, for clients for whom this information was available:



Full- and part-time employment and school enrollment rates were all better at discharge than at intake, especially full-time employment and schooling rates, both increasing by over 60%.

Center for Behavioral Health Statistics and Quality



For more information, please call (240) 276-1250 or visit the website at www.SAMHSA.gov

Text of State Opioid Response Grants (page 1)

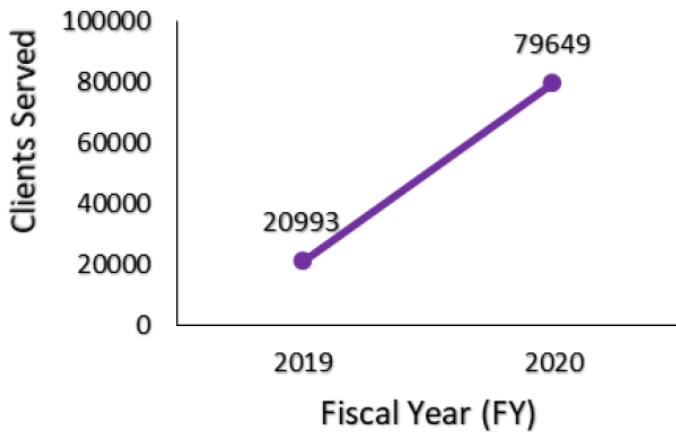
v 2.0 - Data current as of October 1, 2020

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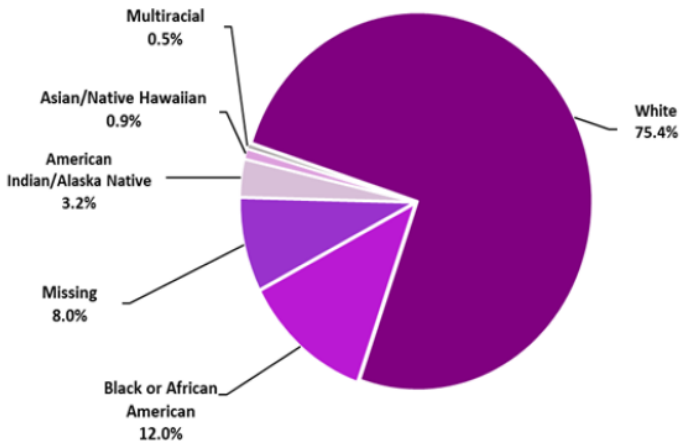
Clients Served FY 2019 to Present



To date, there has been 279% increase in clients served from FY 2019 to FY 2020.

³⁶ <https://www.samhsa.gov/data/report/2019-nsduh-annual-national-report> Center for Behavioral Health Statistics and Quality

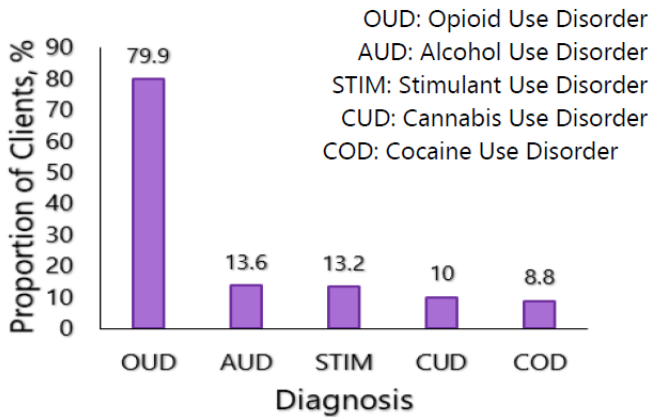
Client Characteristics, (Continued) Race/Ethnicity



In Addition 8.5% of clients were Hispanic / Latino

Most Common Diagnoses at Intake

Diagnostic data have been collected since March 2019, with the five most common diagnoses given below.



Almost 80% of the clients were diagnosed with an opioid use disorder. The four other common diagnoses were seen on average in about 10% of the clients.

Client Characteristics – Gender

The majority of the 100,202 clients with demographic data were male (57.0%, N=57,132). Females account-ed for 41.8% (N=41,848), and 0.1% (N=132) self-identified as transgender. The remaining clients (N=1090, 1.1%) did not self-identify, indicated 'other', or had missing information.

Age Group, years	N	%
17 and Under	97	0.1
18 – 24	6,832	6.8
25 – 34	37,821	37.7
35 – 44	28,785	28.7
45 – 54	14,124	14.1
55-64	8,088	8.1
≥ 65	1,739	1.7
Missing	2,716	2.7

The majority (81%) of clients were 25 to 54 years old, with few younger than 18 or older than 64

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v 2.0 Data current as of October 1, 2020

Text of State Opioid Response Grants (page 2)

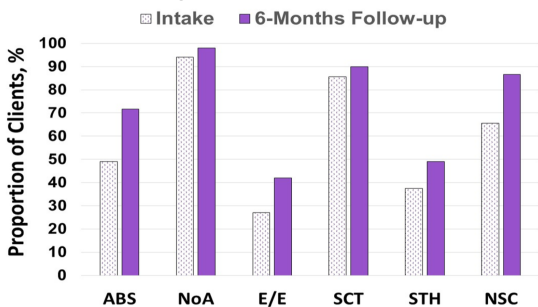
State Opioid Response Grants

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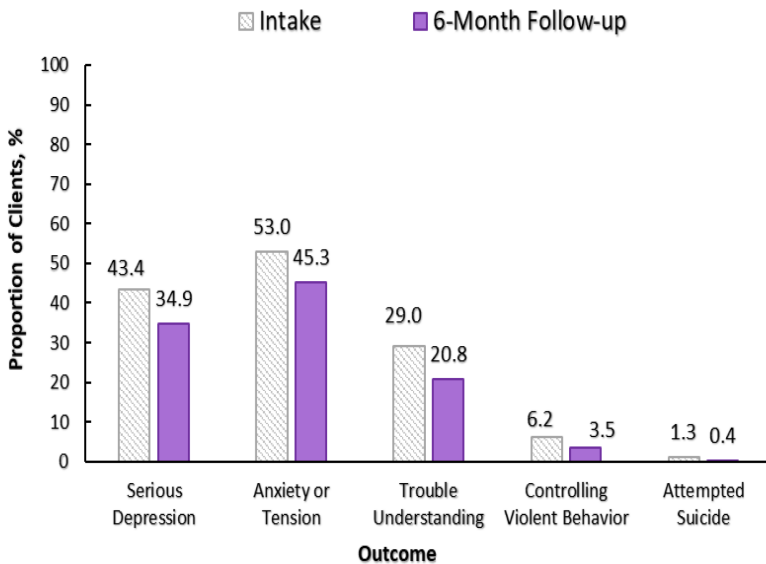
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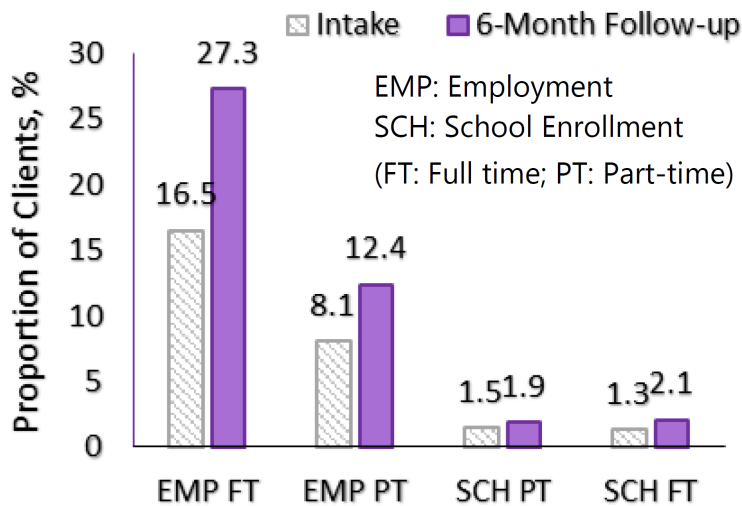
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Source: SAMHSA. | GAO-22-104520

Appendix III: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

November 18, 2021

Alyssa M. Hundrup
Director, Health Care
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Hundrup:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "*OPIOID USE DISORDER: Opportunities to Improve Assessments of State Opioid Response Grant Program*" (GAO-22-104520).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

Melanie Anne Egorin

Melanie Anne Egorin, Ph.D.
Assistant Secretary for Legislation

Attachment

**Appendix III: Comments from the Department
of Health and Human Services**

GENERAL COMMENTS FROM THE DEPARTMENT OF HEALTH & HUMAN SERVICES ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED – OPIOID USE DISORDER: OPPORTUNITIES TO IMPROVE ASSESSMENTS OF STATE OPIOID RESPONSE GRANT PROGRAM (GAO-22-104520)

The U.S. Department of Health & Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

Recommendation 1

The Assistant Secretary for Mental Health and Substance Use should ensure that SAMHSA's SOR grant program assessment reports, such as its annual SOR profile and report to Congress, identify potential limitations in their findings, and describe how any such limitations may affect the conclusions that can and cannot be drawn about the effectiveness of the program.

HHS Response

HHS concurs with GAO's recommendation.

The Substance Abuse and Mental Health Services Administration (SAMHSA) will begin to include a discussion of limitations in program assessments and is currently discussing a plan to provide a more in-depth evaluation of SOR program performance.

SAMHSA would like to note that the SOR profile is not an assessment report as stated in this recommendation. SAMHSA's program profiles have been developed to provide a means to share aggregate data collected from the grantees according to the Government Performance and Results Act (GPRA) of 1993 and continued under the Modernization Act of 2010. The program profiles highlight selected program-specific indicators often including the number of clients served, services received, and client-level National Outcome Measures (NOMs) at intake and after program participation. Profiles do not include all GPRA data that are collected nor does every grant program have its own profile. The profiles are designed as 'snapshots' and as such they do not fully recognize grantee challenges related to the COVID-19 nor do they take into account variations in implementation.

Recommendation 2

The Assistant Secretary for Mental Health and Substance Use should further analyze existing SOR program information, such as by disaggregating data by client groups, to provide a more comprehensive, in-depth assessment of program performance and use such information to identify opportunities for program improvement.

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HHS concurs with GAO's recommendation.

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**Appendix III: Comments from the Department
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U.S. Government Accountability Office 441 G Street NW

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**Appendix III: Comments from the Department
of Health and Human Services**

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Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

Alyssa M. Hundrup, (202) 512-7114 or HundrupA@gao.gov.

Staff Acknowledgments

In addition to the contact named above, Will Simerl (Assistant Director), Andrea E. Richardson (Analyst-in-Charge), Sauravi Chakrabarty, Barbara Hansen, Drew Long, and Vikki Porter made key contributions to this report.

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