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OPIOID USE DISORDER

Opportunities to Improve Assessments of State Opioid Response Grant Program

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

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

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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