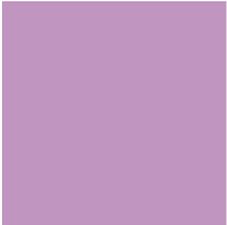
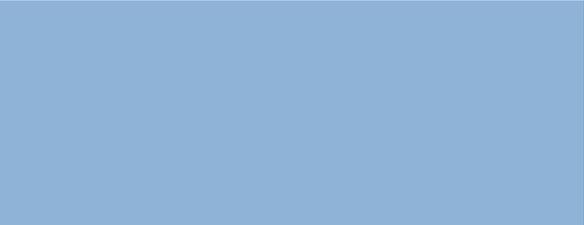
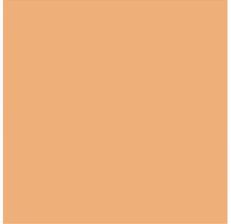
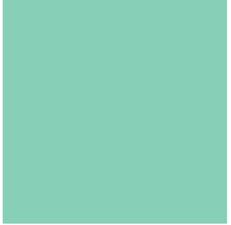




Making SOR Funding Count!



**Three Solutions for Maximizing the Impact
of Every SOR Dollar**



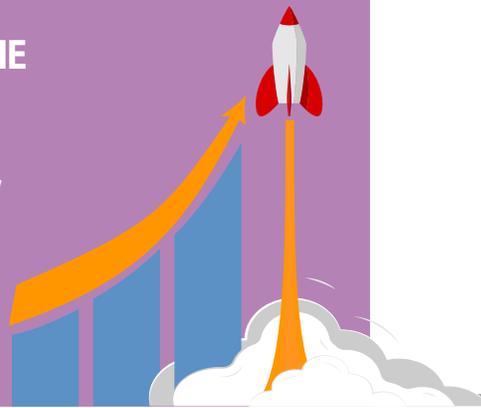


Introduction

Many states are struggling to fully deploy their State Opioid Response (SOR) grant funds. Yet now, more than ever, the opioid epidemic—exacerbated by the COVID-19 pandemic—requires states’ attention, investment of time and energy, and implementation efforts. However, that implementation is all too often complicated by a handful of common obstacles. A [U.S. Government Accountability Office report](#) revealed these challenges as well as solutions to fully and effectively applying SOR funds across the country. The good news is that there is a way to overcome these barriers, streamline your SOR spending, and unleash the full potential of SOR upon the opioid crisis. Advocates for Human Potential, Inc., (AHP) helps states do just that with these three solutions.

THREE SOLUTIONS FOR MAXIMIZING THE IMPACT OF EVERY SOR DOLLAR

1. Subcontract with an administrative services entity
2. Leverage existing resources more effectively
3. Invest in workforce training and development early and regularly



WHEN YOU APPLY THE THREE SOLUTIONS, YOU OVERCOME THE FOLLOWING CHALLENGES.

1. Lengthy contracting process before services can be delivered, leading to long startup time and delays in spending down grant dollars
2. Lack of provider and state infrastructure to support data collection and reporting requirements
3. Provider reluctance to participate in SOR-funded programs due to an insufficient timeframe for building workforce capacity
4. Physician practice hesitancy to provide medication-assisted treatment (MAT) due to stigma associated with opioid addiction
5. Lack of opioid use disorder (OUD), stimulant use disorder (StUD), and MAT treatment capacity in many communities

U.S. Opioid Overdoses Continue to Spike

The most recent Centers for Disease Control and Prevention [data](#) reflect how the pandemic, combined with the resulting economic crisis, social isolation, depression and anxiety, shuttered substance use disorder treatment programs, increased stimulant and polysubstance use, and the proliferation of fentanyl, has contributed to a more than 21 percent increase in opioid overdose deaths since 2019. Overdose deaths attributable to synthetic opioids rose 38.4 percent in 2020. *JAMA Psychiatry* reported in February 2021 that, overall, emergency department visits for opioid overdose were up 28.8 percent in 2020.

Partner with AHP

AHP works with states to apply the three solutions and maximize the impact of SOR funding.

Subcontract with an administrative services entity. As a qualified administrative entity, AHP can provide your state with the capacity to deploy SOR dollars efficiently and effectively and give grantees the support, training, and other technical assistance (TA) they need.

We've helped states develop additional capacity to successfully award and monitor these funds. We also provide grantees and staff with TA to deploy, track, reconcile, and monitor funds and manage complex grant-funded activities.

Leverage existing resources more effectively. For example, many states and the grantees have the data but lack the capacity to fulfill the required Government Performance and Results Act (GPRA) data collection/reporting in compliance with Substance Abuse and Mental Health Services Administration (SAMHSA) rules for the SOR program. AHP's Center for Research and Evaluation is currently helping states with this requirement and can do the same for you.

Invest in workforce training and development early and regularly. AHP helps states and providers develop their workforce knowledge and skills for long-term health outcomes. For example, it is vital to expand MAT availability among primary care physicians, community clinics, and hospitals while reducing the stigma associated with this evidence-based practice. AHP supports statewide TA in the interest of making MAT available at as many points of care as possible. We work closely with providers and grantees to expand access and build community coalitions that last.

AHP also has significant experience helping states and service systems with MAT expansion in jails and prisons. We can assist in the development of rapid pretrial detention programming that has proven successful in diverting defendants into evidence-based treatment, including induction onto MAT, saving correctional costs and, more important, lives by significantly reducing the high risk of post-release overdose death.

“ AHP has exceeded all our expectations. They are highly competent, both in administrative and programmatic aspects of their contracted duties. Our work has significantly improved through their contributions and we cannot recommend them highly enough.

— State Contracting Official on AHP's administration of a SOR initiative

“ Our GPO last week told us we are doing a great job with GPRA and we let her know it was mostly due to having such a great partner in AHP!

— SOR Director/Assistant Director, Planning and Development

Let us partner with you to find the best solutions for your state. Our nationally recognized training and TA experts are already helping states successfully deploy SOR funding through innovative solutions, including in California, Illinois, and Massachusetts.



California Youth Opioid Response (YOR California)

AHP is working in partnership with the California Institute for Behavioral Health Solutions funded by the California Department of Health Care Services (DHCS), to greatly expand access to a continuum of OUD/stimulant use disorder (StUD) prevention, intervention, MAT, and other treatment and recovery services for youth and their families.



How AHP Is Making a Difference Through YOR California

YOR California provides statewide access to a continuum of effective youth-specific prevention, early intervention, treatment, and recovery services to youth with OUD/StUD. Key activities that have led to successful outcomes include grantee selection and management, professional/educational resources and materials, and partnerships and convenings.

Grants. AHP managed the request for proposal (RFP) development, promotion, application, selection, and grantee management process for the state. Grantees include Federally Qualified Health Centers (FQHCs), behavioral health providers, counties, and youth service agencies. AHP increases access through outreach, training, development, and delivery of youth-specific services, and we improve lasting sustainability through partnerships, workflows, and workforce development.

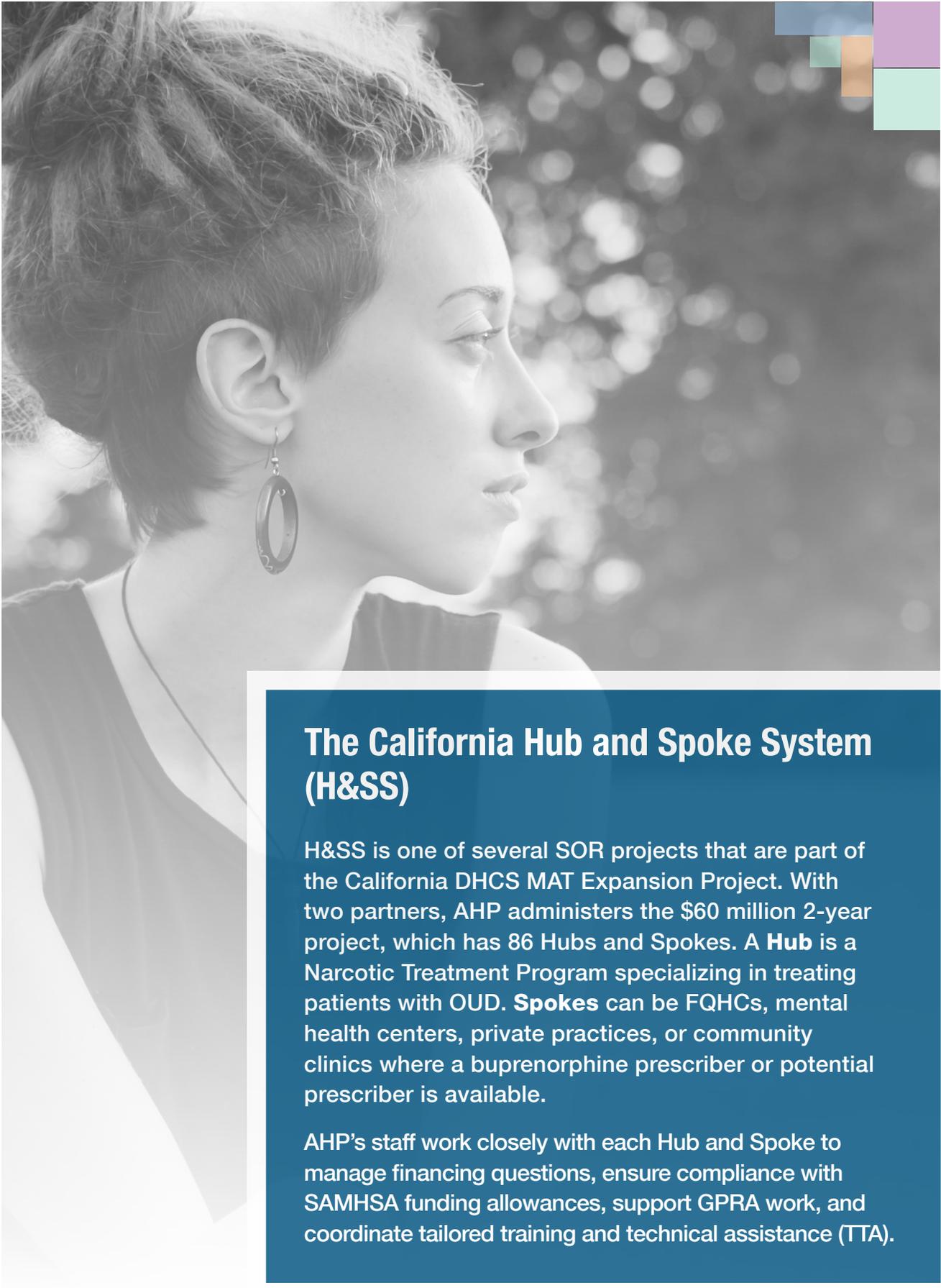
Professional/Educational Resources and Materials. AHP supports development of and disseminates protocols, guidelines, toolkits, and other relevant resources to help improve delivery of effective services for youth with OUD/StUD. We also disseminate related resources and materials for youth, families, and communities.

Partnerships and Convenings. YOR California works across systems touching youth and bringing together stakeholders for statewide peer-to-peer learning and discussion of best practices.

AHP managed the entire RFP process from development through grantee management.

How Can This Be Done in My State?

AHP can help your state design and implement a similar statewide program, including managing the grant process, consultation, and workforce development to effectively serve youth and families (and other vulnerable populations). By involving organizations across the state through a grant process, AHP can help you grow the state workforce, ensure services are available in both urban and rural areas, educate the public about OUD and StUD, and develop a powerful peer network through which to share promising practices.



The California Hub and Spoke System (H&SS)

H&SS is one of several SOR projects that are part of the California DHCS MAT Expansion Project. With two partners, AHP administers the \$60 million 2-year project, which has 86 Hubs and Spokes. A **Hub** is a Narcotic Treatment Program specializing in treating patients with OUD. **Spokes** can be FQHCs, mental health centers, private practices, or community clinics where a buprenorphine prescriber or potential prescriber is available.

AHP's staff work closely with each Hub and Spoke to manage financing questions, ensure compliance with SAMHSA funding allowances, support GPRA work, and coordinate tailored training and technical assistance (TTA).

How AHP Is Making a Difference Through H&SS

AHP's central focus as the administrator is to ensure subcontracts are efficiently executed and funds are delivered appropriately to treatment programs to enable their lifesaving work in an ethical and fiscally sound manner. AHP also works proactively to develop opportunities for H&SS grantees to actively collaborate with other DHCS projects supported by SOR funds.

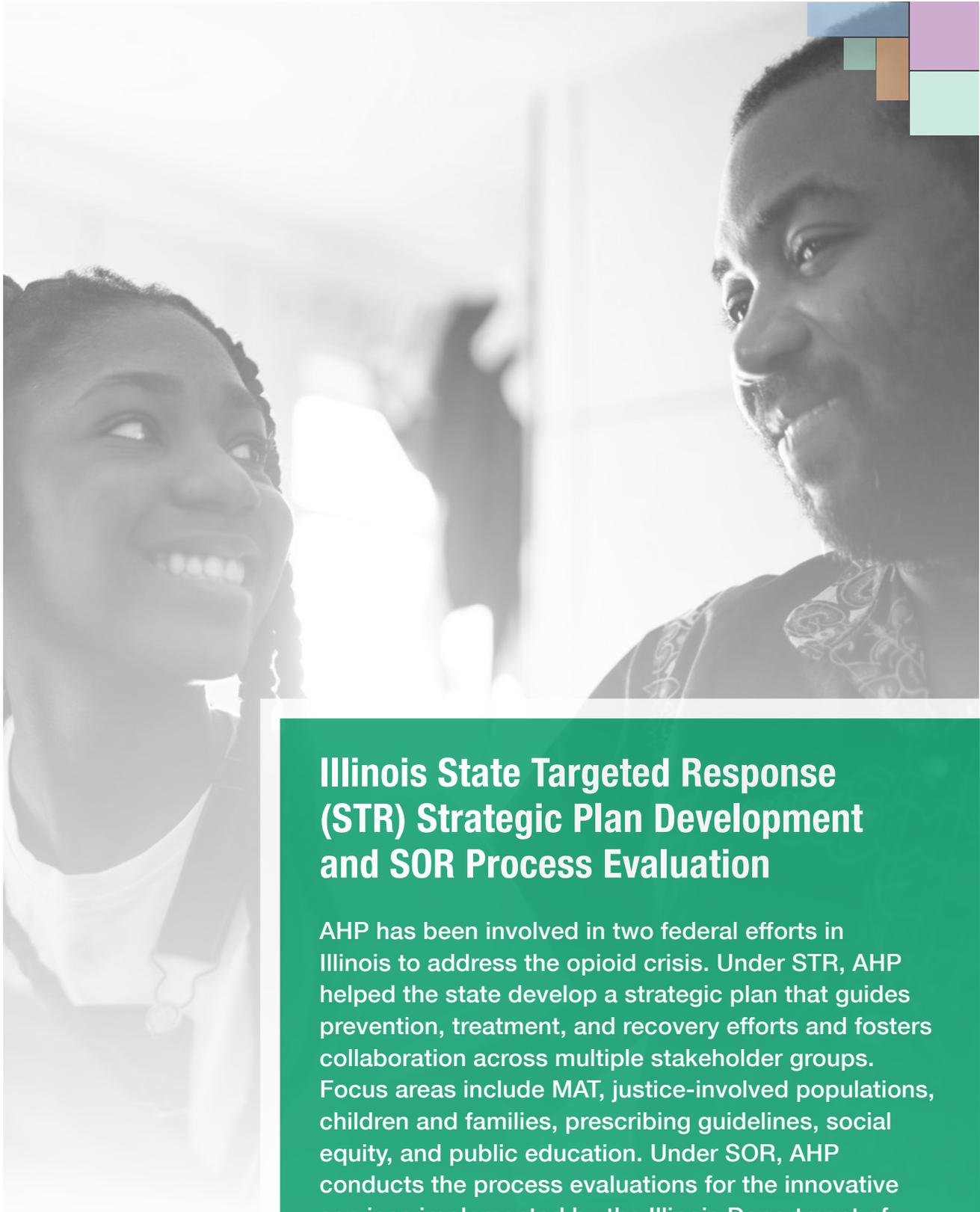
To promote continuity and appropriate levels of OUD care, AHP established four geographic regions to reduce silos and ensure all MAT Expansion projects are both laterally connected across program types and vertically connected within various levels of clinical care.

AHP and its partners also actively offer critical TTA on evidence-based practices addressing methamphetamine use, employing contingency management, and piloting new models that support substance use disorder (SUD) treatment and recovery.

With our partners, AHP administers this 2-year, \$60 million project with 86 Hubs and Spokes.

How Can This Be Done in My State?

AHP can help your state build collaborations with local agencies and culturally informed partners to address the multifaceted challenges of SUDs. AHP has the administrative infrastructure, experience, and professional competence to administer and lead large SOR projects such as Hub and Spoke networks. We do this by delivering SOR funds to reputable agencies in communities while supporting them to deliver services at the highest levels of evidence-based practice.



Illinois State Targeted Response (STR) Strategic Plan Development and SOR Process Evaluation

AHP has been involved in two federal efforts in Illinois to address the opioid crisis. Under STR, AHP helped the state develop a strategic plan that guides prevention, treatment, and recovery efforts and fosters collaboration across multiple stakeholder groups. Focus areas include MAT, justice-involved populations, children and families, prescribing guidelines, social equity, and public education. Under SOR, AHP conducts the process evaluations for the innovative services implemented by the Illinois Department of Human Services Division of Substance Use Prevention and Recovery.

How AHP Is Making a Difference in Illinois

Since 2017, AHP's Research and Evaluation team has assisted Illinois with complex tasks required under STR and SOR grants.

Process Evaluations. Currently, AHP conducts process evaluations of select SOR-funded service programs. Evaluation results inform the state about implementation facilitators and barriers, project successes, and sustainability.

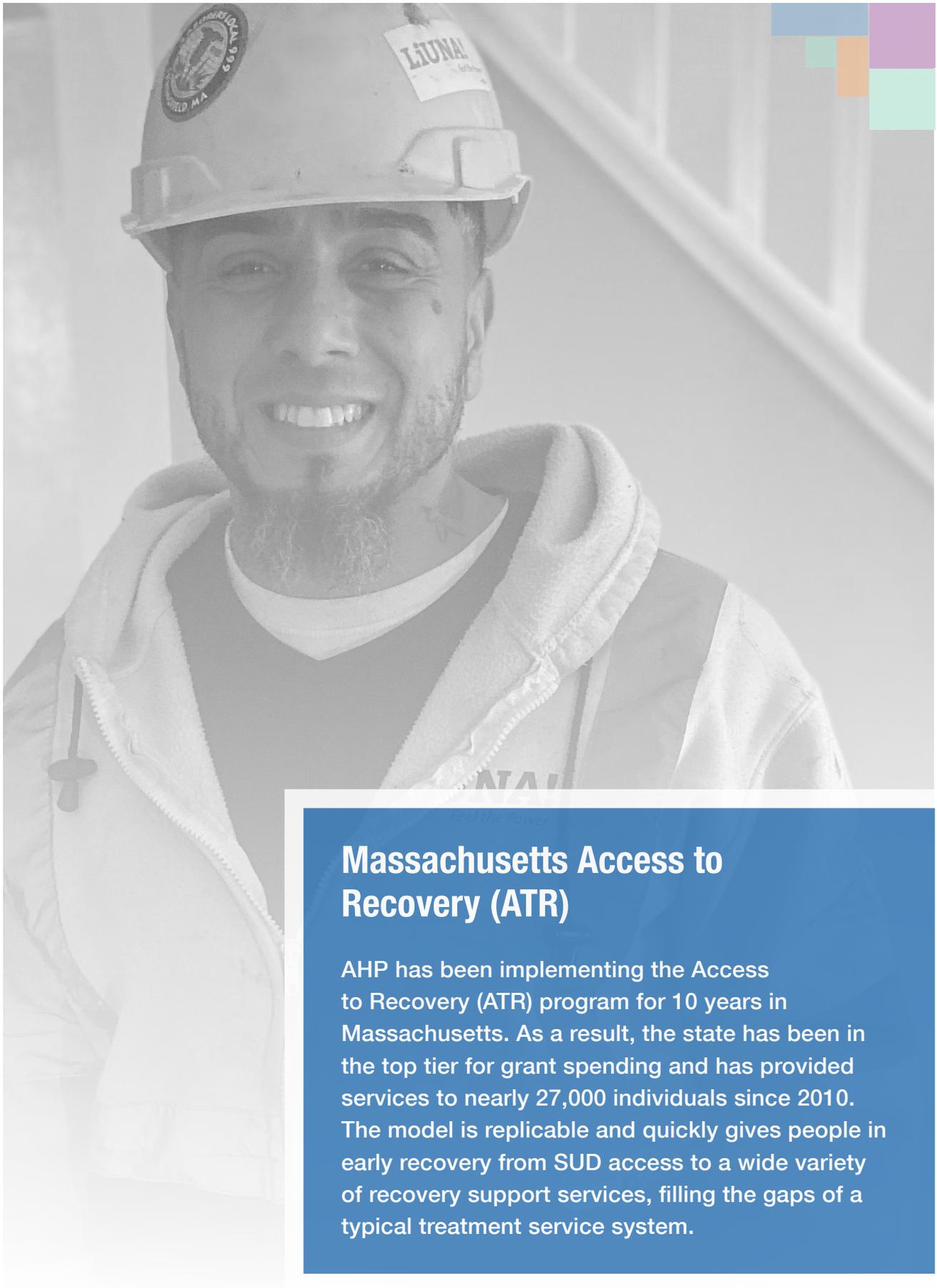
Action Plan and Stakeholder Facilitation. AHP also assists with development and implementation of Illinois' strategic action plan to reduce opioid overdoses and save lives. A critical part of this work is our facilitation of stakeholder groups that focus on strategies to improve opioid prevention, treatment, and recovery statewide.

Data Reports. Our work helps Illinois by providing data about how SOR-funded services are being implemented, what is working well, and what challenges providers face and resources needed to solve those challenges. Our reports give state officials the information they need when making decisions about service funding and sustainability.

AHP has assisted Illinois with complex tasks required under STR and SOR grants.

How Can This Be Done in My State?

AHP has multiple subject matter experts who have delivered and evaluated behavioral health services and excel in strategic planning, so we know the types of questions to ask to collect the data states need to show how SOR-funded services are "working." Our staff also has experience facilitating and working with diverse stakeholder groups, including individuals with OUD/SUD, people in SUD recovery, state agency administrators, advocates, and family members. This unique expertise can help you meet SOR data collection and reporting requirements, allowing your experts to focus on implementation of services.



Massachusetts Access to Recovery (ATR)

AHP has been implementing the Access to Recovery (ATR) program for 10 years in Massachusetts. As a result, the state has been in the top tier for grant spending and has provided services to nearly 27,000 individuals since 2010. The model is replicable and quickly gives people in early recovery from SUD access to a wide variety of recovery support services, filling the gaps of a typical treatment service system.

How AHP Is Making a Difference Through ATR



ATR is a 6-month program designed for individuals who have an SUD, most often an OUD, who are in the vulnerable early stages of recovery and need additional supports to take the next steps in their recovery.

ATR provides the wraparound support services needed to maintain recovery. These supports are just as critical as SUD treatment. In fact, once treatment ends, they can make the difference between maintaining recovery or relapsing.

ATR provides individually tailored support services for adults in early recovery, including care coordination; financial support for basic living needs (e.g., transportation passes, clothing, hygiene products, cell phones, government ID cards); individualized recovery coaching; sober housing rent subsidies; and career building services, which help participants explore careers, become job ready, and learn the occupational skills necessary to enter the workforce. ATR participants are far less likely to fatally overdose while enrolled in the program, with rates of less than 1 percent.

ATR has provided services to nearly 27,000 individuals since 2010.

How Can This Be Done in My State?

AHP can help you replicate the ATR program in your state. Having worked under and expanded the model of the original SAMHSA ATR program, AHP's subject matter experts have the required experience, and intimate knowledge of how to design, implement, grow, and sustain a similar program in your state. ATR programs are an innovative and far-reaching way to use SOR funds to build a program that helps people maintain recovery and break the cycle of addiction, recovery, and relapse.



Massachusetts SOR Grant Data Collection

As part of the SAMHSA/CSAT SOR grants to the Massachusetts Department of Public Health (MA DPH) Bureau of Substance Addiction Services (BSAS), AHP leads the data collection and performance measurement activities for nearly 100 SUD treatment and recovery service providers. Providers include those serving individuals with a current OUD/StUD diagnosis, specifically targeting the highest-risk populations, including adolescents and transition age youth, pregnant and parenting women, persons with histories of incarceration, persons with co-occurring disorders, and those experiencing homelessness.

How AHP Is Making a Difference Through MA SOR

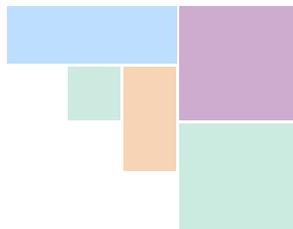
AHP's work for Massachusetts includes the following:

- Designing and managing a secure online computer-assisted personal interviewing and data collection system
- Providing comprehensive and customized data collection TA and support to a wide range of care teams (including multimodal trainings, data collection tip sheets, a phone/email helpline, and a dedicated liaison who works with sites on data quality and performance monitoring)
- Implementing a range of processes and practices to ensure data collection and entry is completed according to all SAMHSA requirements, including batch uploading of data to SPARS: SAMHSA's Performance and Accountability Reporting System
- Generating real-time monitoring and data reports (e.g., user-friendly dashboards, chartbooks, infographics) that provide site-specific and cross-site data on screening, enrollment, treatment/services, implementation, and outcomes

AHP leads data activities for close to 100 SUD providers.

How Can This Be Done in My State?

AHP can create similar GPRA data collection systems for your SOR-funded service projects. We offer extensive data collection experience and strong technical capacities and have honed activities that enhance states' capability to collect, share, and use high-quality data to monitor and improve project performance. SOR data collection and reporting can be complex, and AHP is prepared to manage the process for you.



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