

State Opioid Response (SOR) Grant Initiatives



Expanding Access to Substance Use Disorder Treatment: Innovations Across the Justice and Reentry Continuum

Introduction

The State Opioid Response (SOR) grant is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide resources to states and territories to address the opioid overdose crisis by supporting the continuum of prevention, treatment, and recovery support services for opioid use disorder (OUD). The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine. The grant program aims to help reduce unmet treatment needs and opioid-related overdose deaths across America.

This document describes state initiatives for justice-involved individuals receiving SOR and/or other funding for OUD and stimulant use disorder (StUD) services. These initiatives focus on expanding access to evidence-based treatment—including medications for opioid use disorder (MOUD) and other comprehensive substance use disorder (SUD) services—across the correctional and reentry continuum.

Purpose and Background

Recent data from the Centers for Disease Control and Prevention (CDC) indicates a decline in drug overdose deaths in the United States. In 2023, there were approximately 105,000 overdose fatalities, down from over 110,000 in 2022. The data show that overdose deaths involving opioids decreased from an estimated 84,181 in 2022 to 81,083 in 2023.¹ While this trend is encouraging, individuals recently released from incarceration remain at significantly higher risk of overdose. Research indicates that during the first two weeks post-release, the risk of opioid overdose is approximately 10 times greater than that of the general population.² This elevated risk is compounded by a widespread lack of reentry planning and continuity of care, leaving individuals without access to treatment, support services, or community-based providers during a critical window of vulnerability. These gaps contribute to increased rates of relapse, overdose, and recidivism, underscoring the urgent need for comprehensive treatment and recovery support both during incarceration and throughout the reentry process.



Despite the well-documented effectiveness of SUD treatment, access to comprehensive services—particularly MOUD—remains limited within correctional facilities. Although over 65% of people in jails and prisons are estimated to have a SUD, most facilities do not provide adequate treatment.³ Access to MOUD, including methadone, buprenorphine, and naltrexone, is often restricted. A 2023 study found that fewer than half (43.8%) of 1,028 surveyed jails offered any form of MOUD, and only 12.8% made these medications available to all individuals with OUD who requested them.⁴ Even among facilities that offer MOUD, continuation of treatment for those receiving it prior to incarceration is inconsistent, and initiation of MOUD during incarceration remains rare.

Several systemic and operational challenges impede the implementation and sustainability of comprehensive SUD services in correctional settings, including limited and often unstable funding, strict regulatory and licensure requirements, staffing shortages, and a lack of partnerships with community-based providers. These barriers particularly impact access to MOUD, behavioral therapies, peer recovery support, and integrated care models essential to addressing co-occurring needs such as mental health, housing, and trauma.⁵

Compounding these hurdles are negative perceptions, stigma, and concerns about potential diversion of MOUD among correctional staff and leadership. Inadequate training and limited understanding of recovery-oriented approaches contribute to missed opportunities for engagement and improved outcomes. Post-release, continuity of care also remains a significant challenge, as many individuals face structural barriers such as lack of insurance, transportation, and housing. These challenges, combined with provider shortages and weak coordination between correctional and community systems, often lead to treatment disruptions during a critical period of vulnerability. As a result, many justice-involved individuals are left without the support needed to achieve and sustain recovery, increasing their risk of relapse, overdose, and recidivism.⁶

This brief highlights innovative state strategies aimed at expanding access to treatment and recovery services for justice-involved individuals with OUD and other substance use disorders. It features state initiatives that span various transitional stages and settings—from jails and prisons to diversion initiatives, reentry-focused programs, mobile service delivery, and telehealth models—and reflect promising efforts to bridge critical treatment gaps. Together, these approaches demonstrate how states are working to address systemic barriers, reduce overdose risk, and support sustained recovery as individuals transition from incarceration back into the community. Lastly, the brief offers lesson learned and key considerations for states providing OUD treatment and recovery services to justice-involved populations.

State Initiatives for Justice-Involved Individuals

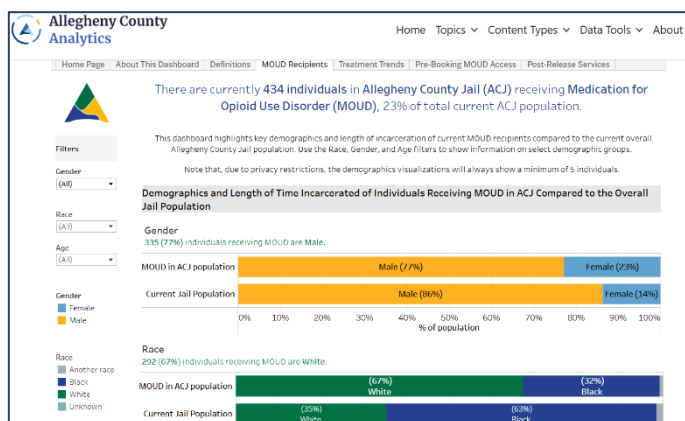
Jail-Based SUD Treatment Program: Allegheny County Jail (Pennsylvania)

The Allegheny County Jail (ACJ) offers comprehensive SUD treatment and recovery services, with a strong focus on OUD. Core programming includes intake screenings, clinical assessments, outpatient therapy, cognitive-behavioral education classes, and a structured 12-week Drug and Alcohol Education Pod or unit, followed by a 16-week aftercare component.

ACJ's MOUD program was significantly expanded in 2023 under a [U.S. Department of Justice \(DOJ\) agreement](#) to provide all three FDA-approved medications: methadone, buprenorphine (including long-acting injectable forms), and naltrexone. In 2024, ACJ further strengthened this effort by launching a comprehensive onsite Methadone Treatment Program, enhancing access and continuity of care for individuals with chronic opioid dependence.

The MOUD program supports both the continuation of community-based treatment and the initiation of new services during incarceration. Services include individualized treatment planning, evening dosing schedules to support symptom stabilization, and coordinated pre-release planning—such as follow-up appointments, transportation support, and peer recovery engagement.

To enhance service delivery and track outcomes, Allegheny County Jail (ACJ) implemented a [data dashboard](#) that monitors the current population receiving MOUD and evaluates outcomes both before and after release. The dashboard tracks key aspects of the service delivery process, including the number of MOUD recipients, treatment trends, pre-booking MOUD access, and post-release services. Specific metrics include monthly counts of active MOUD recipients and new initiations, healthcare utilization within six months post-release, MOUD prescription fill rates, time to MOUD connection after booking, and the type of medication administered (methadone, buprenorphine, or naltrexone). This technological



advancement supports data-informed decision-making, treatment monitoring, and continuous quality improvement.

The program is administered by a multidisciplinary team of licensed medical providers, SUD and mental health clinicians, case managers, and peer support specialists.

Funding is provided through a blend of sources, including HealthChoices (Pennsylvania's Medicaid managed care program), the Pennsylvania Department of Drug and Alcohol Programs (DDAP), the CDC Overdose Data to Action Grant, and the Pennsylvania Opioid Abatement Trust.

Prison-Based SUD Treatment Integration: Connecticut Department of Correction

The Connecticut Department of Correction (CT DOC) has implemented a comprehensive treatment program across multiple correctional facilities to support the health and recovery of individuals with OUD. The initiative delivers evidence-based care during incarceration and ensures continuity after release. CT DOC offers methadone and buprenorphine treatment through a combined approach of medication and counseling. The program began as a pilot at the New Haven Correctional Center in 2013 and expanded to eight additional facilities by 2022.

Services are delivered through a multidisciplinary team that includes Licensed Alcohol and Drug Counselors (LADCs), psychiatrists, nurses, social workers, reentry coordinators, and trained correctional officers. These professionals provide clinical assessments, individualized treatment planning, medication management, and integrated counseling that incorporates Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and group sessions on trauma, co-occurring disorders, and relapse prevention. Psychoeducation, peer support, and overdose prevention training are also key components of the care model.



A defining feature of CT DOC's approach is its strong emphasis on reentry planning and continuity of care. Staff begin pre-release planning well in advance of release, coordinating with licensed and accredited Opioid Treatment Program (OTP) providers to

ensure a smooth transition to community-based services. Operating under a hub-and-spoke model, correctional facilities serve as treatment hubs while community providers act as spokes, facilitating post-release engagement and treatment retention. This coordinated system enhances recovery outcomes by supporting individuals in accessing housing, employment, ongoing MOUD, and other wraparound services immediately upon reentry.

CT DOC has supported its programing through a combination of federal and state funding. Initial expansion was funded by federal grants such as the State Targeted Response (STR) and SOR grants. Additionally, the state committed \$8 million over two years to enhance treatment services within correctional facilities. The investment has enhanced recovery and reentry outcomes for justice-involved individuals, with over 3,770 individuals receiving MOUD and approximately 425 treated daily.⁷

Treatment Docket Model for SUD Recovery: Vermont's Treatment Docket Program

Vermont's Treatment Dockets are statewide, evidence based, specialized court programs that assist individuals involved in the criminal justice system with comprehensive SUD treatment and recovery support. Designed to address the root causes of criminal behavior related to substance use and mental health conditions, the program aims to reduce recidivism, support long-term recovery, and promote public safety through a multi-disciplinary, therapeutic approach. Across Vermont, eight treatment court programs operate within both the criminal and family court systems. These include:

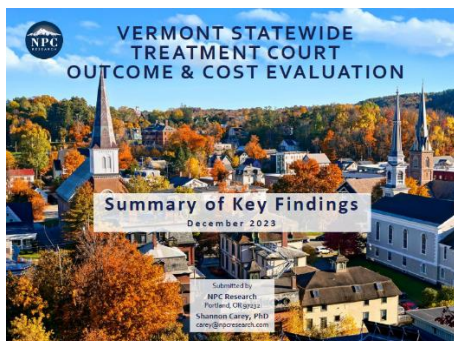


- Four Adult Drug Treatment Dockets located in Chittenden, Rutland, and Washington counties, as well as the Southeast Regional Drug Docket covering Windsor, Orange and Windham counties. These Adult Drug Treatment Dockets serve defendants over the age of 18 who are assessed as being high criminogenic risk for recidivating along with having a substance use disorder through voluntary, post-plea programs. These dockets divert individuals from incarceration into structured, court-supervised treatment plans emphasizing accountability and recovery.
- Chittenden has an additional two dockets, one Co-Occurring Docket for individuals with both a serious mental illness and a substance use disorder, and a Mental Health Docket that serves individuals with a primary diagnosis of a serious mental illness. These dockets follow the same eligibility criteria for age and criminogenic risk.

- The Southeast Regional DUI Docket, covering Windsor, Orange, and Windham counties, targets repeat and high-risk DUI offenders with intensive treatment and monitoring.
- The Chittenden Family Treatment Docket addresses the rise in child protection cases by providing wrap around support, services and treatment to parents, promoting family reunification and stability.

Modelled after evidence-based national best practices, each Treatment Docket is led by a judge and supported by a multidisciplinary team—including a coordinator, attorneys, treatment providers, case managers, probation officers, and law enforcement—who work collaboratively to guide participants through 5 structured phases of treatment and supervision. The team uses a balanced system of incentives, sanctions, and service adjustments to support accountability, encourage progress, and address setbacks constructively on an individualized basis.

MOUD is a core component of Vermont's model. In accordance with state policy and when deemed medically necessary, individuals in the program receive access to methadone, buprenorphine, and other FDA-approved medications, both during court supervision and while in correctional settings. MOUD continuity is ensured for those already in treatment upon entry and for new inductions initiated during the program. Additionally, participants receive wraparound services to support long-term recovery, including housing assistance, mental health care, peer recovery coaching, and more. A key component of the program is contingency management, a behavioral approach that offers tangible rewards—such as gift cards or privileges—for meeting treatment goals, attending sessions, and maintaining sobriety milestones.



A 2023 evaluation of Vermont's Treatment Dockets showed meaningful outcomes in both program completion with 59% of Adult Drug court participants, 57% of Mental Health Court participants, and 76% of DUI Court participants graduating. Vermont Treatment Courts have recently moved to a new database that will allow for continuous reporting and evaluation of the dockets' effectiveness at reducing recidivism, promoting recovery, and reducing costs.

Vermont's Treatment Docket program is funded through a combination of federal and state sources. Key federal support includes 4 years of BJA grants accumulating to \$3.5 million in 2024. Since 2023, Vermont's Treatment Dockets have received \$190,000 annually from the Vermont Department of Health's Division of Substance Use Programs (VDH-DSU).

Community Reentry SUD Program: Washington State Department of Corrections & Health Care Authority Program

Washington State's Health Care Authority (HCA) has launched a comprehensive initiative aimed at addressing opioid and alcohol use disorders among incarcerated individuals, with a strong focus on reentry services. Recognizing the heightened risk of overdose following release from incarceration, this initiative emphasizes early intervention, continuity of care, and coordinated reentry planning.

At the core of the program is the provision of MOUD and Medications for Alcohol Use Disorder (MAUD) within correctional facilities. Incarcerated individuals undergo assessments to identify SUDs and are started or continued on FDA-approved medications. Alongside medication, participants receive overdose education and naloxone kits to take with them upon release, helping to reduce the risk of fatal overdose during the vulnerable post-release period.



To ensure smooth reintegration, reentry coordination connects individuals with outpatient providers and community supports before and after release. Facilities across the state are adopting this model in phases—Cohort 1 launched July 1, 2025, followed by Cohort 2 in January 2026, and Cohort 3 in July 2026—with the long-term goal of statewide implementation. The initiative promotes consistency in treatment practices such as medication continuation, treatment initiation, and individualized reentry planning.

A key component of the strategy is Washington State's Reentry Demonstration Initiative under the Medicaid Transformation Project, a Section 1115 Medicaid demonstration waiver approved by CMS. This initiative allows the state's Apple Health (Medicaid) program to provide prerelease services for up to 90 days before release to eligible adults and youth in prisons, jails, and youth facilities. Services include:

- Reentry Targeted Case Management (rTCM)
- MOUD and MAUD
- 30-day reentry pharmacy supply
- Access to prerelease medications
- Lab and radiology services
- Consultation with clinicians and community health workers with lived experience

Funding for the initiative draws from multiple sources, including the General Fund-State (\$2.5M), opioid settlement funds (\$3.6M), and expansion opioid settlements (\$6.1M) in fiscal year 2025. Additionally, the SOR III grant supports MOUD delivery inside correctional facilities, including the Treatment Decision Model (TDM) project, which enhances reentry services for individuals with OUD.

Mobile SUD Service Delivery Model: Indiana's Mobile Integrated Response System

The Indiana Family and Social Services Administration's Division of Mental Health & Addiction (DMHA) established the Mobile Integrated Response System (MIRS) as part of a statewide strategy to enhance rapid, community-based responses to the opioid crisis. Launched in 2019 and expanded in 2020 to address StUD, the program blends a Trauma-Informed – Recovery Oriented System of Care (TI-ROSC) framework with community-based mobile response teams, operating across health, social services, and criminal justice sectors to fill service gaps and promote recovery.

A central pillar of the MIRS initiative is its strong collaboration with the criminal justice system, serving individuals with OUD and StUD who are transitioning from incarceration or are under legal supervision. MIRS teams are composed of multidisciplinary professionals—including peer recovery coaches,

“A lot of the times, peers are the first people clients call if they ever return to substances. That puts us in a great position within the treatment team—then we can offer support immediately.” – MIRS Partner

licensed SUD and mental health clinicians, case managers, community paramedics, medical personnel, and law enforcement or justice liaisons. These teams work in close partnership with jails, prisons, courts, law enforcement, and probation departments to support reentry efforts and reduce the risk of overdose and recidivism. Key justice-focused services include:

- Warm handoffs from correctional settings to community care, ensuring individuals receive support immediately upon release.
- Peer recovery coaching and clinical services that support treatment and long-term recovery.
- Assistance with transportation and access to essential needs such as MOUD, housing, childcare, food, and employment.

MIRS's impact has been affirmed through a 2023 evaluation conducted by Third Horizon Strategies, which analyzed data from 2,674 clients and highlighted the program's effectiveness, particularly with justice-involved individuals. The evaluation demonstrated meaningful improvements in recovery outcomes, with abstinence from alcohol and illegal drugs increasing from 51% to 69% among clients who completed both intake and six-month follow-up assessments. Clients receiving MOUD showed even greater gains, with abstinence rising from 46% to 76%—a 65% improvement—alongside higher rates of improvement in employment and reduced substance-related consequences. These findings underscore the value of integrating pharmacological support into community-based recovery services.⁸

By 2023, 11 MIRS teams were operating across more than 30 rural and urban counties, each tailoring their services to local needs while advancing the shared goal of recovery-oriented, community-based support.

Funding for MIRS is provided through the SOR grant. These funds support the operation, staffing, and service delivery of MIRS teams, enabling Indiana to expand access to evidence-based treatment and recovery services for people with OUD and StUD, especially those involved with the criminal justice system.

Telehealth-Enabled SUD Program: Massachusetts Department of Correction

The Massachusetts Department of Correction (MADOC) partnered with VitalCore Health Strategies to improve healthcare delivery across 10 state correctional facilities as part of a five-year, \$770 million contract awarded in May 2024. The initiative focuses on expanding access to care through a

secure telehealth platform and delivering comprehensive services, including medical, dental, mental health and SUD care, substance use assessments, and sex offender treatment. It further emphasizes evidence-based practices, staff recruitment and retention, geriatric care, and wellness and pain management programs.



Key Components of the Telehealth Initiative:

- **Secure Telehealth System:** Implementation of a secure telehealth platform to facilitate remote medical, dental, mental, and behavioral health consultations, improving access to care and reducing the need for in-person visits.
- **After-Hours Crisis Hotline:** An after-hours crisis hotline is being established to provide immediate support for incarcerated individuals experiencing health crises outside of standard medical hours.
- **Online Patient Portal:** Currently under development are DOC-issued tablets, allowing incarcerated individuals to access personal health records and educational resources to support active engagement in their care.

The telehealth expansion reflects lessons learned from the COVID-19 pandemic, during which the Franklin County Sheriff's Office successfully used telehealth to provide SUD and mental health care, including all three FDA-approved MOUD. A 2024 legislative report in Massachusetts found that providing MOUD during incarceration led to improved post-release outcomes, including higher treatment continuation rates, a 50% reduction in mortality risk, and fewer incidents of overdose and re-incarceration. By adopting similar strategies, MADOC aims to improve continuity of care and support long-term recovery outcomes, particularly for justice-involved individuals with SUDs. The \$770 million contract is primarily funded by the Commonwealth of Massachusetts through state budget allocations designated for correctional health services.

Key Learnings & Future Considerations

Through the implementation of justice-focused programs, key insights emerged highlighting the need to integrate evidence-based SUD treatment across the correctional and reentry continuum. Programs that combine comprehensive care, reentry planning, peer support, and interagency coordination show reduced overdose risk, higher treatment engagement, and lower recidivism. These findings reinforce the importance of expanding access, addressing structural barriers, and supporting long-term recovery for high-risk populations. Based on these learnings, the following considerations are offered:



1. Prioritize Continuity of Care from Incarceration to Community: Programs in Connecticut, Washington, and Allegheny County (PA) demonstrate that proactive reentry planning—through pre-release engagement, peer navigation with housing linkage, and coordinated service planning with community providers—significantly improves outcomes for justice-involved individuals. Stakeholders should ensure that reentry planning begins well before release and includes warm handoffs to community providers, linkage to treatment and recovery support, and access to essential resources such as transportation, housing, and insurance. Establishing formalized partnerships between correctional systems and community-based organizations is critical to minimizing care disruptions and improving outcomes during the high-risk post-release period.

2. Expand and Standardize Access to MOUD in Correctional and Court Settings: Access to all three FDA-approved medications for OUD—methadone, buprenorphine, and naltrexone—remains inconsistent across justice settings. Programs like Vermont’s Treatment Docket integrate MOUD with judicial oversight and wraparound services to ensure continuity throughout court supervision. The Allegheny County Jail provides on-site MOUD and supports continuation post-release, demonstrating that correctional settings can effectively administer medications and coordinate community transitions. State and local leaders should increase access to MOUD to those in a range of

correctional facilities and to those with varying supervision status. Policies and protocols should support medication initiation, continuation, and transitions across jails, prisons, and diversion or treatment courts.

3. Invest in Integrated, Multidisciplinary Teams to Support Recovery-Oriented

Care: Effective service delivery models in Connecticut and Indiana show the benefits of cross-disciplinary collaboration. Connecticut DOC has built teams of SUD and mental health clinicians, case managers, peer specialists, and discharge planners working together across facilities and community reentry services. Indiana's MIRS program similarly utilizes multidisciplinary teams to address clinical, behavioral, and social needs. These teams facilitate person-centered, coordinated care that improves engagement and outcomes across the justice and treatment continuum. Correctional health systems and community providers should continue building out these teams to support recovery-oriented, trauma-informed care.

4. Leverage Telehealth and Mobile Models to Expand Access: Massachusetts' DOC telehealth initiative and Indiana's MIRS teams highlight the value of technology and mobile services in addressing geographic and staffing barriers. These approaches increase access to treatment, particularly in rural areas and for individuals with limited mobility or transportation. Policymakers and providers should consider the development of telehealth and mobile models, particularly in rural or hard-to-reach areas, to address provider shortages and logistical barriers while expanding access to MOUD and behavioral health services.

5. Ensure Long-Term Sustainability through Policy Alignment and Stable

Funding: Sustainability remains a challenge for many promising initiatives, which often rely on braided funding from multiple sources such as SOR grants, Medicaid, DOJ grants, and state general funds. For example, Vermont and Massachusetts have integrated SOR and Medicaid funding to support court-based and correctional MOUD programs, while Indiana's MIRS initiative is partially funded through a combination of state and federal dollars. Sustained investment is needed to build the infrastructure, workforce, and coordination systems necessary for long-term success. Policymakers should align Medicaid policies, correctional SUD strategies, community SUD strategies, and state regulations to support integrated service delivery. Embedding these programs into state budgets and operational plans—beyond short-term grants—is key to achieving lasting impact for the recovery of justice-involved populations.

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About the Opioid Response Network (ORN): The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations, and individuals by providing the resources and technical assistance (TA) they need locally to address the opioid crisis and stimulant use. TA is available to support the evidence-based prevention, treatment, and recovery of OUD and StUD. To ask questions or submit a request for TA, visit www.OpioidResponseNetwork.org

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