ASSESSING THE NEEDS OF RURAL FAMILIES AFFECTED BY THE OPIOID CRISIS

ISSUE BRIEF AND RECOMMENDATIONS TO THE SECRETARY

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NACRHHS

National Advisory Committee on Rural Health and Human Services

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COMMITTEE BACKGROUND

The National Advisory Committee on Rural Health and Human Services (NACRHHS) is a 21-member citizens' panel of nationally recognized rural health experts that provides recommendations on rural issues to the Secretary of the U.S. Department of Health and Human Services (HHS).

Chartered in 1987, the Committee operates under the Federal Advisory Committee Act and provides recommendations to the Secretary of Health and Human Services on rural issues.

The Committee is currently composed of 21 members and is currently chaired by former Montana Governor Steve Bullock. The members represent expertise in the delivery, financing, research, development, and administration of health and human services in rural areas. More information on the Committee and its members is available at: https://www.hrsa.gov/advisory-committees/rural-health

The Committee is staffed by the Federal Office of Rural Health Policy of the Health Resources and Services Administration as well as ex-officio members from the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the Indian Health Service, the Administration for Community Living, the Administration for Children and Families, the Substance Abuse and Mental Health Services Administration, the U.S. Department of Agriculture and the U.S. Department of Veteran Affairs.

POLICY RECOMMENDATIONS

Recommendation 1: The Committee recommends the Secretary direct existing opioid and substance use programs to emphasize stigma reduction efforts in rural communities. This could be accomplished through investment in technical assistance and developing evidence-based practices that include more emphasis on reducing stigma and creating awareness for substance use disorder (SUD) in rural communities.

Recommendation 2: The Committee recommends the Secretary promote enhanced utilization of the Community Services Block Grant (CSBG) to help rural communities address opioid use disorder (OUD) and SUD that centers the focus on rural human services to meet the needs of under-resourced rural communities. HHS should release examples of how CSBG recipients are successfully addressing OUD and SUD.

Introduction

Rural communities continue to suffer from the consequences of the ongoing national opioid and substance use crisis. The National Advisory Committee on Rural Health and Human Services (NACRHHS, referred to as "the Committee" throughout this brief) believes rural families have felt the brunt of these challenges, magnified by structural realities related to limited clinical infrastructure, population-based risk factors, socio-economic vulnerabilities, geographic isolation, and stigma.

The Committee met with state officials in Santa Fe, New Mexico and visited the community of Las Vegas, New Mexico to learn more about efforts to support rural families affected by the opioid crisis. The site visit to Las Vegas allowed the Committee to engage with local leaders who have developed a comprehensive network of services to meet the needs of local youth and their families.

The causes of OUD, steps for prevention, and solutions for treatment and recovery are complex and multi-dimensional, involving health and human services systems, schools, and other community organizations. Given this complexity, the Committee has chosen to produce two briefs summarizing its findings from the visits to Las Vegas, meeting presentations, and the collective experiences of the Committee members. This issue brief reviews the considerations for addressing social determinants of health for rural families that influence OUD and the role of community efforts in prevention, treatment, and recovery. The Committee will also release a companion policy brief (**Enhancing Rural Access to Medications for Opioid Use Disorder**) that offers policy recommendations for the HHS Secretary to consider on ways to enhance access to needed services.

Background

Drug overdose is the leading cause of injury mortality in the United States.[i] In June 2024, the Secretary of Health and Human Services renewed a nationwide opioid public health emergency (PHE) that was first issued in 2017.[ii] Just prior to this PHE being issued, the Committee recognized the need to offer a rural understanding of the evolving face of OUD and covered the topic during its 2016 meeting in Beaufort, South Carolina. As with this meeting, the Committee reviewed efforts to support youth and rural families impacted by opioid and substance use disorder.

Since the Committee's last report, the overdose death rates for different types of substances has evolved. According to a 2021 report from the USDA Economic Research Service (ERS), the rates of overdose deaths from synthetic opioids, such as fentanyl, tramadol, and meperidine, surpassed both the rates for heroin and prescription opioids around 2015 and continued to rise over the latter half of the decade.[iii]

The report states that the illicit opioid phase of the epidemic began in the early 2010s with heroin, fentanyl and related synthetic opioids rapidly becoming dominant, particularly among young males. Opioid drug reformulation and declining prescription rates reduced the mortality from

[i] CDC, (2023) Drug Overdose Deaths. https://www.cdc.gov/nchs/hus/topics/drug-overdose-deaths.htm.
[ii] ASPR, HHS (2024) Renewal of Determination That a Public Health Emergency Exists. https://aspr.hhs.gov/legal/PHE/Pages/Opioid-25June2024.aspx.
[iii] RHIhub, Substance Abuse and Misuse in Rural America Topic Guide. (2024) https://www.ruralhealthinfo.org/topics/substance-use.

prescription opioids.[iv] Just prior to the COVID-19 pandemic, a "fourth wave" of high mortality involving methamphetamine and cocaine was seen in drug overdose cases.[v]

According to meeting presentations from the National Centers of Excellence for the Rural Communities Opioid Response Initiative, this fourth wave is notable for the high level of overdoses due to unawareness that opioids, such as fentanyl, are being mixed with methamphetamine and other stimulants. From 2018 to 2021, the rate of drug overdose deaths in nonmetro areas increased from 17.57 per 100,000 to 29.44.[vi] While the overall drug overdose death rate is higher in urban than rural, the rate of overdose deaths between 2018 to 2021 increased faster in rural areas (67.6 percent increase in rural versus 54.2 percent increase in urban).[vii]

As the country emerges from the COVID-19 pandemic, the data on overdose rates has shown signs of reversing the rising overdose rates experienced prior to and during the pandemic. Recent provisional data from CDC's National Center for Health Statistics (NCHS) indicate a decrease in overdose deaths nationally. According to NCHS data, there were an estimated 107,543 drug overdose deaths in the United States during 2023—a decrease of 3% from the 111,029 deaths estimated in 2022.[viii]

While the Committee is encouraged by this news, NCHS did not include a rural-urban analysis of this data. Policymakers would benefit greatly from knowing if there were any differences between the number of overdose deaths in rural and urban communities. This is a missed opportunity for HHS. The Committee is aware and concerned about challenges of public health data reporting given small numbers in rural communities and the need to protect privacy, which can result in some county data submissions being suppressed. The Committee is encouraged that CDC's Office of Rural Health will work with NCHS to support a rural focus in future mortality data releases.

Meeting Themes

The Committee members requested a particular focus on rural youth and adolescents in their examination of OUD. The long-term effects of addiction are more pronounced if addiction occurs before adulthood, and treatment options are more limited for rural adolescents than adults. The Committee is concerned that adolescents who abuse painkillers before the age of 18 are more likely to become addicted than those who first use them as adults, which increases the likelihood of precarious decision-making, criminal justice involvement, poor health, and accidental overdose in adulthood.

The New Mexico meeting brought to the forefront three themes of OUD in rural communities that the Committee believes warrant further attention by HHS. These include youth and family prevention and well-being to ward off OUD and SUD before it takes hold in rural communities; a holistic approach to prevention and treatment that includes health and human service providers; and the access and administration of MOUD. This paper discusses the first two themes; the companion policy brief will provide recommendations from the Committee on access and administration of medications for MOUD.

[iv] McGranahan, D., Parker, T., The Opioid Epidemic: A Geography in Two Phases. (2021) https://www.ers.usda.gov/webdocs/publications/100833/err-287.pdf.
[v] Ciccarone D. The rise of illicit fentanyls, stimulants and the fourth wave of the opioid overdose crisis. Curr Opin Psychiatry. 2021 Jul 1;34(4):344-350. doi: 10.1097/YCO.0000000000000717. PMID: 33965972; PMCID: PMC8154745. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8154745/.
[vi] *CDC Wonder*; 2018 -2021 Underlying Cause of Death by Single-Race Categories.
[vii] Ibid.
[viii] CDC (2024) Drug Overdose Deaths Decrease in 2023, First Time Since 2018. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm.

Youth and Family Prevention and Well-Being

Addressing OUD in rural communities begins with understanding the pressures that rural youth and their families confront that make it difficult to overcome the influence of opioids and other substances. Several Committee members expressed the need for an understanding of the multi-faceted nature of addiction, including social, psychological, and environmental factors that impact whole families directly.

Attempting to solve the opioid crisis without creating a comprehensive, holistic approach to individual and family care is unlikely to yield satisfactory outcomes. Poor mental health outcomes amongst youth are at an all-time high and the forces that exacerbate these outcomes, such as social isolation, exposure to harmful content through social media, and bullying, also contribute to substance use as a coping mechanism. These forces are in effect against the backdrop of rural communities that often lack access to needed behavioral health services and where stigma of addiction is noticeable in small communities.

When creating programs to address OUD, the forces described above are commonly thought of as social determinants of health (SDoH). The SDoH have a great influence on the trajectory of opioid and substance misuse in rural.

By almost all measures of SDoH, rural residents have poorer outcomes. On average rural residents have fewer resources to weather stressors they may encounter. Fewer resources are a result of higher poverty rates (15.4 percent in rural compared to 11.9 percent in metro in 2019[ix]) and lower incomes; fewer choices to buy fresh and affordable food leading to food insecurity (14.7 percent in urban and 19.7 percent in rural for households with children[x]); lower educational attainment levels, which lead to lower incomes, but also lower health and well-being literacy. Up to 50 percent of rural residents have only a high school diploma or lower.[xi]

The influence of SDoH on OUD manifest in numerous and diverse ways in rural areas. The most effective prevention of OUD would involve:

- Addressing stigma,
- Reducing and preventing Adverse Childhood Experiences (ACEs),
- Expanding access to behavioral health services,
- Access to stable housing, food, and other social support,
- Meaningful employment,
- Community action and resources for capacity building and prevention, such as home visiting, youth centers, school-based health centers,
- Creating peer support programs in recovery centers and amongst trusted community members.

[ix] Economic Research Service, USDA. Rural Poverty & Well-Being. (2023). https://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/#:~:text=According%20to%20the%20most%20recent,year%20peak%20of%2018.4%20percent.

[x] Food Security in the U.S. – Key Statistics & Graphs. Economic Research Service. United States Department of Agriculture. January 2025. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.

[xi] RHIhub, Social Determinants of Health Topic Guide (2024). https://www.ruralhealthinfo.org/topics/social-determinants-of-health.

Addressing Stigma

Mental health diagnosis and OUD carry a stigma that plays out more visibly in rural communities. A lack of awareness and understanding of mental health problems and OUD as a disease hinders efforts to bring more attention and resources to prevention, treatment, and recovery resources. One meeting presenter conveyed that a scarcity of services can reinforce the harmful mentality that ending opioid addiction is just a choice that someone can make. This mindset creates a stigma that overlooks the impact of trauma, systemic barriers, and social determinants of health. It is more challenging in small rural communities to keep treatment services anonymous.

As the Committee learned, rural communities and those suffering with OUD face law enforcement that may not have the most up-to-date training on how to support individuals suffering an overdose incident in a non-stigmatizing way. The Committee also learned of stigma among medical providers who believe MOUD is just replacing one drug for another. Rural first responders have more negative views about naloxone and rural clinicians have greater abstinence orientation.[xii]

Committee members spoke about experiences they had when helping fathers who are finishing OUD treatment programs re-enter their communities. These fathers confronted the stigma that leads some to believe that substance use is a choice, which makes reintegrating with their families difficult. Fathers must regain confidence and rebuild their bond with their children, while also addressing their own mental health needs. Households are set up for failure and increased incidences of adverse childhood experiences under these circumstances.

There are programs available to rural providers and community-based organizations to provide better understanding of the effects of stigmatization and enhanced training. The Committee also believes that programs using provider-to-provider telehealth, such as Project ECHO, can help provide ongoing support and education to rural health and human service providers on ways to overcome any tendencies they may have to stigmatize OUD patients. The Committee believes HHS can play a key role to address these concerns.

Recommendation 1: The Secretary should direct existing opioid and substance use programs to emphasize stigma reduction efforts in rural communities. This could be accomplished through investment in technical assistance and developing evidence-based practices that include more emphasis on reducing stigma and creating awareness for SUD in rural communities.

Reducing Adverse Childhood Experiences

Addressing the ill effects of SDoH on youth and adolescents at an early age through family and individual interventions provides a buffer that can help protect them from influences that lead to opioid and substance abuse. Early intervention is critical given high rural risk factors for this population, as highlighted in understanding SDoH, and the limited economies of scale in rural areas for services.

The extent of adverse childhood experiences (ACEs) in rural areas may exacerbate rural health disparities in youth and lead to poorer social well-being. The term ACEs refers to any form of chronic stress or trauma (e.g., abuse, neglect, and household dysfunction) that, when experienced during

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[xii] National Centers of Excellence for the Rural Community Opioid Response Initiative meeting presentation slides. September 2024.

childhood and adolescence, can have both short- and long-term impacts on an individual's development, health, and overall well-being.[xiii]

The Committee has previously analyzed the impact of ACEs on rural populations and identified that ACEs are quite common and the more ACEs an individual experienced, the more likely they were to engage in negative and risky health behaviors.[xiv] Subsequent issue specific research reaffirmed the link between ACEs and specific health and social ills, including smoking, illicit drug use, alcoholism, mental health diagnoses, and chronic and life-threatening illnesses.[xv]

Safe, stable, and enriching childhood experiences with parents and caregivers, from a young age, provide a shield against ACEs and child abuse and neglect, and are fundamental to healthy brain development and social growth.[xvi] Yet many of the people who misuse opioids or die from opioid overdoses are parents and estimates reveal that the number of children living with a parent with OUD increased 30 percent between 2002 and 2017, and 200 percent for children living with an adult who misuses heroin.[xvii] Child abuse and neglect is a life altering ACE that can occur when parents and caregivers are in the throes of opioid and substance abuse. Children impacted by parental opioid misuse are at increased risk for maltreatment, removal from their parents, and temporary placement with alternative caregivers.[xviii]

Las Vegas has numerous initiatives to prevent ACEs and support for youth who may be experiencing ACEs and OUD. The town has a population affected by the traumas of OUD, including loss of parents and grandparents raising children. That trauma was exacerbated by recent devastating wildfires that continue to contribute to significant flooding in the community.

Even as Las Vegas dealt with these challenges it continues to rely on a vibrant volunteer spirit and a committed group of town leaders who are creating collaborative and innovative community programs. Committee Chair Steve Bullock commented that Las Vegas and New Mexico more widely experience the paradox of capturing opportunities to do the right things to address difficult outcomes, such as Medicaid waivers, but the structural barriers and reality that enduring improvement will take a significant amount of time may make it feel as though the community is often taking one step forward and two steps back.

The Committee learned of initiatives through the school system and community-based organizations designed to provide services early in a child's life to prevent OUD. The community has partnerships with the local university and community college, supportive and collaborative law enforcement, and the health and mental health sectors. Efforts include the San Miguel Early Childhood Coalition that convenes multiple sectors around early childhood needs, including grandparents raising children. Efforts to

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[xiii] NACRHHS, HRSA. (2018). Exploring the Rural Context for Adverse Childhood Experiences. https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/rural-context-aces-august2018.pdf.

[xiv] Ibid.

[xv] Ibid.

[xvi] CDC. Essentials for Childhood. https://www.cdc.gov/child-abuse-neglect/media/pdf/essentials-for-childhood-framework508.pdf?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf.

[xvii] Dolbin-MacNab ML, O'Connell LM. Grandfamilies and the Opioid Epidemic: A Systemic Perspective and Future Priorities. Clin Child Fam Psychol Rev. 2021 Jun;24(2):207-223. doi: 10.1007/s10567-021-00343-7. Epub 2021 Jan 25. PMID: 33491118; PMCID: PMC7829093.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7829093/#CR28.

[xviii] Dolbin-MacNab ML, O'Connell LM. Grandfamilies and the Opioid Epidemic: A Systemic Perspective and Future Priorities. Clin Child Fam Psychol Rev. 2021 Jun;24(2):207-223. doi: 10.1007/s10567-021-00343-7. Epub 2021 Jan 25. PMID: 33491118; PMCID: PMC7829093.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7829093/#CR28.

introduce community youth to health care related careers include peer health education strategies that provide students with tools to help with OUD prevention in their schools and friend groups.

The West Las Vegas School District takes a whole child approach to care for their students when in their system. Importantly, school leaders operate with the belief that Social Determinants of Education are a social determinant of health. The high school hosts a youth center and school-based health clinic, which will be discussed later in the paper. The school has an extensive program that prepares students in professions such as truck driving, emergency medical services, and culinary arts.

After the wildfires and flooding that occurred in New Mexico, the school system recognized that this program gave students a purpose after the disaster events and provided an opportunity to be proactive rather than endure the continuous reactive state they felt they were in. They have a volunteer run mentoring program called HOMIES (Helping Others Maintain Excellence) that is supported by school coaches and fellow students, a group of people who are trusted members of the school system. They have partnerships with Head Start and Early Head Start, with care for pregnant mothers in school, and Boys and Girls Clubs, and Big Brothers Big Sisters. The school system also does district wide training on trauma informed care for every employee that will interact with students, including custodial and food service staff. This care system is moving into the elementary school as well.

The comprehensive, holistic approach to individual and family care involves collaboration of the health and human services system in coordination with community-based organizations. This collaboration brings together various sectors (health, education, workforce, law enforcement, etc.).

School-Based Health Centers and Youth & Family Resource Centers

In a holistic approach to prevention and treatment for youth, community services should be designed to meet the youth where they center their lives and consider safe places, such as schools discussed above. Las Vegas hosts both a school-based health center and a youth resource center.

School Based Health Centers (SBHCs) provide an integrated approach to health care for students. Many SBHCs are offered through the Federally Qualified Health Center model with a focus on meeting the needs of students regardless of ability to pay. These centers target the health and well-being of youth and adolescents but may also be a source of health care for parents and caregivers. The close relationship between mental health disorders and opioid misuse for youth and adolescents make SBHCs a critical resource for mental health screening.

Las Vegas and the surrounding region operate a hub and spoke school-based health clinic network, with 25 school-based health centers, operated by a local Federally Qualified Health Center (FQHC). Sunrise Clinic in Las Vegas operates as a Person-Centered Medical Home student health center. Telehealth services are widely used, including a new feature where parents can remotely zoom into a telehealth visit for their child. The Clinic operates a full lab and has specific behavioral health rooms and a pharmacy. The community and region are taking steps to expand the model to senior centers and libraries.

School-based health centers are codified into law in New Mexico and have become an established part of the state's health care safety net. Panelist Dr. Jose Acosta, Director of the Public Health Division of the New Mexico Department of Health, noted how beneficial these sites are in providing effective OUD prevention and treatment through substance use screening, triage and referral on overdose-related issues.

The SBHC in Las Vegas goes a step further by also providing MOUD services, which may be a model to expand to other SBHC sites. Billable services can be covered by Medicaid through the sponsoring FQHC. Medicaid Managed Care Organizations in New Mexico are required to form partnerships with community health workers to serve the Medicaid eligible population, including youth. The state also provides MOUD services in 84 percent of its public health offices across New Mexico, offering additional access points to those in need.[xix]

Medical care providers trained in the Screening for Substance Use, Brief Intervention and Referral to Treatment (SBIRT) model for prevention and treatment of adolescent substance abuse can implement these models at SBHCs.[xxi] Behavioral health services can be provided by any medical professional allowed to do so within the scope of their practice.[xx] Community members are to be included in the development of crisis prevention planning and implementation and student and school leaders form a School Health Advisory Council with the clinic leaders and providers.[xxi]

Youth and Family Resource Centers provide a range of services that focus on addressing SDoH in one coordinated setting. Family Resource Centers (FRCs) are community or school-based hubs of support, services, and opportunities for families that:

- Utilize an approach that is multi-generational, strengths-based, and family-centered.
- Reflect and are responsive to community needs and interests.
- Provide support at no or low cost for participants.

Build communities of peer support for families to develop social connections that reduce isolation and stress.[xxii]

Rural FRCs are community service delivery sites that allow decentralized services, such as social services, health and behavioral health providers, and job training programs into centralized settings that promote healthy people in healthy communities. FRCs may also provide more informal services, including cooking classes, parent education, financial literacy services, food and clothing, and other needed services in an approachable manner.[xxiii]

FRCs are a resource for prevention, just by their existence of safe places for needed support, but also to offer services that address SDoH. Offering treatment and recovery services at an FRC offers patients a level of anonymity that helps to reduce the stigma of receiving MOUD and supportive therapy.

In Las Vegas, the youth resource center is named the Grace Youth and Family Center in honor of a local youth who experienced OUD after a sports injury and overdosed. This student showed few of the risk factors normally associated with substance use but her death prompted local leaders to broaden their prevention efforts for the entire school population. The Grace Center hosts a wellness center and youth sports program, a library, and food and clothing pantries. Youth receive free breakfast and lunch and an effort is underway to provide dinner. As mentioned above, mentoring programs are prevalent in the school system. The Grace Center hosts those programs, along with a Dream Maker health club, music, chess, and writing clubs. The Center also secured state funding for a greenhouse and a grant for a

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[xix] Direct comment from Dr. Jose Acosta, director of the Public Health Division of the New Mexico Department of Health during meeting.
[xx] Ibid.
[xxi] Ibid.
[xxii] Family Resource Centers. National Family Support Network.
[xxiii] RUPRI Rural Human Services Panel. Humboldt County, California: A Promising Model for Rural Human Services Integration and Transformation (2012).

community orchard. And a teen center will be housed in the Center to give them a safe space to be teens together.

Access to Stable Housing, Food, and other Social Supports

Housing insecurity is increasingly seen as having a compounding effect on all SDoH and a significant impediment to prevention of, and recovery from, OUD. The lack of stable housing means it is harder to keep a job, harder to obtain food regularly, and harder to achieve educational outcomes that lead to meaningful employment. This compounds the difficulty of avoiding situations that lead to the use of substances that help people forget about those stressors. The lack of stable housing also makes treatment and recovery more difficult to sustain.

The Committee believes housing provides the foundation to weather the struggles associated with OUD treatment and recovery. The Housing Assistance Council (HAC), a rural nonprofit that advocates for rural affordable housing, is partnering with rural organizations that provide recovery-housing[xxiv] and may offer a replicable model. The Committee sees value in HAC's recovery-housing model that does not subscribe to "abstinence only" policies that forbid the use of buprenorphine-based medications as program directors recognize it would not support recovery needs of patients in their community.

In Las Vegas, community leaders spoke of food, housing, and employment as harm reduction support and part of the public health approach to addressing SDoH. In its presentation to the Committee, the Fletcher Group Rural Center of Excellence (COE) discussed its Recovery System Index[xxv] that shows the importance of housing, broadband, transportation, and social interactions to long-term sustainable recovery, which is shown in the table below.

[xxiv] Taylor Sisk. Daily Yonder. Safe and Stable Housing is a Foundation of a Successful Recovery. (July 3, 2024).
[xxv] County Resources. The Fletcher Group. https://www.fletchergroup.org/2022/10/27/county-resources/.

Component/Domain	Indicator
SUD Treatment	• Substance Use Treatment Facilities Per Capita • Providers Licensed to Administer Buprenorphine Per Capita • Average Distance to Nearest Medication-Assisted Treatment (MAT) Provider • Mental Health Providers Per Capita
Continuum of SUD Support	• Recovery Residences Per Capita • Average Distance to Nearest Syringe-Service Program (SSP) • Narcotics Anonymous (NA) or Self-Management and Recovery Training (SMART) Meetings per Capita • Drug Court Presence • Drug-Free Communities Coalition Presence • Policy Environment Score
Social and Infrastructure	• Vehicle Availability • Severe Housing Cost Burden • Broadband Access • Social Associations Per Capita

Importance of Trusted Community Resources for Support

The Committee heard about the importance of using trusted support (such as clergy or school staff) in prevention and recovery throughout the presentations and site visits in Las Vegas. Substance use experts presenting to the Committee stressed the importance of connecting those affected by OUD to trusted persons and resources. Panel members also discussed creating systems that allow warm handoffs between service providers and the use of trauma-informed staff, including previously addicted and incarcerated individuals, as peer support leads to better outcomes.

Federal Human Services that Support Trusted Community Resources

The Committee acknowledges the broad HHS and Federal effort to address the opioid crisis. During its meeting in New Mexico, stakeholders and members of the Committee noted several programs that can play a role in addressing the needs of rural families affected by the opioid crisis.

Community leaders in Las Vegas noted the Health Resources and Services Administration's (HRSA) Rural Community Opioids Response Program (RCORP) provided a jump start to their efforts through an early planning grant and then an implementation grant. The RCORP funding provides the start-up resources that go directly to rural communities to design programs to meet their specific needs. RCORP is only Federal Program that provides OUD prevention and treatment focused solely in rural communities and is one of the few rural-specific programs within HHS that targets community-based efforts.

The Substance Abuse and Mental Health Services Administration (SAMHSA) programs can also play an important role in supporting OUD-focused efforts nationally through several programs, many targeted to states. The agency's Tribal Opioids Response program (in concert with a broad range of opioid funding through the Indian Health Service) provides an important funding stream to address the unique needs of tribal communities.

Public human service systems and community-based organizations supported through federal human service funding can become this trusted community resource in rural communities. The Committee recently examined community-based resources that are funded by HHS, such as Head Start (Administration for Children and Families, ACF) and the Maternal, Infant, Early Childhood Home Visiting Program (MIECHV) program (HRSA and ACF), that can serve as tools to identify pregnant women and caregivers that may be experiencing an OUD and to provide support services to children and families that could reduce the occurrences of ACEs.

The Administration for Children and Family (ACF) has grants for prevention that enable provision and funding of a range of supports including care for substance use disorder to children at risk of entry into foster care and their parents and kinship givers.[xxvi] Additionally, a program targeting Native American populations funds research on solutions to the opioid public health crisis by funding research on opioid misuse and addiction and pain management (Native Collective Research Effort to Enhance Wellness (N CREW) Program: Addressing Overdose, Substance Use, Mental Health, and Pain)[xxvii].

Community Services Block Grants (CSBG) could be utilized as a significant tool to support community-based organizations in their efforts to combat OUD. These grants are administered by ACF as a state block grant intended to be used by community organizations, such as Community Action Agencies, to alleviate the causes and conditions of poverty in under-resourced communities. According to ACF, CSBG can be used for behavioral health support, such as prevention and promotion, assessment for behavioral health needs and OUD, and broader human service support tools, such as workforce development, case management, and family support.[xxviii] Currently, some CSBG subrecipients offer a variety of services to combat opioid and substance use including drug prevention programs including afterschool enrichment programs, addiction recovery services, supportive services, emergency response for overdoses, and more. The Committee sees potential opportunities to link rural communities in need with CSBG resources.

> **Recommendation 2*:* The Secretary should promote enhanced utilization of the Community Services Block Grant (CSBG) to help rural communities address opioid and substance use that centers the focus on rural human services to meet the needs of under-resourced rural communities and HHS should release examples of how CSBG recipients are addressing opioid and substance use disorder.**

Workforce

Workforce shortages are an ongoing roadblock to implementing promising programs in rural communities, both in health systems and human services and community-based organizations. Despite these challenges, the Committee learned of workforce efforts well-tailored to rural communities. Meeting panelists spoke of the effectiveness of tasking peer support workforce in treatment and recovery efforts.

[xxvi] Title IV-E Prevention Programs. Children's Bureau, Office of Administration for Children & Families, Department of Health & Human Services.

[xxvii] Native Collective Research Effort to Enhance Wellness (N CREW) Program: Addressing Overdose, Substance Use, Mental Health, and Pain. National Institutes of Health.

[xxviii] Funding Behavioral Health Work Grants Through ACF Grants. Administration for Children & Families. December 2024. https://www.acf.hhs.gov/sites/default/files/documents/main/ACF-Behavioral-Health-Grant-Opportunities-Guide.pdf.

Certified Peer Support Workers at the Santa Fe Recovery Center, particularly those involved with the criminal justice system and drug court programs, bring invaluable lived experience to case management services. Peer support workers may provide more emphatic trauma-informed care.

HHS has a selection of workforce grant programs targeted specifically to OUD treatment and prevention. The following programs operate in the Bureau for Health Workforce:

The Opioid-Impacted Family Support Program[xxix] purpose of this program is to support training programs that enhance and expand paraprofessionals knowledge, skills and expertise, and to increase the number of peer support specialists and other behavioral health-related paraprofessionals who work on integrated, interprofessional teams in providing services to children whose parents are impacted by OUD and other SUD, and their family members who are in guardianship roles.

The program includes a special focus on demonstrating knowledge and understanding of the specific concerns for children, adolescents, and transitional aged youth in high need and high demand areas who are at risk for mental health disorders and SUDs. In the first round of 4-year funding, 127 of the 349 sites are classified as rural. In 2022-2023 program year, 562/1975 participants and 162/801 graduates were from rural.

The Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP)[xxx] provides loan repayment for individuals working in either a full-time SUD treatment job that involves direct patient care in a county or municipality where the average drug overdose death rate exceeds the most current national average overdose death rate per 100,000 people. This program provides support for a broader range of clinicians than the other National Health Service Corps-related loan repayment programs and is the only loan repayment program not tied to being in a Health Professional Shortage Area.

The Committee also notes the importance of several other HRSA programs related to OUD workforce. These include the National Health Service Corps Loan Repayment Program, the National Health Service Corps Rural Community Loan Repayment Program, the National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program and the Behavioral Health Workforce Development Program.

All these Federal programs have the potential to provide the support needed to meet the needs of rural families. The challenge for rural communities is how to navigate and secure the myriad resources available.

Conclusion

The State of New Mexico and communities like Las Vegas, New Mexico are developing creative solutions to the challenges rural families encounter in the face of the ongoing opioid crisis.

The Committee believes the services provided by the community leaders and their commitment to delivering effective OUD services tailored specifically to the needs of the youth and family in their care hold considerable potential.

[xxix] Opioid-Impacted Support Programs. https://www.hrsa.gov/grants/find-funding/HRSA-20-014.

[xxx] Substance Use Disorder Treatment and Recovery Loan Repayment Program. Bureau of Health Workforce. HRSA. Department of Health.

One of the ironies of the laudable effort in Las Vegas is that given the limited resources available, community leaders made the difficult choice to prioritize service delivery over evaluation to quantify the impact of its efforts. This is not an uncommon experience in rural communities and creates an opportunity for HHS to consider how it might support such evaluation efforts while also continuing to administer the broad range of Federal programs that can support the broader mission of addressing the opioid crisis.