National Organization of
State Offices of Rural Health

SORH Response to the National Substance Use Disorder Crisis

October 2019

Overview

State Offices of Rural Health (SORH) around the nation have a responsibility for the coordination of rural health activities, the collection and dissemination of rural-relevant information, and the provision of technical assistance to public and non-profit entities regarding programs that improve rural health.

To examine the extent of which SORH are engaging with recent substance use disorder and opioid use disorder (SUD/OUD) initiatives in their states, this issue brief scans how SORH are aiding their rural communities, while meeting the expectations of the SORH grant. Throughout the document, strategies that align to the three core functions of a SORH are identified using the following designations:

CDI
(collection and dissemination of information),

C
(coordination of rural health activities)

TA
(technical assistance)

This brief was compiled by the National Organization of State Offices of Rural Health (NOSORH), with support from the Federal Office of Rural Health Policy (FORHP)*, to provide a general overview of rural SUD/OUD initiatives that SORH are engaging in; with a particular focus on those SORH with previous SUD/OUD-specific funding. SORH typically collaborate with communities and primary care providers and should be prepared to possibly encounter challenging stigma from the patients, families and communities.

This issue brief includes some successful strategies and available resources, intended to showcase the efforts of SORH and their key rural health stakeholders, to aid others as they incorporate successful SUD/OUD strategies.

Developing a Foundation

The role of a SORH or other key rural stakeholder without expertise in SUD/OUD may not be clear initially. SORH often allocate SUD/OUD efforts based upon their local capacity, available partnerships and resources, and unique rural populations.

As SORH prepare to engage or evaluate any efforts to address rural SUD/OUD in their state, they should consider:

- **The convener doesn't have to be the SUD/OUD expert** but can help to jump start experts by offering resources or skills of facilitation and collaboration. If SORH have some available funding or staff, use it to seed a collaborative that brings together rural stakeholders working on similar, intersecting, or duplicative efforts — such as the Utah Rural Opioid Healthcare Consortium (UROHC).
- Rely on the engagement of the local community or audience to support the efforts toward **sustainable peer-driven approaches**. Consider using existing evidence-based practice and resources, like implementing a Project ECHO model for rural providers on Medication Assisted Treatment (MAT) and Pain Management.
- Rural communities often lack the technical expertise or resources to monitor their impact, so **teach them** to do so and make data-driven decisions. Like in Arizona, where they are educating their consortium partners on how to create benchmarks and measure progress toward their goals.
- **Conduct an environmental scan of available SUD/OUD resources**, including state-wide or regional funding opportunities, existing rural initiatives and collaborative opportunities. When this is compiled, share it! Use it in conversations with rural communities tackling the SUD/OUD epidemic to link identified needs to currently available resources.

Promising Practices

- Bring behavioral health professionals to the team! Hiring a MSW, or similar, provides internal expertise and helps guide the office.
- Identify HIV/AIDS and Hepatitis C Virus resources early on. When gaps have been identified, work collaboratively to facilitate access for rural communities.
- Engage early with other non-health sectors to incorporate the Social Determinants of Health (SDOH). Particularly consider partners in sectors such as child care, transportation, the justice system (DOJ, drug courts, etc.) and workforce/labor.

The level of effort that is needed in states may vary greatly, especially if the state has created a team to coordinate these efforts. As a convener and facilitator, ensure that the community is involved in planning and development from the initial phase and that all voices are heard early on.

SORH Lessons Learned

Five SORH were selected and interviewed—one from each region—for inclusion in this Issue Brief. They were selected because they received the FORHP Rural Communities Opioid Response Program (RCORP) Planning grant as the lead applicants.

With the RCORP Planning grant, these SORH were able to jump start or strengthen their work related to SUD/OUD prevention, recovery, and treatment. The grant requires recipients to form consortiums on rural opioid issues, which enabled the SORH to forge new partnerships in their states and to leverage the resources of other organizations.

Facing Similar Challenges

The five SORH interviewed all shared a similar concern about the lack of availability of behavioral health and MAT-waivered providers in rural areas of their states. There was also a concern about the stigma of seeking treatment—not only among potential patients seeking treatment in their communities, but also among providers who did not want to be seen as serving "addicts" or being an "addiction clinic."

The validity of SUD/OUD data can be questionable, some SORH leaders said, because there is no standard collection of it in rural communities in their states. In particular, concern was raised over needing to train those responsible for signing death certificates with a focus to co-occurring disorders.

Additionally, the absence of recovery or transitional housing in rural areas presents a challenge for those seeking treatment. Such housing provides a safe and supportive environment that helps those in recovery build community, develop different habits, and continue to get support.

Michigan

Although their work with the RCORP Planning grant is not the first time that the Michigan Center for Rural Health (MCRH) has addressed SUD/OUD, it has allowed them to forge new partnerships and focus their efforts in the state.

With the RCORP Planning grant, MCRH targeted the state's Northeast and Lower Peninsula region which houses the counties with the highest vulnerability for SUD/OUD. The office reached out and engaged for the first time with the opiate treatment provider and the recovery service provider in the targeted region, as well as the community mental health agency.

To help other organizations in their state that are working on SUD/OUD and have received federal grant funding, MCRH convened its first Rural Michigan Opioid Summit in July 2019. The summit allowed participants to network and take information back to their communities, with the intention of avoiding duplication of effort in the same communities or in communities next to each other. The group that convened at the summit also is looking to form an opioid coalition in the future. **(C)**

MCRH has made sure that it has involved people with lived experience—that is, individuals in recovery—to help them better focus their work. To provide insight to their consortium work, they started every consortium meeting with survivor stories. The office also conducted focus groups with people with lived experience, which enriched the needs assessment process and results. One particular partner, the Northern Michigan Substance Abuse Services (NMSAS), was a key stakeholder in recovery and linking to people with lived experiences. NMSAS connects individuals in recovery with numerous pathways including education, workforce training, peer support programs, and many more. This approach recognizes that not one single pathway to recovery is effective for all individuals and multiple opportunities must be made available simultaneously.

A key component of MCRH's plan is to utilize peer recovery coaches (PRCs) to help patients navigate treatment and recovery options. PRCs are integrated into traditional healthcare settings and encourage patients to seek SUD/OUD treatment. MCRH is looking to train more PRCs and help them obtain community health worker (CHW) certification.

Next steps: MCRH maintains a webpage on Improving Opioid Prescribing: Sustainable Solutions for Rural Health Care Providers, which provides general opioid education and resources as well as Michigan-specific opioid resources. **(CDI)** In addition, MCRH has continued to provide SUD/OUD-related services to constituents, recently supporting another RCORP Planning grant in the state's Upper Peninsula. **(TA)**

Recently, MCRH received the FORHP RCORP Implementation award and will use this to focus their efforts on activities including: building recovery capital, naloxone distribution and expansion of access, stigma reduction activities, behavioral health integration, provider trainings, harm reduction activities, forming evidence-based practice cohorts, workforce education, engaging existing programs, and creating a website.

North Dakota

Through its prior work on OUD issues for the state's Department of Human Services (DHS), the North Dakota Center for Rural Health (NDCRH) got a head start on its RCORP Planning grant work, which has helped them take a statewide approach.

NDCRH has served as the evaluator for DHS's Substance Abuse and Mental Health Services Administration (SAMHSA)-funded State Targeted Response to the Opioid Crisis (STR) grant as well as the current State Opioid Response (SOR) grant program. For the STR grant, NDCRH did a national scan of peer support programs, and other DHS funding is supporting an assessment of the state's behavioral health workforce. From their STR work, the NDCRH initiated the Project ECHO videoconferencing platform, which offered 33 sessions focused on management of SUD/OUD and MAT. Additionally, NDCRH did a statewide telebehavioral health survey for DHS. **(C)**

Because it also serves as the state's Area Health Education Center (AHEC), NDCRH received additional funding to focus on opioid-related programming by providing education to the health professionals on SUD/OUD and MAT in four rural communities.

Sharing information has been key in NDCRH's statewide approach during the Planning grant process. For example, a member of their consortium, through a separate HRSA grant, developed a survey tool to assess their local communities on what was being done around SUD/OUD and where the service gaps were. **(CDI)**

Next steps: As part of the RCORP Planning grant, the NDCRH created a workgroup in the consortium to fine tune the survey tool and begin development of a toolkit so it can be used by other communities to help them know where they need to concentrate their efforts. Another workgroup is looking at peer support, and a third workgroup is working on developing a tiered system model for prevention, treatment, and recovery and referral processes related to SUD/OUD.

South Carolina

The South Carolina Office of Rural Health (SCORH) historically had never focused on SUD/OUD activities prior to receiving the RCORP Planning grant. Their intention with the Planning grant was to cast a wide net. They used a statewide approach, bringing in various groups that provide SUD/OUD, HIV, and Hepatitis C Virus (HCV) services in rural areas of the state.

Their grant co-leader was the state's Department of Alcohol and Other Drug Abuse Services (DAODAS). In addition, they brought together alcohol and drug treatment providers, a Ryan White HIV facility that is also a Federally Qualified Health Center (FQHC) providing MAT, a gastroenterology specialty service treating HIV and HCV patients, and new Opioid Treatment Programs, which has created an avenue to discuss and understand how things work at the community level. **(C)**

To get a better idea of what was going on in their state, they conducted an environmental scan on the impact of opioids in rural South Carolina. The scan showed that treatment facilities and other resources were missing in many rural parts of the state and that an overlay of methadone clinics and other services for SUD/OUD, and HIV and HCV treatment were minimal. **(CDI)**

Next steps: SCORH will continue providing resources to clinics, providers, community members and agencies beyond the life of the Planning grant via the SC RCORP and SC RCORP Resources pages on their website, a twice-a-month online SC RCORP Bulletin, and webinars.

Texas

With 29 million people and 254 counties in the state of Texas, one of the biggest challenges for the Texas State Office of Rural Health (TX SORH), currently with a staff of only five people, was where to focus its SUD/OUD efforts, which began with the RCORP Planning grant.

To narrow their work, they looked for rural counties where there was a "heat map" of opioid prescriptions for chronic back pain. Of those counties, TX SORH looked to see where they already had existing partnerships with hospitals. As a result, they focused on Madison and Burleson counties for the Planning grant. (TX SORH will be hiring more people in the near future. This will allow it to broaden its reach by splitting the state into regions and assigning at least one staff member to each region.)

In both of the counties, TX SORH made sure that community advisory councils (CACs), composed of community members and community leaders, were at the core of their work. TX SORH worked in conjunction with the CACs through every step of the Planning grant process, which gave them additional insights into the needs of the communities and fostered a greater buy-in from key community leaders and members. TX SORH also fostered a new work relationship with UT-Austin's Dell Medical School. **(C)**

Another challenge for TX SORH was the absence of good rural data on SUD/OUD and the almost complete lack of substance use resources and efforts in the targeted communities. This has made gathering data for the needs assessment (required by the Planning grant) very time consuming as compared to compiling secondary data sources. But the needs assessment is giving them a better understanding of the scope of the opioid problem as well as the gaps in services, treatment, and workforce capacity. **(CDI)**

Next steps: Although none of the TX SORH staff had worked on SUD/OUD issues before nor had any training on the subject, through reading and talking with experts in the field through the Planning grant, the staff is now more comfortable knowing where to go and who to ask for the right information.

Virginia

The RCORP Planning grant has allowed the Virginia SORH (VA SORH) to discover new partnerships and strengthen existing partnerships in the state. For example, because of the formation of its consortium, it was the first time that VA SORH was able to partner with the Virginia Department of Behavioral Health and Developmental Services to address SUD/OUD in Southwest Virginia.

These broad-based partnerships and momentum towards a common goal led to the creation of the Appalachian Substance Abuse Coalition (ASAC). As a partner in these efforts, the VA SORH facilitated the ASAC through obtaining their 501(c)(3) status, including developing the appropriate governing, financial and operational structures. Through these efforts, this newly-formed independent organization is prepared to pursue SUD/OUD funding on their own in the future. **(C)**

The VA SORH concentrated its efforts in the Southwestern part of the state, which has the heaviest occurrence of SUD/OUD. For the purposes of the grant, it did a SUD/OUD gap analysis of the region.

Although the VA SORH is not pursuing additional RCORP funding at this time, because of their work on the Planning grant and supporting ASAC, they are now better able to support other organizations in the state that might seek such funding. The VA SORH supported the efforts of the partners in the region for a successful RCORP Implementation grant application, under the Health Wagon of Central Appalachia. **(TA)**

Next steps: Equipped with this information, and after intensive focus on the region through the Planning grant process, VA SORH plans to monitor the area and focus its SUD/OUD energy in other parts of the state, with a greater need for coordinated efforts. **(CDI)**

Conclusion

The decision of a SORH to engage in rural SUD/OUD focused work (or lack thereof) within an individual state is often determined by efforts of other organizations, need and interest of rural communities, prevalence of SUD/OUD in rural areas of the state, staffing, resources, areas of relevant expertise, and the capacity of the SORH or their partners. Over 84% of SORH identified the need to expand current resources to successfully address SUD issues in their state. The top concerns identified by SORH include: a lack of a focal point and coordination efforts within the state, especially with a recent influx of funding initiatives; a dearth of information regarding local efforts; the need to identify and address state policy and licensing issues; and the need to build a robust behavioral health system.

Additional Resources

- Providers Clinical Support System (PCSS)
- RHIhub Rural Response to the Opioid Crisis
- Rural Health Research Gateway — Substance Use and Treatment
- NOSORH Rural Opioid Overdose Reversal (ROOR) Toolkit
- CDC Guide for State and Local Health Departments on Managing HIV and Hepatitis C Outbreaks among People Who Inject Drugs
- Rural Communities Opioid Response Program (RCORP) website
- Office of National Drug Control Policy (ONDCP) Resource Guide
- Opioid Misuse Community Assessment Tool
- NOSORH's 3 Q's for Integrating SUD Services into Primary Care (provider resource)

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Cooperative Agreement #U14RH19776 State Offices of Rural Health Coordination and Development Program (SORHCDP) $750,000.

This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.