Poverty, lack of Stable Housing and Stigma: The Profound Effects that SDOH have on Addictions

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The National Center for Health in Public Housing

National Center for Health in Public Housing (NCHPH)

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for $2,006,400 and is 100% financed by this grant. 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.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

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Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email

National Center for Health in Public Housing

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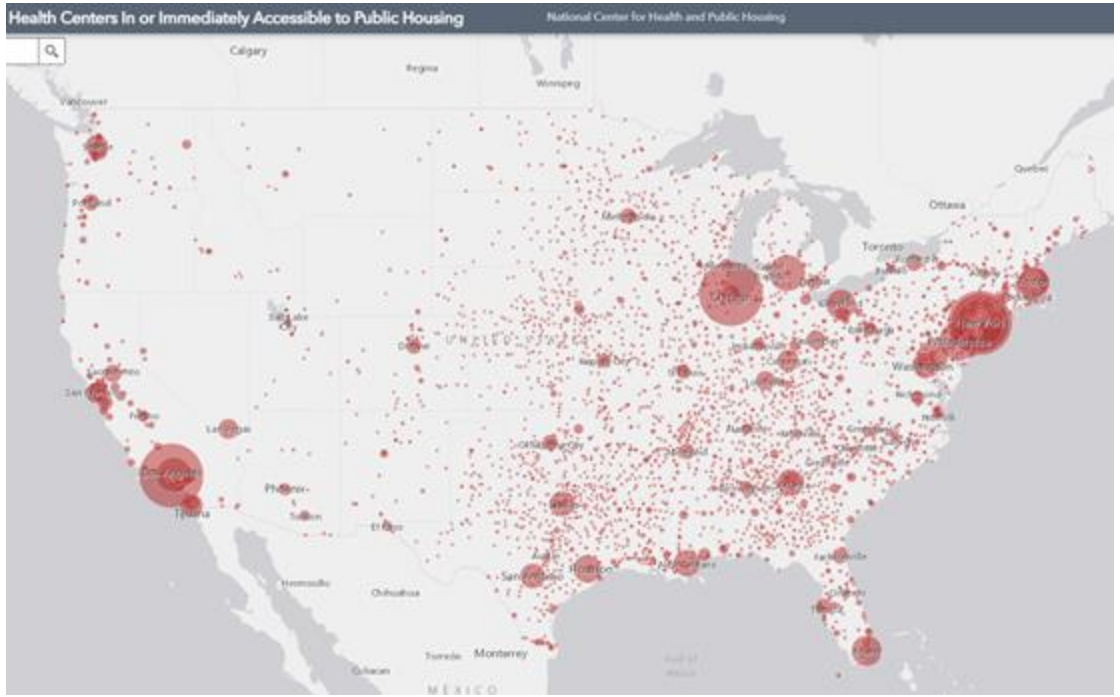
Health Centers Close to Public Housing

- **1,370 Federally Qualified Health Centers (FQHC) = 30.5 million patients**
- **483 FQHCs In or Immediately Accessible to Public Housing = 6.1 million patients**
- **107 Public Housing Primary Care (PHPC) = 935,823 patients**

Source: 2022 Health Center Data



Source: Health Centers in or Immediately Accessible to Public Housing Map

Public Housing Demographics

1.5 Million Residents

2 Persons Per Household

38% Disabled

52% White

91% Low Income

43% African-American

26% Latinx

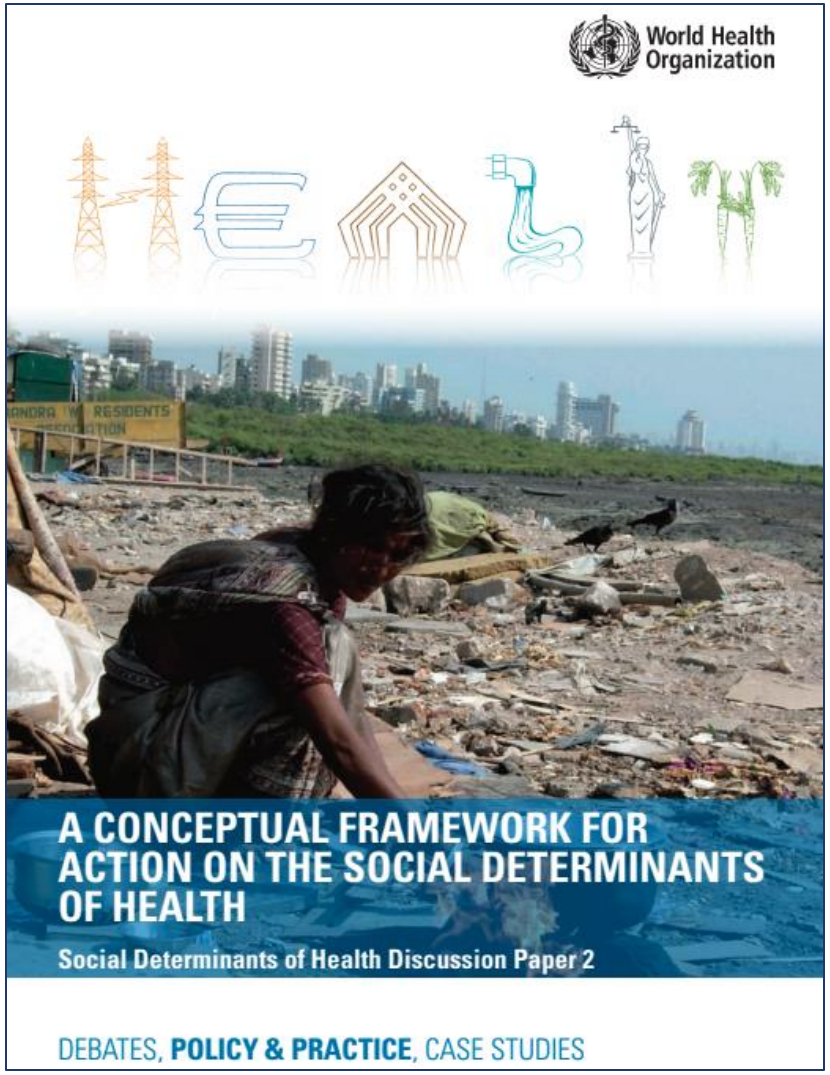
19% Elderly

36% Children

32% Female Headed Households with Children

Source: HUD 2023

WHO Conceptual Framework



Human Rights → Policy Choices → More equitable outcomes

Link to Resource: [WHO Conceptual Framework]

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The SDOH: Conceptual Overview

Link to resource: [Healthy People 2030]

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This session is designed to illicit discussion, process sharing and support between colleagues. The session framework will reflect these priorities. The – Discussion – Support – Assistance model describes NCHPHs approach to Training and Technical Assistance

Discussion

- Two case-study based discussion questions are integrated into the session material.
- Participants are asked to please write or type their response and to be open to share if they are able.

Support

- Participants include a range of clinical and non-clinical professionals from FQHC's, PHPCs and PHAs around the country.
- This interdisciplinary support can be an asset to better understanding the challenges your organization is facing.

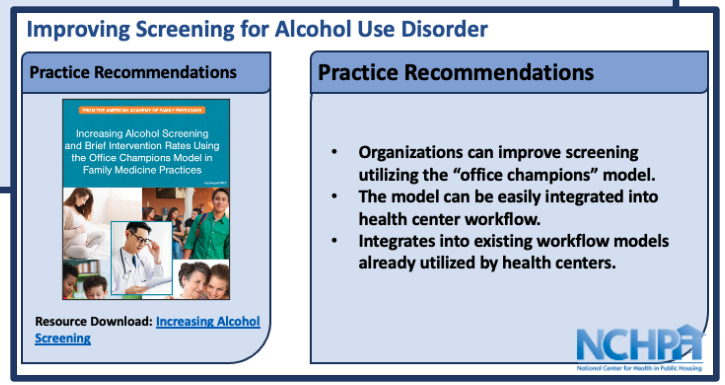
Assistance

- Discussion session format is designed to illicit the main themes in the learning objectives and are related to the resources and recommendations reviewed in this session

NCHPH presentations are designed to be utilized as external resources by FQHCs PHPCs and PHAs these can be freely circulated to partners and colleagues as needed.

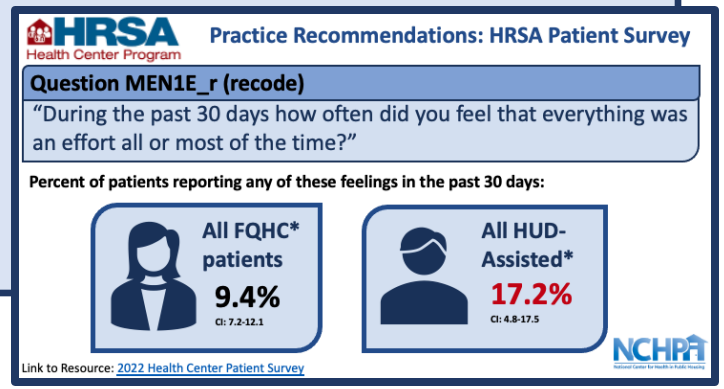
Research and Clinical Resources

- Cited resource links are located at the bottom left of the slides.
- Resources are publicly available and can shared internally or externally.
- Cited research is investigated and validated during a structured review process.



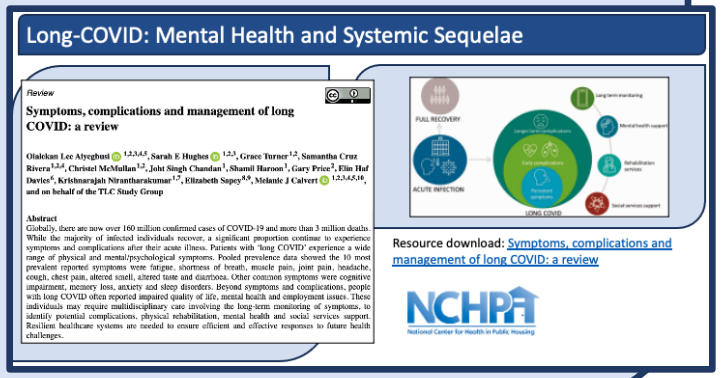
Guidance and Recommendations

- Recommendations are based on NCHPH internal research or validated external research.
- Practice recommendations presented are reviewed and validated by the NCHPH team.



Support and Consultation Resources

- NCHPH staff members and SMEs are available to FQHCs, PHPCs, PHAs and partner organization for consulting and advising services.



Link to Resource: NCHPH

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Introduction Question

Please take a moment to enter the following into the chat:

1. What institution or organization are you joining us from?

2. What are your roles and/or professional responsibilities at your organization?

3. What is one way that you integrate the Social Determinants of Health into your work?

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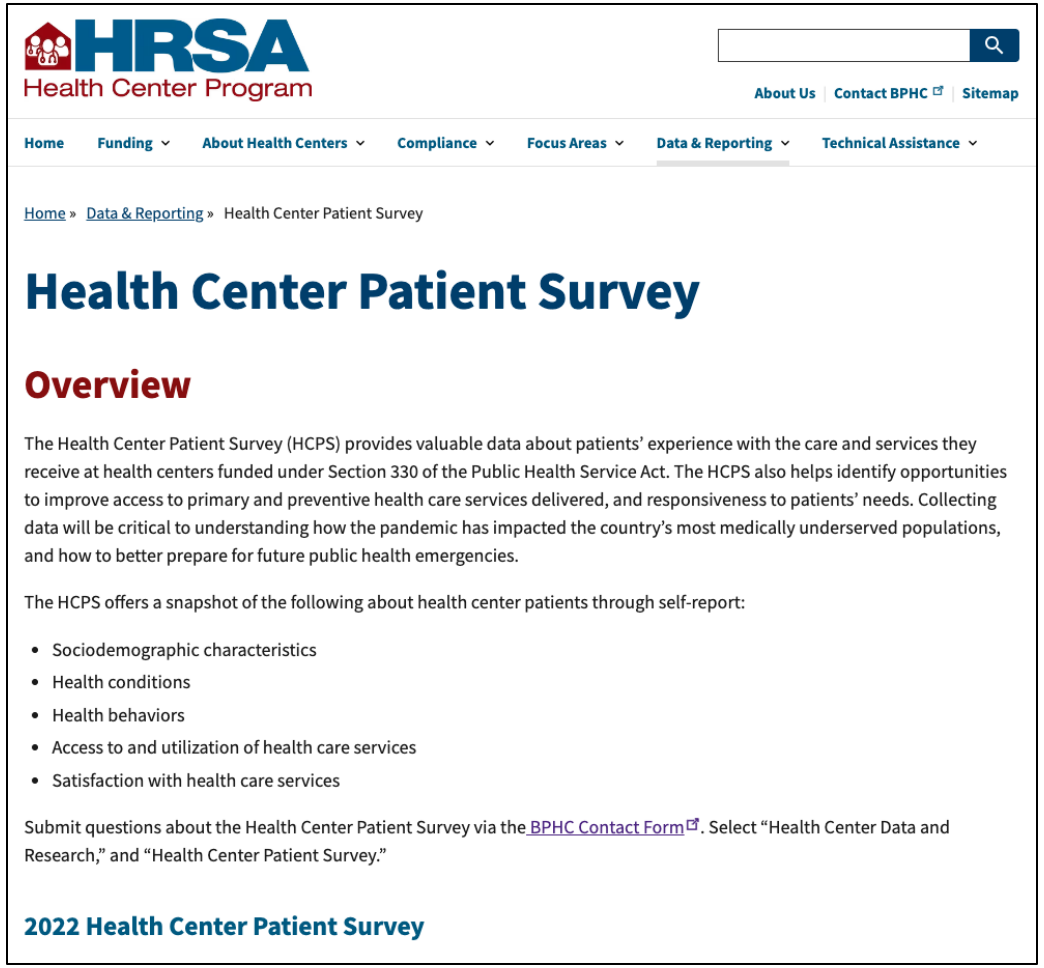

Link to Resource: [2022 Health Center Patient Survey]

HRSA 2022 Health Center Patient Survey

Key facts:

- 4,400 patients from a representative sample of FQHC's was sampled.
- Weighted to represent over 30 million patient visits.

Analysis:

- One of the best sources available for investigating the FQHC patient experience..
- Can be utilized to validate and inform program design, patient interventions and health center management.

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Alcohol and Substance use in the 2022 Health Center Patient Survey	All other Housing (%)	95% CI	All HUD-assisted* (%)	95% CI	*p*	Public Housing (%)	95% CI	*p*
Ever used alcohol	73.8	68.1-78.7	77.9	67.2-85.9	0.38	78.5	65.3-87.6	0.51
Used alcohol in past 12 months	27.9	23.3-33.1	34.5	21.7-50.1	0.52	31	11.8-60.1	0.94
Discussed alcohol use with doctor, past 12 months	14.4	11.0-18.6	10.6	5.6-19.4	0.42	9.1	76.6-96.2	0.52
Ever used cocaine	14.7	12.2-17.6	21.4	14.5-30.6	0.023	23.5	14.0-36.6	0.73
Ever uses amphetamine-type stimulants	11.9	9.3-15.2	12.1	7.5-19.1	0.58	10.4	5.7-18.3	0.56
Ever used inhalants	3.6	2.6-4.9	4.3	1.7-10.2	0.69	5.7	13.5-21.2	0.59
Ever used sedatives	6.4	4.6-9.0	6.4	3.3-12.1	0.012	9.1	3.6-20.9	0.08
Ever used hallucinagens	12.7	9.9-16.0	6	3.3-10.4	0.19	6.5	3.5-12.1	0.52
Ever used opioids	9.1	6.9-11.9	6.2	3.2-11.7	0.16	6.8	3.3-13.3	0.87
Ever used needle to inject non-prescribed drug	4.2	2.8-6.2	5.7	2.7-11.7	0.4	4.8	1.8-12.2	0.8
Ever used marijuana	39.2	33.8-44.9	42.6	33.2-52.6	0.36	37.85	27.5-49.5	0.65

** Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs*

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95% Confidence Interval (95% range of real possibility)

***P* – value (statistical significance)**

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All patients (reference group)

All HUD-assisted (comparison group 1)

Public housing only (comparison group 2)

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Practice Recommendations: HRSA Patient Survey

Question SUB9a

"In the past 12 months has your doctor or other health professional asked you about your use of alcohol"

Percent of patients reporting they have had this conversation with their provider in the past 12 months:

All FQHC* patients

14.4%

CI: 11.0-18.6

HUD-Assisted

10.6%

CI: 11.0-18.6

Public Housing

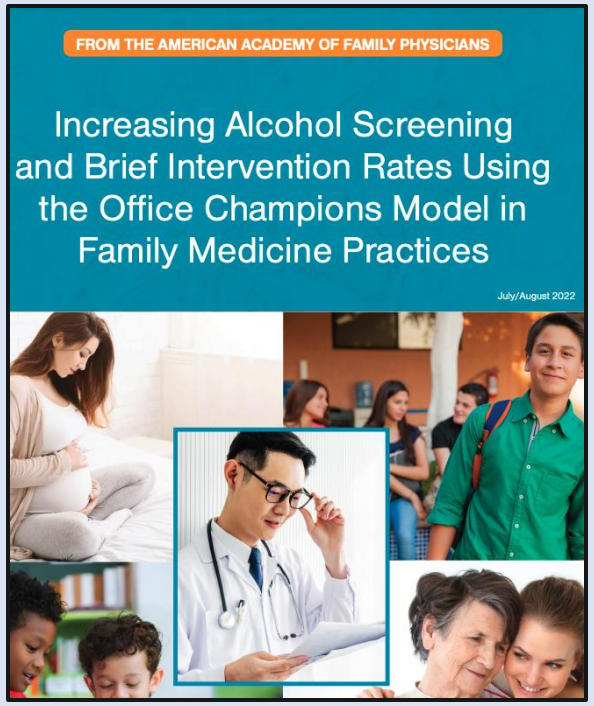
9.1%

CI: 11.0-18.6

Link to Resource: [2022 Health Center Patient Survey]

Improving Screening for Alcohol Use Disorder

Practice Recommendations



Resource Download: Increasing Alcohol Screening

Practice Recommendations

- **Organizations can improve screening utilizing the "office champions" model.**
- **Providers should be trained and re-trained regularly regarding the need to screen for alcohol use.**
- **Organizations should regularly review their policies regarding AUD screening.**

Case Study: Supporting Behavioral Health in Primary Care Patients

Mr. Angelo is a 47 year-old man who presents for a wellness exam. He has a past medical history of T2DM, and hypertension. The patient has a behavioral health history of Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD) and Opioid Use Disorder (remission for 7 years). Mr. Angelo prefers to receive his medical care in Spanish. Your health center has a large Spanish-speaking population and is in the suburban area of a medium-sized city.

The patient undergoes a standard intake, including vitals and an SDOH screener. The results are as follows:

BP: 178/98
HR: 80
RR: 18

A review of Mr. Angelo's medical records indicates the following:

Vitals (2018):
BP: 138/98
HR: 60
RR: 18

HbA1c: 7.0
Drug Screen: Pan-negative

Prescribed Medications: Metformin, Citalopram (Celexa)

National Center for Health in Public Housing

The results of Mr. Angelo's SDOH screener reveal the following:

Appendix

WellRx Questionnaire

DOB_____ Male___ Female _____

WellRx Questions

---

1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

☑ Yes ____ No

2. Are you homeless or worried that you might be in the future?

☑ Yes ____ No

3. Do you have trouble paying for your utilities (gas, electricity, phone)?

☑ Yes ____ No

4. Do you have trouble finding or paying for a ride?

☑ Yes ____ No

5. Do you need daycare, or better daycare, for your kids?

____ Yes ☑ No

Link: To Resource

National Center for Health in Public Housing

_____ Yes _____ No

6. Are you unemployed or without regular income?

☑ Yes _____ No

7. Do you need help finding a better job?

☑ Yes _____ No

8. Do you need help getting more education?

_____ Yes ☑ No

9. Are you concerned about someone in your home using drugs or alcohol?

☑ Yes _____ No

10. Do you feel unsafe in your daily life?

☑ Yes _____ No

11. Is anyone in your home threatening or abusing you?

☑ Yes _____ No

Link: To Resource

National Center for Health in Public Housing

Case Study: Supporting Behavioral Health in Primary Care Patients

Mr. Angelo is treated by a Spanish-speaking provider. Upon physical examination Mr. Angelo is noted to be withdrawn and to exhibit closed body language. His responses are terse and he seems irritated. His physical examination is positive for 1+ pitting edema and darkened skin around his neck and groin area. New results are positive for an HbA1c of 8.2

When Questioned Regarding the Results of His SDOH Screener Mr. Angelo Reveals the following:

1. Mr. Angelo worked as a construction foreman until 6 months ago when he was laid off. His unemployment insurance ran out 3 months ago.
2. He is behind on his utilities and his car is not operable. He uses uber and walks for transportation.
3. Mr. Angelo continues to abstain from drug use, but mentions that his wife continues to misuse prescription opioids.
4. Mr. Angelo and his wife argue frequently about her drug use, these arguments occasionally become violent. He refuses to speak further about this when questioned.
5. Mr. Angelo has been taking a half dose of his prescription medications because he can no longer afford the medication.

Mr. Angelo is asked if he would like to be connected to a facility-based CHW to discuss his SDOH needs. **He notes that he prefers to deal with his private life by himself. When asked why he notes that in the past he has had difficulty connecting with his providers and that he felt judged.**

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Addressing Learning Objective 3

Case Study: Supporting Behavioral Health in Primary Care Patients

Please take a moment to write or type your response to the following:

What is your assessment of Mr. Angelo's clinical condition? Is it getting worse or better? Why?

How could a patient like Mr. Angelo be encouraged to seek supportive services?

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Ever used sedatives	6.4	4.6-9.0	6.4	3.3-12.1	0.012	9.1	3.6-20.9	0.08
Ever used hallucinagens	12.7	9.9-16.0	6	3.3-10.4	0.19	6.5	3.5-12.1	0.52
Ever used opioids	**9.1**	**6.9-11.9**	**6.2**	**3.2-11.7**	**0.16**	**6.8**	**3.3-13.3**	**0.87**
Ever used needle to inject non-prescribed drug	**4.2**	**2.8-6.2**	**5.7**	**2.7-11.7**	**0.4**	**4.8**	**1.8-12.2**	**0.8**
Ever used marijuana	**39.2**	**33.8-44.9**	**42.6**	**33.2-52.6**	**0.36**	**37.85**	**27.5-49.5**	**0.65**

** Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs*

Link to Resource: [2022 Health Center Patient Survey]

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Table 4: Patient non-medical program use - Contrasting Residents of Public Housing and HUD-assisted from the general FQHC patient population								
	All other Housing (%)	95% CI	All HUD-assisted* (%)	95% CI	*p*	Public Housing (%)	95% CI	*p*
Received WIC in past 12 months	19.1	14.9-24.0	23.1	13.9-35.9	0.57	23.1	13.9-35.9	0.43
Received food stamps past 12 months	**40.5**	**36.1-45.1**	**81.3**	**75.0-86.3**	**<0.001**	**81.2**	**69.9-95.4**	**0.01**
Home safety consult	9.9	7.0-13.8	13.6	9.2-19.7	0.35	13.3	7.6-22.4	0.66
Health fair	12.4	10.1-15.1	20.7	14.6-28.6	0.03	22.4	13.6-34.6	0.2
Home visit	**2.5**	**1.8-3.4**	**5.9**	**3.4-9.9**	**0.013**	**8.8**	**4.4-16.6**	**0.002**
Supportive counseling	**12.7**	**10.5-15.2**	**24.7**	**17.2-34.2**	**0.1**	**24.5**	**13.3-40.1**	**0.1**
Health education	22.8	19.8-26.1	36.8	29.3-44.9	<0.001	37.2	27.1-48.7	0.04
Free medication	15.3	13.0-18.0	29	22.0-37.2	0.024	27.7	16.6-42.42	0.3
Free clothing	2.3	1.4-3.6	7.9	2.9-20.0	0.03	4.2	2.3-7.9	0.42
Food assistance	6.2	4.6-8.3	13.1	7.9-20.8	0.09	10.4	6.2-16.9	0.7
Job search assistance	1.6	1.0-2.7	4.5	2.1-9.6	0.07	3	1.0-8.9	0.4
Housing assistance	2.9	1.6-5.0	10.9	6.5-18.0	0.005	12.6	5.6-25.9	0.005
Transportation assistance to health center	9.3	6.6-12.9	26.4	17.9-37.1	<0.001	26.9	16.7-40.5	<0.001

** Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs*

Link to Resource: [2022 Health Center Patient Survey]

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Practice Recommendations: HRSA Patient Survey

Question INC3a

"During the last calendar year, did you or anyone else in your household received supportive counnseling?"

Percent of patients reporting they have utilized this service in the past 12 months:

All FQHC* patients

40.5%

CI: 36.1-45.1

HUD-Assisted

81.3%

CI: 75.0-86.3

Public Housing

81.2%

CI: 69.9-95.4%

Link to Resource: [2022 Health Center Patient Survey]

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Received food stamps past 12 months	40.5	36.1-45.1	81.3	75.0-86.3	<0.001	81.3	69.9-95.4	0.01
Home safety consult	9.9	7.0-13.8	13.6	9.2-19.7	0.35	13.3	7.6-22.4	0.66
Health fair	12.4	10.1-15.1	20.7	14.6-28.6	0.03	22.4	13.6-34.6	0.2
Home visit	2.5	1.8-3.4	5.9	3.4-9.9	0.013	8.8	4.4-16.6	0.002
Supportive counseling	12.7	10.5-15.2	24.7	17.2-34.2	0.1	24.5	13.3-40.1	0.1
Health education	**22.8**	**19.8-26.1**	**36.8**	**29.3-44.9**	**<0.001**	**37.2**	**27.1-48.7**	**0.04**
Free medication	15.3	13.0-18.0	29	22.0-37.2	0.024	27.7	16.6-42.42	0.3
Free clothing	2.3	1.4-3.6	7.9	2.9-20.0	0.03	4.2	2.3-7.9	0.42
Food assistance	6.2	4.6-8.3	13.1	7.9-20.8	0.09	10.4	6.2-16.9	0.7
Job search assistance	1.6	1.0-2.7	4.5	2.1-9.6	0.07	3	1.0-8.9	0.4
Housing assistance	**2.9**	**1.6-5.0**	**10.9**	**6.5-18.0**	**0.005**	**12.6**	**5.6-25.9**	**0.005**
Transportation assistance to health center	**9.3**	**6.6-12.9**	**26.4**	**17.9-37.1**	**<0.001**	**26.9**	**16.7-40.5**	**<0.001**

** Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs*

Link to Resource: [2022 Health Center Patient Survey]

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Substance use disorder treatment administration at FQHC and PHPC facilities, UDS results (2021)

	All FQHC's	PHPC's
Average number of providers with DATA waiver	5.9	8.9
Total number of DATA providers	7,436	926
Percent of health centers with no DATA providers*	30.4%	21.2%
Percent of health centers with more than 10 DATA providers*	16.1%	26.9%
Average number of patients receiving MAT	127.4	191.6
Total number of patients receiving MAT	161972	19924
No patients received MAT	39.8%	28.9%
Total clinic visits for substance use disorder	920,617	208,932
Total telehealth visits for substance use disorder	475,230	82,569

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Case Study: Continuity of Care to Support Behavioral Health

Mr. Angelo is contacted by a staff member that works for your facility. He initially refuses assistance. The CHW offers the following resources, which lead to Mr. Angelo agreeing to an initial consultation.

1. Consultation via Telehealth

2. A community-based Spanish-speaking CHW

Mr. Angelo meets his CHW via the facility telehealth mobile application. In the beginning of his appointment Mr. Angelo has a short introductory session with his CHW, who uses the following techniques to make Mr. Angelo more comfortable during his visit.

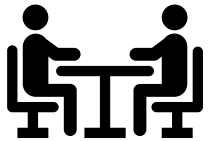
Link to resources: Health Assessment Interview Techniques

Case Study: Continuity of Care to Support Behavioral Health

Mr. Angelo's CHW utilizes the following techniques to facilitate his interview.

Active listening: Fully comprehending the client response through verbal and nonverbal cues, including client emotional state. Complete concentration on the client

Adaptive questioning: Starting with general questions, then becoming more specific.



Nonverbal communication: Staying in-tune with client posture and body language.

Link to resources: [Health Assessment Interview Techniques]

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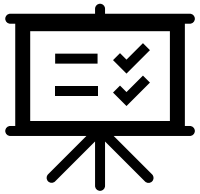
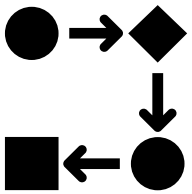
Case Study: Continuity of Care to Support Behavioral Health

Mr. Angelo's CHW utilizes the following techniques to facilitate his interview (continued)



Empathy, validation, reassurance: Telling the client that their emotions are reasonable

Partnering and summarization: Playing a coach-like role with the patient, talking-back the patient responses to ensure they are and feel understood.



Transitions and empowerment: Letting the client know what steps are next can help to lower provider and client anxiety.

Link to resources: Health Assessment Interview Techniques

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The results of Mr. Angelo's SDOH screener reveal the following:

Appendix

WellRx Questionnaire

DOB_____ Male___ Female _____

WellRx Questions

---

1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

☑ Yes ☐ No

2. Are you homeless or worried that you might be in the future?

☑ Yes ☐ No

3. Do you have trouble paying for your utilities (gas, electricity, phone)?

☑ Yes ☐ No

4. Do you have trouble finding or paying for a ride?

☑ Yes ☐ No

5. Do you need daycare, or better daycare, for your kids?

☐ Yes ☑ No

Link: To Resource

National Center for Health in Public Housing

_____ Yes _____ No

6. Are you unemployed or without regular income?

☑ Yes _____ No

7. Do you need help finding a better job?

☑ Yes _____ No

8. Do you need help getting more education?

_____ Yes ☑ No

9. Are you concerned about someone in your home using drugs or alcohol?

☑ Yes _____ No

10. Do you feel unsafe in your daily life?

☑ Yes _____ No

11. Is anyone in your home threatening or abusing you?

☑ Yes _____ No

Link: To Resource

National Center for Health in Public Housing

Case Study: Continuity of Care to Support Behavioral Health

During consultation Mr. Angelo's CHW utilizes the Framework of the SDOH to determine facility resources to meet his needs:

Education Access and Quality:

- *No resources identified for this client.*

Health Care Access:

- *Free transportation to health center via facility van service. Appointment reminders via facility appointment mobile application.*

Neighborhood and Built Environment:

- *Utilities vouchers provided from a local community-based organization.*
- *Social worker contacts utilities for discontinuation support.*

Link to resources: [Jobs Plus Initiative]

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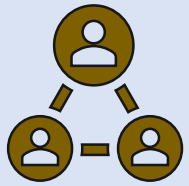
Case Study: Continuity of Care to Support Behavioral Health

During consultation Mr. Angelo's CHW utilizes the Framework of the SDOH to determine facility resources to meet his needs:

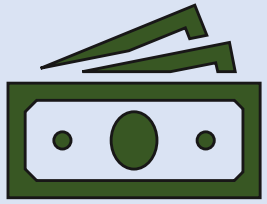
Social and Community Context:



- *Spanish-language Narcotics Anonymous Meetings.*
- *Drug use recovery literature and resource pamphlets for Mr. Angelo to give to his wife*

Economic Stability:

- *Training and support services through facility Jobs Plus Site.*
- *Spanish-language peer-support group at local church.*



Link to resources: [Jobs Plus Initiative]

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Addressing Learning Objective 3

Case Study: Continuity of Care to Support Behavioral Health

Please take a moment to write or type your response to the following:

What is a program mor service at your institution that would be helpful in supporting Mr. Angelo's SDOH needs?

Case Study: Continuity of Care to Support Behavioral Health

Intake

- *Relationship building Screening*
- *Networking.*

Goal Setting

- *Goals set during SDOH Screening.*

Follow-up engagement

- *Keeping focus on goals.*
- *Encouragement and networking.*

Navigation

- *Relationship building, Screening*
- *Networking.*

Coaching

- *Relationship building Screening*
- *Goal achievement.*

Case Closure

- *Closure when all goals are achieved.*

The impact of the war on drugs on the SDOH

Therapeutic Jurisprudence: *The belief that the criminal justice system can support and facilitate efforts towards rehabilitation using the threat of incarceration.*

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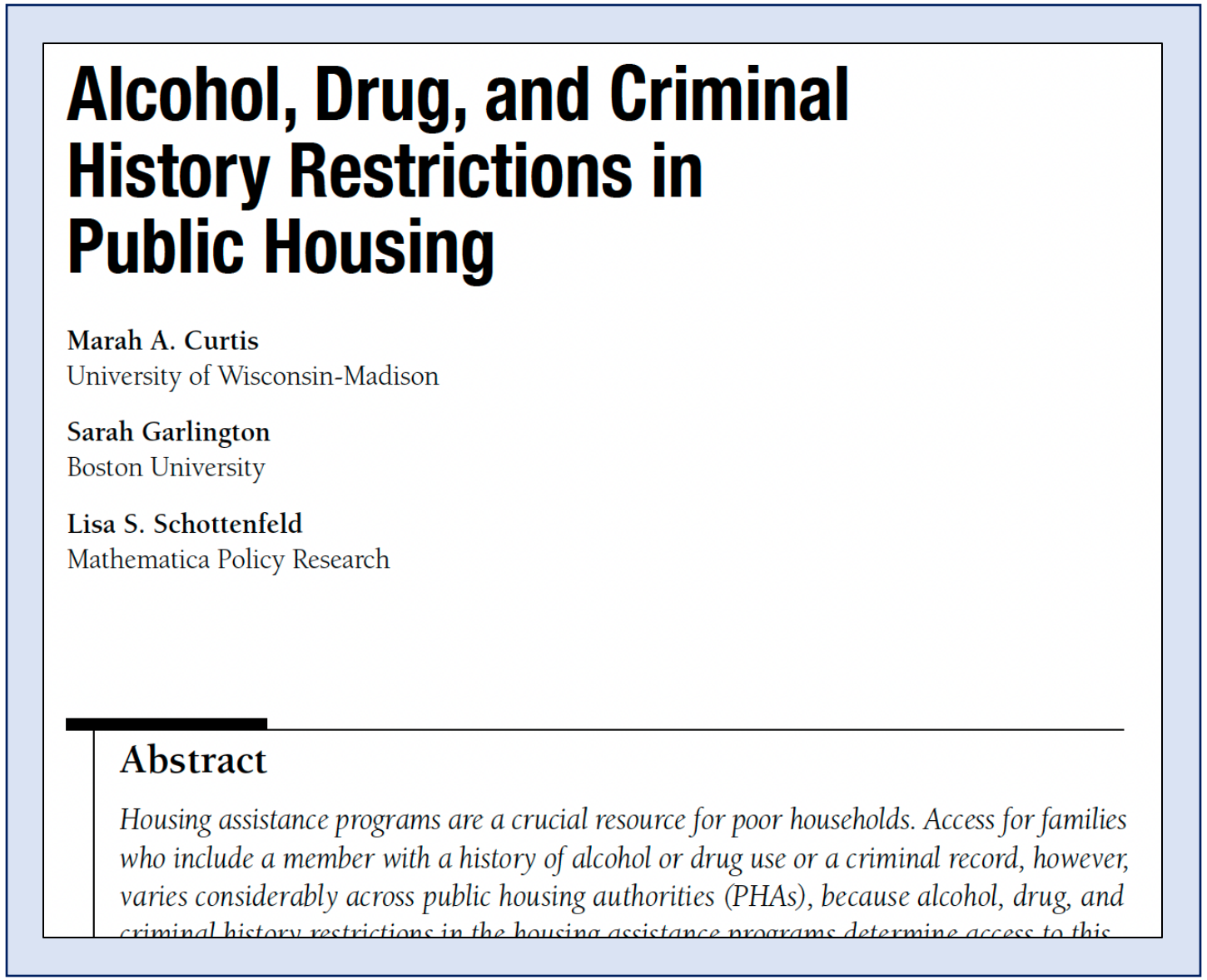

Alcohol, Drug, and Criminal History Restrictions in Public Housing

Marah A. Curtis
University of Wisconsin-Madison

Sarah Garlington
Boston University

Lisa S. Schottenfeld
Mathematica Policy Research

Abstract

Housing assistance programs are a crucial resource for poor households. Access for families who include a member with a history of alcohol or drug use or a criminal record, however, varies considerably across public housing authorities (PHAs), because alcohol, drug, and criminal history restrictions in the housing assistance programs determine access to this

Link to resource: Curtis et al.

Key Takeaways:

- **The war on drugs has had a disproportionate impact on communities of color and other traditionally marginalized groups.**
- **There are no federal guidelines regarding the burden of proof for PHA eligibility criteria.**
- **HUD explicitly excludes SUD from their definition of disability despite definitions in the ADA and ACA**

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HUD Eligibility Determination and Denial of Assistance

"The meaning of a person with disabilities **does not include a person whose disability is based solely on any drug or alcohol dependence** (for eligibility purposes)"

Full text: HUD Eligibility Determination and Denial of Assistance

The Americans With Disabilities Act

"The term **"individual with a disability"** does not include an individual who is currently engaging in the illegal use of drugs"

Full text: The Americans With Disabilities Act

Section 504: Rehabilitation Act

Individuals with disabilities are "**persons with a physical or mental impairment which substantially limits one or more major life activities.**"

Some examples include: **"hearing impairment, diabetes, drug addiction, heart disease, and mental illness."**

Section 1557: Affordable Care Act

Disability means, with respect to an individual,

a physical or mental impairment that substantially limits one or more major life activities… **as defined and construed in the Rehabilitation Act**"

Full text: Section 1557

What is Medical-Legal Partnership?

Medical-legal partnerships embed lawyers on the health care team to help health centers treat patients' immediate social needs and also deploy upstream strategies to address the social determinants of health. Core MLP activities include:

Link to resource: [Health Center MLP Toolkit.]

The impact of the war on drugs on the SDOH

ANNALS OF MEDICINE
2022, VOL. 54, NO. 1, 2024–2038
https://doi.org/10.1080/07853890.2022.2100926

Taylor & Francis
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ORIGINAL ARTICLE

OPEN ACCESS Check for updates

How the war on drugs impacts social determinants of health beyond the criminal legal system

Aliza Cohen[a], Sheila P. Vakharia[a], Julie Netherland[a] and Kassandra Frederique[b]

[a]Department of Research and Academic Engagement, Drug Policy Alliance, New York, NY, USA; [b]Drug Policy Alliance, New York, NY, USA

ABSTRACT

There is a growing recognition in the fields of public health and medicine that social determinants of health (SDOH) play a key role in driving health inequities and disparities among various groups, such that a focus upon individual-level medical interventions will have limited effects without the consideration of the macro-level factors that dictate how effectively individuals can manage their health. While the health impacts of mass incarceration have been explored, less attention has been paid to how the "war on drugs" in the United States exacerbates many of the factors that negatively impact health and wellbeing, disproportionately impacting low-income communities and people of colour who already experience structural challenges including discrimination, disinvestment, and racism. The U.S. war on drugs has subjected millions to criminalisation, incarceration, and lifelong criminal records, disrupting or altogether eliminating their access to adequate resources and supports to live healthy lives. This paper examines the ways that "drug war logic" has become embedded in key SDOH and systems, such as employment, education, housing, public benefits, family regulation (commonly referred to as the child welfare system), the drug treatment system, and the healthcare system. Rather than supporting the health and wellbeing of individuals, families, and communities, the U.S. drug war has exacerbated harm in these systems through practices such as drug testing, mandatory reporting, zero-tolerance policies, and coerced treatment. We argue that, because the drug war has become embedded in these systems, medical practitioners can play a significant role in promoting individual and community health by reducing the impact of criminalisation upon healthcare service provision and by becoming engaged in policy reform efforts.

ARTICLE HISTORY
Received 7 January 2022
Revised 30 June 2022
Accepted 7 July 2022

KEYWORDS
Social determinants of health; war on drugs; criminalisation; surveillance; education; employment; substance use treatment; public benefits; child welfare; public policy; health policy

Link to resource: Cohen et al.

Key takeaways:

- Drug offenses remain the leading cause of arrest in the US: Over 1.1 million in 2020.
- Roughly 20% of people who are incarcerated are in jail for a drug charge.
- Drug-related criminal histories and employer drug tests are a major barrier to employment that disproportionately impacts disadvantaged communities.

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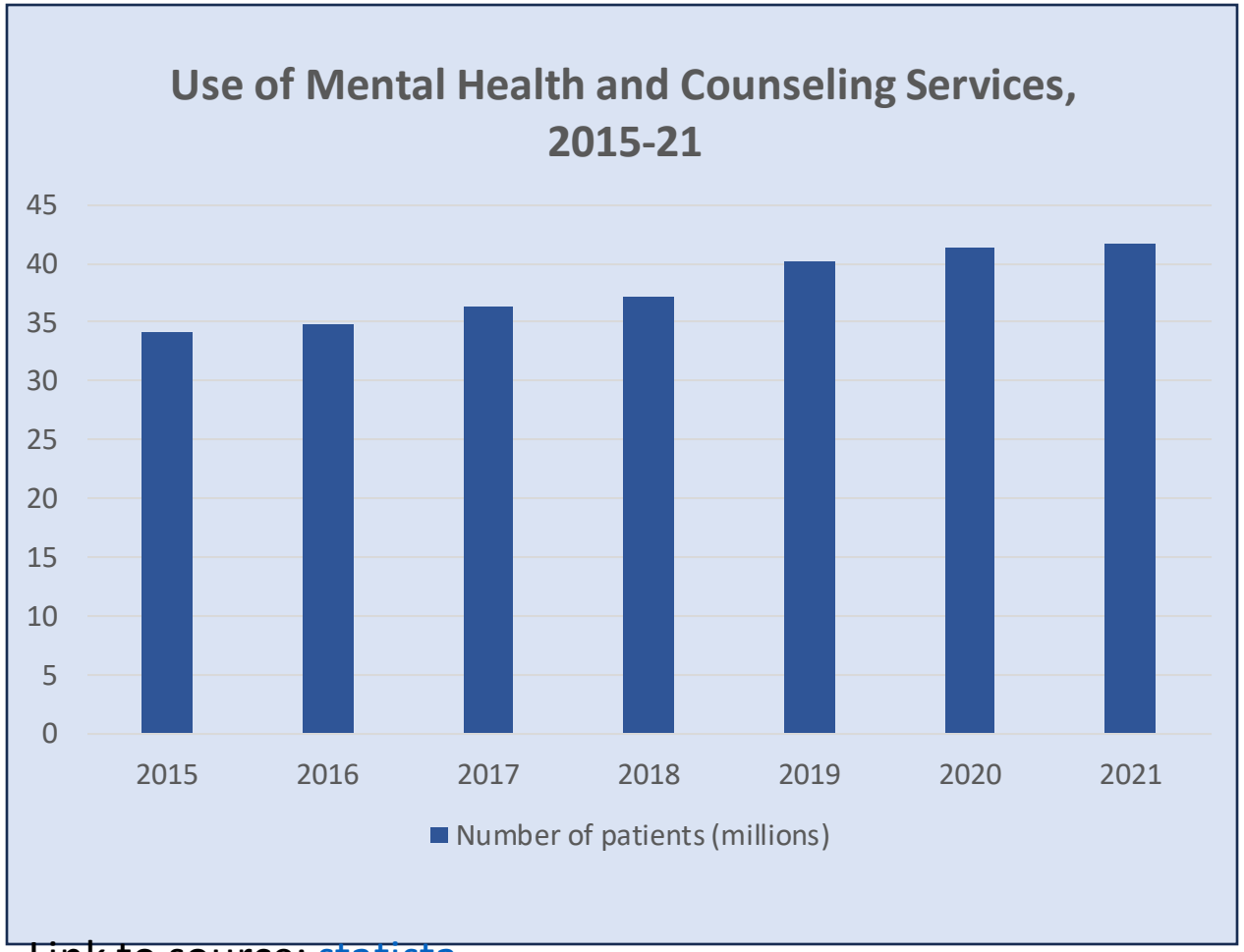
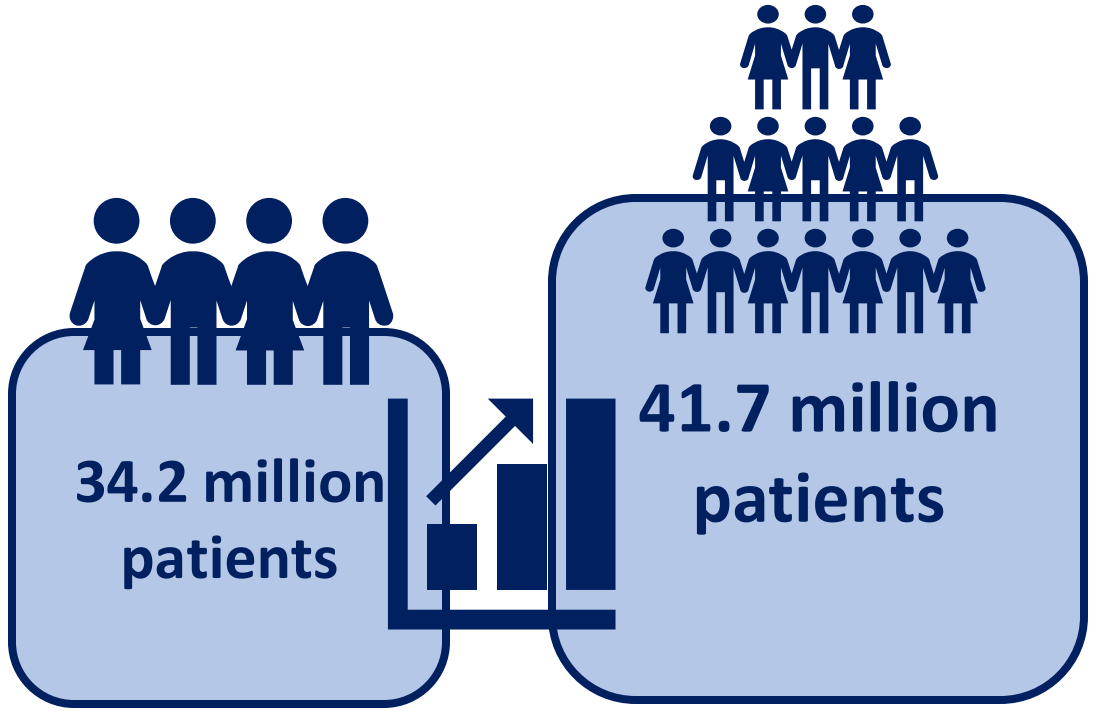
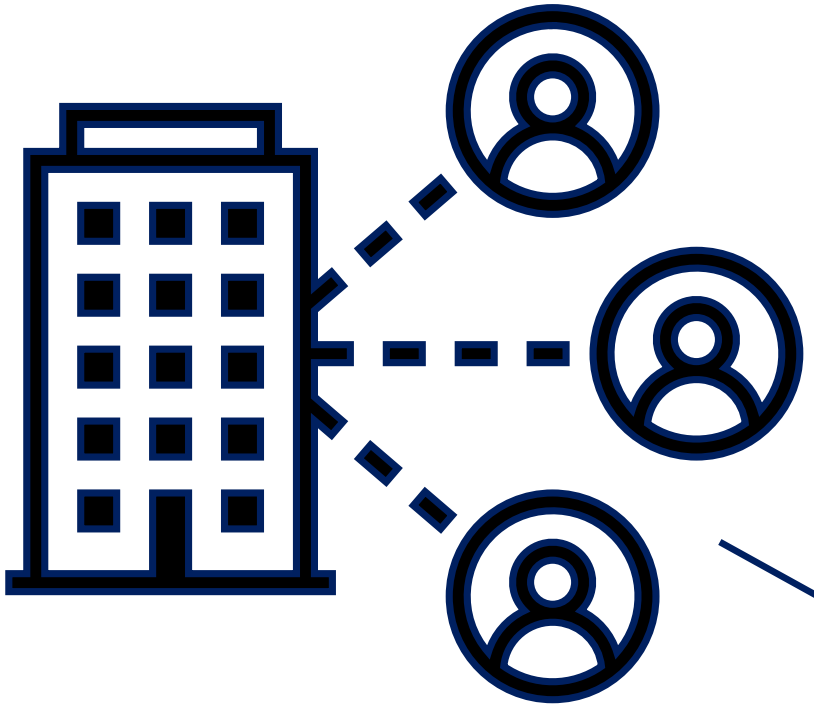
This session is designed to illicit discussion, process sharing and support between colleagues the session framework will reflect those priorities.





Link to source: statista



Certified Community Behavioral Health Clinics (CCBHCs)

- **CCBHCs** serve anyone who requests care for mental health or substance use, **regardless of their ability to pay, place of residence or age.**
- Heath Centers should consider **strengthening connections** with their local CCBHC network to improve access to services

Link to Resource: CCBHCs

Improving Telehealth Service in Behavioral Health: Telehealth Plans

The creation of a telehealth expansion plan is a critical component of expanding behavioral health and addiction telehealth services

Create a telehealth roadmap: Review existing service delivery and how new services will be integrated

Find funding: To cover both long-and short-term costs for insurance reimbursement delays, ensure understanding of reimbursement rules and timelines for services

Assess patient needs: Research the most needed behavioral health services in your area. Confirm broadband

Develop a marketing strategy: Update your website, advertising email and communications. This is important for recruiting patients and reducing stigma.

Stay grounded: Introduce new services in a stepwise fashion, one at a time with a small number of patients.

Design your approach: To hiring, retention, staff training, IT needs and patient communication. Organizing these into a formal report can assist in funding and approval.

Link to resource: HHS Telehealth

The use of SDOH Screening tools: Application

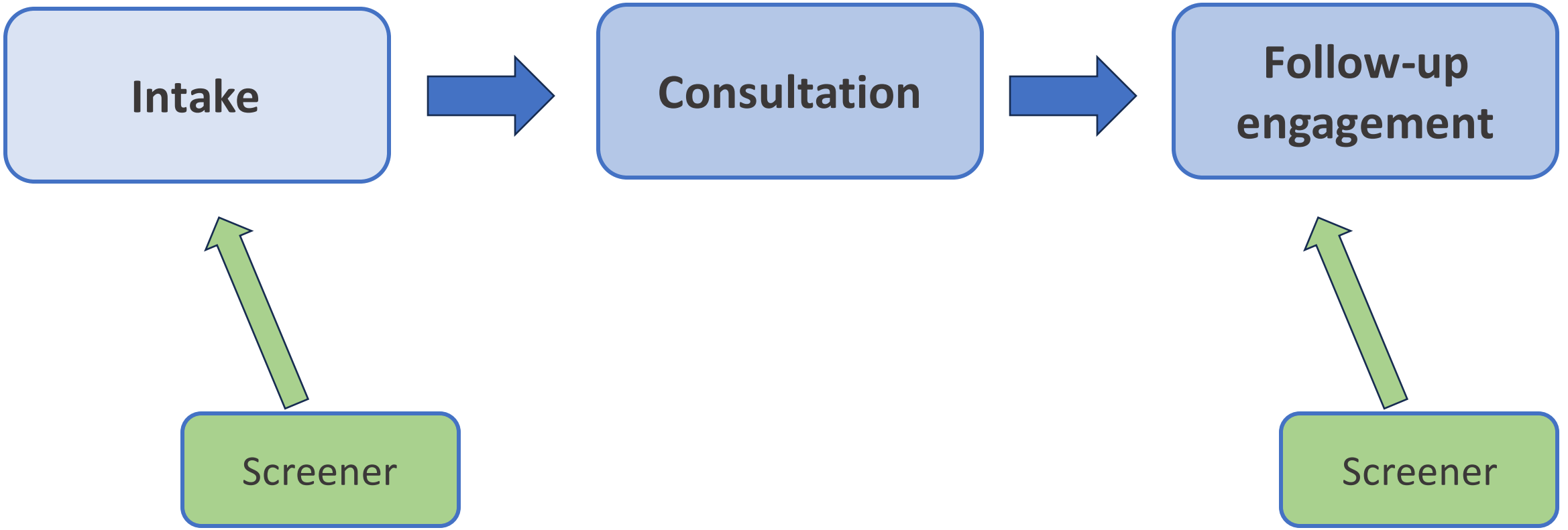
When planning implementation of a new screener:

1. Examine organization structure and workflow.
2. Identify key patient care interactions.
3. Consider data collection.
4. Consider workflow integration.
5. Consider screener design.

When planning revision of an existing screener:

1. Examine organization structure and workflow.
2. Examine locations where SDOH data is collected.
3. Examine impact of SDOH screener on workflow and patient care

The use of SDOH Screening tools: Application



Changes in Buprenorphine Prescription Requirements

Clinicians no longer require a federal waiver to prescribe Buprenorphine for Opioid Use Disorder

Ongoing: Updates to Requirements for Buprenorphine Prescribing. As announced by the Substance Abuse and Mental Health Services Administration in January 2023, clinicians no longer need a federal waiver to prescribe buprenorphine for treatment of opioid use disorder. Clinicians are still required to *register* with the federal Drug Enforcement Agency (DEA) to prescribe controlled medications. On June 27, the DEA began to require that registration applicants – both new and renewing – affirm they have completed a new, one-time, eight-hour training. Exceptions for the new training requirement are practitioners who are board certified in addiction medicine or addiction psychiatry, and those who graduated from a medical, dental, physician assistant, or advanced practice nursing school in the U.S. within five years of June 27, 2023. Watch this 11-minute video that explains the changes. Rural Health Clinics (RHCs) still have the opportunity to apply for a $3,000 payment on behalf of each provider who trained between January 1, 2019 and December 29, 2022 (when Congress eliminated the waiver requirement). Approximately **$889,000 in program funding remains available for RHCs** and will be paid on a first-come, first-served basis until funds are exhausted. Send questions to DATA2000WaiverPayments@hrsa.gov.

Link: MAT Act

Funding opportunity: Rural Emergency Services Training

Rural health centers who serve communities with a need for expanded prehospital medical services should consider applying to this SAMSHA funding opportunity

New Funding Opportunity for Rural Emergency Services – Apply by March 20. The Substance Abuse and Mental Health Services Administration (SAMHSA) will award up to $200,000 per year for a two-year program to recruit and train Emergency Medical Services (EMS) personnel in rural areas with a focus on addressing substance use disorders (SUD) and co-occurring disorders (COD) of substance use and mental health. Recipients of the federal funding will be expected to train EMS personnel on SUD and COD, as well as trauma-informed, recovery-based care for people with such disorders. Eligible applicants are rural EMS agencies operated by a local or tribal government (fire-based and non-fire based) and rural non-profit EMS agencies. *See Resources of the Week below to learn more about rural emergency medical services.*

Link: to funding opportunity

Q&A Session

Complete our Post Evaluation Survey

National Center for Health in Public Housing

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Thank you!