

RURAL COMMUNITY ACTION GUIDE

PROMISING PRACTICES SUPPLEMENT

While there are few “one-size-fits-all” solutions to SUD, with the right tools and information communities can learn from each other and adapt initiatives to create real change on the ground. For this reason, it is important to share what works, why it works, and who has been helped by actions taken. Sharing solutions will also help communities avoid “reinventing the wheel.”

Each of the practices described in this supplement have been built and launched by State and local leaders across the country. Practices are listed by state in each section, and includes, where available, links to find further information online. After travel and dozens of stakeholder interviews, these activities were identified as promising practices to showcase because they are something that another community can replicate or use to inspire their own action.

PROMISING PRACTICES: FACE OF ADDICTION

CALIFORNIA

HOOPA VALLEY TRIBE IMPLEMENTS OPIOID DATA TRACKING SYSTEM

In 2018, the Hoopa Valley Tribe received a grant from the Department of Justice, Bureau of Justice Assistance's Comprehensive Opioid Abuse Program to deliver customized interventions through the criminal justice system of Humboldt County and the Hoopa Valley Tribal Court. Among this project's deliverables are a full community needs assessment, an opioid diversion work plan, implementation of data tracking systems across multiple domains, and broadened awareness of best practices for both county and tribal partners. The project is one of the first cross-jurisdictional diversion programs in Indian Country specifically designed to combat the opioid epidemic. To learn more: <https://www.coapresources.org/Focus/RuralTribalTreatment>.

JEWISH ADDICTION AWARENESS NETWORK HELPS FAMILIES CONFRONT STIGMA

Founded by a California mother struggling to help her son battling addiction, the Jewish Addiction Awareness Network (JAAN) connects families and individuals to information, support, tools, and Jewish perspectives to help them face addiction and work towards recovery. Addiction is often viewed with stigma in the Jewish community and few Jewish-centric treatment or recovery resources exist. Through partnerships, community building, outreach, and education, the JAAN organization helps Jewish communities better understand SUD as well as leverage the power of Jewish traditions and wisdom in providing comfort and guidance. JAAN joined with Jewish Federation and Family Services to form the Jewish Substance Abuse Task Force, a cross-denominational collaborative from various congregations aimed at addressing addiction in the local Jewish community. To learn more: <https://www.jaanetwork.org/>.

MAINE

DIFFERENT FAITHS WORK AS ONE COMMUNITY TO SOLVE THE CHALLENGES OF DRUG ADDICTION

Inspired in 2017 by former Bangor City Chairman Joe Baldacci, Crosspoint Church hosts an annual free Interfaith "Faith and Recovery" Dinner to gather the regional recovery community together with civic groups, faith-based organizations, local government officials, and healthcare workers. The event attracts hundreds of attendees from different faiths, viewpoints, and backgrounds and features discussion about the challenges of drug addiction, treatment, and recovery. Participants can donate to support the Health Equity Alliance effort that provides Narcan® to save lives and are encouraged to volunteer with the many local community organizations who are fighting the epidemic. To learn more: <https://bangordailynews.com/bdn-maine/event/2018/10/29/second-annual-interfaith-dinner-scheduled-for-october-29/>

PHARMACIST TASK FORCE IMPROVES NALOXONE DISTRIBUTION AND REDUCES TREATMENT STIGMA

The Maine Pharmacist Provider Task Force improves communications, collaboration, and relations between the state's pharmacists and prescribers to help assure holistic, team-based care and reduce stigma around treatment. Pharmacists and providers from all over Maine meet monthly, hailing from various pharmaceutical specialties and practice settings, including hospitals, academia, consultants, organization leaders, internists, primary care, SUD specialists, and nurse practitioners.

The group's new "Improving Naloxone Distribution in Maine" resource compares different types of naloxone, explains who should receive a take home naloxone prescription, outlines best practices for naloxone, and provides information on naloxone resources and overdose education. To learn more: <http://mainequalitycounts.org/wp-content/uploads/2018/06/Improving-Naloxone-Distribution-in-Maine-Short-Version-5-11-2018.pdf>

MARYLAND

ANTI-STIGMA PROJECT CHALLENGES DISTORTED PERCEPTIONS IN MARYLAND

Founded in 1993 by the Maryland Mental Hygiene Administration, the Anti-Stigma Project (ASP) aims to reduce stigma within the behavioral health system through the leadership of 25 stakeholders, including consumers, advocates, providers, administrators, and family members. This network has jointly developed interactive workshops that help participants reduce stigmatizing attitudes and behaviors, recognize the consequences of internalized stigma, explore the power of language, and understand the impact of stigma on providing and receiving treatment and services. ASP also designed the "Distorted Perceptions" public education campaign to challenge misconceptions and assumptions associated with mental illness and addiction through dialogue about the real and damaging impact of stigma. To learn more: www.distortedperceptions.org/ and www.onourownmd.org/projects/the-anti-stigma-project.

MASSACHUSETTS

CARE COALITION CREATES MEASURABLE, POSITIVE CHANGES IN COMMUNITY HEALTH

The Communities That Care coalition of healthcare and community partners is successfully creating measurable, positive health changes in rural Massachusetts. Launched in 2002, the coalition has sought more effective ways to address substance misuse among teenagers. Over the years, concerned youth, parents, schools, community agencies, and local governments have united to promote the health of young people with several dozen partners and more than 200 members. The coalition includes representation from local government, businesses, schools, law enforcement, faith-based organizations, media, healthcare, parent advocates, and leaders for out-of-school programs. Since the program began, Franklin County and the North Quabbin Region have seen significant reductions in substance misuse among local youth. Alcohol use has dropped by 54 percent, binge drinking and cigarette smoking both have dropped by 63 percent, and marijuana use has dropped by 24 percent. To learn more: <https://www.ruralhealthinfo.org/project-examples/902> and <https://nam.edu/the-communities-that-care-coalition-model-for-improving-community-health-through-clinical-community-partnerships-a-population-health-case-study/>.

STATE WITHOUT STIGMA CAMPAIGN LOWERS BARRIERS TO TREATMENT

Designed to lower barriers to treatment created by stigma, the "State Without StigMA" awareness campaign features multimedia ads with Massachusetts residents in treatment for SUD. The \$850,000 campaign seeks to reduce stigma by providing detailed information about the illness of addiction and educating the public about stigmatizing behaviors and how to reduce them. By encouraging those impacted by SUD to talk about their journey, the campaign is bringing the disease of addiction out of the shadows. Thirty-three radio stations aired spots around the state, and 64 billboards reached 5.9 million riders each week. Funded by a federal grant to the Department of Public Health in collaboration with the Governor's Opioid Working Group, the campaign's website hosts video testimonials from those in recovery talking about how stigma hurts and asks visitors to take a pledge of support. Visitors to the website can also nominate a #StateWithoutStigMA

individual, group, or business Champion of the Month that shows extraordinary work to eliminate the stigma of addiction. To learn more: <https://www.mass.gov/state-without-stigma>.

NEW YORK

RURAL SULLIVAN COUNTY USES DATA TO STRENGTHEN OPIOID EPIDEMIC RESPONSE

The “Stories from Sullivan” project examines the problem of opioid misuse in a small rural county located 100 miles northwest of New York City. Conducted by the Rockefeller Institute of Government, this research project bridges the knowledge disconnect between communities fighting opioid misuse at home and lawmakers developing solutions on a broader scale. The researchers interview public officials, local activists, community organizers, law enforcement, and a full range of stakeholders to gauge understanding and discuss targeted solutions. The work combines aggregate data analysis with local research in affected communities to provide insight on the opioid problem, community responses, and policies that can make a difference. Researchers ask what the opioid problem looks like in a rural community, how communities are responding, and what do people on the ground need from the government to address it. Research results are publicly available through a series of blogs, newspaper articles, and radio spots. The Institute plans to use the results from Sullivan County to uncover common denominators with other counties and to identify approaches that are most useful for rural communities. To learn more: <https://rockinst.org/stories-from-sullivan/>.

OKLAHOMA

CHICKASAW NATION FIGHTS ADDICTION WITH PREVENTION PROGRAM

The Chickasaw Nation is collaborating with neighboring tribes to fight addiction through a multi-pronged approach to reduce underage drinking, prescription drug misuse, and related deaths in local youth. Launched in 2015 with a SAMSHA tribal grant, Define Your Direction is an underage drinking and prescription drug abuse prevention program that includes a safe storage and disposal initiative, naloxone distribution, a public awareness campaign, and community activities around prevention. With these efforts, more than 400 medication lockboxes have been distributed. In addition, all Chickasaw Nation Lighthouse officers are now trained and equipped with naloxone. The program’s communication campaign is increasing engagement around opioid misuse prevention through traditional media, social media, and owned content channels. Currently the program serves 13 counties with a target demographic of youth ages 12 to 25. To learn more: <http://defineyourdirection.com/>.

LAW ENFORCEMENT HELPS OVERCOME STIGMA AGAINST NARCAN® DISTRIBUTION

The Oklahoma Sheriffs’ Association supplies every sheriff and their deputies with training and a free dose of Narcan® Nasal Spray. This donation made Oklahoma one of the only states to outfit county law enforcement with the opioid counteractive agent. A local doctor, who also serves as a reserve deputy sheriff and EMS director, launched the program to support first responders in outlying communities to handle opioid events. Challenged by stigma and education issues, the program is funded through a fee-for-service model from larger Emergency Medical Services organizations, while smaller rural areas receive pro bono training. To learn more: <https://kfor.com/2018/01/30/logan-county-deputies-now-carrying-narcan-to-help-opioid-overdoses/>

PENNSYLVANIA

FAITH COMMUNITY ADDRESSES STIGMA WITH HOPE, COMPASSION, AND UNDERSTANDING

Based in Lancaster County, the Global Outreach for Addiction Learning and Leading (GOAL) Project is a nonprofit Christian organization that has helped others offer a compassionate response to the disease of addiction for more than two decades. GOAL provides volunteer training teams and workshops specifically geared to faith communities. Churches and communities tasked with helping individuals and families who experience addiction can access information and resources, training, consultation, and assistance with forming 12-step support groups. Most recently, GOAL has offered a new program called the F.A.I.T.H. Initiative to mobilize and empower local congregations to develop team ministries focused on prevention awareness and support for recovering individuals and family members. They also partnered with FAITH Partners, a nonprofit that has trained hundreds of people in congregations from 22 faith traditions in 26 states, to implement the SAMHSA best practices for determining community readiness, developing leadership and teams, and working on sustainability of programs. To learn more: www.goalproject.org

MEADVILLE MEDICAL CENTER FOUNDATION CONDUCTS ANTI-STIGMA CAMPAIGN

During a community health needs assessment, the Meadville Medical Center Foundation (MMCF) found that SUD, and particularly the impact of opioids and opioid deaths, had become the region's dominant concern. The board also identified a gap in community resources on this issue, despite strong local support and great need for a solution. To build a response, MMCF conducted stakeholder outreach and used the results to set three program goals: raising awareness, community education, and access to services. Launched in early 2018 with MMCF funding and other grants, MMCF has led a three-year "Let's Talk" campaign initiative to address stigma around addiction. To learn more: <https://letstalkhelps.com/>.

PENN STATE HEALTH PROGRAM DESTIGMATIZES ALCOHOL AND SUBSTANCE MISUSE

The Penn State Health Drugs 101 program educates middle and high school students and their parents about drug addiction each fall. Parents are taught how to initiate conversations with their children and help them overcome peer pressure through live role-playing demonstrations. They learn how adolescents hide drug and alcohol use by attempting to identify more than 80 concealed types of drug and alcohol paraphernalia in a mock child's bedroom. Separately, children take part in a session called "Realities of Living with Addiction: Information and Knowledge Influence Our Decisions." This session takes place in a fun and relaxed format with community leaders and focuses on healthy decision-making. Representatives from the Dauphin County Coroner's Office, Harrisburg City Police Department, Dauphin County Probation Office, local drug treatment programs, Penn State Children's Hospital, and trauma, injury prevention and mental health providers provide a glimpse into the life of a person struggling with addiction. To learn more: <https://childrens.pennstatehealth.org/community/community-outreach/programs-and-education>.

UNIVERSITY OF PITTSBURGH DATA SERVICE HELPS OPIOID STAKEHOLDERS ON THE FRONT LINES

Researchers at the Pennsylvania Opioid Overdose Reduction Technical Assistance Center (TAC) are working to find solutions and save lives through data. Founded in 2016 and housed at the University of Pittsburgh, TAC has partnered with nearly 50 counties to provide "concierge-level" strategies for overdose prevention, intervention, and treatment. This data-driven approach educates stakeholders about local trends and provides a plan of action for communities. For example, after working with TAC, Beaver County changed its ambulance service scheduling and staffing so more personnel are available at times when overdoses are most common. With TAC's help, Washington County is targeting at-risk populations and implementing plans with results. Local

officials credit the TAC planning with a dip in the overdose death rate between 2016 and 2017. To learn more: OverdoseFreePA.org.

WASHINGTON, D.C.

NATIONAL OVERDOSE DETECTION MAPPING APPLICATION TOOL HELPS FIRST RESPONDERS TRACK AND ANALYZE OVERDOSES

Launched as a three-county pilot in January 2017, the DOJ's Overdose Detection Mapping Application (ODMAP) software helps police, emergency medical personnel, and public health officials prepare for heroin and fentanyl overdose spikes. Used by more than 250 law enforcement, first responder, and public health agencies in 400 agencies across 29 states, ODMAP is the only tool designed to track drug overdoses, both fatal and non-fatal, by location, as they happen. This gives law enforcement agencies powerful and unprecedented real-time information about overdose occurrences, revealing trends to form a more effective local response. As more states and counties start using this free application, ODMAP will become a stronger tool for analyzing how overdoses move from one neighborhood, county, or state to another. To learn more: <http://www.hidta.org/odmap/>.

PROMISING PRACTICES: IMPACT OF ADDICTION ON A RURAL COMMUNITY

COLORADO

UNIVERSITY OF COLORADO HELPS EXPAND TREATMENT ACCESS THROUGH RURAL PRIMARY CARE PRACTITIONERS

The University of Colorado is expanding life-saving MAT access across 24 eastern and southern Colorado counties with a project led by a family physician who is certified to provide MAT. Using a multi-pronged approach, the team will begin by partnering with community members to create locally relevant messages and materials that deepen community awareness of OUD and knowledge of MAT. The team will provide rural primary care practices with comprehensive training and support for delivery of MAT using face-to-face practice coaching and a Project ECHO model. The project also includes a comprehensive evaluation and development of resources to enable other states and primary care practices to expand access to MAT. To learn more: <https://echocolorado.org/>.

GEORGIA

GEORGIA'S RURAL COMMUNITIES GAIN ACCESS TO HIGH QUALITY EMERGENCY MEDICINE

Georgia is the largest state east of the Mississippi River and has many rural areas, creating great challenge in reaching vulnerable populations. In rural Georgia, telemedicine is enabling families to access emergency services through technology. Georgia's first emergency telehealth network is anchored at Augusta University's emergency department, which acts as the central hub to provide remote consultation and healthcare services to patients in emergency rooms in five rural "spoke" hospitals throughout the state. Residents of these communities can then access specialized care without ever leaving home and rural providers can interact in real time with physicians at Augusta University's health system to diagnose and treat life-threatening conditions and chronic diseases. To learn more: <https://jaqwire.augusta.edu/tag/telemedicine/>

INDIANA

BELDEN INC. LAUNCHES “PATHWAYS TO EMPLOYMENT” PILOT PROGRAM

In response to the opioid crisis, global technology company Belden Inc. has launched a unique program that combines drug rehabilitation with a solution for filling the shortage of available workers in critical American industries. Applicants that fail pre-employment drug screens at Belden’s plant in Richmond, Indiana are offered a tailored rehabilitation program that culminates in a job. Developed in partnership with an addiction expert and Phoenix House founder, the nationally recognized Pathways to Employment initiative serves as a model for how businesses can demonstrate their corporate citizenship in partnership with government programs. The program is supported by local community partners including Centerstone Indiana, Meridian Health Services, Ivy Tech Community College, and Manpower. To learn more: [https://www.belden.com/hubfs/resources/case-studies/Belden_Pathways%20Case%20Study_v6%20\(1\).pdf](https://www.belden.com/hubfs/resources/case-studies/Belden_Pathways%20Case%20Study_v6%20(1).pdf)

STATE AGENCIES USE TECHNOLOGY TO REMOTELY MONITOR MEDICATIONS AND SOBRIETY

In 2017, Indiana’s Criminal Justice Institute (ICJI) and Division of Mental Health and Addiction (DMHA) received a Department of Justice, BJA-COAP grant to implement a technology-assisted treatment project. The team developed a technology program to expand treatment and recovery support opportunities for justice-involved individuals with opioid use disorders and limited access to services due to geographic isolation. In collaboration with Indiana University and two local service providers, tablets distributed at three pilot sites allow remote monitoring of medications and sobriety by Fayette County Community Corrections. Upon release, eligible participants are provided with wireless communication devices to enable continued monitoring.

KENTUCKY

RIDES TO RECOVERY PROGRAM PROVIDES TRANSPORTATION FOR THOSE SEEKING TREATMENT

The Rides to Recovery program in Harlan County, Kentucky provides no-cost transportation for county residents to enter drug addiction rehabilitation programs. People in recovery could not access transportation for appointments at the local drug court or other treatment programs. This gap prompted Judge Dan Mosley to develop an innovative solution. Supported with Harlan County funding, the program’s costs for vehicles and gasoline are minimal. In addition, the business community provides financial support for recovery programs. Volunteers have transported more than 32 patients to treatment and drug court appointments. Stigma remains a key challenge as community feedback has shown support for tougher actions toward drug users. In that environment, county officials have worked to educate citizens about how opioid misuse relates to overall public health and safety. As the program expands, next steps include plans for additional housing, including a county-owned tiny home community, located near drug treatment facilities.

WORKFORCE REENTRY PROGRAM ASSISTS INMATES RETURNING TO THE COMMUNITY

The Division of Reentry of the Kentucky Department of Corrections (DOC) provides services to people who have been incarcerated and served their entire sentences or are in the process of completing their sentences while on parole or probation. Funded by the DOC and Kentucky Opioid Response Effort, the reentry program reduces recidivism by providing inmates with education to become productive citizens as they return to the community. More than 60 staff members assist inmates to overcome obstacles such as finding a job, transportation, childcare, education, substance use treatment, and safe housing. Unique role-playing exercises that simulate poverty

situations help staff develop empathy for inmates returning to the community and reduce stigma. Reentry Council groups across the state meet with businesses, nonprofit organizations, local governmental bodies, faith-based organizations, and individuals that can offer support, assistance, and resources. Working together, these networks are able to make their communities safer by helping citizens avoid repeat incarceration and sustain healthy lifestyles. To learn more: <https://corrections.ky.gov/Reentry/Pages/default.aspx>.

MONTANA

OPPORTUNITY LINK PROVIDES TRANSPORTATION TO DRUG TREATMENT

In north central Montana, three Native American reservations and eleven counties have partnered with Opportunity Link, a nonprofit organization, to provide treatment transportation services for patients who live far away or lack transportation. The organization was already running shuttle buses to provide access to education and employment opportunities for people living in remote communities. In 2007, the team led a planning effort that established four new rural transit systems and the expansion of an existing system. The counties worked to expand the program to add routes that included healthcare providers. This addition has led to significant increases in patients completing their treatment programs and corresponding decreases in missed appointments and relapses. To learn more: <http://opportunitylinkmt.org/>.

NEW HAMPSHIRE

RECOVERY FRIENDLY WORKPLACE INITIATIVE SUPPORTS EMPLOYEE HEALTH

New Hampshire's "Recovery Friendly Workplace (RFW) Initiative" promotes individual wellness by empowering workplaces to provide support for people recovering from SUD. Launched by Governor Chris Sununu in March 2018, the RFW Initiative gives business owners resources and support to foster a supportive environment that encourages the success of their employees in recovery. RFWs are supporting the recovery community by recognizing recovery from SUD as a strength and being willing to hire and work intentionally with people in recovery. There is no cost to employers to become an RFW. If an employer opts into the program, they have up to one year to complete items on the preparation checklist. Workplaces provide employees with information and community resources, including local recovery supports to promote health, well-being, and recovery for themselves and their family members. They also work to ensure supervisors and employees receive annual training on alcohol, tobacco, and other drug policies, as well as education on substance misuse, behavioral health, and addiction. To learn more: <https://www.recoveryfriendlyworkplace.com/>.

NEW YORK

FEDCAP PROVIDES EMPLOYMENT ASSISTANCE AND WELLNESS CASE MANAGEMENT

New York's FedCap program assists "unemployable" persons by determining their functional capability outcome and receives blended funding from city, state, and federal sources. Participants are classified as fully employable, employable with an accommodation, requiring wellness case management, or needing federal disability. Roughly a quarter of those in the wellness case management group are there because of an SUD issue. After completing a treatment plan, participants receive assistance to find appropriate employment, including mock interviews, vocational evaluations, and job search support like securing interview attire and resume

management. These services were designed with feedback from employers. FedCap also organizes hiring events with local employers and identifies volunteer jobs for people who do not secure paid positions after four weeks of searching. Program results show that 72 percent of participants stay in jobs for at least 180 days. To learn more: <https://new.fedcap.org/programs--services/programs--services-for-adults>.

NORTH CAROLINA

UNIVERSITY OF NORTH CAROLINA USES ECHO MODEL TO OVERCOME BARRIERS TO MAT IN RURAL COMMUNITIES

The core aims for the University of North Carolina's ECHO for Rural and Primary Care Medication-Assisted Treatment (UNC ECHO for MAT) demonstration project are to broaden the understanding of MAT and overcome barriers to implementing MAT in primary care. The project is expanding access to MAT in 22 rural counties through a multi-layered provider and practice engagement approach. Rural providers gain case-based learning and support to add MAT services, and community partners are engaged to provide comprehensive care. Through Project ECHO, the program is increasing knowledge about how to treat opioid addiction and expanding treatment services to rural counties. The project's core ECHO clinics are live, web-based sessions in which participants and clinical experts engage in conversation about real cases that providers are currently managing and share knowledge and experience. To learn more: <https://echo.unc.edu/>.

OKLAHOMA

PROJECT ECHO REACHES COMMUNITIES AFFECTED BY OPIOIDS

Rural Oklahoma communities are among the most affected by the opioid epidemic. The American Institutes of Research, in partnership with the State of Oklahoma, Project ECHO leadership from the University of New Mexico, and expert consultants from the American Society for Addiction Medicine recently launched Project ECHO to build on local efforts already underway in Oklahoma to address opioid misuse. These include the development of pain treatment guidelines, public awareness campaigns, initiatives to support the distribution of naloxone, and the creation of community-based comprehensive community addiction recovery centers. This project expands access to thousands of people living in 28 rural counties in the northeast, north central, and south central parts of the state. The project will engage hundreds of physicians, providing customized and ongoing training for doctors and other health care professionals to support them in providing MAT to their patients. Based on their experience and a robust evaluation, the team will produce training materials to assist other rural communities. To learn more: <https://health.okstate.edu/echo/index.html>.

WEST VIRGINIA

DIVISION OF JUSTICE USES TECHNOLOGY TO EXPAND ACCESS TO TREATMENT AND RECOVERY SUPPORT SERVICES

In 2017, the West Virginia Division of Justice and Community Services (DJCS) received a Department of Justice, BJA-COAP grant to explore how technology can expand treatment and recovery support to justice-involved individuals who have limited access to services because of geographic isolation. The project addresses the opioid crisis in West Virginia by increasing the number of technology-assisted treatment services for individuals in rural areas who are involved with the justice system due to an opioid use disorder. The program provides mental health services,

addiction recovery support services, and alternative sanctions or diversion through existing community corrections programs. In addition, new partnerships are being established to provide risk and need assessments as well as group and individual counseling. To learn more: <https://www.coapresources.org/Program/SiteGrants/Projects>.

TRI-RIVER TRANSIT AUTHORITY PROVIDES TRANSPORTATION TO SERVICES IN RURAL COMMUNITIES

The Tri-River Transit Authority provides residents of Boone, Lincoln, Logan, Mingo, and Wayne Counties with access to jobs, educational opportunities, medical services, and shopping through partnerships to improve transportation. The company operates a fleet of 29 vehicles and employs 30 people. Tri-River launched non-emergency medical transportation for residents in Lincoln, Logan, and Boone Counties in 2003, and for Wayne County residents in 2016. By including Lincoln, Logan, Boone, and Wayne Counties, Tri-River provides service to four Southern West Virginia Community College campuses, four Regional Day Report Centers, all four county DHHR offices and courthouses, regional hospitals, and medical facilities. Tri-River Transit provided 107,512 passenger trips in 2017 and has served more than one million people since launching in 2000. To learn more: <https://www.tririver.org/>.

PROMISING PRACTICES: PREVENTION

ALASKA

CENTRAL COUNCIL TINGIT AND HAIDA TRIBES LAUNCH PREVENTION AND INTERVENTION PROJECT

The Central Council Tlingit and Haida Tribes of Alaska are planning, developing, and implementing a civil diversion program through the tribal court that targets native families in southeast Alaska impacted by opioid abuse. As part of the Tlingit and Haida Comprehensive Opioid Abuse Prevention and Intervention Project, this program includes a stakeholder consultation model for completing assessment, capacity building, and strategic planning necessary to implement and sustain a comprehensive, culturally-competent diversion system.

ARKANSAS

UNIVERSITY PROGRAM PROVIDES SUPPORT TO MANAGE CHRONIC PAIN IN RURAL AREAS

The University of Arkansas System Division of Agriculture Cooperative Extension Service (UACES) partnered with University of Arkansas for Medical Sciences (UAMS) Centers on Aging to offer the Chronic Pain Self-Management Program (CPSMP). CPSMP is a low-cost community-based program led by a team of two trained facilitators that addresses opioid misuse by providing complementary and alternative pain management strategies to minimize or eliminate the need for opioids to treat pain. The six weekly sessions aim to increase self-efficacy for pain management, leading to improved health outcomes. UACES bridges the access gap by leveraging both the reach of local County Extension Agents and a network of trained master health volunteers (Extension Wellness Ambassadors) to offer two evidence-based interventions in rural areas of the state. To learn more: http://www.uatrav.com/news/article_83325590-fb1b-11e7-8dc0-f70097008ff5.html.

COLORADO

“RISE ABOVE COLORADO” HELPS TEENS MAKE SMARTER CHOICES

Built on the success of the Colorado Meth Project’s “Not Even Once” campaign, Rise Above Colorado helps teens learn about drug misuse and make empowered, positive, smart choices. Using best practices for public awareness and community outreach, the program shapes teen attitudes and perceptions about drugs through proactive education programs to reduce usage patterns and promote positive behavioral health. Rise Above Colorado offers interactive, engaging lessons designed to educate and empower fifth through twelfth-grade teens about substance misuse. Lessons are based on standards and science, fostering discussion-oriented strategies. More than 48 national strategic partners provide funding to bring this educational campaign to Colorado communities. To learn more: <http://www.riseaboveco.org>.

STATE CONSORTIUM ENGAGES OVER 400 STAKEHOLDERS TO COORDINATE OPIOID RESPONSE

Launched in 2013, the Colorado Consortium for Prescription Drug Abuse Prevention is a coordinated statewide response to the misuse of prescription drugs. Initially funded by \$1 million from then Colorado Attorney General John Suthers, the Consortium was established as a subcommittee of the Attorney General’s Substance Abuse Trend and Response Task Force. Over the years, it has grown from a few concerned medical professionals to a coordinated effort with more than 400 participants connected across ten work groups including: treatment, the state’s Prescription Drug Monitoring Program (PDMP), data and research, recovery, affected families and friends, heroin response, harm reduction, safe disposal, provider education, and public awareness. The Consortium utilizes the Collective Impact Model to drive change. All partners work together to define the problem and create the response, agree to track progress in the same way, coordinate collection efforts, and dedicate staff to drive the work of the groups. The Consortium has grown to become the coordinating hub for opioid crisis activity, including statewide public awareness campaigns, partnerships with agencies to expand access to naloxone, and programs for safe medication disposal and prescription drug monitoring. Other local coalitions across the state have also adopted the Collective Impact Model. To learn more: <http://www.corxconsortium.org/>.

DELAWARE

COMMUNITY SUBSTANCE OVERDOSE SUPPORT PROGRAM KICKS IN AFTER EMERGENCY VISITS

The Community Substance Overdose Support (SOS) Program in New Castle, Delaware helps people receive addiction treatment and support after they are released from the emergency department following treatment from an opioid overdose. Launched jointly by Christiana Care Health System and New Castle County, the pilot program aims to connect with patients during a hospitalization and help them out of addiction and back into a healthy life. A response team of specially trained engagement specialists, with patient consent, makes follow up visits to people who experience an overdose reversal within 48 hours to engage them in treatment services. The program also provides education and access to resources to patients and their families to help break the cycle of addiction. These include addiction counseling, medication-assisted treatment, and training on proper administration of naloxone. The Community SOS program is an extension of Christiana Care’s comprehensive approach to addiction medicine, which includes an opioid withdrawal clinical pathway and the nationally recognized Project Engage, which has been successful in reaching patients with SUD in the hospital while they are in a “reachable moment.” To learn more: <https://news.christianacare.org/2017/11/this-is-what-it-takes-to-fight-opioid-addiction/>.

IOWA

UNIVERSITY PARTNERSHIP REDUCES PRESCRIPTION OPIOID DEMAND AND AVAILABILITY IN RURAL AREAS

Iowa State University's (ISU) Partnerships in Prevention Science Institute, in collaboration with ISU Extension and Outreach, is addressing the opioid epidemic in rural Iowa communities through the PROSPER Rx project, funded by the USDA's National Institute on Food and Agriculture. The program aims to reduce prescription opioid demand and availability in Iowa. Community-based teams led by extension educators in Lyon, Monroe, and Webster counties are delivering evidence-based programming to youth and families, engaging in broad-based awareness-building activities, and coordinating with rural healthcare providers and law enforcement to distribute educational materials promoting safe medication storage and disposal. Another key component of this project is to educate ISU Extension professionals, along with their state and community partners, about how to employ and sustain a comprehensive community systems approach to address the opioid epidemic in rural communities. ISU's long-term plans include supporting implementation of the PROSPER Rx approach in partnering states to further enhance public health impact. They are also developing an adoption readiness and capacity-building process and utilizing motivational interviewing to reach county extension educators where they are on a "stages of change" continuum, which may range from a lack of awareness of the opioid issue to currently taking action to implement and sustain evidence-based prevention programs. To learn more: <http://www.ppsi.iastate.edu/prosper-rx/>.

INDIANA

COOPERATIVE EXTENSION HOSTS SERIES TO INCREASE HEALTH LITERACY ABOUT OPIOID MISUSE

Purdue Extension, in partnership with the North Central Regional Center for Rural Development, hosts a quarterly webinar series through funding made available by USDA's Rural Health and Safety Education Grant Program (RHSE). The "Combating Opioids" series shares information and best practices to prevent opioid misuse and abuse, increase professional capacity to engage in health leadership, and increase health literacy of opioid misuse and abuse. Most participants indicated that participation in a webinar helped them gain a new perspective on the topic, learn something new about the causes and consequences of opioid use and misuse, and inspired them to learn more. Additionally, RHSE funding has enabled multi-state collaboration and implementation of the evidence-based "Strengthening Families Program: For Parents and Youth 10-14," which is focused on families in rural communities. This parent, youth, and family skills-building curriculum is proven to delay the onset of adolescent substance use, lower levels of aggression in youth, increase the resistance to peer pressure in youth, and reduce youth conduct problems in school. Parents are taught to improve their skills to build positive relationships with their kids, set appropriate limits, and follow through on consequences, while showing love and support for their children. Research has shown that for every dollar spent on this program, \$9.60 comes back to the community in the form of less time spent in jail, off work, or in treatment. To learn more: https://www.canr.msu.edu/ncrcrd/webinars/rural_health_and_safety_education.

MAINE

SUBSTANCE MISUSE PREVENTION STRATEGY TARGETS YOUTH AND YOUNG ADULTS

Maine Prevention Services (MPS) aims to reduce youth substance misuse and its impacts on the health, safety, and success of individuals, families, and communities. They approach the opioid epidemic through prevention by targeting youth and young adults before they start prescription drug

use. MPS collaborates with partners to implement community level strategies that target five areas: substance use, tobacco use, youth engagement, obesity prevention, and mass reach health communications. Since every community is unique, each prevention and intervention strategy is tailored. A strategy is implemented based on an assessment of each community to determine the type of substance that is the most prominent challenge, such as marijuana or prescription drugs. The results of the assessment are also used to begin outreach to individuals, parents, communities, and schools. When opioid misuse is the most prominent challenge, a multi-pronged approach is deployed. Parents receive information about safe storage and disposal and children receive education programs through the Prime for Life curriculum (an evidence-based prevention and intervention program). Media outreach campaigns on SUD educate and inform the community about where they can go for help and education. In parallel, they may run a drug take back event to remove drugs from homes, implement education programs for prescribers, and implement prescription monitoring programs. To learn more: <https://www.maine-preventionstore.com/>.

MISSISSIPPI

PROMISE PROGRAM HELPS PREVENT PRESCRIPTION OPIOID MISUSE IN RURAL AREAS

The PROMISE (Preventing Opioid Misuse and Abuse in the Southeast) Initiative integrates a multi-phased approach to promoting prescription opioid misuse prevention. Funded through a grant to the Mississippi State Extension Service, the program includes community engagement forums to assess the perceived needs and readiness of the community. Strategies are designed to reduce the risk of opioid misuse and abuse in rural communities through a coordinated education and communications campaign that promotes the use of drug take-back boxes where people can drop off unused prescriptions. The PROMISE Initiative is currently in phase one, which involves conducting community engagement forums in three high-risk and rural counties--Itawamba, Tishomingo, and Lee. The program aims to promote behavior change at the consumer level. To learn more: <http://extension.msstate.edu/the-promise-initiative>.

NEW YORK

BROOME COUNTY OPIOID AWARENESS COUNCIL CONDUCTS COMMUNITY ENGAGEMENT

The Broome Opioid Awareness Council (BOAC) was formed in 2014. The group identifies barriers and develops solutions to the issues resulting from increased drug use in the community including opioid misuse and SUD. BOAC works collaboratively with community agencies to reduce youth and adult substance use and its impact on the community. The group has formed subcommittees around five activities: community education, outreach and prevention, law enforcement response, substance abuse treatment, and educating medical professionals. Through its work, BOAC seeks to reduce risk and enhance protective factors that keep youth from engaging in substance use, increase community collaboration and awareness, and create a healthier and safer Broome County. To learn more: <http://www.gobroomecounty.com/boac>.

CROP HELPS RURAL CITIZENS CONTRIBUTE POSITIVELY TO THEIR COMMUNITIES

The Creating Rural Opportunities Partnership (CROP) After School and Summer Program is a consortium of 14 rural upstate school districts with multiple community resource partners. CROP provides academic support, youth development, and family engagement in a safe and supportive after school and summer environment. The partnership encourages students to succeed academically through tutoring, provides community-based service learning, and links students to other helpful community support resources. Families are connect to their child's education through

family nights and workshops. All 14 school districts are funded by two grants from the federal 21st Century Community Learning Centers program. To learn more: <https://www.oncboces.org/CreatingRuralOpportunitiesPartnershipCROP.aspx>

THE LEAF FOUNDATION CREATES HEALTHY DRUG FREE COMMUNITIES

Founded in 1982, Leatherstocking Education on Alcoholism/Addiction Foundation (LEAF) is a private, nonprofit, volunteer health organization that strives to reduce the serious personal, social, and economic consequences of substance misuse and building healthy communities in Oneonta County. LEAF identifies community needs, advocates for policies that address local problems, educates the community about substance use risks and addiction, provides a range of quality local programs, and encourages proper diagnosis, treatment, and appropriate care for substance misuse. Programs and services include a Choices and Consequences course with different versions for younger and older teens and young adults. The “Too Good for Drugs” is a school-based prevention program with a separate, developmentally appropriate curriculum for each grade level, designed to reduce risk factors and enhance protective factors related to alcohol, tobacco, and other drug use among students. LEAF also offers Beginning Awareness Basic Education Studies (B.A.B.E.S.), which is a primary prevention program designed to give children lifetime protection from substance misuse. To learn more: <http://leafinc.org/about-leaf/>.

NORTH CAROLINA

PREVENTION STRATEGIES FOCUS ON FAMILY IN RURAL COMMUNITIES

North Carolina State University (NCSU) is using family-focused prevention strategies to prevent opioid misuse in three rural counties in North Carolina: Montgomery, Lenoir, and Yancey. The Empowering Youth and Families Program (EYFP) is enabled by a grant from USDA’s National Institute of Food and Agriculture. The NC 4-H EYFP is a 12-week program based on Iowa State University’s evidence-based Strengthen Families Extension Program (SFP10-14), which focuses on opioid misuse and abuse education for families. The curriculum developed by NCSU Extension focuses on opioid prevention and includes lessons specific to the impact of substance misuse on health. The program also includes a weekend family training retreat. Spearheaded by the 4-H Youth Development Extension Agent and the Family and Consumer Sciences Agent in Montgomery County, the program focuses on helping parents and caregivers learn nurturing skills that support their children, teaching parents how to effectively discipline and guide their children, giving youth a healthy future orientation and an increased appreciation of their parents and caregivers, and teaching youth skills for dealing with stress and peer pressure to reduce risky behaviors. Families with youth aged 10 to 14 meet weekly to participate in educational sessions that provide age-appropriate research and evidence-based training in the art of family building and the impact of opioid misuse. Youth and families are charged with delivering a community opiate prevention campaign within their respective counties. NCSU is reaching 900 individuals through this comprehensive effort. Families report improved communication with each other as well as using new techniques to deal with negative behaviors by their children, as a result of their participation. To learn more: <https://yancey.ces.ncsu.edu/2018/02/empowering-youth-families-program-for-parents-and-youth-10-14/>.

PROJECT LAZARUS: COMMUNITY-BASED INITIATIVE REDUCES OVERDOSES

Project Lazarus is a community-based initiative developed to reduce the epidemic of opioid related overdoses, misuse, and diversion. It was established in 2007 as a response to extremely high overdose mortality rates in Wilkes County, North Carolina. The project successfully decreased the overdose mortality rate in Wilkes County through implementation of a public health model that is

based on the twin premises that overdose deaths are preventable and that all communities are responsible for their own health. The program involves five components: community activation and coalition building, monitoring and surveillance data, prevention of overdoses, use of rescue medication for reversing overdoses by community members, and evaluating project components. Principal elements include education of primary care providers in managing chronic pain and safe opioid prescribing, largely through the creation of a tool kit and face-to-face meetings. A coalition may start with a focus in one or two areas and then expand to other areas as the availability of resources changes, community sector engagement increases, or the nature of the problem shifts. To learn more: <https://www.projectlazarus.org/>.

OHIO

OHIO FARM BUREAU LAUNCHES “GOT YOUR BACK” CAMPAIGN

The Ohio Farm Bureau has tackled the opioid epidemic by working with rural youth through 4-H and FFA. To address prevention in four rural counties, the Farm Bureau teamed up with the Ohio Attorney General’s office and other local leaders to launch the “Got Your Back” campaign. Got Your Back was designed to help educate students, parents, and community members on mental health issues and drug and alcohol abuse. As a piece of the campaign, local youth and community leaders, including 4-H advisors, county sheriffs, and firefighters, had pictures taken together that included the caption “I’ve Got Your Back.” More than 300,000 4-H and FFA youth filled out pledges not to use substances and had their pictures taken to emphasize a positive message about joining together not to use alcohol or drugs. FFA provided a \$5,000 grant to purchase a photo booth for the campaign. To learn more: <https://ofbf.org/2017/09/29/county-farm-bureaus-ohio-4-h-work-drug-abuse-prevention/>.

FARM BUREAU EMPOWERS YOUTH TO PREVENT OPIOID MISUSE

“Hope for Ohio” is a free, three-hour event for students to learn about youth-led prevention for the opioid crisis. High school students in 4-H and FFA are the target audience, but all students are welcome. The event is funded by the Ohio Farm Bureau and its county organizations with the goal of combating the opioid crisis by educating and empowering youth to build strong communities. Ohio Farm Bureau leaders believe that youth-led prevention is the most effective way to help prevent the opioid crisis from continuing for years to come. Rural leaders need tools and training to affect change and to address public stigma and misinformation about the issue. “Hope for Ohio” provides the opportunity to get those tools out to the community. The goal of the program is to help move Ohio from the epicenter of the drug crisis to a state leader in combating the crisis. The event begins with a training session from the Prevention Action Alliance to provide youth with the tools they need to be change agents in the community and give adults the knowledge to support them. This is followed by a panel discussion with open conversation about the opioid crisis in the community and information on community resources. In 2018, more than 160 people attended events in Carroll, Allen, and Clermont counties. In the future, there are plans to expand the event across more counties in the state.

PREVENTION ACTION ALLIANCE PROMOTES MENTAL WELLNESS

The Ohio Prevention Action Alliance (OPAA) is a nonprofit organization with a mission to lead healthy communities in the prevention of substance misuse and the promotion of mental health wellness. Their goal is to raise awareness about the dangers of misusing drugs and alcohol. They focus on environmental prevention, enacting strategies that leverage community change to prevent drug use. These strategies take aim at the whole community and seek to change physical, social, or cultural conditions surrounding drug use. The process begins with a community assessment to

identify local conditions and problems. The Alliance then equips the community and local leaders to combat the unique issues in the area. OPAA offers several evidence-based programs to create change and prevent drug use by changing community norms around drugs, reducing the access and availability of those drugs, addressing media messages that promote drug use, and creating, strengthening, and enforcing policies to reduce drug use. To learn more: <https://preventionactionalliance.org/>.

TEXAS

BEHAVIORAL HEALTH SOLUTIONS REDUCES SUBSTANCE USE THROUGH PREVENTION

Behavioral Health Solutions of South Texas (BHSST) provides a multilevel approach to reduce substance use and related conditions through prevention, intervention, treatment, recovery, and research. Program strategies encourage healthier lifestyles related to at-risk public health behaviors and promote stronger families while considering age appropriateness, cultural and language relevancy. BHSST develops resources that are appropriate to its communities by strengthening collaborations and engaging community members to guide its efforts. The coalition focuses on prevention, especially among those aged 15-25. They provide education on the dangers of misuse, youth prevention, healthy decision-making, self-esteem awareness, and proper coping skills to prevent misuse. They also conduct conferences to educate the entire family and are active in safeguarding medications with the “Lock Your Meds” campaign. To learn more: <https://www.bhsst.org/>.

VIRGINIA

PROSPER PROGRAM PREVENTS OPIOID ABUSE IN RURAL AREAS

Mortality rates involving prescription opioid overdose are more than 50 percent higher in rural southwest Virginia than the rest of the state. Virginia declared the opioid crisis as a public health emergency in 2016. The next year a new multi-disciplinary team began working through a USDA-NIFA Rural Health and Safety Education grant to prevent opioid misuse in rural Virginia using two programs. Developed by Iowa State and Pennsylvania State University, the PROMoting School-community-university Partnerships to Enhance Resilience (PROSPER) is an evidence-based model that targets youth and families to prevent alcohol and drug misuse within the youth life stage. Through this model, community teams are developed to oversee implementation of two separate family and school-based interventions: “Strengthening Families 10-14” and “Life Skills Training.” In addition to PROSPER, the High Risk Patient Education Program educates patients who receive opioids and their families with information about the dangers of opioid use and what to do if an overdose occurs. The program also provides on-going resources for pain management and opioid misuse prevention. Curriculum for this program is being developed for delivery to patients while they wait to see healthcare providers in their offices. Materials are also available on the Virginia Cooperative Extension and Virginia Rural Health Association websites. The overarching objective for this project is to deliver programming that prevents the misuse and abuse of prescription opioids in rural Southwest Virginia communities. To learn more: <https://reeis.usda.gov/web/crisprojectpages/1014111-preventing-opioid-abuse-in-rural-virginia.html>.

PROMISING PRACTICES: TREATMENT

ALASKA

NATIVE VILLAGE OF PORT HEIDEN PROVIDES CULTURAL SOUL HEALING PROJECT

The Meshik Soul Healing Project provides screenings for substance abuse, offers referrals to treatment, and incorporates a cultural camp in the Native Village of Port Heiden. Staff provide appropriate services within the context of the Aleut, Alaska Native/American Indian culture. The project serves the villages of Perryville, Pilot Point, Port Heiden, and Ugashik. To learn more: <https://www.coapresources.org/Program/SiteGrants/Projects?focus=RoutineScreening>.

CALIFORNIA

HEALTH CONSORTIUM REDUCES PRENATAL MATERNAL SUBSTANCE USE

In 2010, the Lake County Tribal Health Consortium (LCTHC) funded by HRSA and IHS developed the Parent-Child Assistance Program (PCAP), a case management-based home visiting model with a focus on preventing substance-exposed pregnancies and births as well as Fetal Alcohol Spectrum Disorder. Lake County is part of the Pomo ancestral homeland and seven of the 22 federally recognized Pomo tribes reside in Lake County. An assessment by LCTHC revealed alcohol and substance use, maternal depression, and substance-exposed pregnancies and births to be among the greatest challenges facing the community. Community members view the tribal home visiting program as an opportunity for hope and healing. PCAP is adaptable to meet community needs and based on the relationship between the family advocate (home visitor) and the client. LCTHC supplements the PCAP with the Nurturing Parenting curriculum and has also incorporated cultural activities and teachings into their tribal home visiting program. This has increased access to behavioral health services for pregnant and parenting native women, their partners, children, and extended families. Since beginning home visiting services in June 2012, LCTHC has implemented comprehensive services for native families who are pregnant and/or have children to age five. To learn more: https://www.acf.hhs.gov/sites/default/files/ecd/lcthc_profile.pdf.

IOWA

CLINTON COUNTY USES COMMUNITY COLLABORATION TO BETTER SERVE HIGH FREQUENCY CASES

Clinton County has increased community collaboration with a multidisciplinary team to address high frequency users of multiple systems in the community. The Drug Abuse Response Team (DART) includes representatives from the Clinton Police Department and Clinton Fire Department, as well as a treatment provider. This team responds to all overdose victims and provides victim resources while connecting them with interventions or treatment options. A MAT program will soon be implemented that will also provide peer recovery support services, cognitive behavioral therapy, and case management. As the project research partner, Dr. Barbara St. Marie of the University of Iowa's College of Nursing will provide data through the ODMAP tool. To learn more: <https://z-m-www.facebook.com/clintonpolicedepartment/posts/2799302893448514>.

KENTUCKY

PULASKI COUNTY DRUG COURT RETURNS GRADUATES TO PRODUCTIVE LIVES

Kentucky Drug Court combines intensive judicial supervision, mandatory drug testing, treatment, and incentives to help offenders with substance misuse problems break the cycle of addiction and crime. The Pulaski County Drug Court has been nationally recognized and was the first to use MAT

for participants with opioid addiction, a best practice now utilized by state drug courts in 20 counties. As an alternative to incarceration, participants receive court-supervised treatment to wean themselves off opioids with regular Vivitrol® shots. All participants receive oversight from a volunteer judge, case management, treatment, and drug testing. Success is measured in the number of lives changed and the cost savings to Kentucky taxpayers. For every dollar spent on drug court graduates, the state saves \$2.72 on what it would have spent to incarcerate these individuals. Additionally, the program has helped reduce illicit drug use and related criminal activity; lowered re-arrest, reconviction, and re-incarceration rates; increased payments of delinquent child support; and improved employment rates. When participants successfully complete the program, charges may be dismissed through diversion, or conditional discharge may be granted through probation. To learn more: <https://courts.ky.gov/courtprograms/drugcourt/pages/default.aspx>.

MAINE

TOWN OF MILO BUILDS COMMUNITY CONNECTIONS TO COMBAT DRUG ADDICTION

The town of Milo has implemented two programs designed to help combat drug addiction. Through a Summer Meals program and Operation HOPE, local leaders are creating positive community connections that help reduce early childhood trauma, thus reducing the likelihood of later addiction. Developed in response to a mother's simple request on social media, the Milo Summer Meals program provides food for underserved schoolchildren during summer months. Local officials work together with community, business, and nonprofit partners to serve meals to children who qualify for free or reduced lunch. Operation HOPE (Heroin, Opioid, Prevention Effort) is an anonymous drug take back program aimed at taking unused or expired medications out of circulation, which protects the water supply and reduces theft risks. Under the program, Milo engages with older adults who often sell medications to pay for living expenses, and provides various household items, such as toiletries, to those who need them. This initiative was inspired by the Angel program developed by police in Gloucester, Massachusetts, which is a program designed to provide people with SUD treatment rather than arrest and jail. To learn more: <http://observer-me.com/2017/01/10/in-milo-a-way-forward-in-fight-against-addiction/>.

"RISE" PILOT PROGRAM PROVIDES TREATMENT FOR FEMALE INMATES IN BANGOR

Most inmates in the Penobscot County Jail have either committed a crime while on drugs or to get drugs, creating one of the region's largest unofficial detox centers. To address this connection between substance use and incarceration, Department of Health and Human Services and Penobscot Community HealthCare collaborated to launch the RISE pilot program for addicted women serving time in the Penobscot County Jail. Consenting women receive a monthly Vivitrol® injection treatment, which blocks the craving for their opioid addiction, as well as counseling and treatment services during and after incarceration. Law enforcement officers also changed the way they partner with the local recovery services community and interact with inmates, who currently number nearly twice the beds available at the jail. More in-depth screening, especially private outreach, is necessary to identify inmates who have a need and willingness to engage in treatment. Next steps in the program's expansion include serving male prisoners as well as providing additional treatment and prevention programs geared toward families of inmates. To learn more: <https://www.newscentermaine.com/article/news/local/new-opiate-addiction-treatment-education-programs-at-penobscot-county-jail/99-445268120>.

NEVADA

CRITICAL ACCESS HOSPITAL BRINGS SERVICES TO RURAL FAMILIES

Boulder City Hospital is a Critical Access Hospital with 82 beds, including 25 acute care/swing beds, a 47-bed long term care facility, and a 10-bed Geriatric Behavioral Medicine program. The hospital serves approximately 15,000 people in Boulder City. Boulder City Hospital has a rural health clinic that focuses on routine primary care, urgent care, and mental health and has plans to add a Chemical Dependency Intensive Outpatient Program. Using funding from USDA, the hospital recently completed a remodeling project that includes a behavioral health unit to serve patients who struggle with chemical dependency including alcohol and opioids. The hospital has formed new partnerships with a behavioral health and chemical dependency provider as well as a foster care organization. In addition to improved collaboration with local law enforcement and first responders, Boulder City Hospital leadership is building new relationships to facilitate community education about chemical dependency and reducing stigma around addiction. To learn more: <https://bouldercityreview.com/news/hospital-to-add-health-clinic-make-4-2-million-in-repairs-improvements/>.

MALLORY CRISIS CENTER PROVIDES CRUCIAL MENTAL HEALTH SERVICES

Mallory Crisis Center is a 24/7 intervention facility in Carson City that allows law enforcement officials to divert opioid users from jail to treatment and rehabilitation. Using evidence-based practices, staff helped approximately 2,000 people during the first year in 2017 with behavioral health issues, including drug and alcohol misuse. Opioid-specific initiatives include targeted crisis intervention training for law enforcement and first responders, mobile outreach teams that help people battling opioid addiction, and a sequential intercept model applied to opioid misuse using community interventions. The team plans to build crisis center satellite facilities in additional surrounding rural communities and increase community outreach case management for follow-up with patients. The program includes a broad range of stakeholders, including patients, law enforcement personnel, social services professionals, business leaders, and state and local officials. Success of the program is measured by the percentage of Center patients that connect with subsequent treatment programs and providers and by the reduction in the number of patients returning because of subsequent overdoses or similar issues. To learn more: <https://blog.carsonahoe.com/the-mallory-crisis-center-providing-crucial-mental-health-services-for-our-community/>.

NEVADA STATE OPERATES RURAL OPIOID OVERDOSE REVERSAL PROGRAM

The Nevada Rural Opioid Overdose Reversal (NROOR) Program is a statewide partnership led by Desert View Hospital, a Critical Access Hospital in rural Pahrump, to improve access to naloxone and provide training for first responders and loved ones of those at risk of overdosing. NROOR was started when Nevada passed Senate Bill 459, often called the Good Samaritan Law. This bill provides civil and criminal liability protections to anyone who helps prevent an overdose death. The bill also provides protection for healthcare providers who prescribe naloxone and makes naloxone available without a prescription from a doctor. While naloxone still needs to be prescribed, a community organization can furnish naloxone kits without having a physician write a prescription for every person who receives the supplies. NROOR partnered with the state EMS office to train EMTs and paramedics around the state on naloxone. The program distributed naloxone to EMS agencies staffed only by basic-level EMTs, enabled distribution of naloxone to at-risk individuals and family members, educated healthcare providers on prescription drug use and misuse as well as legislative changes pertinent to prescribers, and provided public education and outreach about overdoses. To learn more: <https://www.ruralhealthinfo.org/project-examples/937>.

VITALITY UNLIMITED BEHAVIORAL HEALTH CLINIC PRACTICES WITHOUT WALLS

Vitality Unlimited is a nonprofit health organization established to address alcohol and substance misuse in rural Nevada. Staff provide several evidence-based social services including screening, diagnosis, treatment planning, and counseling. The goal of the team at Vitality is that no one “falls through the cracks.” The staff includes one psychiatrist, two psychiatric nurse practitioners, a primary health doctor, three nurses, an advanced practical registered nurse, an occupational therapist, dietician, and three LCSWs. The facility seeks to provide top quality, state-of-the-art behavioral services to fill a void that has existed for years. Their “warm handoff” approach integrates patients back into the community by helping them access critical recovery resources, including housing, education, and community engagement. Since its inception in 1971, this “practice without walls” has evolved to meet public health needs as they arise, including opioids, and use new technologies like telemedicine and telehealth to reach patients in remote areas. Vitality Unlimited opened its first certified community health behavioral clinic (CCBHC) in 2017 in partnership with the State of Nevada Department of Health and Human Services. Serving a wide demographic within a 50-mile radius, the CCBHC offers children, adolescents, adults, and veterans care to meet nine behavioral health needs including crisis services, outpatient mental health and substance use care, screening, assessment diagnosis, treatment planning, as well as group therapy, medical assisted therapy, and individual therapy. To learn more: <http://www.vitalityunlimited.org/>.

NEW YORK

BASSETT MEDICAL CENTER IMPROVES RURAL MAT ACCESS

Bassett Healthcare Network and Leatherstocking Healthcare Partners Collaborative launched an innovative program aimed at making evidence-based addiction treatment more readily accessible to people living in rural central New York by offering MAT in a primary care setting. Primary care visits within Bassett Healthcare Network are also covered by private insurance and Medicaid, making addiction treatment in this setting accessible to more patients regardless of income. Additionally, patients who receive treatment in primary care feel less ostracized and judged for their mental health and substance use issues, leading to a lower possibility of relapse. Bassett’s opioid addiction program has helped more than 200 patients in central New York fight their addiction through a combination of MAT, counseling, and comprehensive primary care to address other health issues. The network now has 27 primary care practitioners, both physicians and advanced practice clinicians, who are able to prescribe buprenorphine for treatment of opioid addiction. Future plans include a goal for 90 percent of the network’s primary care clinics to offer addiction treatment as part of comprehensive primary care within the next three years. To learn more: <https://www.bassett.org/medical/locations/hospitals/bassett-medical-center>.

OKLAHOMA

CHOCTAW NATION USES HOLISTIC APPROACH TO MANAGE PAIN AND TREAT ADDICTION

The Choctaw Nation Health Services Authority in southeastern Oklahoma serves tribal members within a wide 11,000-square-mile geographic region, nearly the size of Vermont. It is common for a member to drive two hours for healthcare services. Use of methamphetamine outpaces opioid misuse in this region. The only emergency room in the area, located at the tribe’s single full-service hospital, does not provide MAT but does offer Narcan® and conducts training for first responders. The hospital regulates prescribed pain medications to reduce and carefully monitor usage as well as to find addiction triggers in patients, providing referrals to specialized treatment at two SUD clinics. Eight satellite clinics provide outpatient treatment and behavioral health services, which is integrated into primary and pediatric care. There is a free gym attached to every clinic site staffed

by wellness coaches to assist clients. The tribe is addressing pain by helping the patient to be well spiritually, emotionally, nutritionally, as well as physically. Counselors drop in to engage with patients and ask about depression and substance use, either before or after the physician completes the visit. To learn more: <https://www.choctawnation.com/tribal-services/health-services-authority>.

QUAPAW TRIBE CLINIC PROVIDES SUD AND HEALTHCARE SERVICES FOR ALL

Established in 2006, the Quapaw Tribe's MAT outpatient clinic provides SUD services on tribal land. Based on a clinic philosophy of consistent contact, clients come in six times a week to receive medication and are required to participate in group sessions and visit counselors at least three times per week. Quapaw Counseling Services offers several healthcare and behavioral health counseling services through professional programs designed to help individuals, families, and the community achieve a lifestyle of sobriety and health. SUD services are offered through an outpatient program that provides individual and group counseling, substance misuse education, and treatment services to both Native Americans and non-Native people. Following a tribal belief that addiction is a community problem, the clinic serves everyone in the community, whether or not they are a tribal member. During the first year of operation, the clinic staff served nine clients. Today, the clinic has 110 MAT patients and 30 outpatient SUD patients. To learn more: <https://www.quapawtribe.com/index.aspx?nid=473>.

OKLAHOMA STATE TRAINS PHYSICIAN RESIDENTS TO UNDERSTAND PAIN AND ADDICTION

The Center for Wellness & Recovery at Oklahoma State University's (OSU) Center for Health Sciences aims to create an exceptional environment for learning about pain and addiction. OSU believes that how a physician is trained, and very importantly, the way they practice in their residency, has a deep influence on their practice throughout their career. By training physicians in addiction and pain management, OSU hopes to shift the perspective of medical professionals. To teach more students, residents, and clinicians about pain management and addiction, Oklahoma State is creating focused coursework and providing hands-on training resources. The Epidemic Response Team, a three-year residency program funded by a SAMHSA grant, is meeting community needs by using residents to treat people in a focused regional area for SUD and then relies on the community to support these patients once they get healthy and are in recovery. This short-term intensive approach can be compared to how an infectious disease team of specialists would handle an Ebola virus outbreak in a community—swiftly and thoroughly, with a decisive end to activity. To learn more: <https://health.okstate.edu/center-for-wellness-and-recovery/index.html>.

HEALTH DEPARTMENT PROMOTES HEALTHY CHOICES IN SOUTHEAST UTAH

The Southeast Utah Health Department (SEUHD) partners with communities on many education, prevention, and treatment programs in alignment with its mission to assist residents in achieving and maintaining optimal health. These include opioid-related programs, developed in response to an emerging, recognized public health need, illuminated most alarmingly by the sobering death rates for opioid misuse in rural Carbon and Emery counties. The Opiate Overdose Response Act allows pharmacists to dispense naloxone, without a prior prescription, to anyone at increased risk of experiencing or witnessing an opioid overdose. This statewide standing order has increased access to naloxone for the public, paving the way for the Utah Naloxone Project, which provides naloxone rescue kits upon request. The SEUHD is working to build additional partnerships with local communities to help address opioid misuse. Emergency stabilization housing will help overdose victims to transition from emergency rooms to safe environments of recovery. Improved transportation infrastructure will also increase access to medical, counseling, and social services for people who are in treatment and recovery. To learn more: <https://www.seuhealth.com/>.

OREGON

WALLOWA COUNTY MOBILE CLINIC BRINGS SUD SERVICES TO REMOTE AREAS

Wallowa County is the fourth least populous county in the state of Oregon. Geographically isolated, the county is surrounded by rivers, canyons, and mountain ranges on all borders with a population density of only two people per square mile. Often residents in remote parts go without medical, mental health, addiction counseling, or dental care until there is an emergency. In 2016, Wallowa Valley Center for Wellness launched Health on Wheels (HOW) to provide services to residents who might otherwise have limited access to services or for whom the drive to the nearest healthcare access point would be a full-day excursion. The HOW van brings mental health, medical, dental, and holistic health alternatives to the most isolated areas in the state, designed to aid persons with persistent and serious mental health issues. This multidisciplinary resource engages in “wrap around care” that includes medical, substance misuse, mental health, and employment support professionals. The goal is elimination of any barriers to access mental health and medical services for all Wallowa County residents, regardless of location. The medical and mental health van is the only such mobile unit in the state. The program is about reaching people face to face and does not rely on telehealth or internet connections, but takes screenings, primary care, advice, medication delivery, and in some cases even hospital-grade triage, beyond brick and mortar buildings and as close as possible to people’s homes. To learn more <https://www.wvcenterforwellness.org/>.

PENNSYLVANIA

POSITIVE RECOVERY SOLUTIONS PROVIDES MOBILE VIVITROL® SERVICES IN RURAL COMMUNITIES

Positive Recovery Solutions (PRS), founded in July 2015 and based out of Washington, Pennsylvania, addresses opioid and alcohol addiction in rural communities through a variety of services, including the mobile Vivitrol® management services unit. The organization’s mobile recovery unit provides medical treatment that is fast, flexible, and discreet, including coordination of medical services for those participating in drug court programs. The PRS mobile Vivitrol® management services unit takes the physician and treatment to the patients, thereby freeing patients from the lengthy trips often needed to visit a provider. Patients receive regular Vivitrol® shots to reduce cravings and block serotonin receptors from creating the feelings of euphoria involved in using opioids or drinking alcohol. PRS has seen an 86 percent success rate for patients who stay on Vivitrol® for six months and participate in counseling. In addition to Vivitrol®, the PRS mobile unit includes a private exam room to ensure confidentiality throughout the treatment process, a restroom for specimen collection, and a consultation area staffed with a logistical coordinator for check-in and follow-up scheduling. When it began, the program was servicing three counties in Pennsylvania and providing treatment for seven patients per month. It has since expanded to 28 counties and provides treatment to between 475 and 500 people each month. Ninety percent of patients who receive services stay on Vivitrol® and are active with counseling, without relapse, for six to nine months or longer. To learn more: <http://www.posrecoveryolutions.com/>.

TEXAS

TELEHEALTH NETWORK LINKS CRITICAL SERVICES IN URBAN COMMUNITIES TO RURAL RESIDENTS

Madison County, Texas is part of a seven-county region known as the Brazos Valley and is a mental health and primary care Health Professional Shortage Area. Almost 20 percent of residents surveyed have been diagnosed with depression or anxiety, and 35 percent report that they cannot easily obtain access to needed services. In 2011, the Center for Community Health Development identified local organizations that could provide mental health and substance abuse prevention and

treatment services. The Madison Outreach and Services through Telehealth (MOST) Network focused on new ways to link behavioral and mental healthcare services in urban communities to rural residents using technology. Based on multiple studies that have found telehealth mental health counseling to be as effective as in-office visits, the MOST Network replicated a neighboring community's model and brought it to Madison County. After the three-year grant period, the MOST Network saw that assessments showed telehealth-based mental health services improved the overall mental health among clients in Madison County. In all, 44 unique clients were seen via telehealth, with an average of eight mental health counseling sessions each and a total of 487 sessions. CHWs led classes for 27 adults and 19 adolescents. By the end of their course, adult attendees saw a 27-point average increase in knowledge related to substance abuse, and a seven-point average increase in adolescent clients. To learn more: <https://www.ruralhealthinfo.org/project-examples/856>.

UTAH

DEA 360 PROGRAM REACHES BOTH RURAL AND URBAN AREAS

DEA 360 is a federally funded program that strategically combines more aggressive law enforcement for drug traffickers with increased compassion for addicted users and community education programs to combat stigma. The DEA 360 strategy is operational in eight U.S. cities, including St. Louis, Milwaukee, Louisville, and Pittsburgh. Utah is the first jurisdiction to receive funding to deploy it on a statewide basis, which ensured that the urban and rural regions in Utah benefitted from the strategy in all 29 counties. The goal of DEA 360 is to stop the deadly cycle of heroin and opioid pill misuse by eliminating drug trafficking organizations, partnering with the medical community to raise awareness, and strengthening local organizations to build drug-free communities. A three-pronged approach is implemented to address the epidemic: coordinated law enforcement actions against drug trafficking; enforcement actions against pharmaceutical drug manufacturers, wholesalers, pharmacies, and practitioners operating outside of the law; and community outreach efforts. Other elements include public awareness campaigns using social media and advertising to change public attitudes and perceptions about opioid addiction. Utah state officials have also developed stronger partnerships with the medical provider community to reduce opioid overprescribing. To learn more: [https://www.dea.gov/sites/default/files/2019-09/DEA%20360%20Strategy%20Salt%20Lake%20City%20Report%20\(Final-508\)%20\(Reduced%20File%20Size\).pdf](https://www.dea.gov/sites/default/files/2019-09/DEA%20360%20Strategy%20Salt%20Lake%20City%20Report%20(Final-508)%20(Reduced%20File%20Size).pdf).

VERMONT

HUB AND SPOKE MODEL BRINGS MAT FOR RURAL COMMUNITIES

In 2013, Vermont pioneered “hub-and-spoke” systems to better coordinate care and facilitate the delivery of medication and behavioral health services associated with MAT. The hub-and-spoke model consists of a network of recovery support providers in metro areas who deliver local services in rural areas through the support of a larger hub provider. Initially, patients begin treatment and receive a higher level of services at an OTP, which serves as the hub. Once the patients are stabilized, they are transferred to long-term management with community-based providers who serve as the spokes. Care coordination between the hubs and spokes, which aims to address the patient's evolving treatment needs, is an essential part of the model. After adoption of this new system, Vermont saw a 64 percent increase in physicians authorized to prescribe buprenorphine. Through the program, more than 6,000 people are now accessing treatment. Patients can work with the Vermont Recovery Network to find and maintain recovery, prevent relapse, and return to recovery if relapse occurs. To learn more: <https://blueprintforhealth.vermont.gov/about->

[blueprint/hub-and-spoke.](#)

Hubs

- Hubs offer the treatment intensity and staff expertise that some people require at the beginning of their recovery, at points during their recovery, or all throughout their recovery.
- Hubs provide daily medication and therapeutic support.
- Hubs offer all elements of Medication Assisted Treatment.
- Additional health home supports e.g., case management, care coordination, management of transitions of care, family support services, health promotion, and referral to community services.
- Hub staff offers trainings and consultation to the spoke providers.

Source: <https://blueprintforhealth.vermont.gov/sites/bfh/files/Hub%20and%20Spoke%202-Pager.pdf>.

Spokes

- Spokes are mostly primary care or family medicine practices, and include obstetrics and gynecology practices, specialty outpatient addiction programs, and practices specializing in chronic pain.
- Prescribers in spoke settings are physicians, nurse practitioners, and physician's assistants federally waived to prescribe buprenorphine plus oral naltrexone or injectable Vivitrol®.
- People with less complex needs may begin their treatment at a spoke, other patients transition to a spoke after beginning recovery in a hub.
- Spoke care teams include one nurse and one licensed mental health or addictions counselor per 100 patients.

VIRGINIA

ADULT DRUG TREAT COURT SERVES AS OFFENDER FOCUSED REHABILITATION MODEL

The Veritas Adult Drug Treatment Court (VADTC) works as a catalyst for positive change in the lives of program participants and the community. The court was funded by SAMHSA and receives funds from the Virginia General Assembly to institute MAT with Vivitrol® as part of its program. VADTC was established as a result of extensive research, planning, and collaboration by the Circuit Court Judge, Commonwealth Attorney, Virginia Department of Correction Community Supervision Division, Defense Counsel, and the Bristol Police Department. In fact, Judge Johnson and his team visited the highly regarded Drug Court in Pulaski County, Kentucky to learn before starting the VADTC. VADTC encourages participants to realize and reach their full potential and serves adult non-violent, drug addicted, felony offenders. Typically, offenders enrolled in the program have a history of prior contacts with law enforcement, previous exposure to alcohol and drug treatment systems, and relapse. The VADTC focuses on high risk, high need offenders for program entry and adheres to a rehabilitation model that acknowledges the influence of substance misuse as a source of behavior. It considers four characteristics as a foundation for participant reentry toward recovery: unique involvement of the judge; a non-adversarial, collaborative approach to treatment; recognition, reward, and positive reinforcement for progress; and the rapid imposition of sanctions as an incentive to improve compliance and modify negative behaviors. To learn more: <https://www.highlandsgccc.org/veritas.html>.

HIGHLAND COMMUNITY PROVIDES BEHAVIORAL HEALTHCARE SERVICES TO RURAL REGION

Located in rural Abingdon, Virginia, Highlands Community Services (HCS) was founded in 1972 as the local organization responsible for providing behavioral healthcare to individuals seeking mental health, substance abuse, or developmental services. HCS substance abuse services help

individuals and families who are seeking to make a change through recovery. Substance abuse services consist of group and/or individual therapy sessions made up of several different tracks for men, women, and adolescents. These tracks focus on a variety of concentrations including relapse prevention planning, support system development, trauma treatment, co-occurring mental health and substance abuse disorder treatment, relationship and communication skill building, coping skill development, and anger management. Clients may also receive help through MAT programs, education assistance, job coaching, and vocational training. Since a high percentage of individuals dealing with substance abuse are also dealing with mental health issues, they also provide resources for depression, stress, anxiety, motivation, self-care, self-esteem, co-dependency, family dynamics, interpersonal communication, and goal and boundary setting. To learn more: <https://highlandscsb.org/>

WEST VIRGINIA

QUICK RESPONSE TEAM DELIVERS COMPASSIONATE OUTREACH STRATEGY

Launched in 2017 with the help of two federal grants, the West Virginia Quick Response Team (QRT) is a collaborative effort of law enforcement, medical care providers, mental health agencies, and university researchers to bring a rapid response to the opioid epidemic in Huntington, West Virginia. The QRT includes representation from the Huntington Police Department, Cabell County EMS, Pretera Center, Huntington Comprehensive Treatment Center, Recovery Point of Huntington, Huntington Black Pastors Association, Marshall University Department of Public Health, the Marshall University Student Health Department's Wellness Center, and the Huntington Mayor's Office of Drug Control Policy. The QRT is a multifaceted and multidisciplinary team that provides support within 24 to 72 hours to individuals experiencing a drug overdose and follow up visits to offer treatment services. An individual needs assessment determines an appropriate plan for intervention, including improving access and reducing barriers to recovery and treatment services. To learn more: <https://www.helpandhopewv.org/sudsummit/docs/QRT%20-%20Larrecsa%20Cox.pdf>

PROMISING PRACTICES: RECOVERY

IDAHO

RECOVERY CENTERS PROVIDE RURAL AREAS WITH SERVICES TO STAY HEALTHY

The Idaho Association of Recovery Community Centers (IARCC) is a consortium of nine recovery centers that provide a place for patients to work on their addiction and mental health recovery and receive peer-group support. Staffed primarily by volunteers, the nine centers are an integral part of behavioral health in Idaho and provide a continuum of care, social networks, a sense of community, and access to peer support. Recovery centers also provide long-term support for a patient to focus on trigger issues that caused the crisis. The centers have each received about \$175,000 in state support, as well as start-up fiscal support from The Millennium Fund. As an example, the Moscow facility serves about 6,000 client contacts per year. These client contacts include people attending Narcotics or Alcoholics Anonymous meetings, taking recovery classes, or socializing in the center's healthy, safe environment. Recovery centers average between 80-150 free classes and groups per month, which are tailored to the specific needs of each community, and include traditional or faith-based 12-step meetings, smoking cessation, budgeting, life skills, art, music, chess club, recreational and social activities, and much more. All centers offer free recovery coaching, and

many centers partner with local licensed professionals to offer free counseling for SUDs and mental health. To learn more: <https://www.idahorccs.com/>.

KENTUCKY

ADDICTION RECOVERY CARE OFFERS CLINICAL ADDICTION TREATMENT WITH VOCATIONAL TRAINING

Addiction Recovery Care offers residential and outpatient treatment for people battling drug addiction in Kentucky. Their holistic approach to care includes clinical (mind), medical (body), spiritual (soul), and vocational (purpose) components. The facility has incorporated best practices of clinical drug addiction treatment with Christian spiritual enrichment and development to serve more than 10,000 clients since 2015. Addiction Recovery Care's innovative Crisis to Career model combines drug treatment in residential programs and vocational training at transitional learning centers. Through a partnership with Sullivan University, graduates are eligible to receive 40-quarter college credit hours to use toward furthering their education. ARC has also partnered with the Eastern Kentucky Concentrated Employment Program (EKCEP) to use its TeleWorks USA training program and offer four certifications with plans for six more. Addiction Recovery Care is partnering with the U.S. Department of Health and Human Services on a three-year study to document the success of their vocational training. To learn more: <https://www.arccenters.com/>.

FOOTHILLS ACADEMY RESIDENTIAL PROGRAM HELPS YOUNG MALES IN RECOVERY

Foothills Academy is a residential facility for males aged 13 to 18 that provides a safe environment for recovery and promotes changes in values and behavior. The facility was founded in 2002 by a Kentucky Circuit Court judge who recognized the need for a place to help the troubled youth he saw while presiding as a judge. Residents receive therapeutic services like drug and alcohol counseling, anger and behavior management training, as well as individual, group, and family counseling. They learn independent living skills, engage in community work projects, and enjoy recreational and social opportunities. Most funding comes from the state because nearly all children admitted to the program are wards of the state, although grants and donations supplement the Academy's programs. Children under state care often have nowhere to go after leaving the program when they turn age 18. However, the Academy partners with alumni to avoid sending their graduates down a path of addiction and helps them find meaningful employment or continuing educational environments like college or trade school. Future opportunities include developing a workplace mentor program and building an adult rehabilitation center. To learn more: <http://www.foothillsacademyinc.org/>.

LADIES LIVING FREE OFFERS FAITH-BASED RECOVERY PROGRAM

Paducah Lifeline Ministries and its sister ministry, Ladies Living Free, is a faith-based recovery program designed to help men and women overcome life-controlling problems within a supportive environment. Trained staff and volunteers use a structured learning program to help men and women recover successfully and bring greater stability first to their homes and then to their communities. Ladies Living Free is a residential and non-residential community-based recovery ministry that helps women who struggle with a life-controlling problem through God. The program aims to break the cycle of insecurity, survival response, addiction, and destruction for women at every stage and set them on a path to true wholeness. The program receives funding from multiple sources, including United Way, Carson-Myre Charitable Foundation, Exxon Charitable Trust, individual donations, client charges, and Medicaid. To learn more: https://unitedwaypaducah.galaxydigital.com/agency/detail/?agency_id=3845.

RECOVERY KENTUCKY SUPPORTS CLIENTS WITH HOUSING AND RECOVERY

The Recovery Kentucky network of substance misuse treatment centers helps Kentuckians overcome substance misuse and helps prevent chronic homelessness. This type of supportive housing and recovery program is proven to help people who face the most complex challenges to live more stable, productive lives. It adheres to a model that has been demonstrated successfully by both the Hope Center in Lexington and The Healing Place in Louisville, and was named “A Model That Works” by the U.S. Department of Health and Human Services. Recovery Kentucky is a joint effort by the Department for Local Government, the Department of Corrections, and Kentucky Housing Corporation. Thirteen affiliated facilities throughout the state serve as supportive housing projects for approximately 4,000 people each year. Each facility uses a recovery program model that includes peer support, daily living skills classes, job responsibilities, and establishing new behaviors. State and federal agencies jointly fund construction and operational financing, while local governments and communities at each location contribute funding for a local facility. Recovery Kentucky is funded by a percentage of the Community Development Block Grant funds that the state receives from the federal government and an allotment that the Department of Corrections pays per client in the system. In 2017, a University of Kentucky study revealed that one year after program participation, 84 percent of users were drug free, 94 percent of people previously addicted to opioids were drug free, and 85 percent of those addicted to heroin stayed drug free. To learn more: <http://www.kyhousing.org/Specialized-Housing/Pages/Recovery-Kentucky.aspx>.

VOICES OF HOPE BUILDS A RECOVERY READY COMMUNITY

In 2015, Voices of Hope was co-founded by Shelley Elswick and a nurse researcher after her family was impacted by SUD. She studied addiction and recovery to help her son Alex and then began advocating for others in recovery. The Voices of Hope community promotes life-long recovery from addiction through recovery support services, advocacy, research, and education. This “recovery ready community” is informed, stigma-free, and encourages an individual’s success. The program’s staff members and community partners in Lexington are breaking down stigma against addiction in the community by offering overdose response training and a speakers bureau. Voices of Hope offers The Living Proof scholarship, which helps those in recovery continue their education, and The Living Proof: Next Generation, a program that provides funds to family members of addicted persons. Funded through private donations and a SAMHSA grant, the organization is working to acquire more space to build a community center and offer additional recovery services. To learn more: <https://www.voicesofhopelex.org/>.

MAINE

HOPE HOUSE HEALTH AND LIVING CENTER PROVIDES TREATMENT AND HOUSING

Founded in 2004, the Hope House Health and Living Center in Maine includes a shelter, clinic, and recovery house and is supported by federal, state, and grant funding. The shelter provides emergency shelter, operates 48 housing units and serves up to 1,000 weekly meals for the homeless. Currently treating approximately 800 patients, the clinic runs a full-time practice providing routine and sick care, psychiatric management, laboratory services, and therapy. This integrated medical and counseling services approach allows the Center to provide a full array of services to its patients, without the need for costly and time-consuming travel between specialists. This includes vital MAT. The Center’s recovery house provides safe and secure lodging for up to two years, and each tenant is given the opportunity to develop and refine independent, healthy living strategies. The Center’s unique Rent Smart program is a six-session course that teaches people how to find and keep affordable and decent housing. Participants who complete the program receive a certificate that shows landlords the applicant can maintain housing and commit to be a

knowledgeable and reliable renter. To learn more: <https://pchc.com/services/health-care-for-the-homeless/>.

JAMES' HOUSE PAIRS SAFE HOUSING WITH PEER SUPPORT

Launched in 2018, James' Place combines safe, abstinence-based housing with peer support and volunteerism to build connections within the community of Augusta, Maine. Guests who receive housing accommodations must maintain sobriety, pay rent, and attend four pro-social meetings each week. Many guests come from the local drug court and are often people with OUD in recovery who receive short-term scholarships for rent. James' Place encourages a holistic approach rather than requiring a recovery support system. Support personnel are trained in intentional peer support, non-violent communication, and volunteer management. By giving back to the community, guests integrate into society and decrease the stigma of recovery, which increases their chances to obtain necessary long-term services after treatment. The organization is seeking grants and loans for a new facility to house all guests in one central location, rather than individual apartments around the region, as well as a van to provide guests with transportation to meetings, appointments, and job interviews. To learn more: <http://jamesplaceinc.org>.

MONTANA

AANIIH NAKODA MOVEMENT OFFERS PEER RECOVERY SUPPORT SERVICES ON THE RESERVATION

On the Fort Belknap Reservation, 98 percent of people relapse after exiting treatment because of a lack of sober living programs. The Aaniiih Nakoda Anti-Drug Movement is a grassroots peer group program founded by two sisters, one in recovery. It is located on Fort Belknap, home to the Aaniiih and Nakoda tribes. The sister's work with the Fort Belknap Tribal Council has resulted in a state of emergency declaration about methamphetamine use and funding for a substance misuse prevention and treatment program. The Aaniiih Nakoda Anti-Drug Movement was launched as a Native American-led peer recovery project in early 2016. They choose to introduce peer recovery services because "people in recovery helping others" is a model that fits with the strengths of Fort Belknap. The organization is combatting substance misuse through education and recovery assistance, promoting wellness, and offering workshops in career, financial, and time management skills. Since launching the program, staff have hosted 17 events and served 18 people seeking help. To learn more: <https://www.npr.org/sections/health-shots/2017/05/27/529112467/two-sisters-try-to-tackle-drug-use-at-a-montana-indian-reservation>.

TRANSITIONAL RECOVERY & CULTURE PROJECT FOSTERS TRIBAL COMMUNITY READINESS

The Transitional Recovery & Culture Project (TRAC) fosters community readiness for recovery support and provides a safe forum for those in recovery to learn about leadership, culture, self-care, and resiliency. The tribal groups that are active participants in the TRAC program are the Eastern Shoshone Recovery Center, Crow Tribe, and Northern Arapaho's White Buffalo Recovery Center. The Rocky Mountain Tribal Leaders Council (RM-TLC) applied for a Peer-to-Peer Targeted Capacity Expansion grant that was awarded in October 2016. RM-TLC was awarded \$250,000 per year for three years to expand Peer Recovery Support services for American Indians living in Montana and Wyoming. The aim is to improve sobriety rates, increase community support, increase the number of peers enrolled in education, training and skill building opportunities, and to increase the number of locations using peer recovery support. To learn more: <https://www.rmtlc.org/programs/transitional-recovery-culture-trac-project/>.

OKLAHOMA

WIN FOUNDATION CONNECTS PERSONS WITH SUD TO RESOURCES

Based in Oklahoma, the What's Important Now (WIN) Foundation strives to rescue people with SUD, connect them with resources, and provide mentorship to help them embrace their new lives in recovery. The WIN Foundation seeks to connect individuals and families facing addiction, who may feel isolated and ostracized in their communities, with professional resources that enable the whole family unit to recover. Programs are funded with private donations, often from businesses and families who have been affected by the opioid crisis. In the first six months of operation, WIN assisted 32 families. Through outreach to community stakeholders, including employers and medical providers, the organization has assisted more than 400 families in recovery. Some have even moved on to become licensed counselors who carry on the mission of recovery. To learn more: www.win.foundation.

PENNSYLVANIA

RASE RECOVERY COMMUNITY ORGANIZATION HELPS PEOPLE STAY IN RECOVERY PROGRAMS

The nonprofit RASE Project is a Recovery Community Organization that is comprised entirely of staff and volunteers from the recovery community that serves the recovery community. Founded in 2000 in Harrisburg by a person in recovery, RASE has helped people stay embedded in recovery programs by advocacy for persons being discriminated against due to addiction and by enriching lives. The project has built a strong regional body of dedicated advocates committed to speaking out for the rights of the recovery community. RASE provides safe and secure therapeutic recovery housing for women in early recovery, peer-to-peer recovery services, such as life skills classes and vocational assistance, positive social events, such as dances and workshops, and public policy forums. The program is funded with a mix of grants from the state, reinvestment funds, and Medicare. Funding also includes a SAMHSA grant. To learn more: <http://www.raseproject.org/about-us/>.

UTAH

LATTER-DAY SAINTS (LDS) PROVIDES ADDICTION RECOVERY 12-STEP PROGRAM

The Latter-day Saints (LDS) Addiction Recovery Program is a 12-step program that incorporates faith-based principles to foster recovery and healing from addiction. The philosophy is that receiving love and support from others is essential to helping a person overcome destructive habits, that addiction harms an individual's spirit, mind, and body, and that true recovery focuses on healing these wounds. The LDS Addiction Recovery Program Guide, developed with support from church leaders, counseling professionals, and individuals from the recovery community, brings the Alcoholics Anonymous 12-step program together with the doctrine and principals of LDS. The LDS 12 steps include: honesty, hope, trust in God, truth, confession, change of heart, humility, seeking forgiveness, restitution and reconciliation, daily accountability, personal revelation, and service. Program staff also reach out to community mental health resources when seeking treatment referrals. The church covers all costs of the program and day-to-day operations are run by more than 2,500 volunteers throughout the country. Their focus is on recovery, not treatment. To learn more: <https://addictionrecovery.lds.org/?lang=eng>.

VERMONT

NONPROFIT RECOVERY NETWORK RESPONDS TO COMMUNITY NEED FOR SAFE SPACE

Funded by the state legislature, the Vermont Recovery Network is a nonprofit organization that provides recovery support services and safe environments for people dealing with substance misuse. Traditional recovery values are utilized, including attraction, inclusion, anonymity, equality, and keeping it simple. The network's nine member centers and three affiliate centers are local, consumer-driven, non-residential facilities that provide peer support, sober recreation activities, volunteer opportunities, community education, and recovery supporting services. Vermont Recovery Network centers provide nonclinical services that assist with establishing community connections that lead to employment, housing, and other social services. An executive council that consists of a board member from each recovery center provides leadership and has been tasked by Vermont's legislature with advising the Vermont Department of Health about recovery center public policy and funding. To learn more: <https://www.vtrecoverynetwork.org/>.

WISCONSIN

PREGNANCY2RECOVERY PAIRS EXPECTANT MOTHERS WITH RECOVERY COACHES

Launched in 2018 in Dane County, Wisconsin, the Pregnancy2Recovery program began as a partnership between SSM Health and Safe Communities of Madison-Dane County to help women addicted to opioids. The program was started after data showed higher instances of opioid use during delivery. Health providers at clinics in the county identify patients and provide them with an opportunity to participate in the program. Pregnancy2Recovery is the first of its kind in the state to pair pregnant women struggling with substance misuse with recovery coaches. Women, who participate, are paired with a recovery coach who guides them toward resources and support, including MAT. Due to complications both during and after birth for both mother and baby, the program continues support after the baby is born. Pregnancy2Recovery also offers a coach-led support group for women who bear a child while taking opioids, are currently pregnant and struggling with OUD, or are taking opioids or MAT and are planning a pregnancy. To learn more: <https://safercommunity.net/drug-poisoning/>.

SAFE COMMUNITY COALITION PROVIDES RECOVERY COACHES IN RURAL COMMUNITIES

In the emergency department of SSM Health St. Mary's Hospital Madison, on-call state certified recovery coaches encourage stabilized opioid overdose patients to enter recovery through counseling and resources. As former people with SUD or OUD who are now in recovery, they are often better positioned to encourage patients to seek treatment and support. In the program, coaches not only connect patients with ongoing treatment resources but they also follow them until they are able to begin treatment. The pilot is modeled after a program in Rhode Island called AnchorED, which saw an 86 percent success rate of getting people into treatment following their emergency room stay. Funded by \$15,000 from Dane County, \$15,000 from the Theda and Tamblin Clark Smith Family Foundation, and \$7,500 from The Wisconsin Medical Society Foundation, the program is run by the Safe Community Coalition, a nonprofit with public and private partners. This model is now being used in most county hospitals and soon local police departments and EMS agencies will also begin making referrals to recovery coaches. To learn more: https://madison.com/wsj/news/local/govt-and-politics/opiate-addiction-treatment-program-to-expand-to-all-dane-county/article_e8bbff3f-728c-59ec-a95f-7a842bc79e1a.html/.

WEST VIRGINIA

FRESH START PROGRAM PROVIDES TREATMENT ACCESS TO OVERDOSE SURVIVORS

West Virginia has the highest drug overdose death rate in the nation. Overdoses attributed to prescription drugs are especially prevalent in the southernmost counties of West Virginia, including Logan County. In 2017, the Logan County Commission, in partnership with the Southwestern Regional Day Report Center in Logan, received a BJA-COAP grant to implement the Fresh Start program, which facilitates access to treatment services to overdose survivors. Developed in collaboration with research partner Marshall University, central features include agricultural and artisan programming that strategically reconnects clients with their communities. The program also offers community mentoring, interagency teamwork, life-based skills development sessions, craftsmanship, artisanship, and credit attainment through the local community college. A new Logan County Health Department satellite site provides increased access to basic healthcare services. To learn more: <https://bja.ojp.gov/funding/awards/2017-ar-bx-k019>.