

## WEBINAR

### ASSESSMENT OF SUD STIGMA AND STRATEGIES FOR ADDRESSING STIGMA IN RURAL AREAS

This presentation shares results from the [National Report on Rural Substance Use Disorder Stigma and Treatment Needs](#), an online survey of practitioners affiliated with HRSA Rural Communities Opioid Response Program (RCORP) grant sites, and discusses strategies for addressing stigma in rural areas. In the presentation, speakers explore stigmatizing beliefs about opioid use disorder and medications for opioid use disorder, preferred and non-preferred terms used by rural practitioners to describe people with substance use disorders, barriers to treating patients with opioid use disorder nationally, and strategies to address stigmatizing beliefs and behaviors in rural communities.

Speakers include:

- Valerie Harder, PhD, MHS, Associate Professor in the Departments of Pediatrics and Psychiatry and Director of CORA's Surveillance and Evaluation Core at the University of Vermont
- Peter Jackson, MD, Assistant Professor of Psychiatry and Medical Director of the University of Vermont Medical Center Addiction Treatment Center

There are also guest speakers, Dr. Madison Ashworth and Dr. Lisham Ashrafioun, from other Rural Centers of Excellence.



## RURAL JUSTICE COLLABORATIVE

Rural communities face unique challenges that impact their ability to deliver fair and equitable justice. Despite these challenges, rural communities rely on their many strengths to address the needs of their residents.

The National Center for State Courts, in partnership with Rulo Strategies, launched the [Rural Justice Collaborative \(RJC\)](#) to showcase the strengths of rural communities and highlight the cross-sector collaboration that is a hallmark of rural justice systems.

The work under the RJC is supported by a cross-sector advisory council composed of rural judges along with additional stakeholders in the justice, child welfare, and behavioral health systems. The advisory council guides and identifies innovative programs and practices.

## ANNOUNCEMENT

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### HHS FINALIZES RULE ON TELEHEALTH AT OPIOID TREATMENT PROGRAMS

The HHS finalized a rule that will allow opioid treatment programs to begin some medication treatment via telehealth. Under the rule, these providers can initiate treatment with buprenorphine through audio-only or audio-visual telehealth. They can start methadone treatment via an audio-visual platform — but not through an audio-only option due to its higher risk profile, the Substance Abuse and Mental Health Services Administration said. The regulation makes permanent telehealth flexibilities that began during the COVID-19 pandemic to preserve access to care and tackle a worsening opioid epidemic. While this rule change will help anyone needing treatment, it will be particularly impactful for those in rural areas or with low income for whom reliable transportation can be challenging.

## RESEARCH & REPORTS

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### SUBSTANCE USE AMONG RURAL ADOLESCENTS WITH INCARCERATED PARENTS: EVIDENCE FROM A STATE-WIDE SAMPLE

Incarceration rates are highest in rural communities, disproportionately exposing children to parental incarceration. Substance use is a pressing public health issue and a key driver of incarceration in rural areas. Yet, limited research has examined parental incarceration as a social determinant of health for adolescent alcohol and drug use. This study links exposure to parental incarceration with rural teenage substance use and examines the role of co-residence with parents in these associations.

### BARRIERS TO OPIOID USE DISORDER TREATMENT AMONG PEOPLE WHO USE DRUGS IN THE RURAL UNITED STATES: A QUALITATIVE, MULTI-SITE STUDY

In 2020, 2.8 million people required substance use disorder (SUD) treatment in nonmetropolitan or 'rural' areas in the U.S. Among this population, only 10% received SUD treatment from a specialty facility, and 1 in 500 received medication for opioid use disorder. This study explores the context surrounding barriers to SUD treatment in the rural U.S.



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## **BEHERE'S EFFECTIVE VIRTUAL TRAINING TO BUILD CAPACITY TO SUPPORT PEOPLE WHO USE DRUGS IN NON-SUBSTANCE USE DISORDER SETTINGS**

Human service settings not specifically focused on supporting people who use drugs (PWUD), especially those with a substance use disorder (SUD), such as probation and parole services, homeless shelters, and work re-entry and job training programs offer a unique opportunity to assist this population and prevent overdose deaths. During the COVID-19 pandemic, building capacity for overdose prevention and harm reduction and addressing barriers to treatment, recovery, and support services required that training vendors use a virtual format. The Behavioral Health and Racial Equity (BeHERE) Training Initiative offers eight training modules on prevention, recovery, and harm reduction. This report presents findings from a mixed methods evaluation of the eight online training courses delivered between April 2020 and June 2022 to understand if and how it should modify its training to make it more satisfying and effective.

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## **MILLIONS OF PEOPLE IN THE U.S. MISS THEIR COURT DATE, WITH DIRE CONSEQUENCES**

Every year, millions of people face severe consequences—including arrest, incarceration, fines and fees, and driver's license suspensions—simply for missing a court date. In most cases, people miss court for reasons that should be understandable. There are logistical challenges, like being unable to miss work, lacking transportation to court, or not having childcare. In four rural Washington counties, difficulties navigating court requirements—including missing a court date—were the most common reason for jail bookings from 2015 to 2021. This report by the Vera Institute suggests that [relatively easy and cost-effective solutions](#) can increase the likelihood that people will show up to court, enabling courts to process cases more efficiently.

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## **SPECIFYING CROSS-SYSTEM COLLABORATION STRATEGIES FOR IMPLEMENTATION: A MULTI-SITE QUALITATIVE STUDY WITH CHILD WELFARE AND BEHAVIORAL HEALTH ORGANIZATIONS**

Cross-system interventions that integrate health, behavioral health, and social services can improve client outcomes and expand community impact. Successful implementation of these interventions depends on how well service partners can align frontline services and organizational operations. However, collaboration strategies linking multiple implementation contexts have received limited empirical attention. This study identifies, describes, and specifies multi-level collaboration strategies used during the implementation of Ohio Sobriety Treatment and Reducing Trauma (Ohio START), a cross-system intervention that integrates services across two systems (child welfare and evidence-based behavioral health services) for families that are affected by co-occurring child maltreatment and parental substance use disorders.

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## **LEVERAGING POLICY CHANGES MADE IN RESPONSE TO COVID-19 TO ADVANCE TELEHEALTH AND NOVEL TREATMENT APPROACHES FOR PEOPLE WHO USE OPIOIDS: QUALITATIVE PERSPECTIVES FROM TWO RURAL NORTH CAROLINA COUNTIES**

The COVID-19 pandemic has been a catalyst for telehealth services for people who use opioids; however, the data show dramatic increases in opioid overdose deaths and ongoing lack of treatment options in North Carolina, particularly among rural residents. In this study, researchers performed a listening session and qualitative interviews with ten healthcare professionals, administrators, and community partners providing services for individuals who use opioids in Granville and Vance counties. Findings show that while policy changes accelerated telehealth-delivered medication for opioid-use-assisted treatments, considerable gaps prevent access to effective treatment in rural communities.

## **INITIATIVE**

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### **'WE HOLD YOU SACRED': HOW A MOBILE DRUG UNIT IS FIGHTING THE OPIOID CRISIS IN THE CHEROKEE NATION**

Mobile harm reduction is uniquely suitable for tribal nations which are often rural, geographically isolated, and lack easily accessible addiction care. For many Native communities where culture and connection are measures of health, harm reduction mitigates the isolation of active addiction. The mobile unit in Oklahoma was launched in September 2023 to bring harm-reduction supplies to remote areas of the reservation, funded in part by the tribe's landmark 2017 lawsuit against opioid manufacturers and distributors.