



### Hello PRISM Learning Community!

Here is this month's collection of resources and information. If you have any technical assistance requests, please contact the PRISM team by reaching out to your ASTHO or AMCHP point of contact or emailing us at [prism@astho.org](mailto:prism@astho.org).

Access the PRISM Learning Community Dropbox, an online resource folder for participants, partners, and stakeholders, [here](#).

## From the Field: News, Studies, and Reports

### [HHS Announces New Overdose Prevention Strategy](#)

Health and Human Services Secretary Xavier Becerra today announced the release of the new [HHS Overdose Prevention Strategy](#), designed to increase access to the full range of care and services for individuals who use substances that cause overdose, and their families. This new strategy focuses on four key target areas: primary prevention, harm reduction, evidence-based treatment, and recovery support.

### [As Overdose Deaths Soar, DEA-Wary Pharmacies Shy from Dispensing Addiction Medication](#)

Drug overdose deaths hit record highs last year, and despite medical experts considering medications like buprenorphine the gold standard, less than 20% of people with opioid use disorder typically receive them. This [article](#) from KHN explores challenges to accessing, prescribing, and dispensing buprenorphine.

### [Overdose Response and Linkage to Care: A Roadmap for Health Departments](#)

The National Council for Mental Wellbeing, with support from the CDC, has released a 100+ page [roadmap](#) for local and state health departments to support linking people who are at risk of opioid overdose to care. Organized by seven strategies aligned with health department essential functions, each strategy offers actionable steps, real-world examples, checklists, tools and resources informed by the latest research, subject matter experts and experiences from diverse settings across the U.S.

## From AMCHP, ASTHO, and Partners

### [PRISM SME \(Subject Matter Expert\) Spotlight:](#)

Each month we're featuring a member of the PRISM Stakeholder Committee. Learn more about what committee members are up to and their areas of expertise below.



#### ***Meet Dr. Hendrée E. Jones, Ph.D.***

Executive & Division Director, [UNC Horizons](#)

Professor, Department of Obstetrics and Gynecology

School of Medicine, The University of North Carolina at Chapel Hill

**Ask me about:** *“Promoting compassionate care in medical and/or behavioral health settings for birthing parents who have substance use problems and their children; leading a comprehensive treatment program for women with substance use disorders and their children; developing, designing, implementing, completing and disseminating practical research studies on topics that include outcomes following perinatal exposure to substances, safety and efficacy of medications to treat opioid and/or alcohol use disorders during the perinatal period, treating pregnant and parenting patients for substance use disorders using integrated medication and behavioral health approaches, and the prevention and treatment of substance use disorders among children between the ages of 4-12; developing, training and evaluating courses for professionals around the world to build the workforce to prevent, treat and support recovery among adults and children who have substance use disorders.”*

**Tell us about your work in the maternal mental health/substance use field:** *“Everyday I have the honor, privilege and joy to work with an interdisciplinary team of medical and behavioral health professionals to help women and birthing people with substance use disorders and their children find help, hope and healing. I am part of delivering direct patient care, advocating to policy makers and implementers to eliminate stigma and discrimination against birthing people who use substances and their children, and generating and disseminating new knowledge via federal funding and privately funded evaluation projects to advance the care of women and birthing parents who have substance use problems and their children.”*

**What’s a maternal mental health/substance use trend you’re seeing?** *“First, there is an urgent and important opportunity to create a system of care to ensure birthing people who have co-occurring substance use problems and severe and persistent mental illness can seamlessly receive timely and integrated care for their illnesses. Second, there is an important window of opportunity for the increased flexibility in access to methadone and other substance use disorder care via telemedicine to be maintained and studied for safety and effectiveness with an eye toward cementing what works well into permanent policy. For example, it is time for the federal methadone regulations to catch up with science for pregnant and postpartum patients.”*

**Share a success story from your work in mental health/substance use.** *“Thanks to funding from the Foundation for Opioid Response Efforts, our clinical team has been able to serve over 100 women who are pregnant or parenting with an opioid use disorder in prison and successfully prevent both overdose and re-incarceration among all women who have been released as measured at both 1 and 6 months. This means we are saving lives with compassionate clinical care.”*

If you would like to connect with Indra or any other member of the PRISM stakeholder committee, please email us at [prism@astho.org](mailto:prism@astho.org) and we'll be happy to connect you!

### **[ASTHOBrief: States Explore the Relationship Between Partner Violence and Substance Use Disorders](#)**

The COVID-19 pandemic heightened the risk of intimate partner violence (IPV), and studies show that women who are abused are more likely to use or become dependent on substances. [Read more](#) about how states are combatting the many challenges facing people who experience IPV.

### **[ASTHOExperts: Building Capacity and Dedicating Field Staff to Address Substance Use Disorders During COVID-19](#)**

This [blogpost](#) describes how the OMNI Local Enhancement project was successful because state teams had skilled public health field staff working to improve access to care and treatment for MCH populations despite the ongoing pandemic and diversion of other resources.

### **[ASTHOReport: Strengthening Health Agencies’ NAS Surveillance Through Consensus-Driven Data Standards and Practices](#)**

This [report](#) reviews findings from the literature and current public health practices for NAS data collection and surveillance and considerations for health agencies. The report is also featured in [this episode](#) of ASTHO’s Public Health Review: Morning Edition podcast.

## Resources and Trainings

### [The Implementation and Integration of Peer Recovery Services Online Training](#)

Are you ready to implement peer recovery services? This two-hour, self-paced, entirely virtual course is for anyone interested in learning more about implementing and integrating peer recovery services into their program or organization. At completion of the program, you will be able to define what peer recovery is, list the ten core competencies for peer workers, distinguish three role characteristics between recovery peers and clinical workers, and specify positive outcomes from incorporating lived experience into substance use disorder treatment. If you are interested in taking this training, please fill out [this interest form](#) and ASTHO will facilitate your registration and access to the course, free of charge.

### [Training for Primary Care Providers](#)

The [Providers Clinical Support System \(PCSS\)](#) is a program funded by SAMHSA that was created in response to the opioid overdose epidemic to train primary care providers in the evidence-based prevention and treatment of opioid use disorders and treatment of chronic pain. The project is geared toward primary care providers who wish to treat OUD. Through a variety of trainings and a clinical mentoring program, PCSS's mission is to increase healthcare providers' knowledge and skills in the prevention, identification, and treatment of substance use disorders with a focus on opioid use disorders. More information is available [here](#).

## State/Territory Highlights

### Iowa

The Bureau of Substance Abuse at the Iowa Department of Public Health recently launched an anti-stigma media campaign, [It Starts With Us](#). The intent of this initiative is to help change the narrative around how individuals with substance use disorder are seen by others, and how they see themselves.

## Grant Opportunities

### [Partnerships for Population Health Learning Opportunity: Request for Applications](#)

ASTHO, with support from and in partnership with the Centers for Disease Control and Prevention (CDC), will assist two state/territorial health agencies in developing or expanding a cross-sector collaboration related to housing or transportation. The participating health agencies will receive technical assistance from ASTHO and the CDC, as well as financial support of up to \$10,000 to support health agency staff time, training needs, facilitator fees, or other needs related to cross-sector partnership building. Applications are due November 29<sup>th</sup>, 2021. Learn more and apply [here](#).

### [DATA 2000 Waiver Training Payments Still Available for Rural Health Clinics](#)

HRSA is [accepting applications](#) for payment from Rural Health Clinics (RHCs) employing buprenorphine-waivered providers under the Drug Addiction Treatment Act of 2000 (DATA 2000) Waiver Training Payment Program. The program gives RHCs the opportunity to apply

for a \$3,000 payment for each eligible employed provider who attained a DATA 2000 waiver on or after January 1, 2019. Approximately \$1.5 million in program funding remains available for RHCs and will be paid on a first-come, first-served basis until funds are exhausted.

HRSA is collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA) to process these applications. For more information, the program provides a [video](#) and [FAQs](#).