

Expanding Access to Treatment

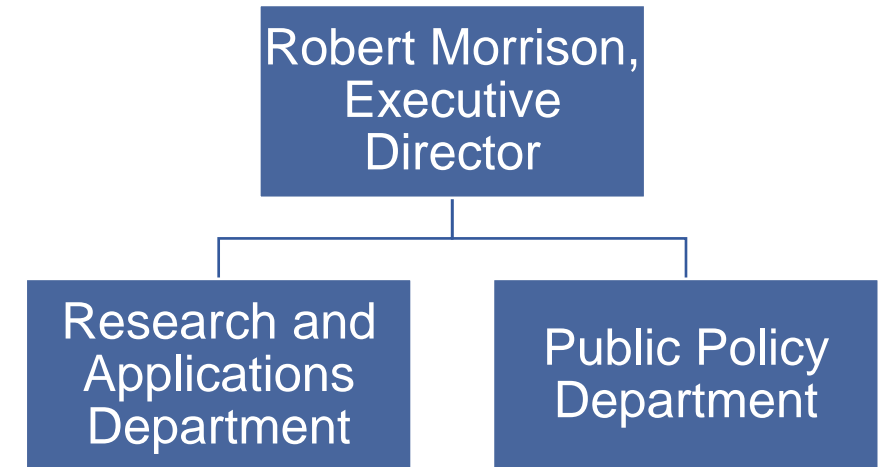
NCSL Opioid Policy Fellows Kickoff

Robert Morrison, Executive Director, NASADAD
(Rmorrison@nasadad.org)

January 8, 2022

Overview of NASADAD

- NASADAD's mission is to promote effective and efficient publicly funded State substance use disorder prevention, treatment, and recovery systems.
- Office in Washington, D.C.
 - Research and Program Applications Department
 - Houses component groups: prevention, treatment, women's services, and State Opioid Treatment Authorities (SOTAs)
 - Public Policy Department
- Governed by Board of Directors
 - Sara Goldsby (SC), President
 - Cassandra Price (GA), Public Policy Committee Chair



Agenda

Role of State Alcohol and Drug Agencies

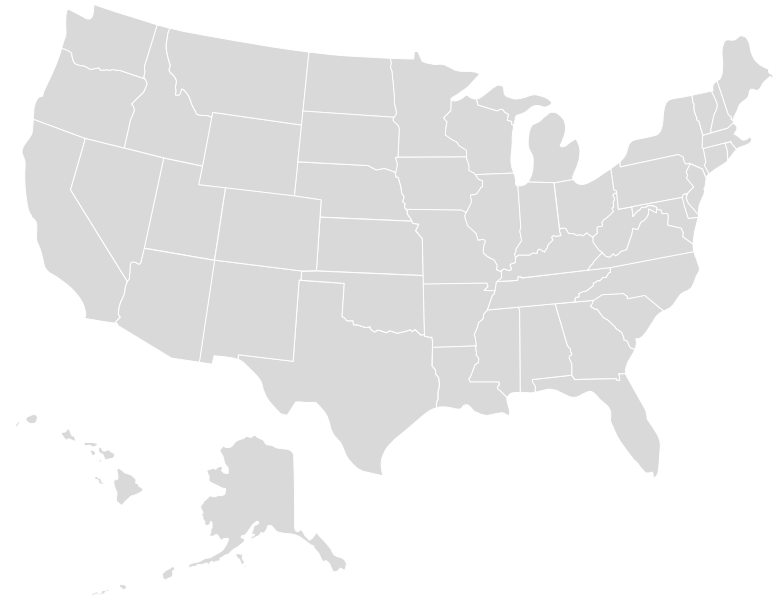
Opioid Treatment Programs

Federal Funds that Support State Substance Use Disorder System Infrastructure

Tools to Help Share Information on State Actions to Expand Access to Treatment

Brief Mention: Workforce

Role of State Alcohol and Drug Agencies



Role of State Alcohol and Drug Agencies

NASADAD National Association of State Alcohol and Drug Abuse Directors
September 2022

The Role of State Alcohol and Drug Agencies

The Single State Agency (SSA) is the lead agency in each State or jurisdiction responsible for managing federal funds dedicated to addressing substance use prevention, treatment, and recovery. These agencies are governed by different statutes and regulations, vary in terms of their exact functions, size, and placement within State government. Yet these same agencies also share common characteristics as well. The development of effective federal policy requires an awareness and appreciation of the important role State alcohol and drug agencies play in managing our nation's prevention, treatment, and recovery system.

Managing the Substance Abuse Prevention and Treatment (SAPT) Block Grant: The SAPT Block Grant is a \$1.9 billion federal formula grant that is allotted to NASADAD members. By statute, twenty percent of the SAPT Block Grant must be dedicated to critical substance use prevention programming.

Managing opioid-specific grants to States: NASADAD members manage the State Opioid Response grants (\$1.525 billion in FY 2022) which address the opioid crisis by increasing access to treatment and reducing opioid overdose deaths through prevention, treatment, and recovery activities. SSAs previously managed the State Targeted Response grants in their State. These grants supplement existing opioid-related services being led by the State alcohol and drug agencies.

Promoting effectiveness through planning, oversight, and accountability: States work with stakeholders to craft and implement annual plans for State-wide service delivery. In the process, they employ mechanisms to ensure public programs are effective. State agencies use tools such as performance data management and reporting, contract monitoring, corrective action planning, on-site reviews, and technical assistance.

www.nasadad.org

<https://nasadad.org/role-of-ssas/>

Placement in State government varies: May be Departments of Health, Human Services, Social Services, Cabinet Level, and so on

Develop annual **State plans** to provide prevention, treatment, and recovery services

Manage the **Substance Abuse Prevention and Treatment (SAPT) Block Grant**

Manage **opioid-specific grants to States**

Promote **effectiveness through planning, oversight, and accountability**

Report Data

Promote and **ensure quality**

Encourage coordination across state government

Work with the provider community

Spotlight: Working with providers across prevention, treatment, recovery

- **Convene** provider community to ensure communication and awareness; seek and acquire input
- **Training** to help support providers with education on best practices related to programs, practices and policies
 - Includes help translating research-to-practice
- Develop and issue **guidance** to providers
- Lead / contribute to staff and facility **licensing and certification** activities
- Assisting providers to leverage opportunities offered by **federal partners**
- Critical **partner** when considering action **regarding workforce crisis**

Your State's SSA

Idaho: Rosie Andueza, Division of Behavioral Health Operations Program Manager, Department of Health and Welfare, rosie.andueza@dhw.idaho.gov

Oregon: Steve Allen, Behavioral Health Director, Health Systems Division, steven.j.allen@dhsosha.state.or.us

South Dakota: Tiffany Wolfgang, Chief of Behavioral Health Services, Division of Behavioral Health, Department of Social Services, tiffany.wolfgang@state.sd.us

Nevada: Stephanie Woodard, DHHS Senior Advisor on Behavioral Health, Division of Public and Behavioral Health, Bureau of Behavioral Health, Prevention, and Wellness swoodard@health.nv.gov

Utah: Eric Tadehara, Assistant Director, Division of Substance Abuse and Mental Health, Department of Human Services, erictadehara@utah.gov

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Montana: Jami Hansen, Program Manager, Addictive and Mental Disorders Division Jami.Hansen@mt.gov

Kentucky: Brittney Allen, Director, Division of Behavioral Health, Department for Behavioral Health, Developmental and Intellectual Disabilities, Cabinet for Health and Family Services, brittney.allen@ky.gov

Arkansas: Boyce Hamlet, Drug Director, Arkansas Department of Human Services, boyce.hamlet2@dhs.arkansas.gov

Oklahoma: Carrie Slatton-Hodges, Commissioner, Oklahoma Mental Health and Substance Abuse Services, chodges@odmhsas.org

Maine: Sarah Squirrel, Acting Director, Office of Behavioral Health, Department of Health and Human Services, sarah.squirrel@maine.gov

Massachusetts: Deirdre Calvert, Director, Bureau of Substance Addiction Services, Department of Public Health, Deirdre.C.Calvert@mass.gov

Rhode Island: Linda A Mahoney, State Opioid Treatment Authority, Administrator III, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals Behavioral Healthcare Division, linda.mahoney@bhddh.ri.gov

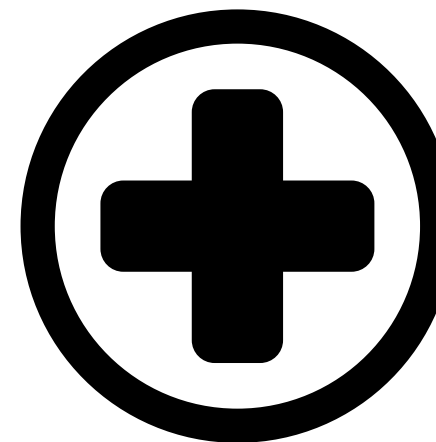
Pennsylvania: Jennifer Smith, Secretary, Department of Drug and Alcohol Programs, jensmith@pa.gov

Maryland: Lisa Burgess, Interim Deputy Secretary, Maryland Department of Health, Behavioral Health Administration, LisaA.Burgess@Maryland.Gov

North Carolina: Dave Richard, Director, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, dave.richard@dhhs.nc.gov

Georgia: Cassandra Price, Executive Director, Division of Addictive Disease, Department of Health and Developmental Disabilities, Cassandra.Price@dbhdd.ga.gov

Quick Background on Opioid Treatment Programs

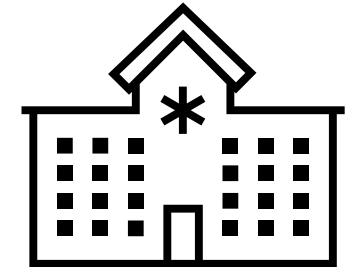


Opioid Treatment Programs

- Provide outpatient, community-based treatment for opioid use disorder using medications regulated by the Controlled Substances Act (methadone and buprenorphine), as well as counseling and other supports
- Regulated by SAMHSA and the Drug Enforcement Agency (DEA), as well as States/territories
- Staffed by physicians trained and experienced in addiction medicine, nurses, pharmacists, licensed substance use disorder and mental health health professionals and individuals in recovery
- Over 1,800 OTPs certified by SAMHSA/DEA serve over 500,000 patients

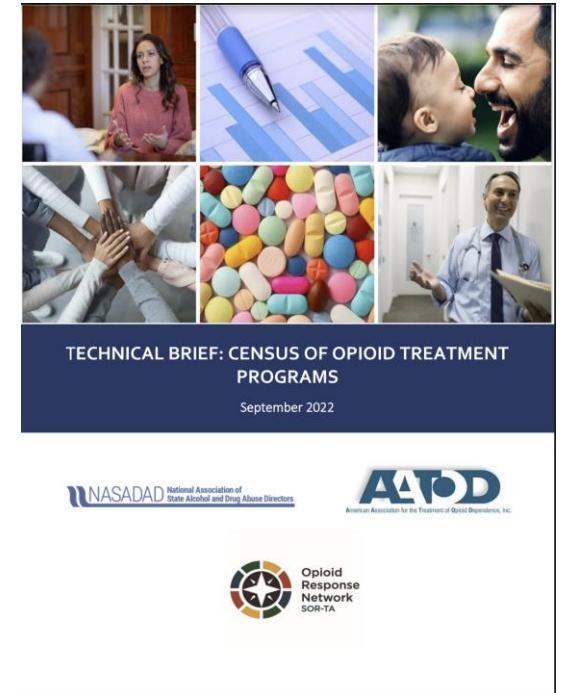
Who are the State Opioid Treatment Authorities (SOTAs)?

- Housed within State alcohol and drug agency to be responsible for and exercise authority over the use of medications for the treatment of opioid use disorder (MOUD).
- Usually assigned to one person who may be assisted by other staff
- Serves as the liaison between the opioid treatment program (OTP) and SAMHSA, Drug Enforcement Agency (DEA) other State agencies (e.g., Board of Pharmacy, State substance use disorder licensing) by providing information to the OTPs and advising SAMHSA on quality of care, compliance with regulations and other critical issues.



Census of Opioid Treatment Programs (OTP): Background & Purpose

- Funded by SAMHSA's State Opioid Response (SOR) Technical Assistance grant
- Partnership between American Association for the Treatment of Opioid Dependence (AATOD) and NASADAD
- AATOD members include Opioid Treatment Programs (OTPs)
- Census conducted between April and December of 2021, with the assistance of the State Opioid Treatment Authorities (SOTAs)
- Data collected from 1,547 of the 1,826 OTPs providing treatment to patients in SAMHSA certified OTPs across the states and territories (85% response rate)
- Determine the number of patients receiving medications for opioid use disorders (MOUD) in opioid treatment programs (OTPs)
- The types of federally approved medications used by patients in treatment and formulations of medications taken among patient population

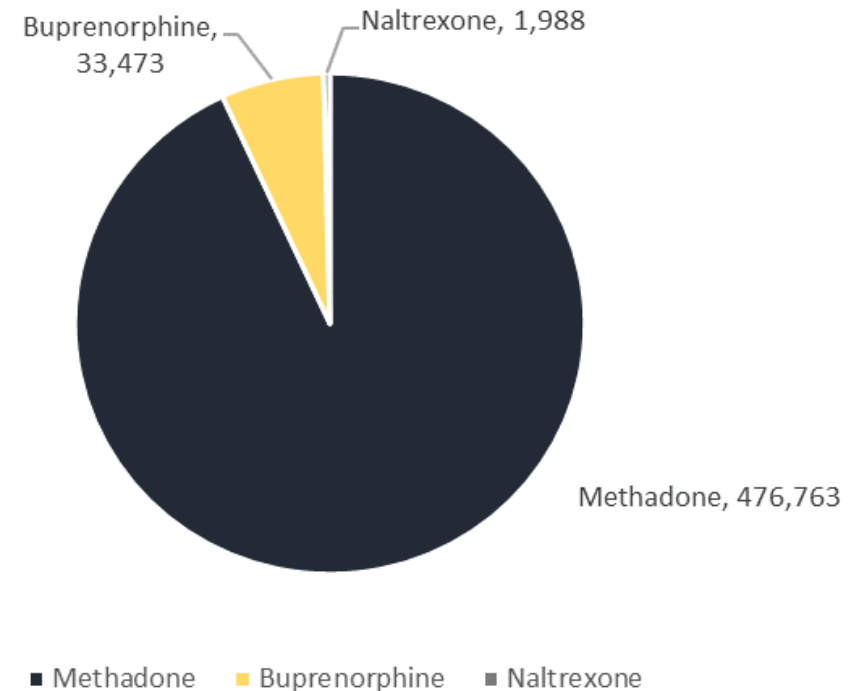


<https://nasadad.org/2022/12/technical-brief-census-of-opioid-treatment-programs/>

Census Findings: Patients in Opioid Treatment Programs (OTPs)

- Most patients captured in the census are using methadone to treat their OUD
 - (476,763 or 93%)
- Buprenorphine was the second most frequently reported medication used
 - (33,473 or 7%)
- Naltrexone was the least reported medication in use
 - (1,988)

Exhibit 1: Medications used by Patients in OTPs to Treat OUD



Census Key Points: Patients in Opioid Treatment Programs (OTPs)

- In 2020, 347,223 patients received care through OTPs
- In 2021, 512,224 patients received through OTPs
- This census also discovered that more patients were being treated with methadone in 2021 (476,001) compared to (311,531) to 2020
- Patients receiving buprenorphine increased slightly in 2021 compared to 2020 (32,652 to 31,864, respectively, and patients receiving naltrexone decreased between 2021 and 2020 (1,904 to 3,828, respectively)
- These changes may reflect the potency of illicit fentanyl and that it is often mixed with other substances, making it both extremely dangerous and clinically challenging to treat
- Increase in the number of OTPs across the country
- Initial indications are that methadone maybe preferable in treating fentanyl to relieve withdrawal symptoms and cravings and retaining patients in treatment

Federal Funds That Help Support State Substance Use Disorder System Infrastructure



Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant

(Formerly Substance Abuse Prevention and Treatment [SAPT] Block Grant)

- \$2 billion formula grant administered by SAMHSA
- 20 percent set-aside for front-end primary prevention
- Flexible program that allows each State to direct resources for prevention, treatment, and recovery to meet their unique own needs
- Critical funding that supports infrastructure of each State’s substance use disorder system – including services not reimbursed

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs. FY 2022
SUPTRS Block Grant	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,908,079,000	\$2,008,079,000	+\$100,000,000

State Opioid Response (SOR) Grants - Overview

Program managed by the Substance Abuse and Mental Health Services (SAMHSA) that helps States with prevention, treatment, overdose reversal, and recovery needs linked specifically to the opioid crisis and stimulant use disorders.

Recent areas of emphasis:

Increasing access to treatment including FDA-approved medications for the treatment of opioid use disorder (MOUD)

Increasing access to overdose reversal medications

Increasing access to recovery support services

Increasing primary prevention efforts

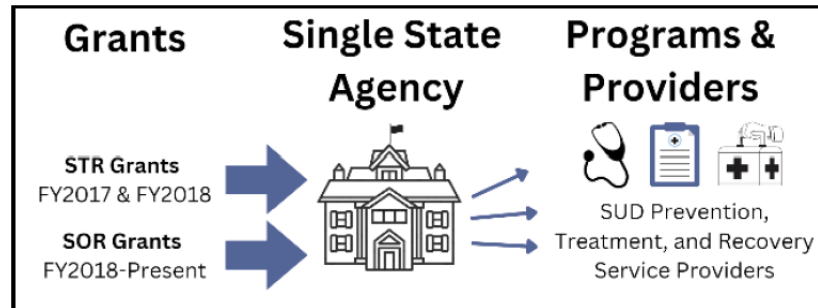
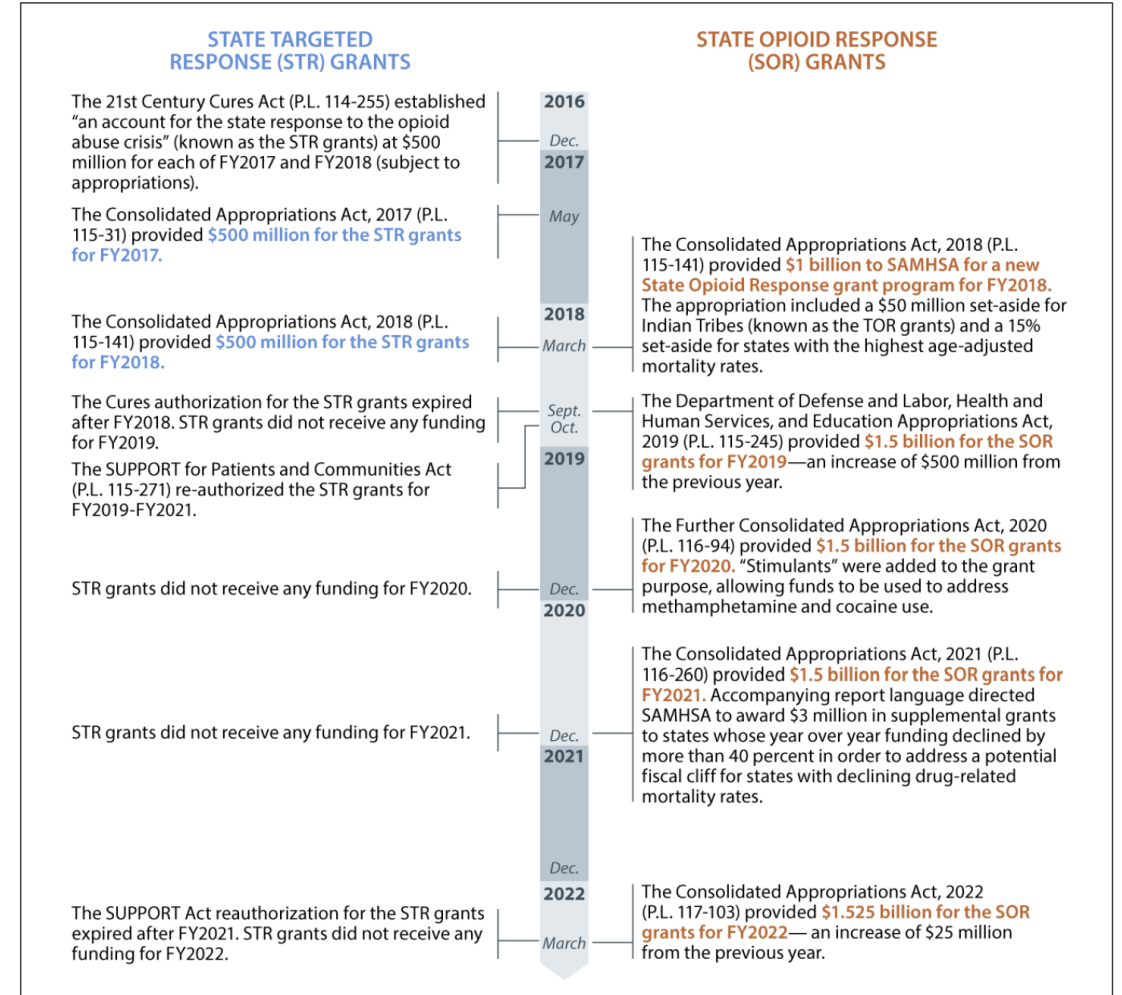


Figure 2. Opioid Block Grant Timeline

Authorizing Legislation and Appropriations Levels over Time for the STR, SOR, and TOR Grants



Source: Congressional Research Service.

State Opioid Response (SOR) Funding

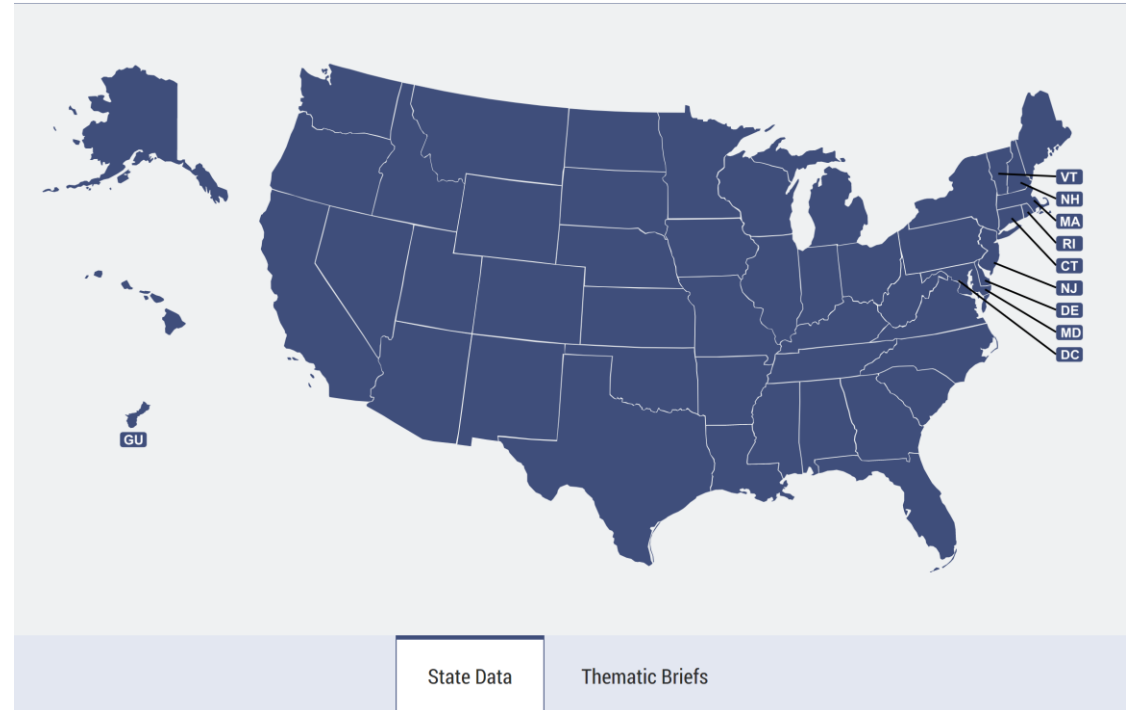
Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
State Opioid Response (SOR) Grants	\$1,500,000,000	\$1,500,000,000	\$1,500,000,000	\$1,525,000,000	\$1,575,000,000	+\$50,000,000

Medication-Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA)

Grant program within the Substance Abuse and Mental Health Services Administration (SAMHSA) to help States and locals expand/enhance access to Medications for Opioid Use Disorder (MOUD).

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT- PDOA)	\$89,000,000	\$89,000,000	\$91,000,000	\$101,000,000	\$111,000,000	+\$10,000,000

Tools On State Actions To Expand Access To Treatment



Background: State Opioid Response (SOR) Grant

- State Opioid Response (SOR) grants were/are a major source of funding to address the opioid crisis and stimulants disorders.
- To understand how grantees have used these funds, NASADAD developed in 2019 and 2021, individual **state** and **territorial briefs** that describe highlights of each state alcohol and drug agency's use of STR/SOR funds across the continuum of care.
- **Thematic briefs** were also developed to analyze common strategies and services states have implemented in dealing with the opioid and stimulant misuse and use disorders.


Thematic briefs describe some of the most pressing issues faced by the SSAs in responding to the opioid crisis and stimulant misuse and use disorders, common strategies to address them, and innovative programs. The briefs cover:

- Crisis Support Services
- Special Populations Initiatives
- Initiatives to Build Workforce Capacity
- Demonstrating Outcomes for a Healthier Future
- Prevention Initiatives
- Treatment Initiatives
- Overdose Reversal Initiatives
- Recovery Support Initiatives

STR/SOR ISSUE BRIEF
Initiatives to Build Workforce Capacity



BACKGROUND AND OVERVIEW

The Substance Abuse and Mental Health Services Administration (SAMHSA) previously administered the State Targeted Response to the Opioid Crisis (STR) grant program and currently administers the State Opioid Response (SOR) grant program. The STR program was designed to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)-approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.



The Opioid Response Network (ORN) is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA's SOR Technical Assistance (TA) grant, the ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. This issue brief was developed as a form of TA so states can share strategies and learn from one another, as well as seek ORN TA when needed.

The National Association of State Alcohol and Drug Abuse Directors (NASADAD), through its partnership with the ORN, sent an inquiry to the Single State Agencies (SSAs) for alcohol and other drug services in March 2021 requesting information on how they were using the STR and SOR grants to address the opioid crisis in their states. A total of 52 state and territorial responses were received. The results of the inquiry were summarized into state-specific briefs highlighting service delivery models; workforce activities; prevention, treatment, and recovery initiatives; services for special populations; and service outcomes. State briefs generally covered a reporting time frame between FY 2017 and FY 2020.


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March 2020

How states are using State Targeted Response (STR) and State Opioid Response (SOR) funds to make a difference

PREVENTION INITIATIVES

In April of 2019, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) sent an inquiry to the Single State Agencies for alcohol and other drug services requesting information on how they were using the State Targeted Response (STR) and State Opioid Response (SOR) grants to address the opioid crisis in their states. The results of the inquiry were summarized into state-specific profiles highlighting prevention, treatment, overdose reversal, and recovery support efforts. State profiles generally covered a reporting timeframe between May 2017 - April 2019. A total of 50 state responses were received. Washington D.C. and U.S. Territories did not respond to the inquiry. Below is a brief analysis of the most common ways states have used STR/SOR funds for primary prevention initiatives, as well as select examples of innovative prevention initiatives.





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STR/SOR OUTCOMES SNAPSHOT
Demonstrating Outcomes for a Healthier Future

Background and Overview

The Opioid Response Network (ORN) is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA's SOR Technical Assistance (TA) grant, the ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. This snapshot captures national data on three common state outcomes: naloxone kits distributed; overdose reversals reported; and individuals who received medication for opioid use disorder (MOUD). It also provides two examples of state-specific outcomes. The snapshot was developed as a form of TA so states can share strategies and learn from one another, as well as seek ORN TA when needed.

Nationwide Estimates*
3.1 million naloxone kits distributed (48 states reporting)
167,982 overdose reversals reported (25 states reporting)
294,978 individuals received medication for opioid use disorder (MOUD) (38 states reporting)

*Estimates were developed with data voluntarily reported by states. These estimates include data reported from 2017 to 2021. Some states did not report data for all years.

Example of State Programmatic Outcomes: California Department of Health Care Services

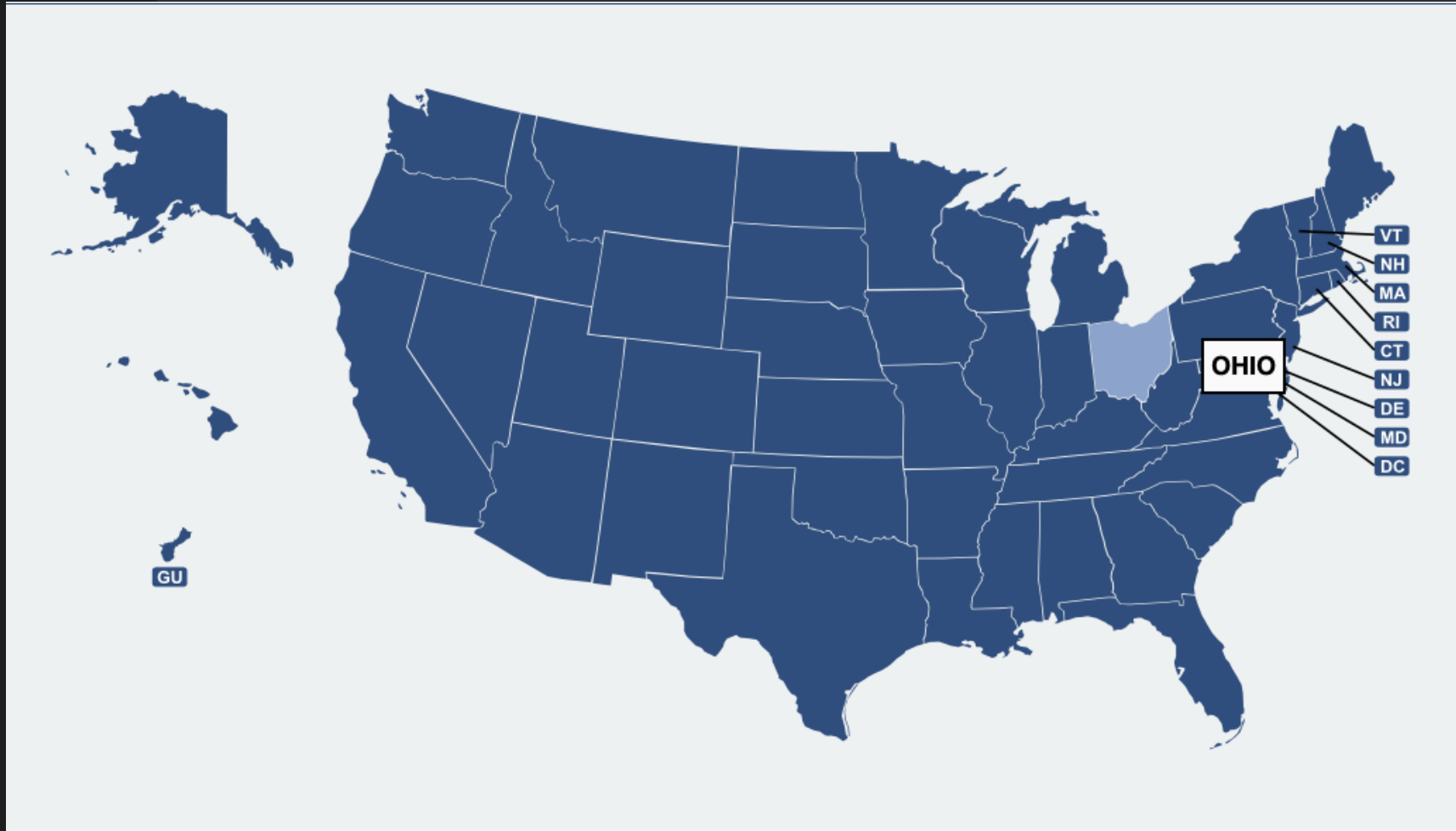
California has substantially increased access to treatment and other services for opioid and stimulant use disorder with STR/SOR funding. As of June 2021, more than **40,000** individuals have received treatment through the state's Hub and Spoke System (otherwise known as the Medication Assisted Treatment [MAT] Expansion Project), with significant expansions in treatment availability in the northern and central parts of the state, where individuals and communities have been most impacted by the opioid crisis. Through STR/SOR investments, over **48,000** individuals have been connected to substance use navigators in emergency departments to reduce obstacles and facilitate access to treatment; **24,191** individuals have been identified with opioid use disorder (OUD); and **15,471** individuals have received MOUD during their encounter. Additionally, as of March 2021, over **10,745** individuals have been treated with MOUD in county jails. This number is quickly growing. The state has distributed more than **900,000** units of naloxone to law enforcement, first responders, harm reduction organizations, community organizations, county behavioral health agencies, schools, and homeless service programs. More than **37,000** overdose reversals have been reported. To learn more about the 30 projects in the California MAT Expansion Project, visit <http://www.californiamat.org>.

Outcomes Across the Continuum of Care: Maryland Department of Health Behavioral Health Administration

Prevention	Treatment	Recovery
<ul style="list-style-type: none"> Public awareness campaigns have made 392,719,854 impressions on the public, increasing knowledge of the opioid crisis and where to get help. 114,965 individuals have been trained to provide evidence-based prevention programs. In hospital emergency departments, 298,379 individuals were screened for OUD, and 8,341 were referred to treatment. 	<ul style="list-style-type: none"> 11,317 individuals received substance use treatment. Seven counties have established crisis stabilization centers, serving 4,751 individuals to date. 6,205 individuals have received MOUD. Of those individuals, 3,227 were referred to MOUD through Screening, Brief Intervention, and Referral to Treatment (SBIRT). 	<ul style="list-style-type: none"> 19,191 individuals who are at high risk of an overdose or are high utilizers of the emergency department have received intensive case coordination and recovery support services. 60,774 individuals have received critical peer recovery services.

Funding for this initiative was made possible in part by grant no. 2019F000343 from SAMHSA. The information contained in this brief was provided and verified by the state jurisdiction. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Select a state or territory in the map or dropdown menu to access their STR/SOR Brief



Select a state:

Ohio Initiative Brief

Addressing Opioid and Stimulant Misuse and Use Disorders: The Impact of State Targeted Response and State Opioid Response Grants

Background on State Targeted Response and State Opioid Response Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. The STR program was designed to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)-approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of \$1 billion through STR. From FY 2018 through FY 2020, states, territories, and jurisdictions received a total of \$4 billion in SOR grants.

Single State Agency (SSA): Ohio Department of Mental Health and Addiction Services

In FY 2017 and FY 2018, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) received a total of \$52 million in STR funding. From FY 2018 through FY 2020, Ohio received a total of \$236.2 million in SOR funding.

Overview of Ohio's efforts to address opioid and stimulant misuse and disorders

The Ohio SOR Project is intended to:

1. Expand prevention efforts related to naloxone distribution, provide training across systems for professionals to improve system responses to the opioid crisis, and deploy targeted awareness messaging for communities;
2. Expand access to MAT and a clinical workforce with the expertise to provide MAT and psychosocial treatment to individuals with an OUD; and
3. Expand the use of certified peer supporters and access to recovery housing, in particular recovery housing for families, and development of employment opportunities for persons in recovery from opioid addiction.

Link to Access
Map

<https://nasadad.org/>

Workforce



NASADAD Workforce Recommendations to Congress



Congress should ensure SAMHSA's current legal authority to address workforce issues is matched with programmatic initiatives.



NASADAD worked with the authors of CARA 3.0 to develop a grant authorized within SAMHSA to State alcohol and drug agencies that would support substance use disorder prevention workforce initiatives.



NASADAD has called on Congress to explicitly add workforce activities as an allowable use of the SAPT Block Grant.

“Provide SAMHSA the authority and resources to help address the nation’s substance use disorder workforce crisis.”

Sara Goldsby’s (Feb. 1)
&
Cassandra Price’s
(April 5) Testimony

NASADAD Federal Recommendations: New workforce-related allowable use of Substance Abuse Prevention and Treatment (SAPT) Block Grant

Enhancing or developing current training curricula

Partnering with elementary schools, middle schools, high schools, or institutions of higher education to generate early student interest in careers related to substance use disorders

Creating short and longer-term pipeline initiatives through training, mentoring, coaching, tuition assistance, and stipends for students enrolled in substance use disorder-related educational programs

Enhancing or establishing initiatives related to credentialing or other certification processes recognized by the State alcohol and drug agency, including scholarships or support for certification costs and testing

Establishing or enhancing initiatives that promote recruitment, professional development, and access to education and training that increase the State's ability to address diversity, equity, and inclusion in the workforce, including communication initiatives or campaigns designed to draw interest in a career in substance use disorder prevention, treatment, and recovery

Establishing or enhancing internships, fellowships, apprenticeships, and other career opportunities

Providing substance use prevention, treatment, and recovery staff with retention payments, bonuses, hazard pay and staff differential pay

Retention initiatives that may include training, leadership development or other educational opportunities.

**Comprehensive Workforce
Investments Designed to Improve
Access to & Quality of Care:**

**A State Example Oregon Health
Authority**



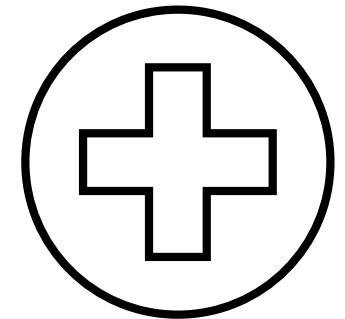
Legislative Initiatives from 2021-22 Sessions

- Workforce Strengthening and Diversification: (HB2949 - 2021)
- Workforce Stabilization: Recruitment/Retention Payments (HB4004 - 2022)
- Provider Rate Increases (HB5202 – 2022)

Workforce Strengthening and Diversification: (HB2949 – 2021)

Increases the recruitment and retention of substance use and mental health providers who are people of color, tribal community members, or residents of rural areas, in order to provide culturally responsive care. It specifically provides the following:

- \$60 million to develop a diverse workforce in licensed and non-licensed occupations through workforce incentives (e.g., scholarships, loan repayment, housing stipends, childcare subsidies)
- \$20 million for a grant program to licensed SU and MH providers to provide paid supervised clinical experience to associates or other individuals so they may obtain a license to practice.



Workforce Stabilization: Recruitment/Retention Payments (HB4004 - 2022)

\$132 Million to be awarded

- Offers provider flexibility to design and apply compensation strategies, as long as 75% is directed toward wages, benefits, bonuses and incentives
- A qualified entity must be licensed or certified by Oregon Health Authority, Oregon Department of Human Services or Oregon Youth Authority per the statutory language

Provider Rate Increases

\$154.5 million in total funds

- Increases to fee-for-service schedule post-CMS approval retroactive to July 1, 2022
- Increases to Managed Care (Coordinated Care Organization) capitation rates (effective Jan 1, 2023)

Priorities for FFS increases:

- Parity between SU and MH rates
- 22% rate differential for providers that offer culturally and linguistically specific services directly (10% additional for rural providers)
- Rate increase from \$17.70 to \$24.78 for peer support specialists wages

Issue(s) from Yesterday: Costs related to substance use disorders

- Facing Addiction in America: Surgeon General's Report on Alcohol, Drugs, and Health (2017):
 - Alcohol costs the nation \$249 billion annually
 - Illicit drugs cost the nation \$193 billion annually

<https://store.samhsa.gov/sites/default/files/d7/priv/surgeon-generals-report.pdf>

- SAMHSA's Spending Estimates cite that the U.S. spent
 - \$56 billion on substance use disorder programs and services
 - \$156 billion on mental illness programs and services

[Behavioral Health Spending & Use Accounts, 2006-2015 | SAMHSA Publications and Digital Products](#)

Issue(s) from Yesterday: Programs for Pregnant and Postpartum Women

- Utilizing a comprehensive family-centered approach for treatment
- Women reside in a facility to receive substance use treatment where the children reside with them during treatment to receive services including:
 - Counseling; medications to treat substance use disorders;
 - Prenatal and postpartum care; parenting skills; counseling on HIV/AIDS; domestic violence
 - Help with employment
 - Therapeutic services for the children
 - Case management for all

Questions?

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