HEALTHY MINDS POLICY INITIATIVE

Criteria for best practice opioid abatement interventions

December 2024

Overview

Healthy Minds developed this resource for the staff administering the opioid abatement grant program at the Oklahoma Office of the Attorney General. The purpose of this resource is to guide staff in focusing grant funds toward best practice opioid abatement interventions by offering a list of priority programs and practices. This resource will also aid staff in developing a process for evaluating grant applications requesting grant funds for interventions not included in the priority list (category referred to as "other evidence-based strategies").

Priority strategies were identified through a review of best practices for opioid abatement informed by the National Association of Counties (NACo), Substance Abuse and Mental Health Services Administration's Evidence-Based Practices Resource Center, and other registries of evidence-based practices and research-based opioid abatement guidance. The selected priorities conform with Exhibit E and Oklahoma's approved purposes. The prioritized practices were informed by Oklahoma opioid abatement board member recommendations, which included focusing on strategies 1) in observed need of adoption/scaling in Oklahoma; 2) reasonably expected to be implemented effectively by grantees and produce outcomes during the project period; and 3) representing both preventive and treatment options.

Priority opioid abatement strategies

Medications for the treatment of opioid use disorder (MOUD)		
Goal	Focus population(s)	Implementation consideration(s)
Expand access to MOUD services. MOUD is an evidence-based treatment approach that uses FDA-approved medications and is recommended for all individuals with opioid use disorder.	• Justice-involved persons (Note: Methadone and Naltrexone are not FDA-approved for individuals under the age of 18) • Pregnant and parenting individuals (Note: Naltrexone is not recommended for use during pregnancy) • Persons with opioid use disorder	• Provide equal access to all three FDA-approved medications to treat opioid use disorder (i.e., methadone, buprenorphine, and extended-release naltrexone). • Remove cost barriers for people with limited or no insurance or to continue treatment for parenting patients who may lose Medicaid benefits after giving birth. • Increase access to medications for opioid use disorder in rural communities via mobile clinics and telehealth. • Use of long-acting injectables, such as extended-release naltrexone (also known as

		Vivitrol), can improve access to care and treatment adherence.
Contingency Management (CM)		
Goal	Focus population(s)	Implementation consideration(s)
Expand access to the use of CM for the treatment of opioid use disorder. CM is an evidence-based treatment that uses tangible rewards to reinforce positive behavior change.	• Persons with opioid use disorder and/or co-occurring stimulant use disorder and other substance use disorders	• CM should be combined with individual counseling and with medication for opioid use disorder, such as extended-release naltrexone. • The recommended duration of contingency management treatment protocols is 12–24 weeks. • CM practices, including client reinforcement methods/incentives should follow the Substance Use and Mental Health Services Administration's advisory on use of funds for CM (Jan 2025).
Recovery housing		
Goal	Focus population(s)	Implementation consideration(s)
Provide housing and housing support services for people initiating and sustaining recovery from opioid use disorder.	• Persons with a previous history of substance use disorder who require peer and other supports to promote sustained recovery	• Use a Housing First approach that provides immediate, low barrier access to housing without requirements for income, criminal records, or rental history. • Establish a continuum of evidence-based housing options for people in all stages of recovery (e.g., permanent supportive housing; recovery housing; etc.). • Recovery housing entities should be certified by National Alliance for Recovery Residences or Oxford House. • Integrate ongoing case management and supportive services into housing programs to promote recovery and long-term stability. • Coordinate care across housing, healthcare, and social service providers.
Supported employment services		
Goal	Focus population(s)	Implementation consideration(s)
Expand access to the Individual Placement and Support model of employment services for improved treatment, recovery and quality of life outcomes.	• Persons initiating and sustaining recovery from substance use disorder	• Embed employment specialists and other employment services within opioid treatment programs. • Follow evidence-based Individual Placement and Support (IPS) model principles: 1) focus on rapid job search for competitive employment; 2) provide time-unlimited, individualized job supports; and 3) use a team-based approach integrating employment and clinical services.

		• Help individuals develop relapse prevention plans related to work and support people through relapses while helping maintain employment when possible. • Educate employers on substance use disorders to reduce stigma and discrimination and promote "recovery-friendly" workplace policies and practices. • Support access to education and skills training opportunities and help individuals advance to better jobs over time.
Naloxone distribution		
Goal	Focus population(s)	Implementation consideration(s)
Expand access to overdose prevention supplies through increased and strategic distribution of naloxone, which may be coupled with fentanyl test strips and evidence-based educational material.	• Persons who use and/or those close to or directly serving persons who use opioids and other drugs.	• The Oklahoma Department of Mental Health and Substance Abuse Services offers naloxone and fentanyl test strips to Oklahomans and harm reduction organizations. Information available at: https://okimready.org/ • Consider naloxone and fentanyl test strip supplies for distribution to community residents and/or organizations that provide harm reduction services, referral and outreach following an overdose event. Also consider harm reduction supply access points in the community at fire stations or other 24/7 hosted locations. The Oklahoma Department of Mental Health and Substance Abuse Services offers free training and naloxone kits for emergency medical personnel, fire departments, and law enforcement agencies.
School-based prevention		
Goal	Focus population(s)	Implementation consideration(s)
Expand prevention services in schools with documented opioid outcomes: a. Good Behavior Game b. Botvin Life Skills Training c. Project Towards No Drug Use	• School students in universal settings (entire school, grade levels). Depending on the program selected, may be appropriate for primary and/or selective populations; required program developer guidance	• Follow district parent/guardian communication and consent procedures. • Schools should plan to implement primary prevention program(s) universally across the entire school, grade level(s). Certain prevention programs may be used among selected smaller groups of students who are at elevated risk for substance use. Consultation in implementation design should be completed with the program developer or AG office technical assistance provider.

		• In addition to universal implementation, schools and communities may consider offering Life Skills Training/Project Toward No Drug Use with developer consultation for indicated populations of students who violate substance use policy in lieu of out of school suspension or criminal justice contact. • Consider program time and staff commitment. Some program strategies are carried out by the classroom teacher whereas others can be delivered by trained staff or community partners. • Prevention programs should be coupled with protocols for managing substance use treatment needs among students/families, including agreements with local community organizations for referral.
Family skills		
Goal	Focus population(s)	Implementation consideration(s)
Expand the family skills training programs Strengthening Families Program (SFP) 10-14 to reduce risk of substance use and other problem behaviors in youth	• Parent(s)/caregiver(s) and their children age 10-14 with or without elevated risk for substance use problems	• SFP is a structured skills program for youth and their parents/caregivers (up to 10 families) over a seven-week period, usually in the evenings over mealtime. • Facilitators are trained to lead the SFP family group sessions. Three facilitators are needed for each cohort. • At least two rooms are required for each session, and attendance incentives (such as a meal, transportation) are highly encouraged. • SFP may be used for universal populations in schools, faith institutions, communities. • SFP may be used for indicated populations such as families with elevated risk of substance use or families involved in the child welfare system.
Integration in healthcare		
Goal	Focus population(s)	Implementation consideration(s)
Increase access to best practice substance use interventions in general healthcare settings	• Youth, young adult and/or adult patients in general healthcare settings such as primary care, emergency departments, OBGYN, dental	• Integrated substance use interventions may include dissemination of best practices such as universal Screening, Brief Intervention and Referral to Treatment (SBI) (SBIRT), the Collaborative Care model, NAS/plans of safe care and evidence-based treatment for pregnant/postpartum women for opioid use disorder, and other evidence-based practices informed by guidance from the

		Oklahoma Behavioral Health Integration Steering Committee and other sources. • Healthcare system/clinical consultation, education and training is available for integration practices via locally available sources and national resources such as the Providers Clinical Support System – Medications for Opioid Use Disorders (PCSS) and the Advancing Integrated Mental Health Solutions (AIMS) center.
Other evidence-based strategies		
Required justification by applicant (see below)		

Criteria for best practice opioid abatement intervention

To assess the quality of interventions proposed by applicants, that are not one of the approved priority strategies, Healthy Minds recommends grant program staff and board reviewers assess the following criteria during the application review process:

1. Source of evidence supporting the intervention
2. Documented outcomes related to the prevention or treatment of opioid use and/or related problems
3. Quality review/rating by a reliable organization

Review process

Healthy Minds recommends that the opioid abatement grant program instructions require applicants selecting the "other evidence-based strategy" category to justify their selection by responding to the prompts (or similar) enumerated below for each "other" intervention request. Additionally, applicants selecting this category could be informed in the application materials that:

- oral presentations and submission of additional documentation may be required;
- written responses and submitted material are subject to review for accuracy;
- additional data collection and reporting may be required if awarded;
- participation in additional technical assistance may be required (possibly grantee funded) if awarded; and
- incomplete or noncompliant responses will not be considered.

1. Does the proposed "other" intervention align with Exhibit E List of Opioid Remediation Uses and Oklahoma Approved Purposes 74 O.S. § 30.5? [link to documents]
    - ○ Yes [If yes, prompt to name Exhibit E Schedule A core strategy item and Schedule B approved uses item]
    - ○ No [End application, does not qualify]
2. What is the name of the proposed "other" intervention? (25-word character limit)

3. Describe the intervention, including the name, the intervention population of focus, and the intervention goal. (100-word character limit)

4. What is the source(s) of evidence supporting the proposed "other" intervention as best practice **for effectively preventing or treating opioid problems**? [Check all that apply]

    - ○ Peer-reviewed publication research [hover over definition: randomized control trial (RCT) or quasi-experimental design, a single sample pre-post design, or an epidemiological study with a strong counterfactual (a study that analyzes what would have happened in the absence of the intervention)] that demonstrates positive effects based on the evaluation of the targeted causal or contributing factor(s). [If yes, instruct to upload publication pdf document]

    - ○ Documented inclusion on a national registry of evidence-based practices that demonstrated positive effects. [If yes, move to #5]

5. Which national registry/clearinghouse/database of evidence-based practices includes the proposed "other" intervention? [Check all that apply]

    - ○ Results First Clearinghouse Database
    - ○ Blueprints for Healthy Youth Development
    - ○ SAMHSA National Registry of Evidence-based Programs and Practices
    - ○ California Evidence-Based Clearinghouse for Child Welfare
    - ○ Arnold Ventures' Social Programs That Work
    - ○ U.S. Department of Education's What Works Clearinghouse
    - ○ ACF Title IV-E Prevention Services Clearinghouse
    - ○ Other [If yes, input name of registry and link]

6. What is the primary outcome **for opioid abatement** that is documented in the reported peer-reviewed research and/or national registry of evidence-based practices? [check one]

    - ○ Prevention or reduction of opioid use or initiation

    - ○ Treatment or recovery of opioid use disorder

    - ○ Treatment of opioid-specific adverse events such as overdose injury or death

7. If applicant has also selected an approved intervention, how does the proposed "other" intervention relate to the selected priority opioid abatement strategy intervention(s)? [check only one response]

    - ○ The proposed "other" intervention *does not relate* to the selected intervention(s) from the priority list.

    - ○ The proposed "other" intervention *directly relates* to the selected intervention(s) from the priority list. [If yes, answer item #8a]

- ○ The proposed “other” intervention *indirectly relates* to the other intervention(s) selected. [If yes, answer item #8b]

8. a. Describe how the proposed “other” intervention directly relates to the selected intervention(s) from the priority list. For example, address whether there are shared program participants/settings, how/why the programs are delivered together, etc.. (100-word character limit)

   b. Describe how the proposed “other” intervention indirectly relates to the selected intervention(s) from the priority list. For example, address how your plans for each proposed intervention enhances or otherwise supports the other. (100-word character limit)