



## Funding Priority 7: Address Social Determinants and Structural Needs of At-Risk and Impacted Populations

---

### Rationale

Disparities in social, economic, and environmental determinants of health exacerbate adverse outcomes of substance use, including overdose mortality, and create barriers to addiction treatment, pointing to a need for interventions that address these determinants.<sup>1,2</sup> In Connecticut, the largest number of deaths and greatest burden of opioid-related morbidity is in urban centers and disproportionately falls on racially and ethnically minoritized communities; the unhoused, unemployed, uninsured; and recently incarcerated individuals. Additional disparities in care access and outcomes are mediated by barriers introduced by the urban-rural service divide, by age, sexual orientation and gender identity, developmental and physical ability, as well as culture, language, and citizenship status. Applying a health equity lens to addressing the overdose crisis, recognizing the intersectional nature of individual- and community-level risk environments, and prioritizing upstream solutions can meaningfully reduce morbidity and mortality, improve access to and retention in treatment, and be cost-effective.

### Potential Impact

Funding interventions to address social determinants of health constitutes an investment in ameliorating the structural drivers of illicit substance use, SUD, and related harms including overdose. Positive benefits of such interventions may be observed in the short-, intermediate-, and long-term, reflecting the compounding nature of these interventions. For example, taking action to expand access to affordable and safe housing may reap immediate benefits by providing shelter and a place to securely store medications and belongings, intermediate benefits by facilitating the stability needed to gain and maintain financial capital through employment and public benefits; and, long-term benefits by aiding establishment of supportive community connections, social networks, and place-based identity.<sup>3-5</sup> Lack of access to stable housing and other basic needs such as transportation, food, and childcare, are cited by many Connecticut-based community organizations, clinicians, and by people who use drugs as the primary barrier to initiation of and retention in treatment for OUD.

Given the multiyear timeframe for the disbursement of opioid settlement funds, tactics outlined below are a productive use of the funds with the potential to promote individuals' well-being and decrease community disorder in a longitudinal manner with return on investment for primary, secondary, and tertiary prevention (see Funding Priority 5).

### Strategies

**Strategy #1:** Ensure that all individuals at risk for overdose have access to comprehensive social wraparound services including transportation, insurance, employment services, and childcare.

**Goal:** Address key social determinants of overdose risk and addiction treatment access and engagement.

- **Tactic #1:** Fund initiatives embedded within OTPs and other addiction treatment settings that directly provide or facilitate linkage to wraparound services addressing social determinants, including transportation, insurance, employment, and childcare. This should include linkage to wraparound service as part of comprehensive hospital discharge planning and discharge planning from prisons and jails.
- **Tactic #2:** Fund initiatives that provide low-barrier community-located wraparound services for people who use drugs regardless of treatment engagement status.
- **Tactic #3:** Fund initiatives that provide wraparound services, in treatment settings and in the community, offering services tailored to the unique needs and interests of underserved and marginalized groups. Recognizing identity, culture, and faith as important mediators of connection and engagement, this can include targeted provision of culturally and racially concordant services, services administered in faith-based settings, multicultural and multilingual services. Funded services should support evidence-based OUD treatment.

**Strategy #2:** Ensure that individuals at risk of overdose engaging in addiction treatment have access to behavioral health services including low-barrier psychiatric care.

**Goal:** People engaging in treatment will have co-occurring mental health needs impacting overall health, wellness, and retention addressed.

- **Tactic #1:** Fund initiatives that provide low-barrier psychiatric interventions including walk-in psychiatric assessment, street psychiatry teams and mobile behavioral health services.<sup>6</sup>
- **Tactic #2:** Fund initiatives aimed at expanding access to evidence-based psychiatric services embedded in all OUD treatment settings.<sup>7,8</sup>
- **Tactic #3:** Fund initiatives that provide trauma-informed psychiatric care for adults and adolescents addressing comorbidities demonstrated to exacerbate lifetime overdose risk including but not limited to ACEs, depression, anxiety, bipolar disorder, and post-traumatic stress disorder.

**Strategy #3:** Provide affordable supportive and transitional housing for people with SUD; increase access to “Housing First” models and other models of affordable, supportive, and transitional housing to unhoused people with or at high risk for OUD.

The cure for homelessness is housing, and housing dominates the list of needs reported by people with OUD. As part of the Opioid Settlement Agreement, the provision of housing to people with OUD appears in several sections of Exhibit E.

**Goal:** All individuals with or at high risk of OUD will have same-day access to housing.

- **Tactic #1:** Fund initiatives that identify, obtain possession of, retrofit, and maintain existing housing units that provide shelter for unhoused or marginally housed individuals with OUD without regard to their engagement in OUD treatment or harm reduction services.

- **Tactic #2:** Fund initiatives to support residential housing that contain a substantial portion of units reserved for individuals with OUD.
- **Tactic #3:** Fund initiatives that provide essential behavioral health services, including crisis stabilization, and harm reduction services for individuals housed in the units created by Tactics #1 and #2.
- **Tactic #4:** Fund initiatives that increase the capacity of transitional homes, shelters, and other temporary housing to adopt harm-reduction and treatment-supportive policies and practices and reduce discrimination towards and punitive actions against individuals who use opioids, those with OUD, and those receiving MOUD.

### Priority 7 References

1. Kariisa M DN, Kumar S, Seth P, Mattson CL, Chowdhury F, Jones CM. Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics – 25 States and the District of Columbia, 2019-2020. *MMWR Morb Mortal Wkly Rep.* 2022 71(29):940-947.
2. Hansen H JA, Plough A, Alegria M, Cunningham C, Ostrovsky A. . Lessons for the Opioid Crisis – Integrating Social Determinants of Health into Clinical Care. *American Journal of Public Health.* 2022;112:S109-S111.
3. Tsai W KWR. Alcohol and drug use disorders among homeless veterans: prevalence and association with supported housing outcomes. *Addict Behav.* 2014;39(2):455-460.
4. Edens EL MA, Tsai J, Rosenhack RA. Does active substance use at housing entry impair outcomes in supported housing for chronically homeless persons? *Psychiatric Services.* 2011;62(2):171-178.
5. Doran KM FC, Maguire M. Overdose and Homelessness: Why We Need to Talk About Housing. *JAMA Netw Open.* 2022;5(1):e2142685.
6. Lo E LB, Buelt EC, Balasuriya L, Steiner JL. . Implementing the Street Psychiatry Model in New Haven, CT: Community-Based Care for People Experiencing Unsheltered Homelessness. . *Community Mental Health Journal.* 2021;57(8):1427-1234.
7. Grella CE KM, Warda US, Niv N, Moore AA. Gender and Comorbidity Among Individuals with Opioid Use Disorders in the NESARC Study. *Addict Behav* 2009;34(6-7):498-504.
8. Zhu Y ML, Yoo C, Evans EA, Kelleghan A, Saxon AJ, Curtis ME, Hser YI Psychiatric comorbidity and treatment outcomes in patients with opioid use disorder: Results from a multisite trial of buprenorphine-naloxone and methadone. . *Drug Alcohol Depend.* 2021;228(108996).