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Your *First* **STOP** for  
*Rural Health*  
**INFORMATION**



**Addressing Rural Substance Use with the RCORP Rural Centers of Excellence**

## Housekeeping

- Q & A to follow – Submit questions using Q&A area
- Slides are available at [www.ruralhealthinfo.org/webinars/rcorp-substance-use-prevention](http://www.ruralhealthinfo.org/webinars/rcorp-substance-use-prevention)
- Technical difficulties please visit the Zoom Help Center at [support.zoom.us](http://support.zoom.us)

# Featured Speakers



**Stacey Sigmon**, Ph.D, Director, UVM Center on Rural Addiction; Tenured Associate Professor, Department of Psychiatry, University of Vermont College of Medicine



**Ernie Fletcher**, MD, The Fletcher Group Recovery of Excellence



**Gloria Baciewicz**, MD, Medical Director, Strong Recovery, University of Rochester





## Helping patients by helping providers

UVM CORA's mission is to expand addiction-treatment capacity in HRSA-designated rural counties by providing consultation, resources, training, and evidence-based technical assistance to healthcare providers and other staff.



*Reduced barriers at the provider level → increased access to care*

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## Leveraging 30 years of expertise and evidence

- Treatment of **Opioid Use Disorder**
- **Buprenorphine** induction, maintenance & taper
- Opioid Use Disorder **during pregnancy**
- Managing **Neonatal Abstinence Syndrome**
- **Hub-and-Spoke** model of care
- Opioid **dependence in rural America**
- **Extended-release formulations** of buprenorphine
- Treating **cocaine & methamphetamine** use
- **Contingency management**/behavioral treatments
- **Tobacco use** in vulnerable populations
- **HIV and Hepatitis C** prevention
- Preventing opioid **overdose**
- **Fentanyl** exposure
- Reducing **unintended pregnancy**

JAMA Internal Medicine  
THE LANCET

JOURNAL OF  
**Addiction Medicine**  
The Official Journal of the American Society of Addiction Medicine



The NEW ENGLAND  
JOURNAL of MEDICINE

ADDICTION

**DRUG AND ALCOHOL**  
Dependence

JAMA Psychiatry

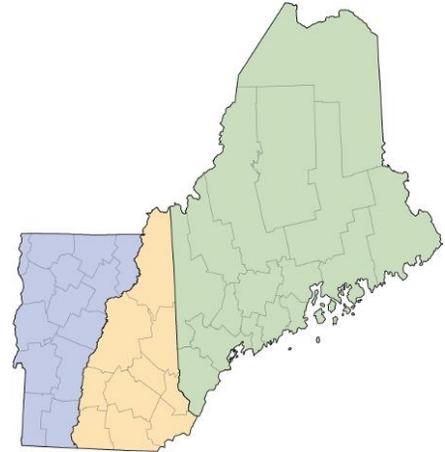
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## Using epidemiological methodologies to identify treatment needs and barriers

### Surveillance & Evaluation

- ✓ Conducts **needs-assessment** that combines quantitative and qualitative data collection, analysis, and synthesis in each state
- ✓ Develops **reporting templates** for each phase of the project, and maintains quarterly reports for each site
- ✓ Maximizes **real-time data sharing** and progress reports to inform implementation efforts
- ✓ Leverages this information to **identify & delivery** best practices for dissemination; and, **provide ongoing assistance** to those interested in monitoring and understanding their own state- and regional-level activity



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## Providing science-based solutions for problems of addiction

### Training in Best Practices

- ✓ **Evidence-based assessment** instruments and opioid-related overdose interventions
- ✓ **Technology-assisted low-barrier BUP treatments**, including the Med-O-Wheel dispenser and Interactive Voice Response (IVR) phone system
- ✓ Evidence-based practices to address **co-occurring issues** among rural patients receiving OUD treatment
- ✓ Consultation and support in **expanded models of care**, including the hub-and-spoke system and ED BUP treatment initiation approaches being used to expand OAT capacity in Vermont
- ✓ Provides **future training** in new or expanded models of care and treatment over time as they become available



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Disseminating info on resources on treatment & prevention

Assessments

**TREATMENT NEED QUESTIONNAIRE ©**

	YES	NO
used a drug intravenously?	2	0
or been on medication-assisted treatment (e.g. methadone, buprenorphine) before, were you successful?	0	2
single issues (e.g. charges pending, probation/jarrah, etc)?	1	0
on probation?	1	0
been charged (not necessarily convicted) with drug dealing?	1	0
chronic pain issue that needs treatment?	2	0
significant medical problems (e.g. hepatitis, HIV, diabetes)?	1	0
psychiatric problems (e.g. major depression, bipolar, severe)?	1	0

**BBDI-2**  
BRIEF BIPOLAR DISORDER INDEX-2  
MANUAL



Pharmacotherapy Protocols & Support



Technology-Assisted Components



Overdose & Infectious Disease Prevention



Biochemical Monitoring



Disseminating info on resources on treatment & prevention

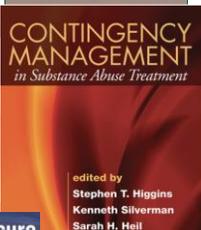
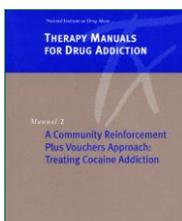
Patient- and Family-Centered Care



Addressing Co-Occurring Problems

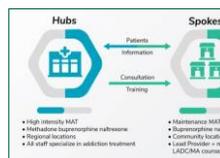


Prolonged Exposure Therapy for PTSD

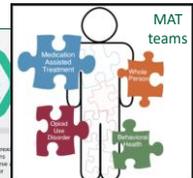


Prevention Efforts

Expanding System Capacity



Initiation of Buprenorphine in the Emergency Department



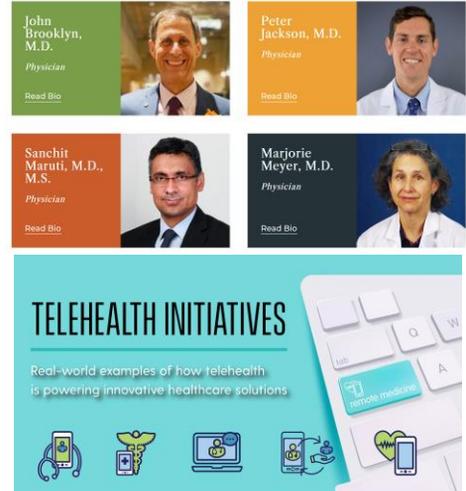


## Supporting providers in-person or via web-based platforms

### Clinician Advisory Board

Liaisons between CORA and rural providers offering mentoring, coaching and support for providers and staff who:

- ✓ are **new** to addiction treatment
- ✓ want to **pair a new patient** with appropriate treatment intensity/**services**
- ✓ **are** managing complex patients or patients needing multidisciplinary care coordination (e.g., medical, psychiatric, pregnancy, unremitting other drug use)
- ✓ are interested in **new or expanded models of care** (e.g., hub-and-spoke system, ED BUP treatment initiation)



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## Training and workshops in-person at UVM and remotely

### Education & Outreach

- ✓ An **Evidence-Based Practices Learning Collective** disseminates information and hosts ongoing discussions and consultation
- ✓ A **Community Rounds Workshop Series**, led by experts with direct experience, offers CME/CEU credits offered to support attendance by providers and live streaming for professionals in rural areas
- ✓ A **Best-Practices Training Scholarship Program** offers scholarships to support in-person visits by physicians or other staff from VT, NH and ME for in-person training and consultation at UVM in any science-based methods of interest to them
- ✓ **Community-Wide Webinars**, open to the public, provide evidence-based education on various aspects of OUD and other SUDs



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The University of Vermont Center on Rural Addiction (UVM CORA) was established through a cooperative agreement with the Health Resources & Services Administration.

# UVMCORA.org



The University of Vermont



The University of Vermont

LARNER COLLEGE OF MEDICINE



Institute for Health Policy and Practice



UNIVERSITY OF SOUTHERN MAINE

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## Our Role In Rural Health



ERNIE FLETCHER, MD

Fletcher Group Co-Founder

## KENTUCKY ORIGINS

Our recovery expertise began in 2004 when Don Ball and Governor Ernie Fletcher launched **Recovery Kentucky**—18 recovery residences that helped thousands of people rebuild their lives while saving millions in taxpayer dollars.



# Our History

## Outcomes At A Glance

From the Recovery Kentucky Program on which the Fletcher Group model is based.

	AT INTAKE	YEAR LATER	IMPROVEMENT
Illegal Drug Use	41%	8%	80.5% are drug-free
Opiod Use	68%	4%	94.2% are opioid-free
Homelessness	38%	5%	86.9% have a home
Employment	48%	82%	82% are employed
Rearrest	58%	8%	86.3% don't get rearrested
Incarceration	75%	13%	82.7% don't get incarcerated



Dedicated to expanding access to quality Evidence-Based Recovery Housing for all populations, particularly the most vulnerable.

## ONE VOICE

We work hand-in-hand with NARR and other partners to ensure a nationally unified voice for Recovery Residences supporting people in recovery.

## Our Focus



### EVIDENCE-BASED TA

Field-proven tools and expertise to maximize your effectiveness.

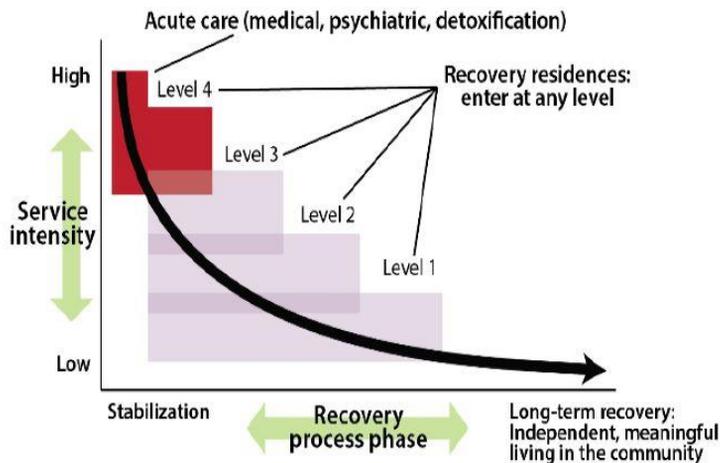
### NATIONAL REACH

We're working in rural communities in Idaho, Montana, Washington, Oregon, Kentucky, Georgia, West Virginia, Ohio, and other rural communities as requested.

### HOUSING FOCUS

With a particular emphasis on the homeless and those with SUDs involved in the criminal justice system.

## PARTNERS



## NARR Levels of Support

RECOVERY RESIDENCES IN THE CONTINUUM OF RECOVERY



# ASAM Criteria

Core Activities:

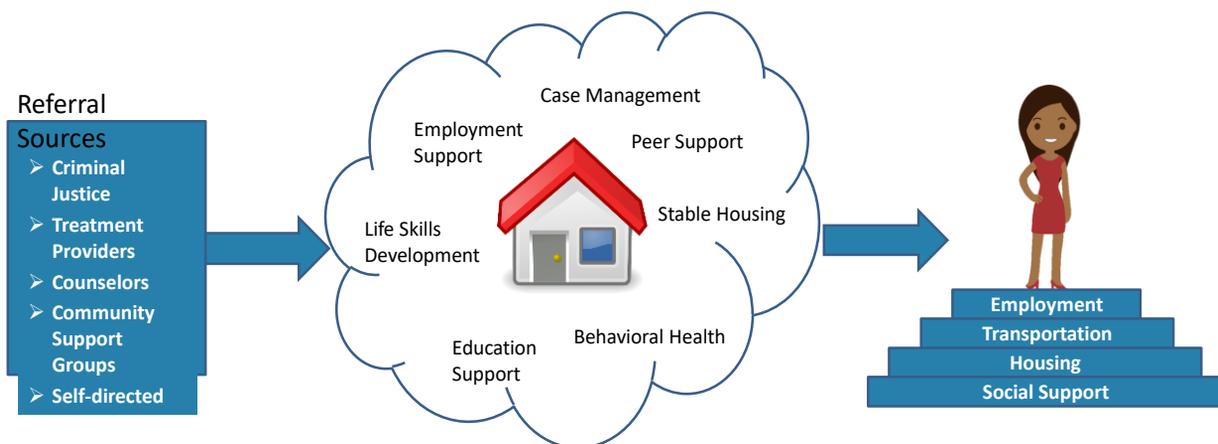
- 1) Science-based interventions
- 2) Dissemination of best practices in rural communities

## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's previous relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things

# Understanding Pathways to Recovery



## The Challenge

### CHAOS

Recovery Housing is an unregulated industry prone to fraud and abuse.

### CONFUSION

Desperate families spend thousands of dollars with no help to loved ones.

### LACK OF RESOURCES

Rural communities lack the funds and resources to respond.

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## 101 Counties In 8 States

- Kentucky
- Ohio
- West Virginia
- Georgia
- Montana
- Idaho
- Oregon
- Washington

## Unique Rural Challenges

- **HIGHER RATES**  
of SUD incidence, morbidity, overdose occurrence and mortality.
- **HIGHER COSTS**  
Long-distance travel to facilities adds significantly to already high costs.
- **FEWER RESOURCES**  
Doctors diagnosing SUDs are less likely to have the resources and training for follow-up care.
- **GREATER STIGMA**  
Smaller rural communities may experience less privacy and, as a result, more social stigma.

- **VULNERABLE**  
More Native Americans meet the diagnostic criteria for SUD than any other ethnic or minority group.

- **GEOGRAPHY**  
Widely dispersed facilities and the technicalities of insurance can present additional problems.

- **DISTRUST**  
Of mainstream institutions exacerbated by treatment protocols that may be culturally insensitive.

- **COMPLEXITY**  
Areas lacking social services and education are also more likely to interact with the criminal justice system.

## Unique Cultural Challenges



# HRSA Grant

## FEDERAL FUNDING

We recently became one of three recipients to receive \$6.6 million over the next three years.

## RECOVERY HOUSING

Alone among the three recipients, our Rural Center Of Excellence is laser-focused on Recovery Housing.

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# Collaboration Integrating Silos

## NON-COMPETITIVE

Who gets the credit?

## PARTNERING

- SAMHSA's BRSS-TACS
- NIH HEALing Communities
- State NARR Affiliates
- HHS's Findtreatment.gov

## INTEGRATING WITH STAKEHOLDERS

Integrate with community efforts not rebuild

# Surveillance

Core Activity: 1) Science-based interventions

## OES

Baseline County  
Data Collection

# DATA Outcomes

Core Activity: 1) Science-based interventions

## KIPRC

Developing a portal  
and mobile app to  
collect data from RH  
and patients.

## Education Training

Core Activities:

- 2) Dissemination of best practices in rural communities
- 3) Providing scientific and technical assistance

### KIPRC & NARR

Developing an educational portal for access to educational models reflecting best practices in RH



FindTreatment.gov

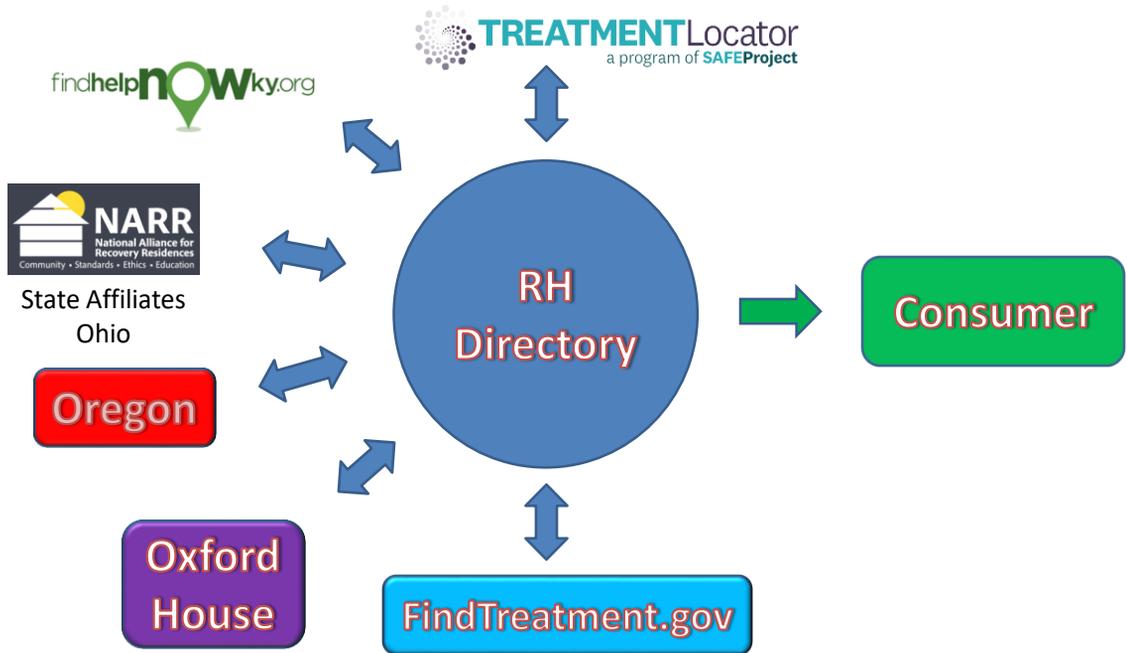
## RH Directory

Core Activities:

- 2) Dissemination of best practices in rural communities
- 3) Providing scientific and technical assistance

### KIPRC NARR SAFEProject

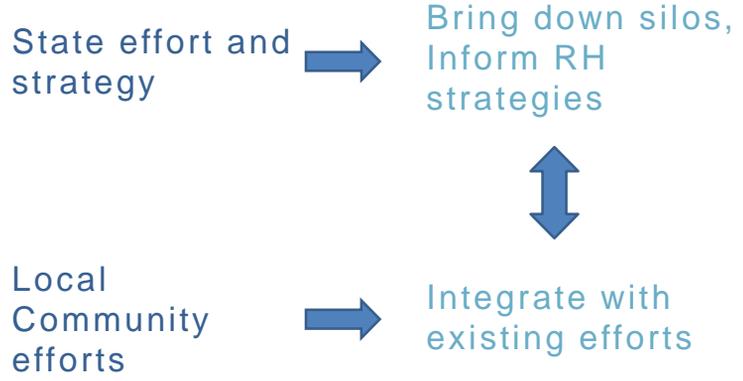
Integrate state and national data to create a national registry of RH for consumer access to quality and value.



## “Boots on the Ground”

- Helping “Face to Face”
- Understanding the cultural nuances
- Becoming part of the community
- Working to bring down state and local silos

**Top Down**  
**Bottom Up**



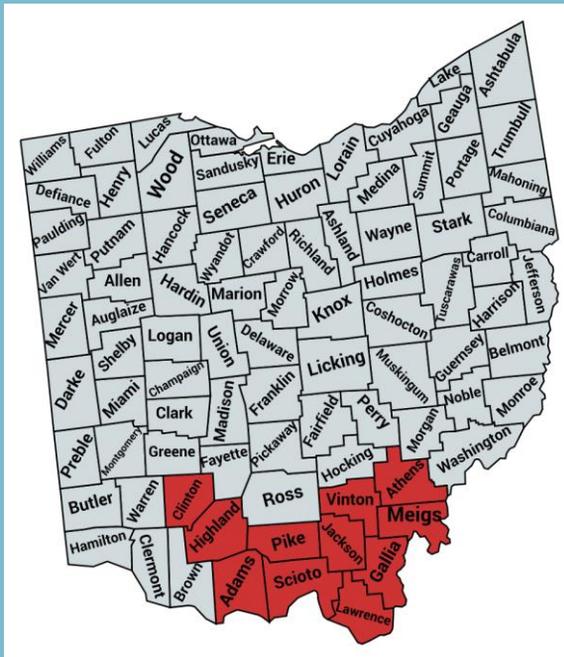
*All politics are local*  
*Tip O'Neill, Speaker, House of US Representatives, 1977-1987*

We focus on vulnerable populations.

**#1**  
THE HIGHEST INCREASE IN OVERDOSE MORTALITY IS AMONG NATIVE AMERICANS

(specifically drug- and opioid-involved overdose mortality)

Source: Centers for Disease Control and Prevention  
Morbidity and Mortality Weekly Report, Dec. 21, 2018

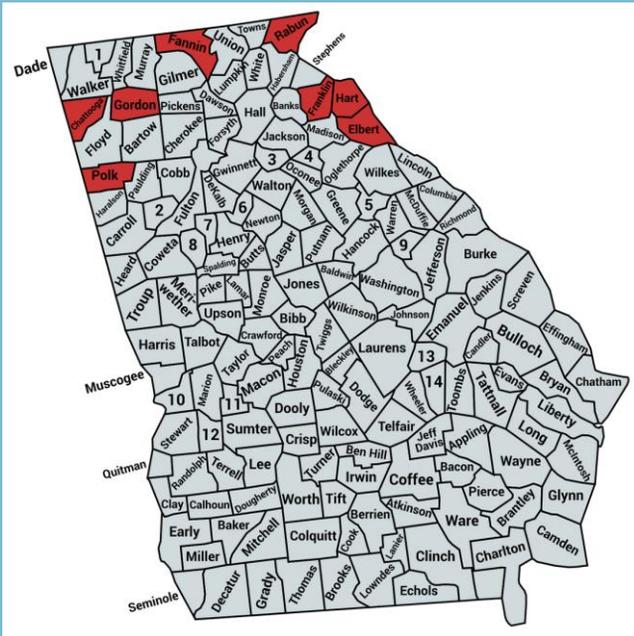


### OHIO TARGET COUNTIES

- Adams (27,724)
- Athens (65,818)
- Clinton (42,057)
- Gallia (29,979)
- Highland (43,058)
- Jackson (32,384)
- Lawrence (60,249)
- Meigs (23,106)
- Pike (28,067)
- Scioto (75,502)
- Vinton (13,139)

**TOTAL (441,083)**





**GEORGIA TARGET COUNTIES**

- Chattanooga (24,790)
- Elbert (19,120)
- Fannin (25,964)
- Franklin (23,023)
- Gordon (57,685)
- Hart (265,099)
- Polk (26,099)
- Rayburn (42,470)

**TOTAL 236,018**



**WASHINGTON TARGET COUNTIES**

- Clallam (76,737)
- Grays Harbor (73,901)
- Jefferson (31,729)
- Pacific (22,036)

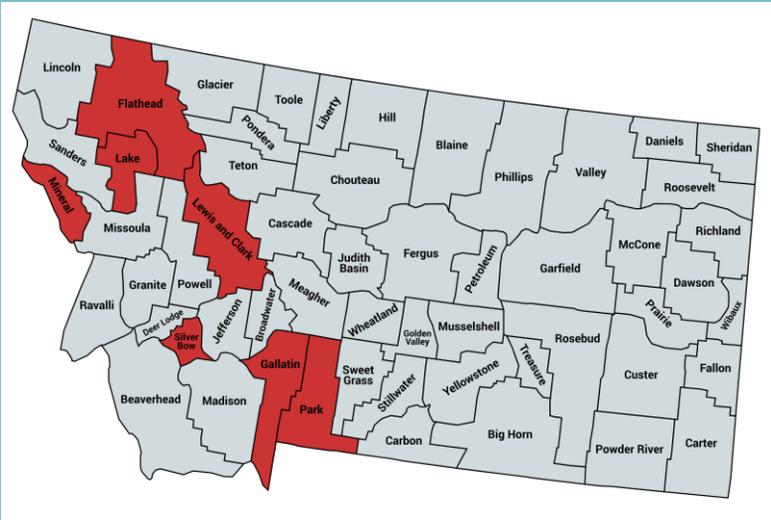
**TOTAL 204,403**



**OREGON TARGET COUNTIES**

Baker (16,006)  
 Grant (7,176)  
 Harney (7,329)  
 Malheur (30,725)  
 Umatilla (77,516)  
 Union (26,461)  
 Wallowa (7,081)

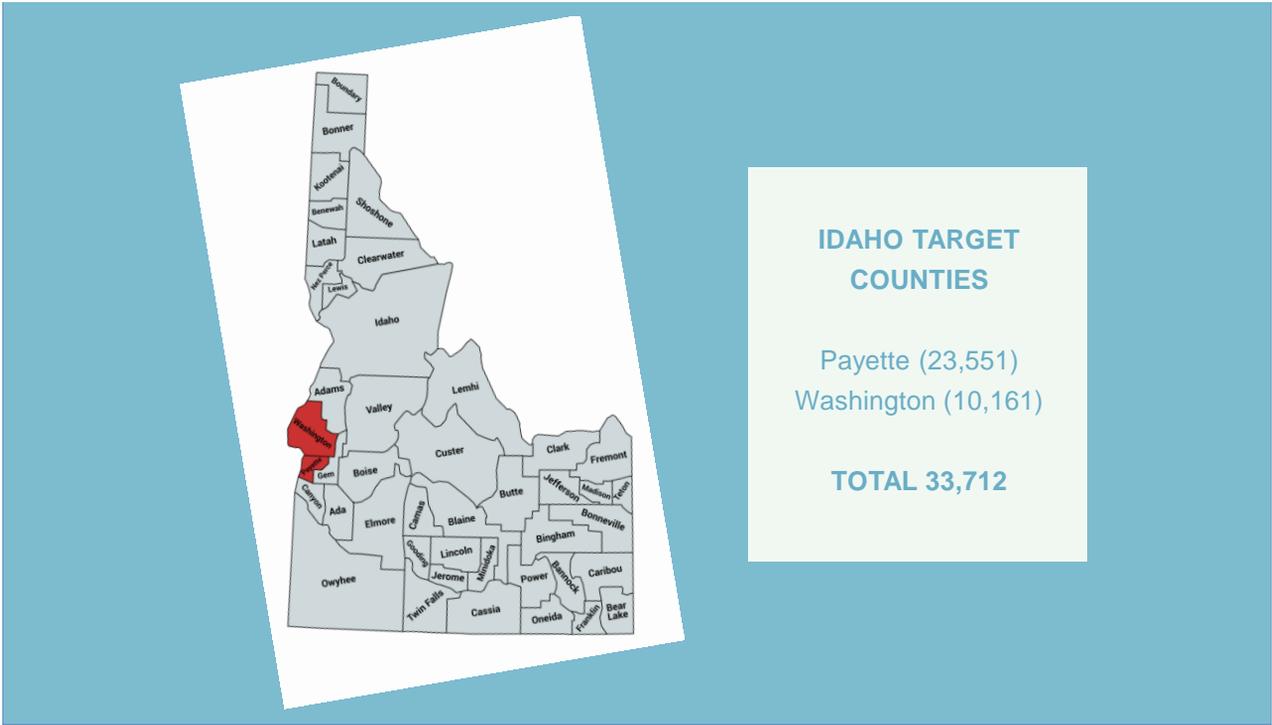
**TOTAL 171,271**



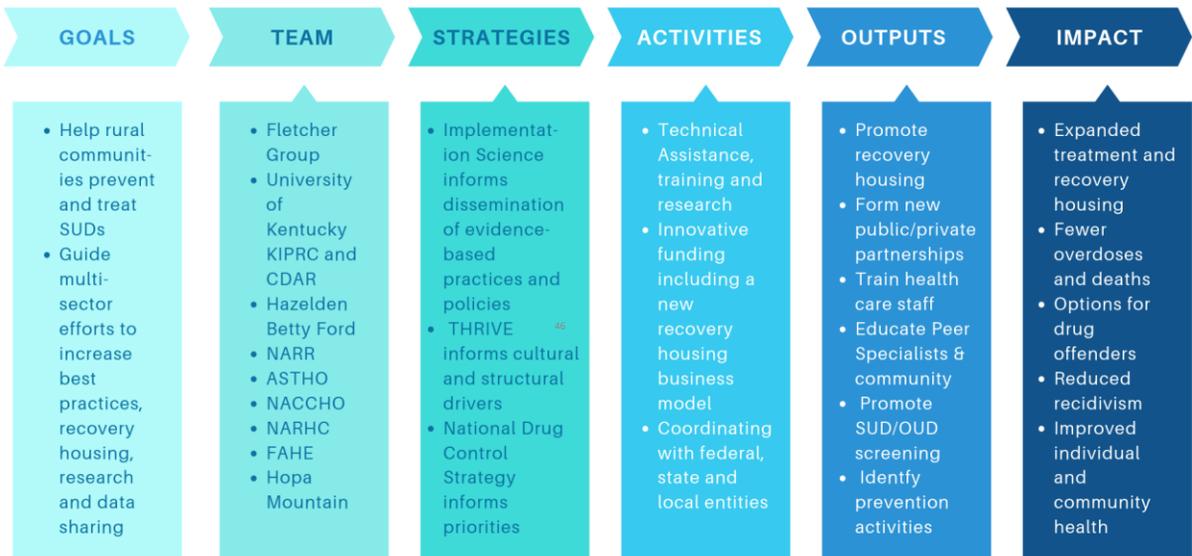
**TARGET COUNTIES**

Flathead (102,106)  
 Gallatin (111,876)  
 Lake (30,250)  
 Lewis and Clark (68,700)  
 Mineral (4,316)  
 Park (16,736)  
 Silver Bow (34,993)

**TOTAL 368,977**



## THE ROAD AHEAD





## *It's All About People*

“The program changed me and I’m now a peer mentor. I know about this disease better and have the tools to stay sober.”

“They truly, honestly care about me and want me to have a fruitful and productive future.”



### **ERNIE FLETCHER, MD**

Fletcher Group Co-Founder

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(606) 657-4662

### **WEBSITE**

[fletchergroup.org](http://fletchergroup.org)

## Contact Information



# UR Medicine Recovery Center of Excellence

HRSA RCORP Rural Center of Excellence in Substance Use Disorder

RHI Hub Webinar

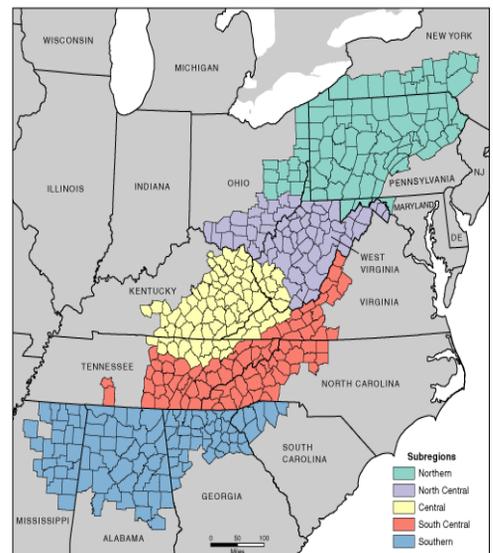
March 3, 2020

MEDICINE of THE HIGHEST ORDER



## The UR Medicine Recovery Center of Excellence has two primary aims:

1. Work with specific counties in Kentucky, Ohio and West Virginia to understand what this crisis looks like in their communities, and what they are doing to address it.
  1. Identify existing evidence-based practices and disseminate them
  2. Offer technical assistance
2. Test emerging best practices in the Southern Tier of New York State.
  1. Create a "support net" to meet persons with substance use disorder where they are.
  2. Establish an "ecosystem of recovery" after initial treatment.



### UR Medicine Recovery Service Area

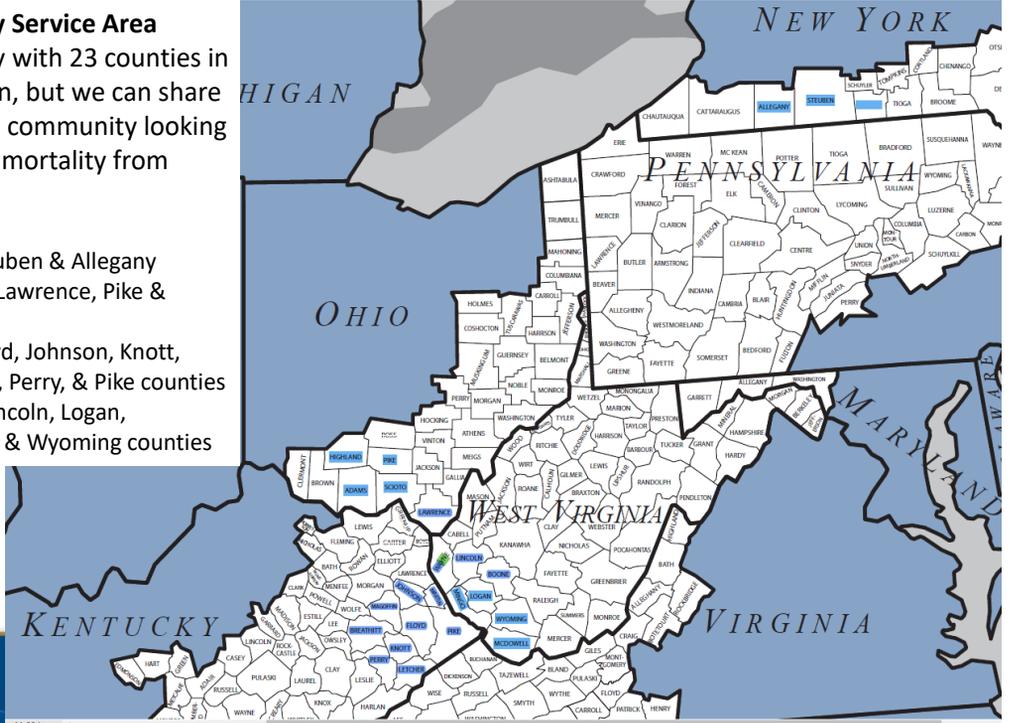
We are working closely with 23 counties in the Appalachian Region, but we can share our work with any U.S. community looking to reduce morbidity & mortality from synthetic opioids

**New York** – Northern Steuben & Allegany

**Ohio** – Adams, Highland, Lawrence, Pike & Scioto counties

**Kentucky** – Breathitt, Floyd, Johnson, Knott, Letcher, Magoffin, Martin, Perry, & Pike counties

**West Virginia** – Boone, Lincoln, Logan, McDowell, Mingo, Wayne & Wyoming counties



### What is the challenge?

PCP Office

Mental Health

Substance Use Treatment

Emergency Department

Other Hospitals



## Best Practices identified by CDC

1. Targeted Naloxone Distribution\*
2. Medication Assisted Treatment (MAT)\*
3. Academic Detailing\*
4. Elimination of Prior Authorization Requirements for Medications for Opioid Use Disorder
5. Screening for Fentanyl in Routine Clinical Toxicology Testing
6. 911 / Good Samaritan Laws
7. Naloxone Distribution in Treatment Centers and Criminal Justice Settings
8. MAT in Criminal Justice Settings and Upon Release
9. Initiating Buprenorphine-based MAT in Emergency Departments\*
10. Syringe Services Programs

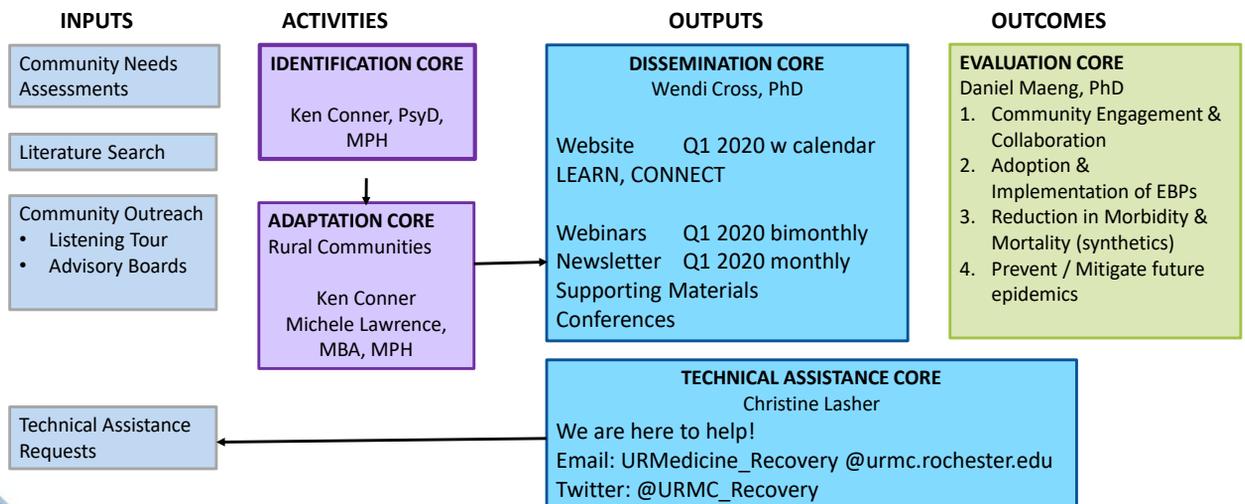
*\*Programs implemented or in development in NYS' rural communities. Variations of these programs are scheduled for Dissemination through our program in 2020.*

MEDICINE of THE HIGHEST ORDER



### UR Medicine Recovery Center of Excellence

Sharing Evidence-based practices that reduce morbidity & mortality related to synthetic opioid use and more

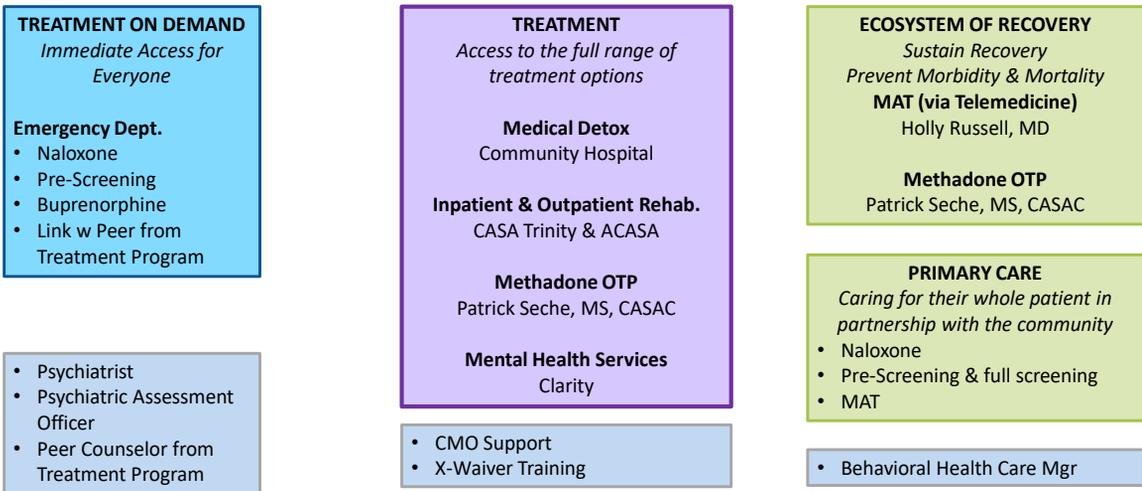


#### SUBJECT MATTER EXPERTS

Gloria Baciewicz, MD (Director of Strong Ties) & Patrick Seche, MS, CASAC

**UR Medicine Recovery Center of Excellence**

Evaluation of emerging best practices that reduce morbidity & mortality related to synthetic opioid use and more



MEDICINE *of* THE HIGHEST ORDER

# Questions?



The image shows a Zoom webinar interface. On the left is a slide for RHIhub (Rural Health Information Hub) with the website [ruralhealthinfo.org](http://ruralhealthinfo.org). The slide text reads: "Your *First STOP* for *Rural Health INFORMATION*". Below this is a map of the United States filled with various rural health-related images. At the bottom of the slide, it says "Examining Rural Cancer Prevention and Control Efforts from the National Advisory Committee on Rural Health and Human Services". A red arrow points to the "QA" icon in the Zoom control bar. On the right, a "Question and Answer" window is open, displaying a "Welcome" message and a text input field labeled "Type your question here..." with a red arrow pointing to it.

## Thank you!

- Contact us at [ruralhealthinfo.org](http://ruralhealthinfo.org) with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website