Housekeeping

- Q & A to follow – Submit questions using Q&A area
- Slides are available at www.ruralhealthinfo.org/webinars/rcorp-substance-use-prevention
- Technical difficulties please visit the Zoom Help Center at 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
Reduced barriers at the provider level → increased access to care

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.

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
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

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
Disseminating info on resources on treatment & prevention

Assessments

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

Prevention Efforts

Expanding System Capacity

Initiation of Buprenorphine in the Emergency Department

MAT teams
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)

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

UVMCORA.org

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $6.7 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

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.

Outcomes At A Glance

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

<table>
<thead>
<tr>
<th></th>
<th>AT INTAKE</th>
<th>YEAR LATER</th>
<th>IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illegal Drug Use</td>
<td>41%</td>
<td>8%</td>
<td>80.5% are drug-free</td>
</tr>
<tr>
<td>Opioid Use</td>
<td>68%</td>
<td>4%</td>
<td>94.2% are opioid-free</td>
</tr>
<tr>
<td>Homelessness</td>
<td>38%</td>
<td>5%</td>
<td>86.9% have a home</td>
</tr>
<tr>
<td>Employment</td>
<td>48%</td>
<td>82%</td>
<td>82% are employed</td>
</tr>
<tr>
<td>Rearrest</td>
<td>58%</td>
<td>8%</td>
<td>86.3% don't get rearrested</td>
</tr>
<tr>
<td>Incarceration</td>
<td>75%</td>
<td>13%</td>
<td>82.7% don't get incarcerated</td>
</tr>
</tbody>
</table>
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.
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
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.
Unique Rural Challenges

- **HIGHER COSTS**
  Long-distance travel to facilities adds significantly to already high costs.

- **HIGHER RATES**
  Of SUD incidence, morbidity, overdose occurrence and mortality.

- **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.

101 Counties In 8 States
- Kentucky
- Ohio
- West Virginia
- Georgia
- Montana
- Idaho
- Oregon
- Washington

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

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

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

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

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

Baseline County Data Collection

OES

KIPRC

DATA Outcomes

Core Activity: 1) Science-based interventions

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

**RH Directory**

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

**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”
- Becoming part of the community
- Understanding the cultural nuances
- Working to bring down state and local silos
Top Down

Bottom Up

State effort and strategy → Bring down silos, inform RH strategies

Local Community efforts → Integrate with existing efforts

All politics are local

We focus on vulnerable populations.

#1

The highest increase in overdose mortality is among Native Americans

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

 specific drug- and opioid-involved overdose mortality)
Currently Targeted States

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)
WEST VIRGINIA TARGET COUNTIES
Braxton (14,556)
Calhoun (7,903)
Greenbrier (36,888)
Jackson (29,634)
Logan (38,557)
McDowell (23,682)
Mason (27,616)
Mercer (61,460)
Nicholas (26,892)
Roane (14,644)
Summers (14,160)
Webster (9,286)
Wyoming (23,928)
TOTAL 329,206

KENTUCKY TARGET COUNTIES
Adair (19,215)
Bath (12,383)
Bell (26,509)
Boyle (30,100)
Breathitt (12,726)
Carroll (10,737)
Carter (27,004)
Casey (15,888)
Clay (20,105)
Clinton (10,206)
Cumberland (6,659)
Elliott (7,508)
Estill (14,199)
Floyd (35,845)
Garrard (17,560)
Grayson (26,321)
Green (11,049)
Harlan (26,409)
Hickman (4,421)
Johnson (22,386)
Knott (15,126)
Knox (31,304)
Laurel (69,669)
Lawrence (15,571)
Lee (7,033)
Leslie (10,143)
Letcher (21,890)
Lewis (13,257)
Lincoln (24,644)
Magoffin (12,362)
Martin (11,325)
Menifee (6,451)
Mercer (21,774)
Monroe (10,718)
Owsley (4,472)
Perry (26,092)
Pike (58,402)
Powell (12,442)
Robertson (2,135)
Rockcastle (16,750)
Russell (17,821)
Taylor (25,549)
Wayne (20,468)
Wolfe (7,177)
TOTAL 884,909
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
IDAHO TARGET COUNTIES
Payette (23,551)
Washington (10,161)
TOTAL 33,712

THE ROAD AHEAD

GOALS
- Help rural communities prevent and treat SUDs
- Guide multi-sector efforts to increase best practices, recovery housing, research and data sharing

TEAM
- Fletcher Group
- University of Kentucky KIPRC and CDAR
- Hazelden Betty Ford
- NARR
- ASTHO
- NACCHO
- NARHC
- FAHE
- Hopa Mountain

STRATEGIES
- Implementation Science informs dissemination of evidence-based practices and policies
- THRIVE informs cultural and structural drivers
- National Drug Control Strategy informs priorities

ACTIVITIES
- Technical Assistance, training and research
- Innovative funding including a new recovery housing business model
- Coordinating with federal, state and local entities

OUTPUTS
- Promote recovery housing
- Form new public/private partnerships
- Train health care staff
- Educate Peer Specialists & community
- Promote SUD/OUD screening
- Identify prevention activities

IMPACT
- Expanded treatment and recovery housing
- Fewer overdoses and deaths
- Options for drug offenders
- Reduced recidivism
- Improved individual and community health
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

EMAIL ADDRESS
efletcher@fletchergroup.net

PHONE NUMBER
(606) 657-4662

WEBSITE
fletchergroup.org
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

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**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.

UR Medicine Recovery Center of Excellence
Sharing Evidence-based practices that reduce morbidity & mortality related to synthetic opioid use and more

INPUTS
Community Needs Assessments
Literature Search
Community Outreach
  • Listening Tour
  • Advisory Boards

ACTIVITIES
IDENTIFICATION CORE
Ken Conner, PsyD, MPH

ADAPTION CORE
Rural Communities
Ken Conner
Michele Lawrence, MBA, MPH

OUTPUTS
DISSEMINATION CORE
Wendi Cross, PhD
Website Q1 2020 w calendar
LEARN, CONNECT
Webinars Q1 2020 bimonthly
Newsletter Q1 2020 monthly
Supporting Materials
Conferences

TECHNICAL ASSISTANCE CORE
Christine Lasher
We are here to help!
Email: URMedicine_Recovery@urmc.rochester.edu
Twitter: @URMC_Recovery

OUTCOMES
EVALUATION CORE
Daniel Maeng, PhD
1. Community Engagement & Collaboration
2. Adoption & Implementation of EBPs
3. Reduction in Morbidity & Mortality (synthetics)
4. Prevent / Mitigate future epidemics

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

**TREATMENT**
Access to the full range of treatment options

- Medical Detox
  - Community Hospital
- Inpatient & Outpatient Rehab.
  - CASA Trinity & ACASA
- Methadone OTP
  - Patrick Seche, MS, CASAC
  - Patrick Seche, MS, CASAC

**TREATMENT ON DEMAND**
Immediate Access for Everyone

Emergency Dept.
- Naloxone
- Pre-Screening
- Buprenorphine
- Link w Peer from Treatment Program

**ECOSYSTEM OF RECOVERY**
Sustain Recovery
Prevent Morbidity & Mortality
MAT (via Telemedicine)
  - Holly Russell, MD
  - Methadone OTP
  - Patrick Seche, MS, CASAC

**PRIMARY CARE**
Caring for their whole patient in partnership with the community
- Naloxone
- Pre-Screening & full screening
- MAT

**EVALUATION**
Daniel Maeng, PhD

- CMO Support
- X-Waiver Training

- Psychiatrist
- Psychiatric Assessment Officer
- Peer Counselor from Treatment Program
Questions?

Thank you!

• Contact us at ruralhealthinfo.org with any questions

• Please complete webinar survey

• Recording and transcript will be available on RHIIhub website