Navigating the Crooked Mile to Wellness and Recovery: How Do We Get There From Here?

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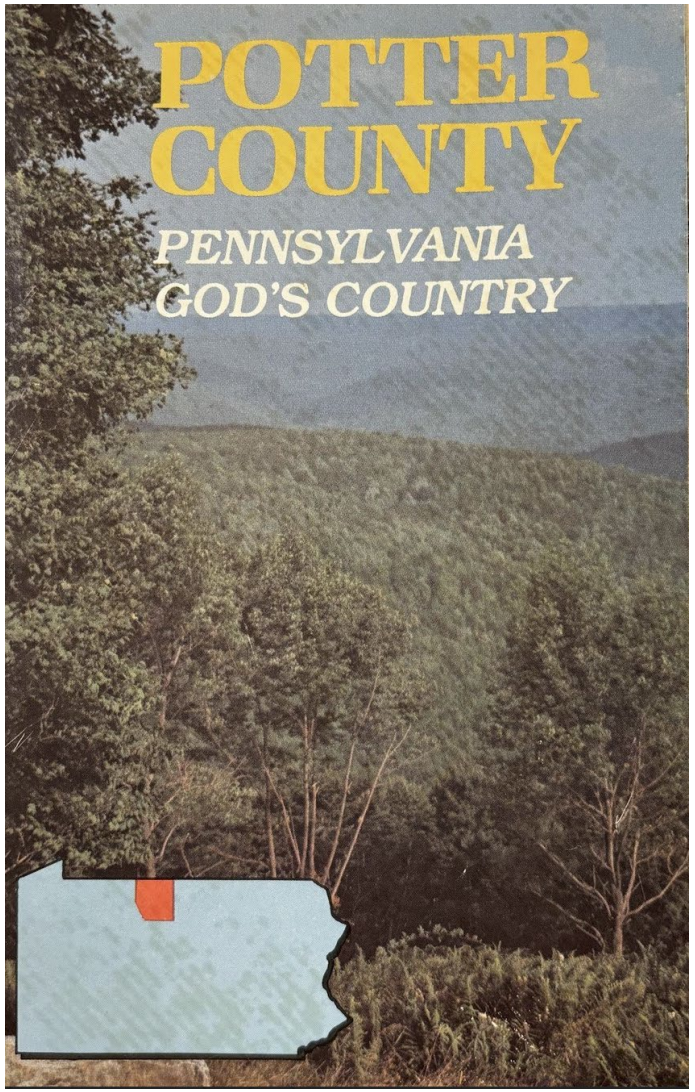
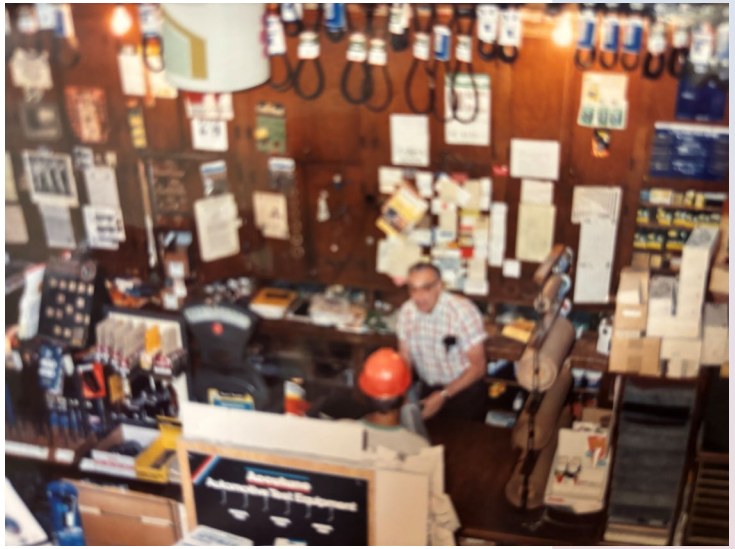
RCORP-TA

RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE

My family is from Galeton, and Ulysses, PA

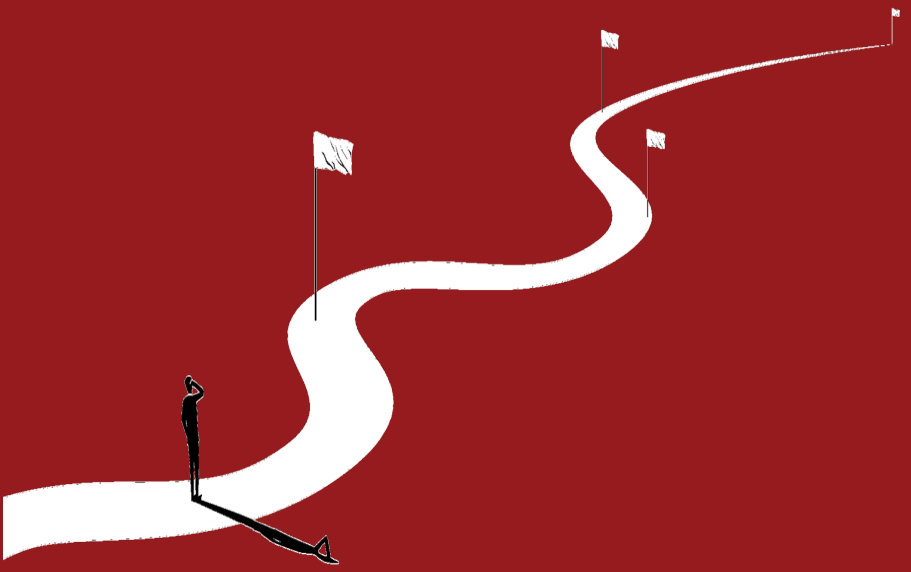


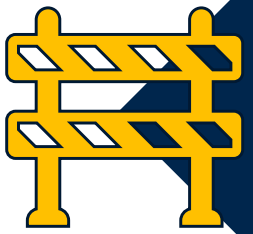


Trigger Warning Disclaimer

This training may include sensitive conversations about substance use, trauma, and stigma. Please feel free to step outside as needed or see the meeting organizer if you need to speak with someone privately.

Our Signposts for Today

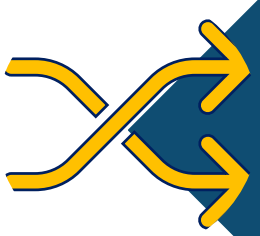




Understanding the challenges encountered by people in need of care

Learning how we can overcome the barriers to care that stigma creates

Recognizing how care coordination can facilitate better outcomes

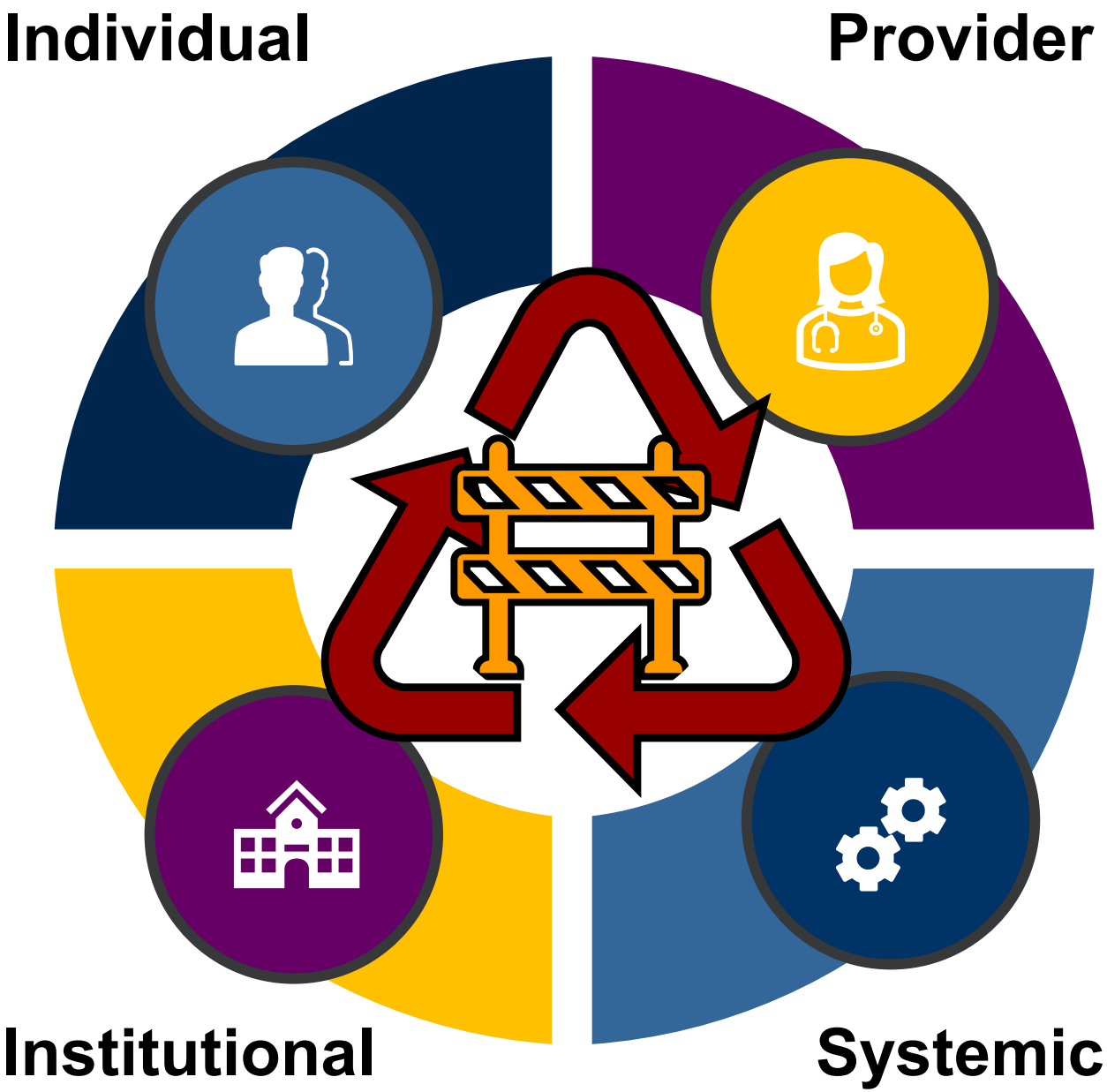


Exploring strategies for providing whole-person, dignity-centered care

Signpost #1:

Understanding the Challenges

People Encounter Converging Barriers to Care



Complex Pathways

- ***No one*** wakes up one morning to discover that, overnight, they had a sudden onset of addiction.

- The pathway to the development of a substance use disorder (SUD) varies by individual but typically involves over time from complex interactions between our genes, our environment, and the drugs themselves. Most people with SUD exhibited distress "signs" for many years before they come to our attention following a crisis, often involving a law enforcement encounter.

- The burden participants carry with them to our doors is heavy. If you were this person, how would you want to be greeted and treated?

Let's meet Donna…

Donna, cont.

- Donna lives in her adult daughter's backyard in a camper with no running water, toilet facilities, or electricity.
- Donna's camper is filled with empty soda bottles and snack wrappers. A bible, and a bible study handout, lay nearby.
- Police visit often due to "meth" complaints, and the police describe the camper as a "microwave".


Let’s go back in time and understand how Donna got to this crisis point.

Individual Barriers (Interrelated)

Health

Inadequate prenatal care, poly-substance use, depression, anxiety, unintended pregnancy

Social/Emotional

Stigma, limited family or social support, language and literacy barriers, shame, fear

Economic

Poverty, housing insecurity, unemployment, poor nutrition, lack of insurance

Environmental

Limited transportation, geographic isolation, lack of affordable childcare, limited care options

Relational

Childhood trauma, intimate partner violence, family disruption, substance use coercion

Provider Barriers

Institutional Barriers

Implementation burden

- Cost, complexity, and time
- Reimbursement challenges
- Scope of practice

Insufficient capacity

- Siloed referral networks
- Shortage of specialty care services and providers
- Limited implementation infrastructure

Workforce limitations

- Staffing shortages
- Maternal/child health care “deserts”
- Limited knowledge or training about this population

Systemic Barriers

Service gaps

- Lack of specialized care options
- Lack of integrated care

Barriers to coordination

- Information and data sharing
- Competing priorities
- Lack of a coordinating structure

Policy limitations

- Mandatory reporting laws
- Punitive statutes
- Burdensome requirements

Signpost #2:

Overcoming Stigma

Most Stigmatized Conditions in the World

Despite the brain science, OUD and other SUDs are among the most stigmatized conditions in the world due to two main factors:

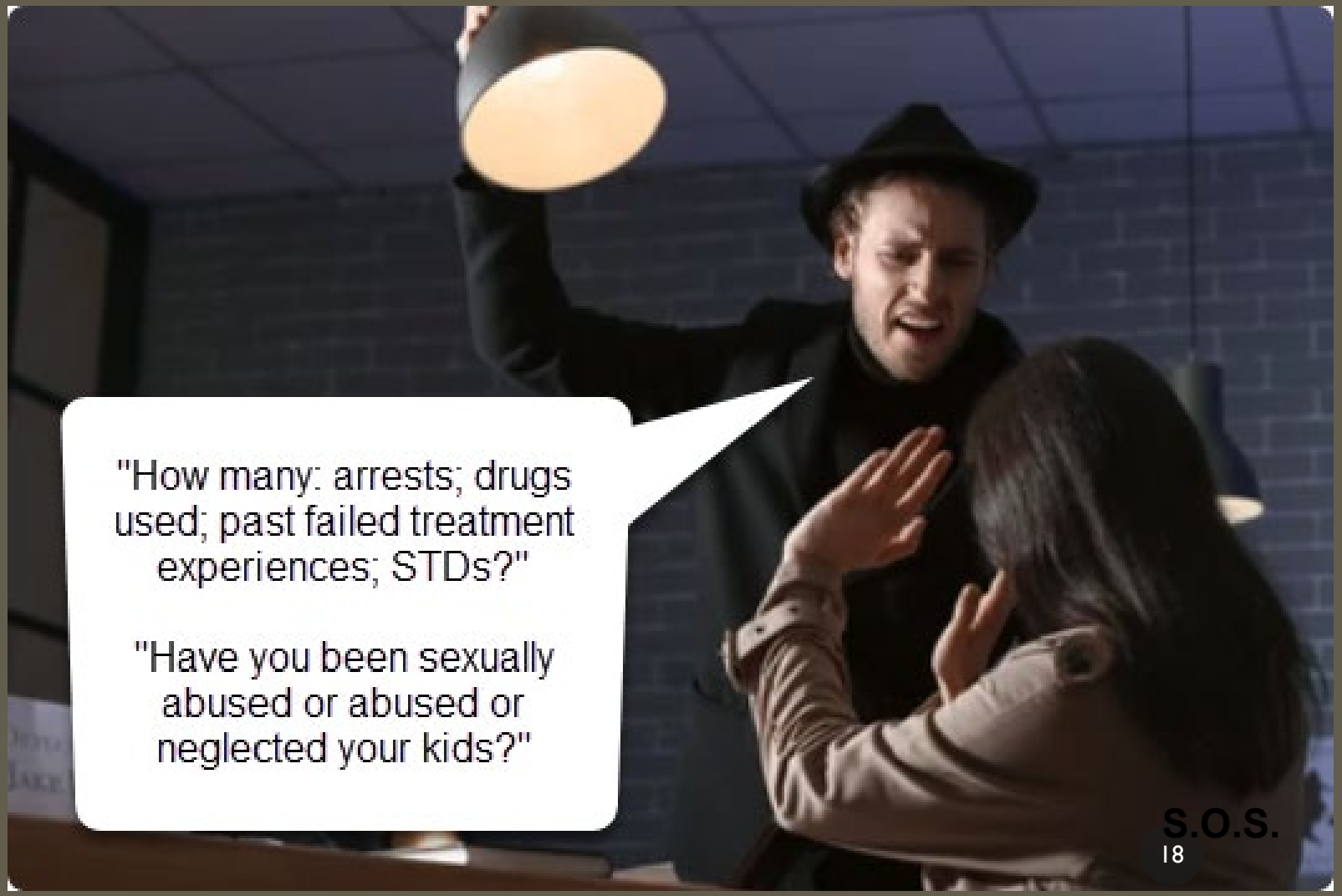
- Perceived control that a person has over the condition; and

- Perceived fault in acquiring the condition.

Let's keep Donna in mind as we consider stigma.

Stigmatizing Assessment Process?

- Are your local assessments strengths-based?
- How about the rest of your services and system touch points?
- “Do these and related experiences influence a person’s “readiness to enter treatment?”



AT THE SYSTEMS LEVEL: Disrupt the atmosphere of stigma.

Put an end to the tendency to view and treat pregnant women with substance use concerns through a deficit lens.

Begin to understand substance use disorders (SUDs) as a symptom to be treated rather than a root cause to be punished.

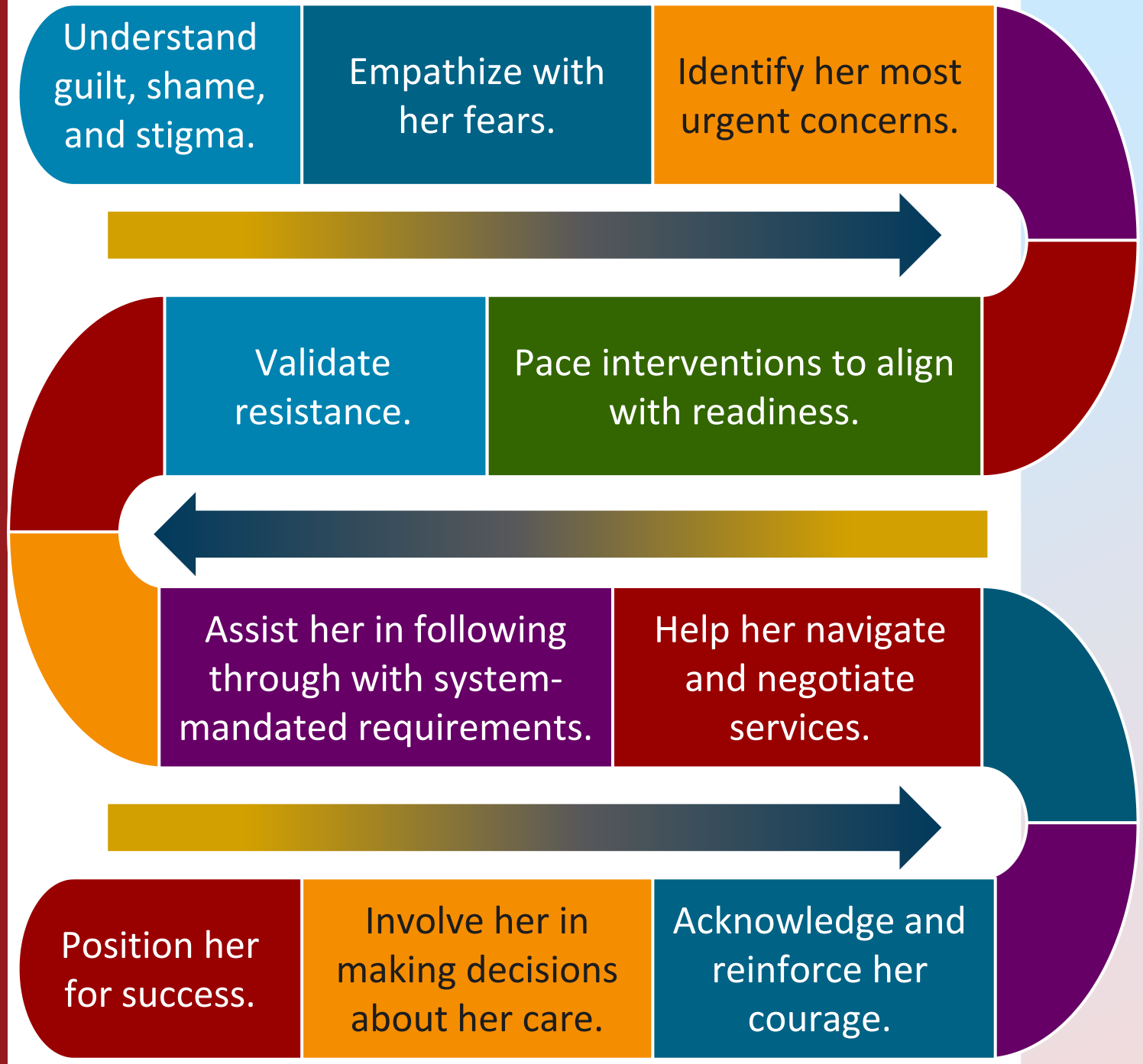
Candidly assess how current values, beliefs, policies, and practices inadvertently contribute to a stigmatizing environment and cause unintended harm.

Build health, social, and justice supports that change the trajectory for women so they can thrive and achieve goals that matter to them.

AT THE PROVIDER LEVEL: Reduce stigma among colleagues.

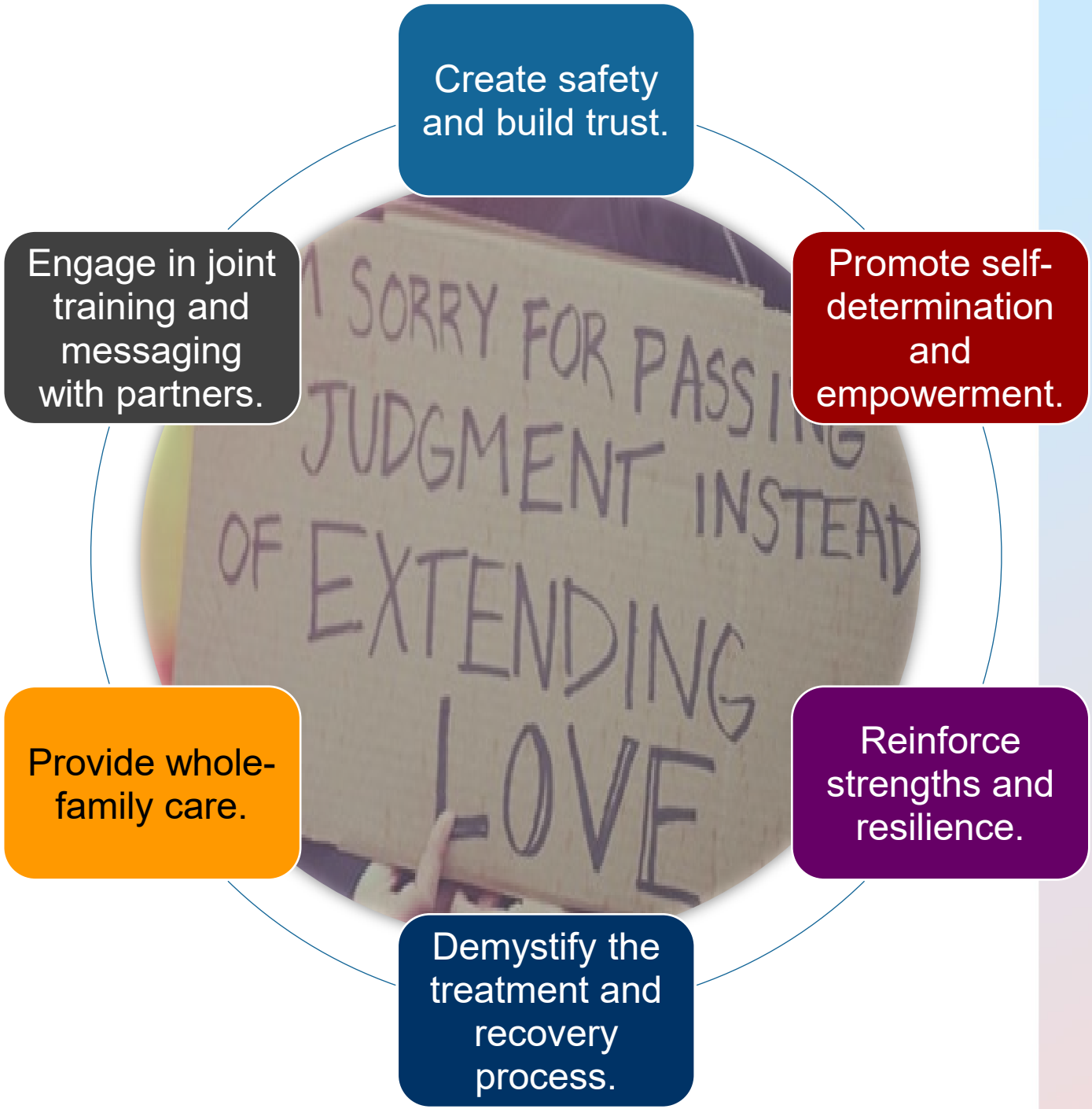
Assess	Assess policies and practice that are rooted in stigma rather than science.
Engage	Engage in honest and non-confrontational discussions about values and beliefs.
Educate	Share evidence-based information that addresses attitudes and stigma.
Support	Support colleagues in trying new approaches.
Model	Use person-centered language. Identify and celebrate positive changes.

AT THE PATIENT LEVEL: Move at the speed of trust.



AT EVERY LEVEL:

Become a mandatory supporter.



Signpost #3:

Coordinating Care

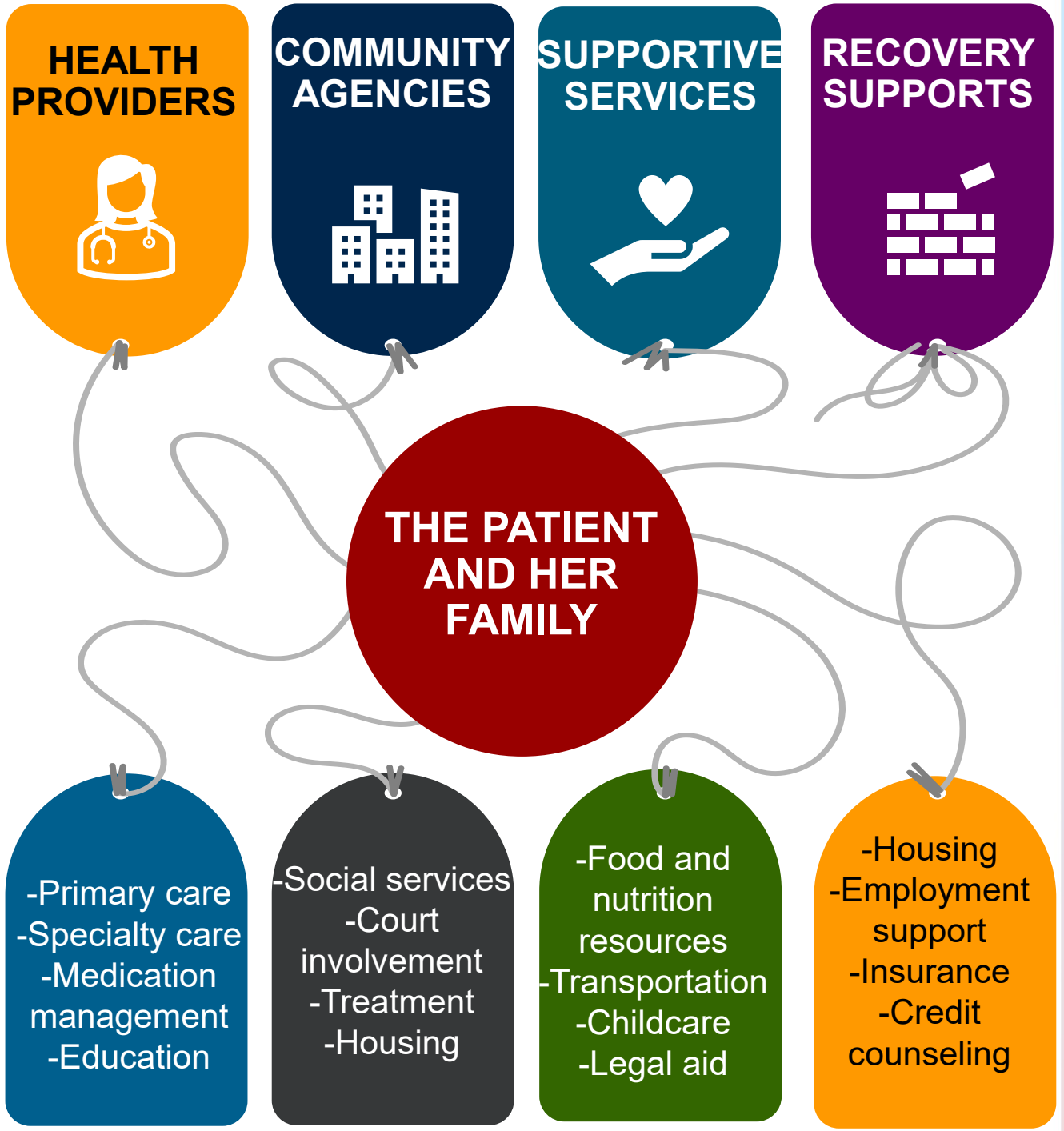
Wait Times

How do your local wait times affect outcomes and what do they convey to service recipients? A May 2023 study found that by reducing initial wait times from 13 days to 0, no-show rates dropped from 52 percent to 18 percent.

Navigating can be impossible!

- Have you ever performed an actual or virtual walk through of your local programs and systems?
- Is MOUD offered as an option for OUD?

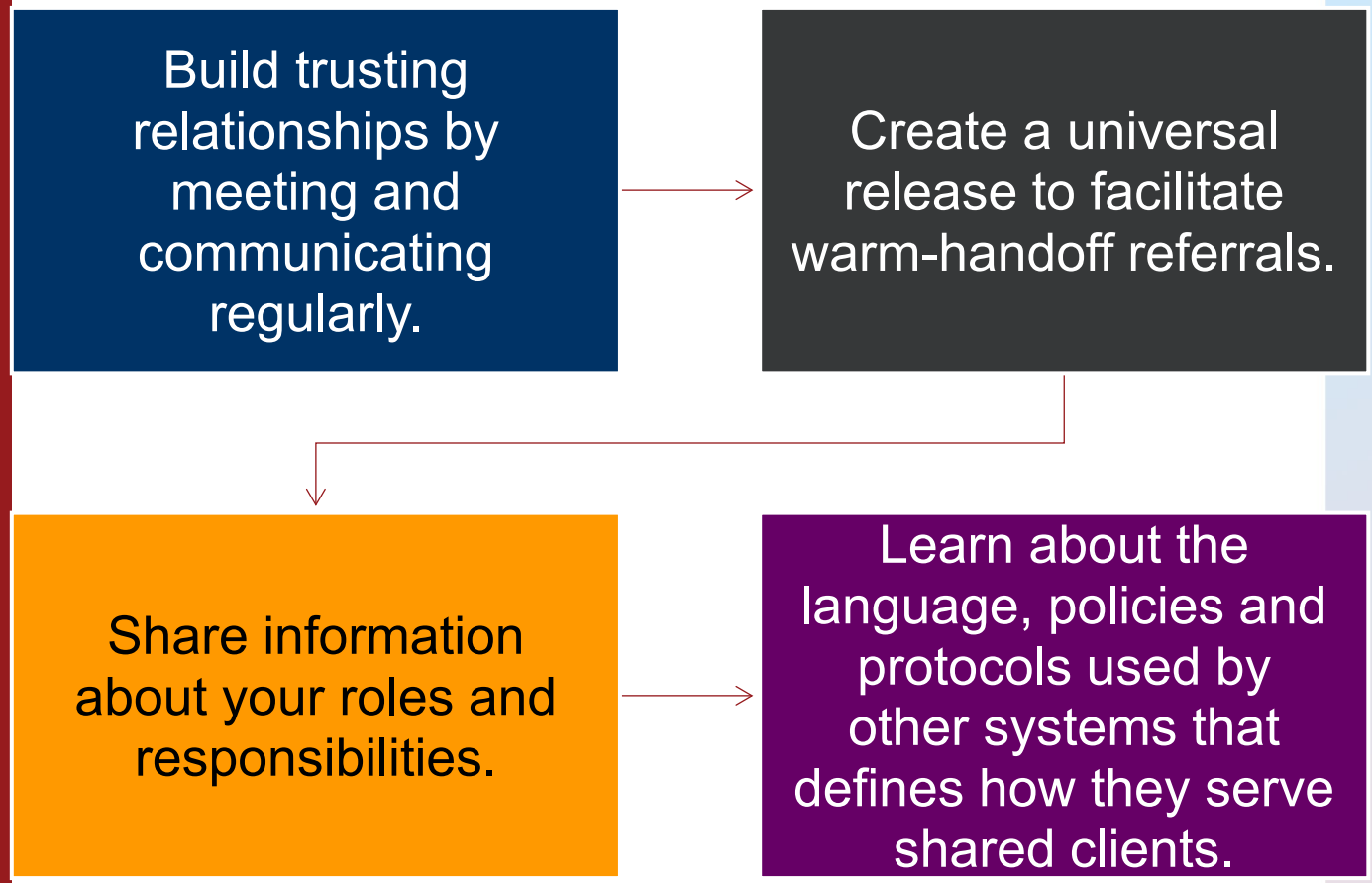
Who needs to be involved in coordination?



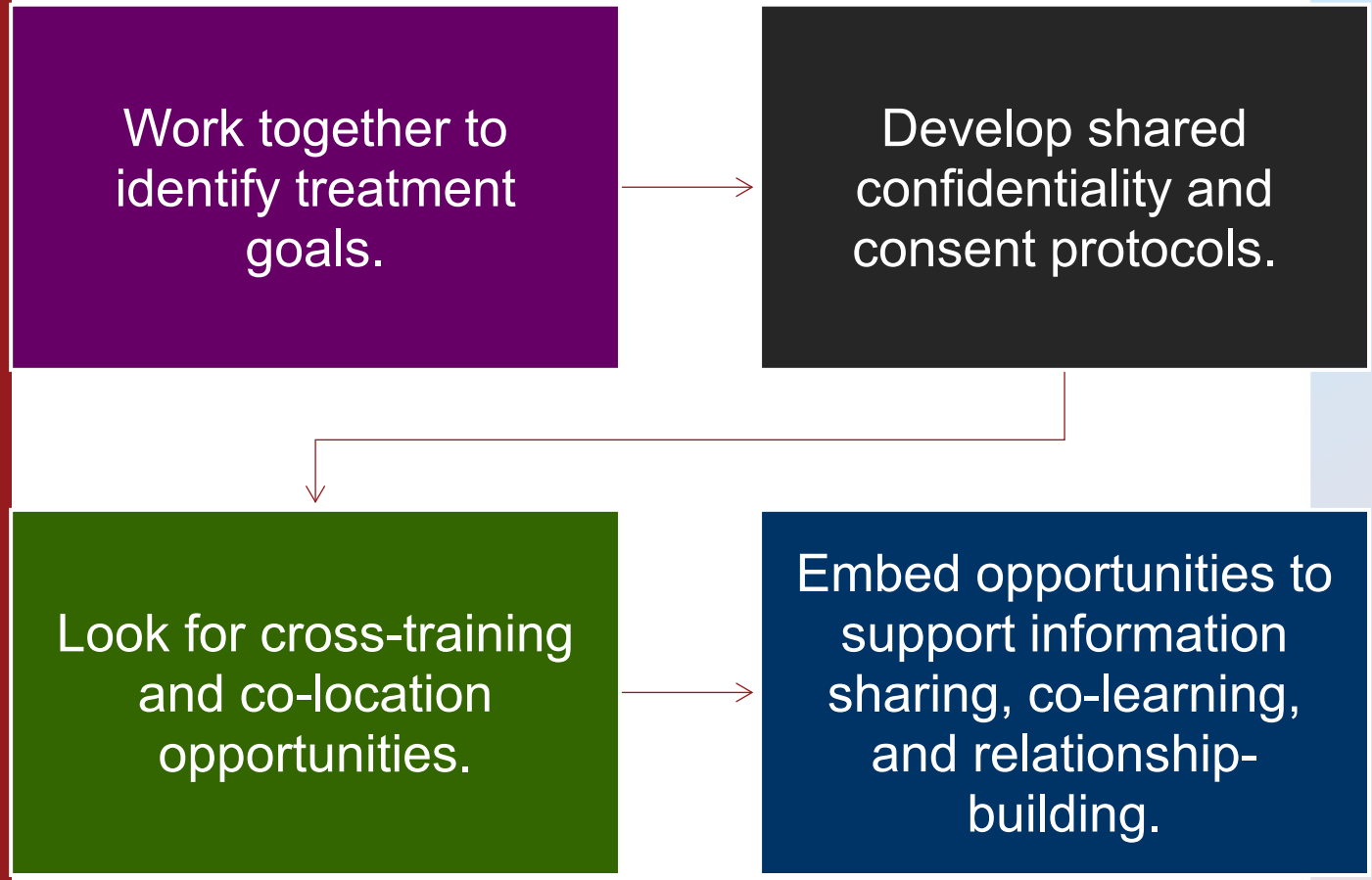
When is coordination needed?

- After the initial assessment
- At the start or change of medication
- Upon transition to another provider/care level
- When significant changes occur
- When health needs are complex
- When multiple providers are involved
- When specialist referrals are needed
- When addressing health-related social needs
- After emergency department visits
- When longer-term support is needed

How can we overcome coordination challenges?



How can we overcome coordination challenges? (continued)



Best Practice: Warm-Handoff Referrals

Identify community care resources and appropriate partnering agencies and services in the community.

Maintain an updated list of community resources and how they can be accessed.

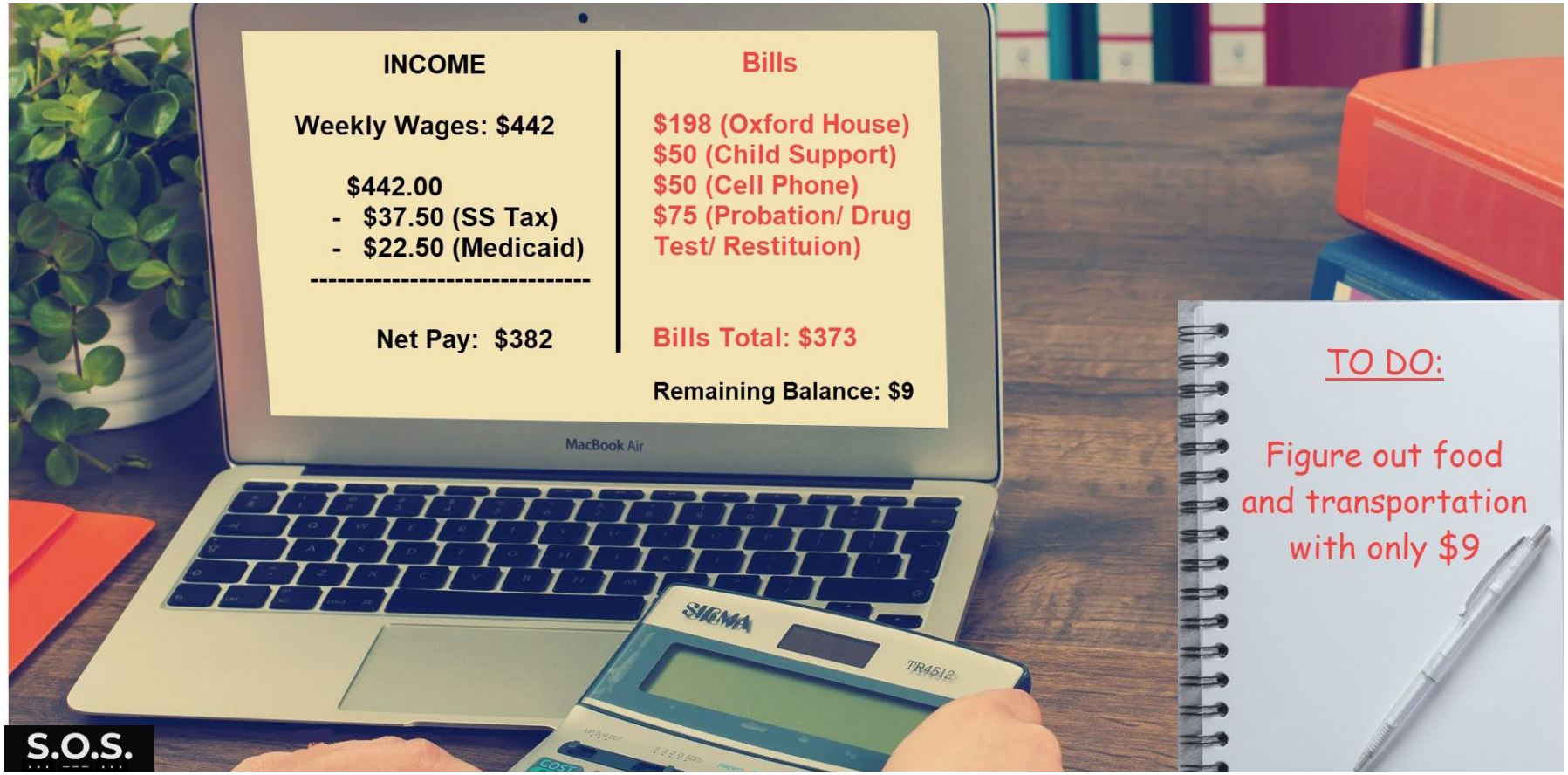
Inform and educate patients and family members on these resources and highlight their potential benefits.

Ensure that linkages to in-home or mobile supports are in place.

Include a release of information consent signature page to facilitate timely information sharing and coordination between providers.

Signpost #4:

Adopting a Whole-Person Approach

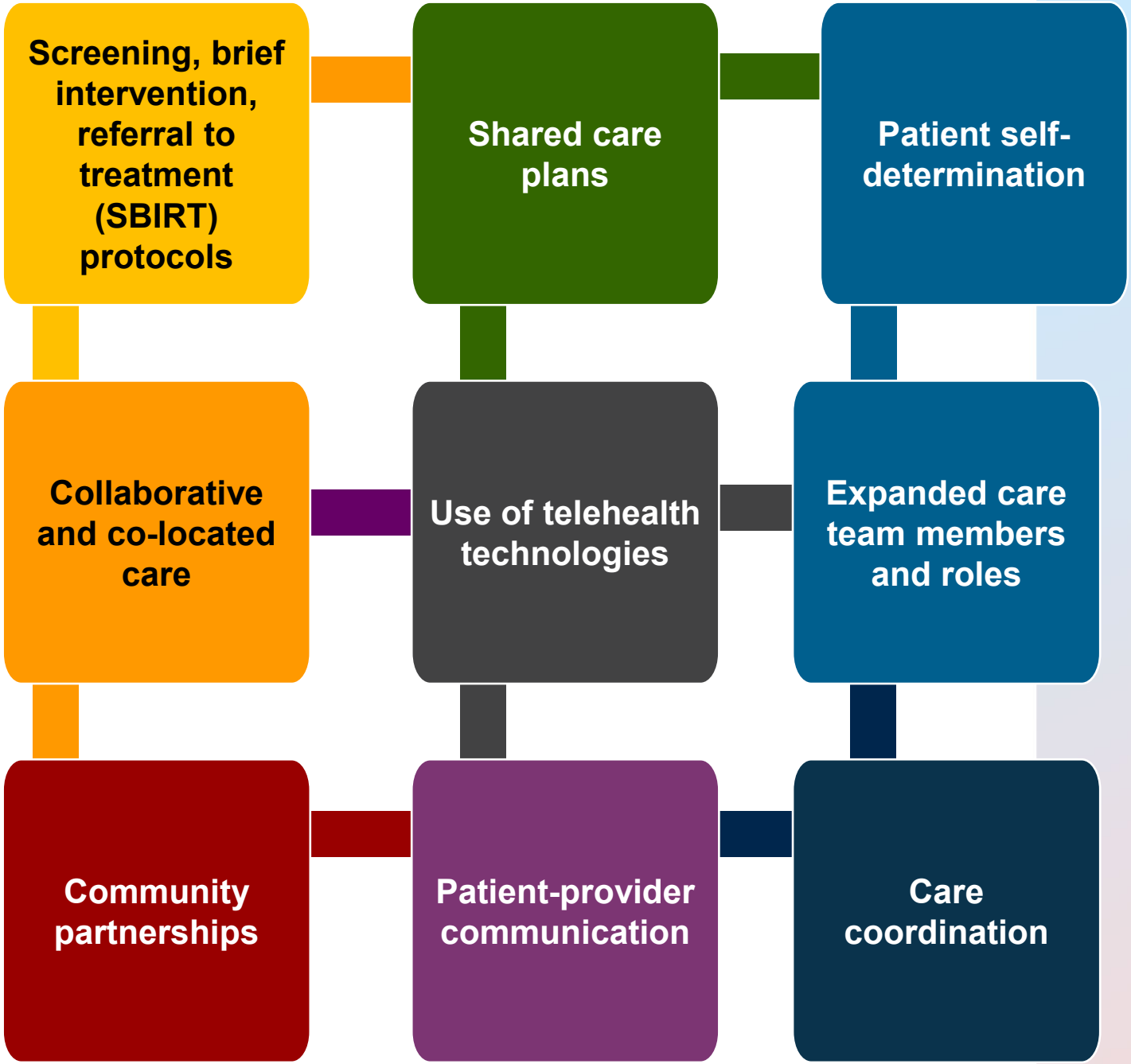


What would you have me do?

When difficult trade offs emerge…set up to fail?

How will participants pay for their own survival, or that of their family members, especially at a time when they are undergoing the most difficult journey of their lives?

Elements of Integrated Care



Thornton, M., & O'Conner A. (2022, September). *Pregnant and Postpartum women and behavioral health integration*. Agency for Healthcare Research and Quality. https://integrationacademy.ahrq.gov/products/topic-briefs/pregnant-postpartum-women

Features of a Whole-Person Approach to Care

1. Strengths-based interactions are prioritized.
2. The care plan is built upon the premise that people grow, change, and can realize personally valued goals.
3. The care team actively explores ways to connect the person to both professional and natural supports.
4. All staff interactions with the person and their family are trauma-informed.

Features of a Whole-Person Approach to Care (continued)

5. Documentation of care reflects and reinforces a person-centered, strengths-based approach.

6. The care plans updated as needed based on individual preferences and evolving needs over time.

7. Interactions, from appointment scheduling to clinical care to billing, are respectful, professional, and supportive.

8. The care plan is tailored to the person's readiness and incorporates a whole family approach.

Features of a Successful Interdisciplinary Care Team

Team Characteristics

- common vision
- delineated objectives
- dedicated leadership
- institutional support
- defined roles
- clear communication
- mutual respect
- creative adaptability
- routine self-assessment

Team Roles

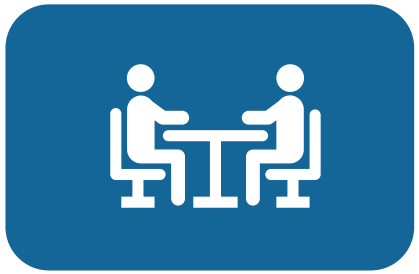
- clinicians with varied backgrounds and expertise
- physicians (incl psychiatrists)
- licensed independent practitioners across specialties
- nurses
- medical/behavioral health aides
- social workers
- counselors
- psychologists
- family caregivers
- care managers
- chaplains
- peer specialists

Functions

screening - intervention - treatment - health education - counseling - outreach activities - care coordination - patient navigation and advocacy - monitoring - medication management - crisis intervention - referral - case management

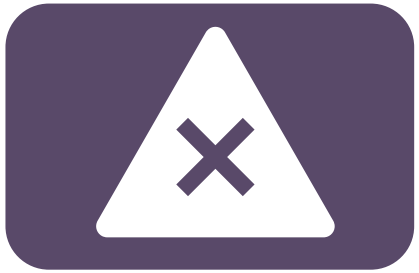
Substance Abuse and Mental Health Services Administration (2025). *Integrating behavioral health services within specialty practices serving pediatric populations*. https://library.samhsa.gov/product/integrating-behavioral-health-services-within-specialty-practices-serving-pediatrics/pep25-06-001

Benefits of Integrated Care



Addresses behavioral health concerns in a place where patients already have relationships

Improves the reliability of screening



Reduces barriers to treatment

Increases the efficiency of referrals

Improves health outcomes for pregnant/postpartum women and their infants

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Thank you

The purpose of RCORP is to support treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder.

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RCORP-TA

RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - TECHNICAL ASSISTANCE

Continuing Education Information

Accreditation Statement:
In support of improving patient care, the University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physician (CME)
The University of Pittsburgh School designates this live activity for a maximum of 6.75 AMA PRA Category 1 Credits . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nursing (CNE)
The maximum number of hours awarded for this Continuing Nursing Education activity is 6.75 contact hours.

Social Work (ASWB)
As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive 6.75 continuing education credits.

Physician Assistant (AAPA)
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Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

Other health care professionals: Other health care professionals will receive a certificate of attendance confirming the number of contact hours commensurate with the extent of participation in this activity.

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