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While we wait to start, please review ways to navigate this webinar.

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This menu allows you to **control**:

- React ("**Raise Hand**" is under this option)
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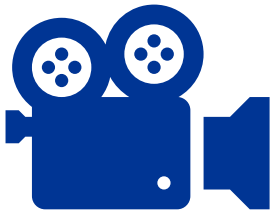

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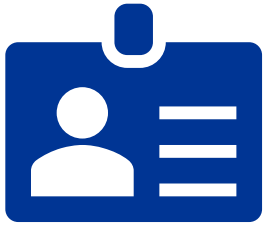

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Pose questions in the chat to **all participants**.

Please complete the post-session **evaluation**.

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In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **1.25 hours is approved for this course**.

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Mutual Agreement

- Everyone on every Program Evaluation and Research Unit (PERU) webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.

Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your PERU point of contact.**

Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.

- COE Vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.

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Program Evaluation and Research Unit

Facilitating Emergent Referrals

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Learning Objectives

By the end of this module, trainees should be able to do the following:

- Define the different types of **emergent needs** that may arise and require referrals and/or support among COE clients, including situations that require mandated reporting
- Identify **existing methods for screening** for emergent needs
- Describe how motivational interviewing can be used to increase **collaborative effort** between a care manager and client to address emergent needs
- Explain the **importance of collaboration** with community partners and healthcare providers in relation to addressing emergent needs

Overview

Emergent Needs

- Diverse
- **Rapid** onset
- Can be **recognized** or **unrecognized** by clients
- Could require **mandated reporting**

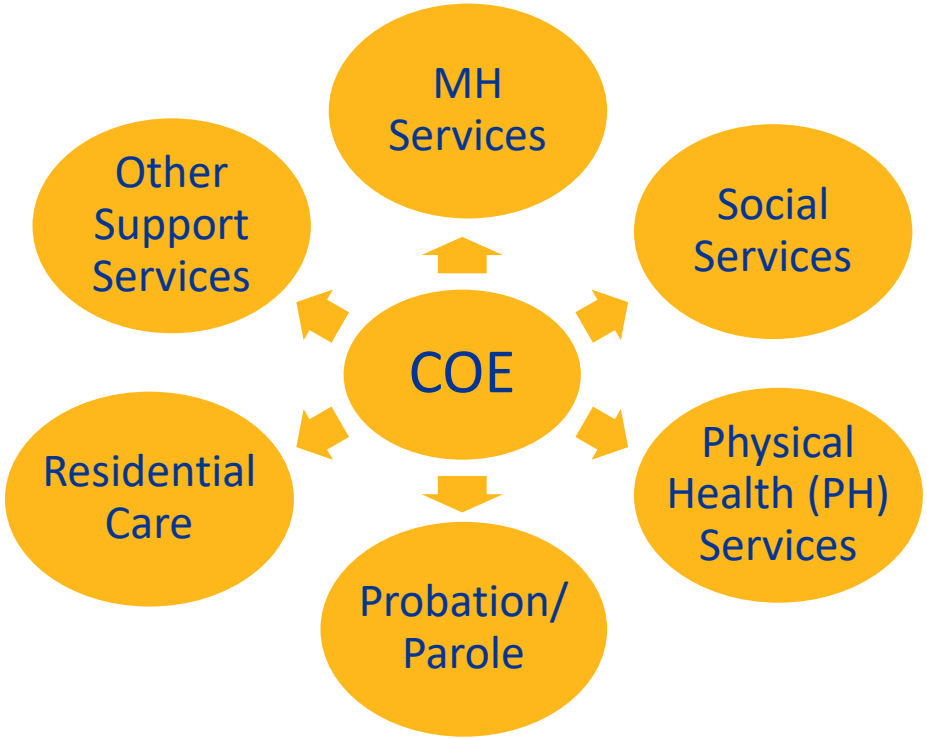
(Chow, Jaffee, & Snow, 2003)

Care Coordination

- **Team-oriented** care coordination strategy
- Supports **chronic** and **complex** conditions[2]
- Aims to **enhance** patient **well-being**
- Reduces **hospital** visits
- Boosts patient **involvement**

(Agency for Healthcare Research and Quality. 2018)

Hub and Spoke Design



Spoke provides **tailored care** resources

Addresses **full spectrum** of needs and **integrates** primary and behavioral health

Minimizes **treatment gaps**, expands access to **MOUD**, targets **high-risk** individuals

(Alaigh et al., 2020)

Types of Emergent Needs

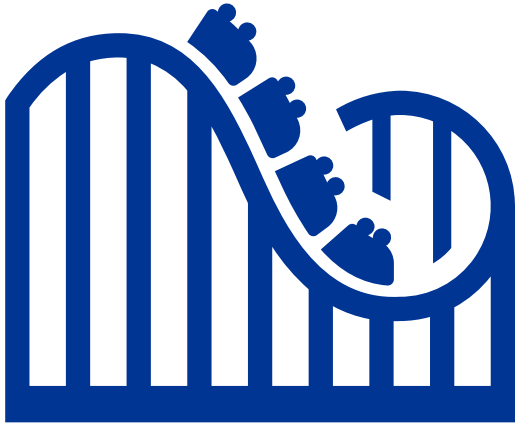
Social Determinant of Health (SDOH)/ Health Related Social Needs (HRSN)

- SDOH impact **health** and **well-being**
- Addressing SDOH crucial for **equity**
- **Understanding** SDOH for better outcomes

(Office of Disease Prevention and Health Promotion. 2024)

Dynamic Nature of SDOH

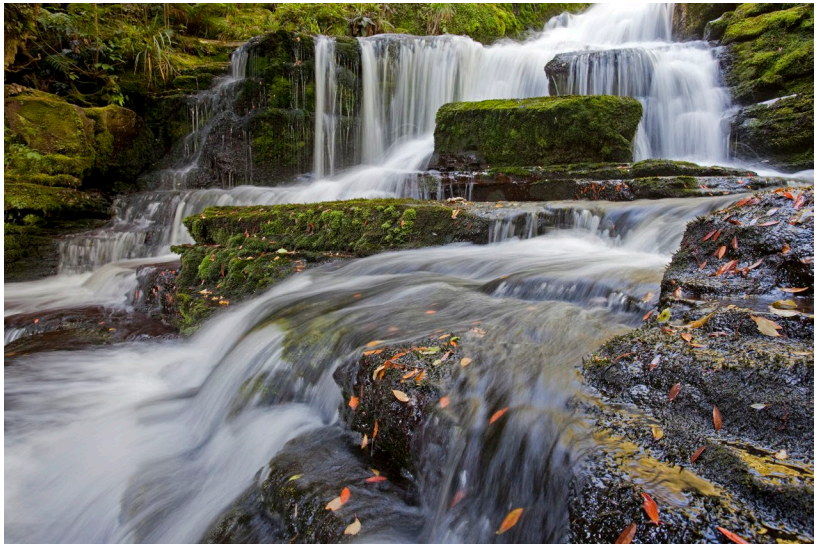
- **Rapid changes** in SDOH impact care
- **Dynamic** factors: housing, food, education, income
- Influenced by **individual, community, systemic factors**



(Jayasinghe, 2015)

Examples of Quickly Changing SDOH Needs

- Pandemic-Driven **Isolation**
- **Economic** Shifts
- Food **insecurity**



(Centers for Disease Control and Prevention, 2023)

Emergent Physical Health Needs

Prioritize **immediate physical health** concerns[1]

Timely interventions for sudden illnesses, injuries[1]

Address **worsening chronic diseases** promptly[1]

Delays **compromise** patient care, **worsen** conditions[1]

Injection related wounds on the rise[2]

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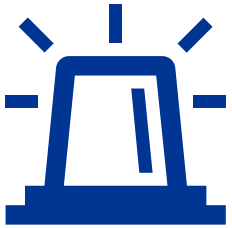
(1. Xie, Wang, Yu, & Guo, 2022; 2. Ciccarone et al., 2016))

Emergent Mental Health Needs

- Immediate **psychological support** for acute distress
- **Address** severe mental health symptoms **promptly**
- Respond to crises with **urgent interventions**
- Emergent mental health needs **alongside** physical health
- Physical health issues **can worsen mental health**



(WHO, n.d.)

Return to Use

Revisit treatment plan if substance use resumes

Modify **medication**, **counseling** as necessary

Discuss **harm reduction strategies** promptly

Explore safer **substance use practices**

(U.S. Department of Health and Human Services, 2023)

Domestic Violence

Domestic violence requires **immediate intervention** and **support**

Identify **safety concerns** and assess **impact**

Connect individuals to **legal aid, counseling**

Ensure survivors' **voices are heard**

(University of Buffalo, 2023)

Legal Issues

- Impact **mental**, **emotional well-being** significantly
- Create barriers to **employment, housing, social services**
- Can exacerbate **existing health conditions**

(Clemente & Padilla-Racero, 2020)

Children and Youth Services

- Early, effective services **ensure safety**, care
- **Mitigate** impacts of adverse experiences
- **Protect** children, **provide** necessary support
- Ensure **welfare** and **safety** of adolescents

(Colizzi et al., 2020)

Assessment for Emergent Needs

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Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE)

- Housing
- Employment
- Education
- Security
- Transportation
- Social integration
- Stress

PRAPARE

Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences

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(Luzius et al.,2022)

Example

15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

X	Yes, it has kept me from medical appointments or
	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
	No
	I choose not to answer this question

(Luzius et al.,2022)

Columbia Suicide Severity Rating Scale (C-SSRS)

- Questions evaluate **seriousness**, immediacy of **risk**
- Determine **level of support** needed promptly
- Categories: **ideation, behavior, attempt**
- Institutional policy may guide **emergent interventions**

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc. **If yes, was this within the past 3 months?**		High Risk

(The Columbia Lighthouse Project, 2020)

Patient Health Questionnaire-9 (PHQ-9)

- Rates DSM-IV criteria on a **scale**
- **Aids in identifying** depressive symptoms' intensity
- Determines **level of support** needed
- Highlights depression as an **emergent need**

(Andreotti et al., 2020)

Intimate Partner Violence (IPV) and Sexual Violence (SV) Screening Tools

CDC compiles tools for **evaluating** IPV/SV

Aid healthcare professionals in tool selection

Assessment in both **clinical** and **healthcare settings**

(Basile, Hertz, & Back, 2007)

Legal Considerations for Emergent Needs

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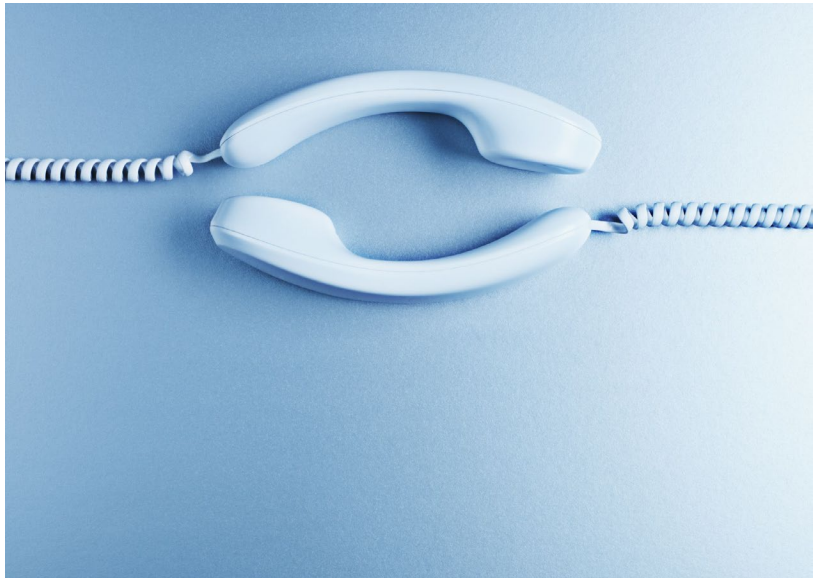
Obligation to Report

- Mandated reporting ensures **client safety**
- Ensures **protection** for clients and others
- Obligatory for **safeguarding vulnerable populations**
- Crucial in **urgent situations** for immediate action



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Mandated Reporting

Pennsylvania **mandates reporting** child abuse/neglect

CPSL **protects** children, stabilizes families

Legal duty for certain professionals

Ensure children's **safety, well-being**

(PA Department of Human Services, 2024)

Duty to Warn

- Duty to warn **overrides** confidentiality rights
- **Protect** patients and potential victims promptly
- Obligated if patient **poses threat to others**
- Ensure **timely warning** to prevent harm

(Carelon Health of Pennsylvania, 2024)

Discussion Question

What are some emergent needs that you have seen at your COE?

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Rapport

Rapport

- Creates **safe space** for open discussion
- Active listening, empathy **boost motivation**
- Rapport **enhances insight**, essential for retention

(Campbell, 2005)

Why Build Rapport?

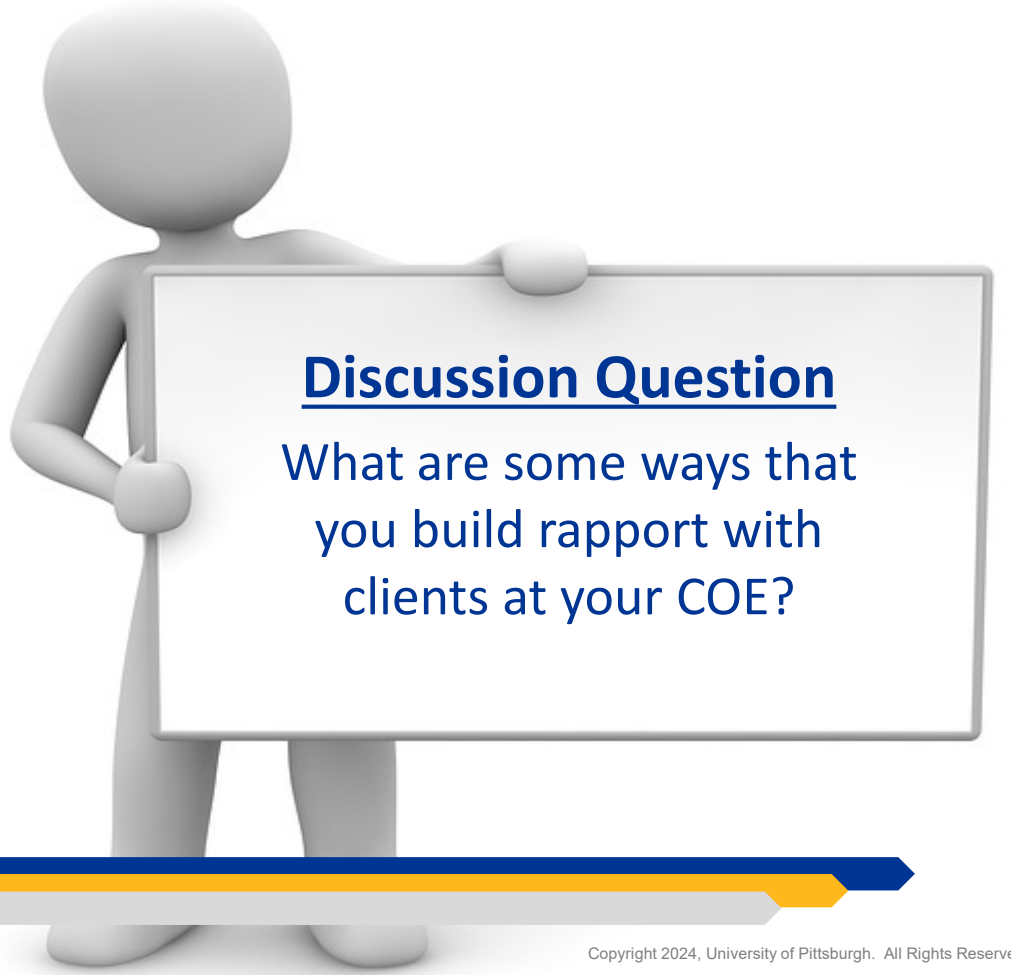
- Rapport **fosters trust** and **understanding**.
- Foundation for **healthy client relationships**
- **Empowers patients**, improves treatment outcomes
- Strong rapport correlates with **reduced drug use**
- Enhancing client relationships **improves effectiveness**

(Butt, 2021)

Rapport is the Common Factor that Makes a Difference

- Therapeutic alliance pivotal for **treatment success**
- **Mutual understanding, collaboration**, rapport essential elements
- **Relationship factors** crucial in therapy outcomes
- APA meta-analyses highlight **relationship significance**
- **Consensus** on goals, client feedback central

(DeAngelis, 2019)



Discussion Question

What are some ways that you build rapport with clients at your COE?

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Motivational Interviewing

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Motivational Interviewing

Motivational interviewing **empowers change** through collaboration

Effective for those with mixed feelings

Emphasizes open-ended questions, reflective listening

Encourages individuals to take responsibility for recovery

(DiClemente et al., 2017)

Why Motivational Interviewing?

- MI builds rapport, trust, **encourages behavior change**[1]
- Tailored, empathetic approach **effective** in emergent situations[1]
- Personalized connection encourages **healthier choices**[2]
- Success demonstrated in **reducing substance-related consequences**[2]
- MI fosters **collaborative effort**, supports **behavior change**[2]

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(1. Borsari et al., 2021; 2. Kohler & Hofmann, 2015)

Motivational Interviewing in Care Management

Elicit **change talk** for intrinsic motivation

Explore pros and cons to **address ambivalence**

Inquire about specific behaviors for **awareness**

Seek details to **encourage reflection** and **action**

Promote overall well-being through motivational interviewing

(Rosengren, 2017)

Community Partners

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Benefits of Community Partnerships

- **Enhanced** Continuity of Care
- **Improved** Recovery Outcomes
- **Increased** Access to Services
- Reduced **Stigma**
- Economic and Social **Benefits**
- Policy and Systemic **Change**

(Ashford et al., 2020)

Identify Needs in Your Population

COE Quarterly Summary Report

Table 2a. Interaction Activities: Selected Medical Needs

Activity	Total Clients (all)	W/ Needs (all)	Total Clients (qtr)	W/ Needs (qtr)
Behavioral/Mental Health	961	312 (32%)	430	52 (12%)
Dental Care	961	24 (2%)	430	5 (1%)
Prenatal Care	961	20 (2%)	430	0 (0%)
Primary Care	961	48 (5%)	430	0 (0%)

Table 1. Client Demographics: High Risk Indicators (Total 1,167 Client Profiles in REDCap)

Indicator	Total Clients (all)	High Risk (all)	Total Clients (qtr)	High Risk (qtr)
Criminal Justice Involvement	1,154	772 (67%)	79	67 (85%)
Current Pregnancy	461	Supp.	35	0
IV Drug Use	1,018	628 (62%)	81	40 (49%)
Military Status	1,149	43 (4%)	81	Supp.
Overdose History	1,152	680 (59%)	81	47 (58%)

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Know Your Resources

Identify	Identify resources: location, contact details, accessibility
Consider	Consider funding options, collaborate with payers
Recognize	Recognize impact of SDOH on health
Engage	Engage with community to pinpoint needs
Tailor	Tailor services for personalized, effective response

Resource Matching

- **Align resources** with specific needs
- Embrace **patient-centric** approach
- **Individualized focus** considers unique circumstances
- **Includes** housing, food security, transportation, social networks

(Morrison & Rainwater, 2022)

Relationship Building

- Elevator pitch **creates lasting impression** on potential partners
- **Conveys** purpose, value, impact effectively
- Enables **quick engagement** at various events
- **Condenses** vision, enhances clarity, articulation

(Simon, Taylor, & Tom, 2019)

Referral Process

Referral forms **aid patient** transfer between providers

Point of Contact facilitates care coordination

Warm handoff ensures patient involvement, safety

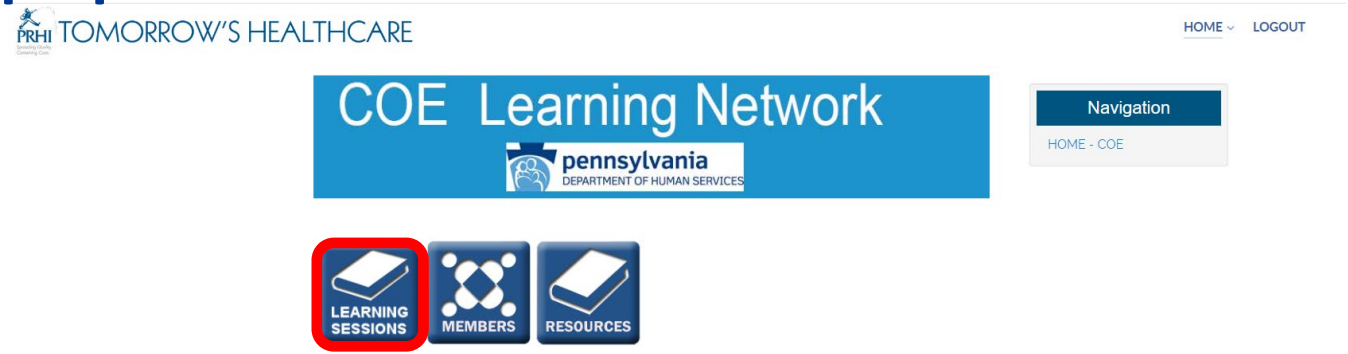
Face-to-face transition **enhances communication, safety**

(Agency for Healthcare Research and Quality, n.d.-a)

Discussion Question

What are some partnerships that you have built at your COE with outside organizations?

Wrap up and Next Session



- To request CEs, complete the **session evaluation**.
- Slides and recording available on Tomorrow's Healthcare

- **Next Session:** Guiding Principles of COE – January 15, 2025 at 12pm

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