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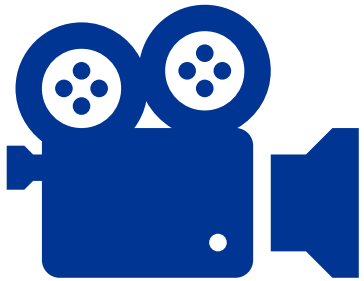

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- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
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- We strive to **listen** to each person, avoid interrupting 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**.
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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

Rapid Assessment of Needs

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Learning Objectives

By the end of this training, you will be able to do the following:

- Explain the benefits of rapid needs assessment on client engagement
- Describe the components of a Rapid Assessment of Needs, including which needs to assess rapidly.
- Explore strategies for using assessment data to enhance care coordination and improve client outcomes.

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Introduction

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Why Do a Rapid Assessment of Needs?

"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."

Complex **needs**

Addresses **needs** that integrate primary and behavioral health

Expands access to **MOUD**

targets **high-risk** individuals

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Hub and Spoke Model

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)

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Tailored Solutions

(Van Laere, 2023)

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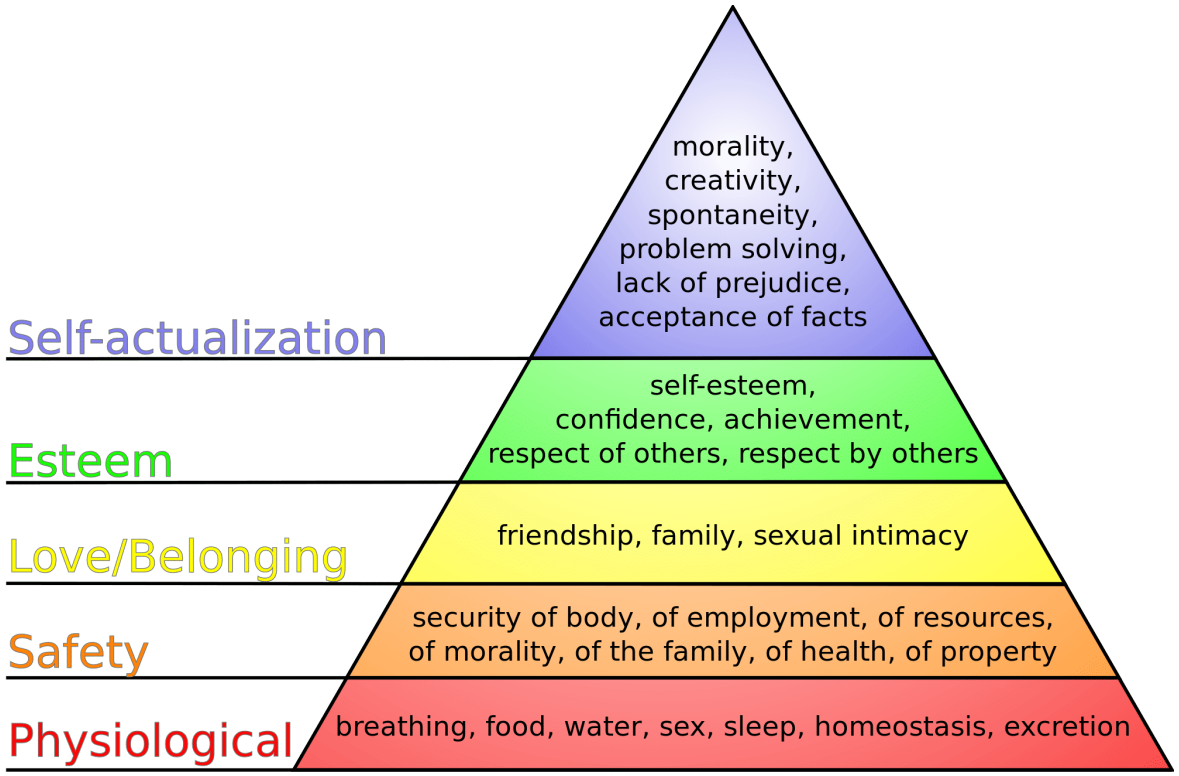
Maslow's Hierarchy of Needs



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The Components of a Rapid Assessment of Needs

Fidelity to the COE Model

Section of the Fidelity Guidelines

- Enrollment
- Initial Assessment

Rapid Assessment Items

- Releases of Information (ROI)
- Immediate HRSN/SDOH needs
- Suicide Risk Screening

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Rapid

- The term "rapid" in this context refers to the speed and efficiency with which we assess and address client needs, especially during the **critical early stages** of COE engagement.
- **Less than** 120 minutes
- prioritized, focused, and timely to ensure **immediate** barriers are identified and addressed

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Assessment

- Identify needs systematically to **pinpoint** critical areas.
- Assessment involves gathering information from multiple sources and methods to gain an understanding of the client's **needs**, **barriers**, and **strengths**.
- With the rapid assessment, the focus is on identifying and addressing **immediate needs first.**

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Assessment

Client Interviews and Conversations

Observational Data: E.g., Signs of distress, unmet physical needs, non-verbal expressions, or behavioral patterns.

A well-designed intake form/process

Review of immediate needs

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Immediate Needs

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Immediate Needs: **Risk of Overdose**

- Early identification of overdose risk allows for the implementation of life-saving interventions, ensuring clients remain engaged in care and have the **ability to live** and **live safely.** [1,8]
- Gathering client-level information that may indicate overdose risk, such as:
  - History of **overdose and recency** [2,3]
  - Details about the **substance(s)** and **methods** an individual uses or has used [3]
  - History of **mental health** conditions [4,5]
  - **Treatment history** [4]
  - **Criminal justice** involvement.[6,7]
  - The provision of **Narcan or Naloxone**[8]

([1]Burns, 2022; [2]Webster, 2017; [3]Bogdanowicz et al., 2016; [4]Nestadt & Bohnert, 2020; [5]Vekaria et al., 2021; [6]Priest et al., 2020; [7]Staffors et al., 2022; [8]National Institutes of Health, 2024)

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Immediate Needs: **Transportation**

- Vouchers/Passes/Tokens[2]
- Shuttle Services[2]
- Medical Assistance Transportation Program (MATP)
- Mobile Engagement

(Jalali et al., 2020)

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Immediate Needs: **Mental Health and Psychiatric**

- Co-occurring mental health conditions are **prevalent** among clients with OUD. [1]
- Mental health conditions can **impact** energy levels and executive functioning. [2,3]
- Co-occurring **psychiatric support** has been shown to **improve** engagement and retention in treatment. [4]
- Early identification of **suicide risk** allows for the implementation of targeted interventions to address death by suicide and to safety plan [5,6]

([1]Vekaria et al.,, 2021; [2]Brown et al., 2011; [3]Substance Abuse and Mental Health Services Administration, 2013; [4]Wakeman et al., 2022; [5] Nestadt & Bohnert, 2020; [6]Bogdanowicz et al., 2016)

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Immediate Needs: **Support**

Clients with limited social support experience higher levels of psychological distress and are more likely to discontinue care.[1,2]

Studies have also found that social support is associated with MOUD retention. [3,4,5]

E.g., peer support or family involvement

([1]Brown et al., 2011; [2]Dobkin et al., 2002; [3] Cavazos-Rehg et al., 2021; [4] Kleinman et al., 2023; [5]Schweitzer et al., 2024)

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Immediate Needs: **Housing**

- Housing instability has been identified as a primary structural **barrier** to treatment [1,2,3]
- Housing is important to consider **early in treatment**, as research shows that unstable housing is one of the strongest risk factors for discontinuation of MOUD within the first six months[2,3]

([1]Nguyen et al.,, 2024; [2]Krawczyk et al., 2021; [3]Simpson et al., 2022)

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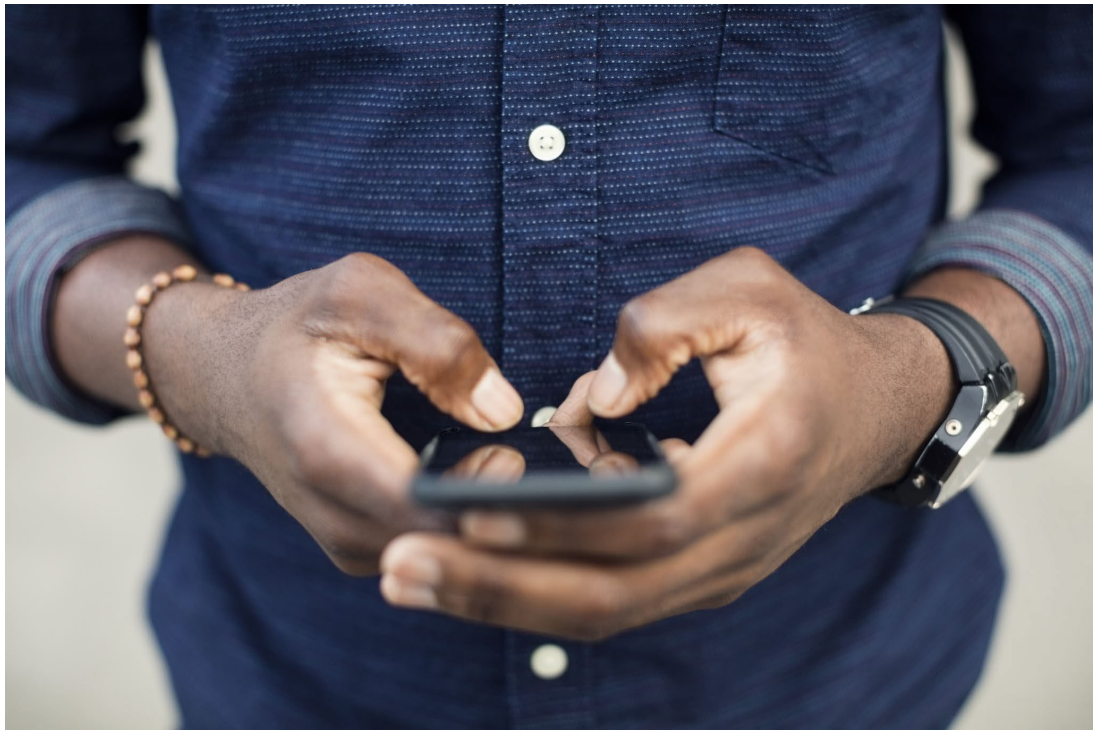
Immediate Needs: **Phone Access**



Regular access to phone communications[1]

Also consider cellular service[1]

(Simpson et al., 2022)

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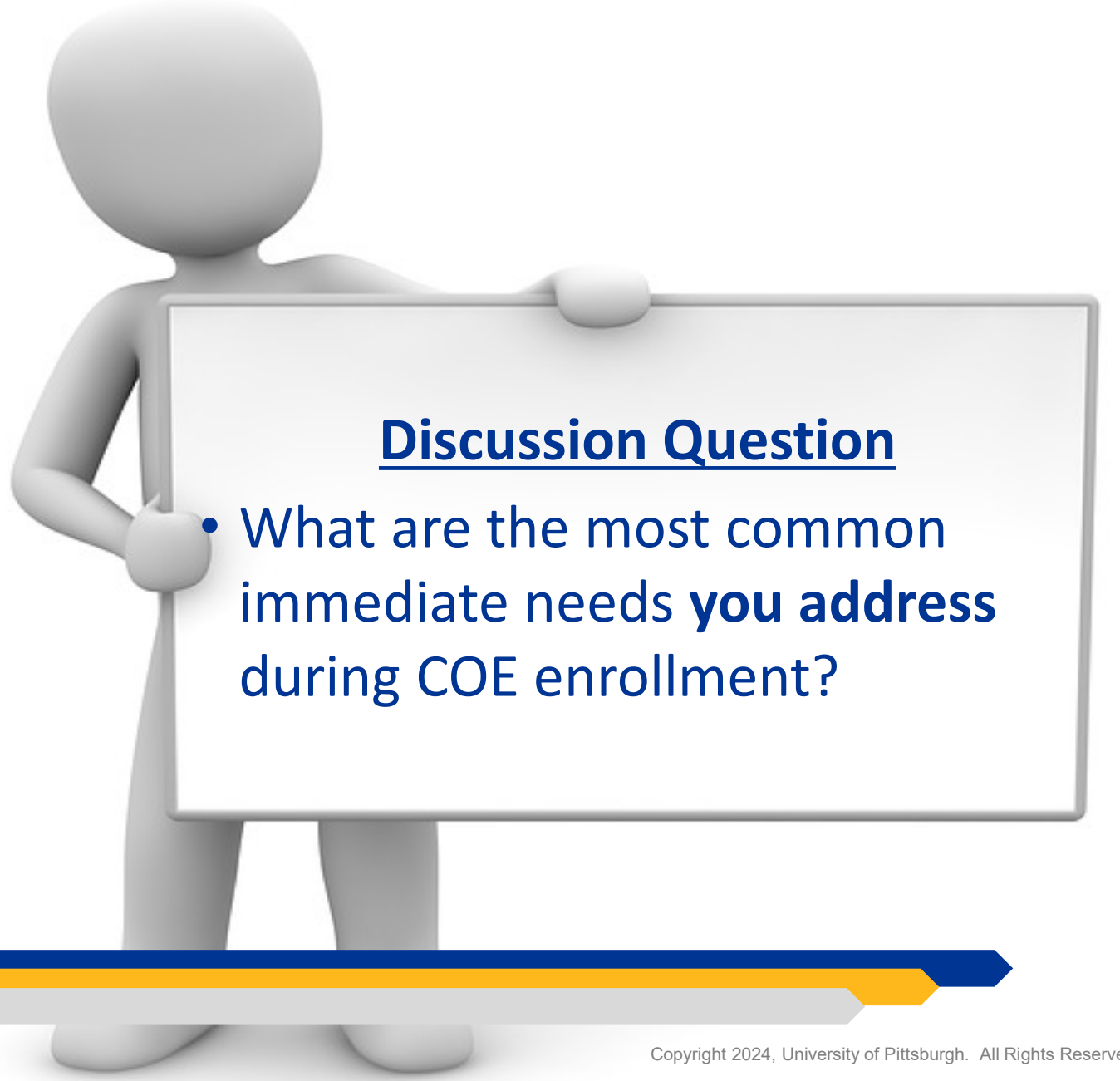

Discussion Question

- What are the most common immediate needs **you address** during COE enrollment?

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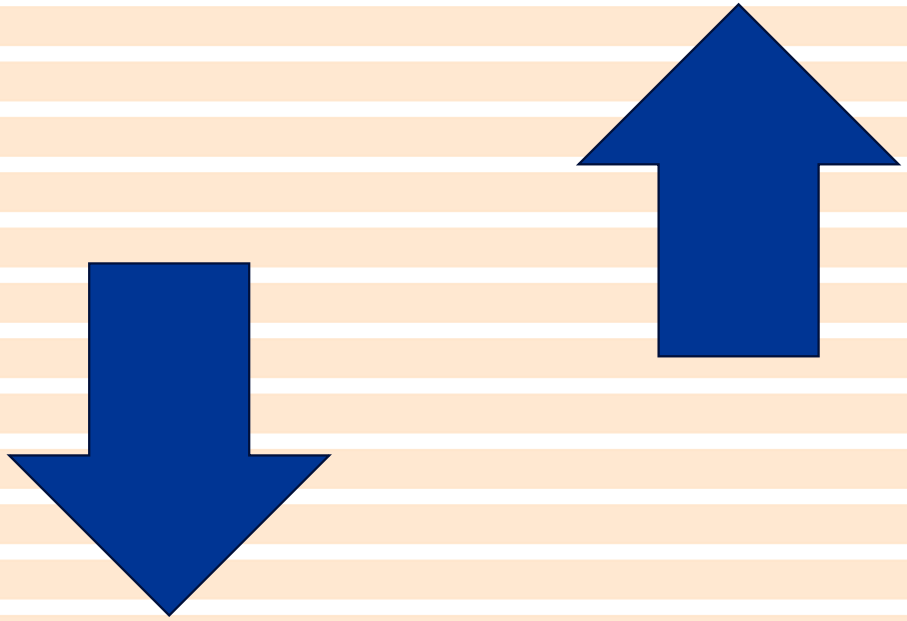
Referrals for Immediate Needs

- Behavioral/Mental Health
- Dental Care
- Health-related Education
- Hepatitis C Screening
- Hepatitis C Treatment
- HIV Screening
- HIV Treatment
- MOUD Education
- Pain Management
- Pharmacy Services
- Postnatal Care
- Prenatal Care
- Primary Care
- Smoking Cessation
- Specialty Care
- Occupational/ Physical/ Speech Therapy
- Other Medical Services



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Referrals for Immediate Needs

- Childcare Services
- Family Protective Services Coordination
- Disability
- Drug & Alcohol Counseling
- Education-related Services
- Employment & Vocational Services
- Food Services
- Harm Reduction
- Housing
- Legal Services
- LGBTQIA+ Services
- Life Skills
- Medical Assistance
- Probation/ Parole Consultation
- Recovery Housing
- Transportation
- Veteran Services
- Other Social Determinants of Health Needs

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Research Evidence

Benefits of Rapid Assessment of Needs

- Essential for **effective** care management and **retention** during the initial stages of care[1,2]
- **Removes** barriers
- Active coordinated effort to address biopsychosocial needs **within first 30 days** of care has been shown to
  - Reduce readmission rates[3]
  - Improve medication adherence[3]
  - and increase engagement in outpatient services[3]

([1]Bradywood et al., 2021; [2]Joe et al., 1999)

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Benefits of Rapid Assessment of Needs

- Communicates the **value** of the COE
- Shows clients that **their well-being** and **safety** is a priority[1] from the very beginning.

([1]Bradywood et al., 2021)

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Best Practices: Empathy and Perspective-Taking

(1Hu et al.,2019; 2Timko et al., 2016; 3Valkow et al., 2014; 4.Roy et al., 2020)

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Best Practices

- **Motivational Interviewing:** This approach helps uncover clients' immediate priorities/readiness for change and **empowers** them to identify their own needs and solutions[1,2]
- **Trauma-Informed:** creates a **safe** environment for clients during the assessment process[3]
- **Client-Centered/Individualized:** Tailoring assessments to the **unique** circumstances of each client [4]
- **Culturally-Sensitive:** Considering cultural **values** and experiences during assessments[5]
- **Solution-Focused:** Encouraging clients to identify past successes and envision goals during the initial assessment fosters a **sense of hope** and empowerment[6]

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([1]Sohl et al.,2016; [2]Alison et al., 2013; [3]Brown et al., 2013; [4]Berg, 2009; [5]Narayan, 2003; [6]Richmond et al., 2014)

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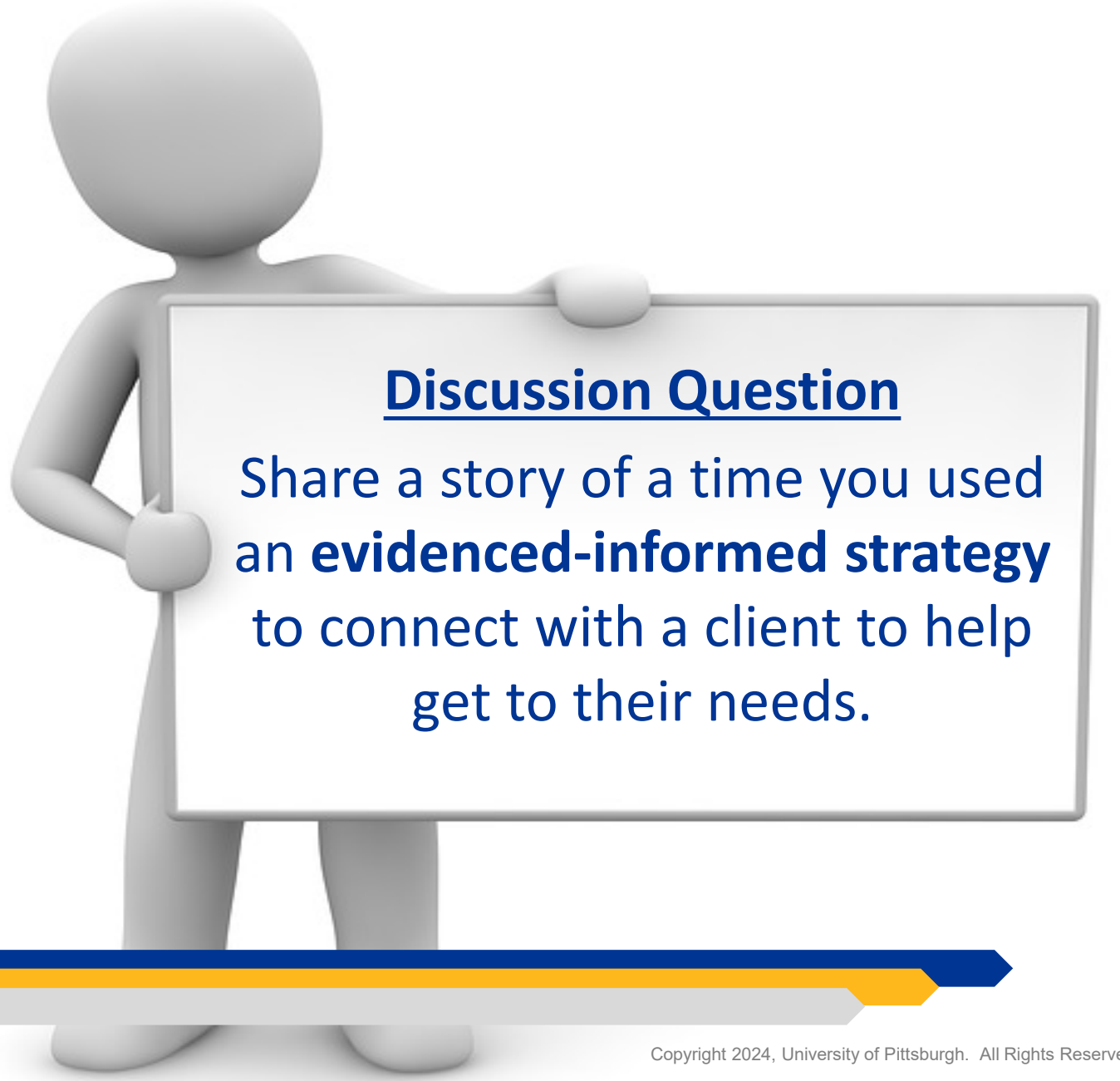

Discussion Question

Share a story of a time you used an **evidenced-informed strategy** to connect with a client to help get to their needs.

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Penn's Rock COE

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Prioritizing Feasibility in Rapid Assessment

Penns Rock found that high-risk individuals could not sit for hours for multiple full assessments

They cross-compare requirements visually (e.g., spreadsheet, whiteboard, etc.)

Lower burden and Low Barrier for COE clients

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Streamlining the Assessment Process

- Patient dress rehearsal/Walk-through of the intake process
- Reduce redundancy
- Use skip logic

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Conversational and Human-Centered

- Intake is not just a checklist; Penn's Rock involved their CRSs in the creation of their intake form
- Evidenced-based and Internal training for rapid assessment
- Connection to the people and the tools
- Provide comfort and engagement
- Rapid: Penns Rock's intake is about 45 minutes

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Summary

Key Takeaway Points:

- **COE Fidelity Guidelines**: The COE Fidelity Guidelines outline the need to complete a rapid assessment of needs, including a review of the client's immediate SDOH/HRSN needs.
- A **rapid** assessment of needs is important as the COE model is designed to engage **individuals at high risk** related to OUD
- COEs aim to **reduce these risks** and **improve** health outcomes.
- **Evidence-based approaches** provide a strong foundation for effective initial assessments and ongoing engagement with clients.

([1]Bradywood et al., 2021)

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Questions?

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Wrap up and Next Session

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

- **Next Session:** Skill Development and Vocational Training – January 29th at 12pm

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