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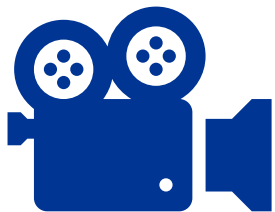


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Mutual Agreement

- 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.



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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.**



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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

Stepped Care Approach



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Learning Objectives

By the end of this training, trainees will be able to:

- Define the **stepped care approach**
- Describe the **application** of the stepped care approach to **supporting individuals with opioid use disorder (OUD)**
- Discuss common **barriers to implementing** stepped care models and **propose solutions** to overcome these challenges, ensuring effective use of resources and client engagement



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Connection to the Fidelity Guidelines



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Hub and Spoke

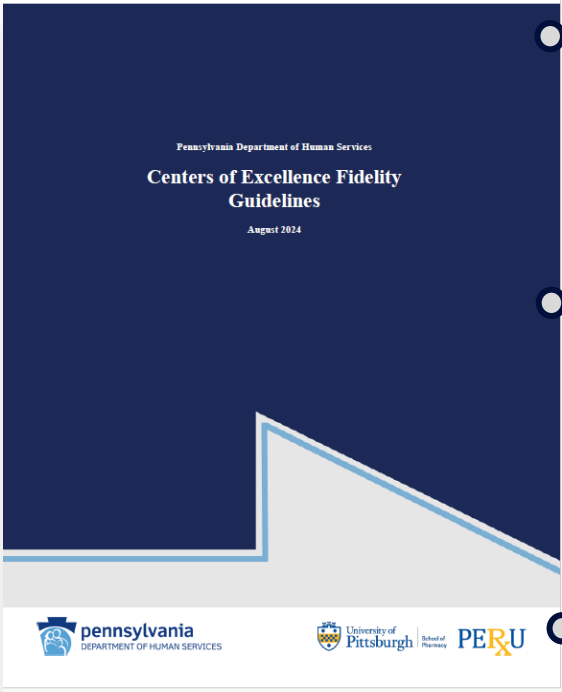


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Fidelity to the COE Model



Engagement and Stabilization

Integration of Global Health and Skills Training

Transition to Self-Management

Stepped Care



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Stepped Care Definition



Stepped care is a structured healthcare **framework** that delivers care at the **least intensive, least restrictive** level likely to be effective

Poll Question

How familiar are you with stepped care approaches?

- a) Not at all familiar
- b) Slightly familiar
- c) Moderately familiar
- d) Very familiar
- e) Extremely familiar



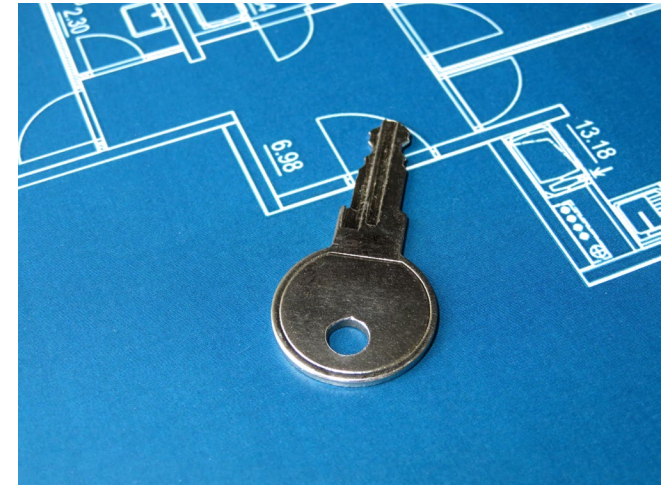
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Key Components and Principles

- **Least restrictive, effective intervention** as the starting point^{1,2}
- A **self-correcting**, dynamic system^{3,4}
- **Individualized, evidence-based** treatment adjustments⁵
- **Coordinated**, role-specific collaboration⁵



Models of Stepped Care

Chronic Illness
& Chronic Care

Mental Health

Cascade of
Care (CoC)



Chronic Illness and Chronic Care

- **Flexible, tiered approach** to managing chronic condition¹
- **Active follow-up** to monitor outcomes and adjust care¹
- Engage "informed, **activated patients**" in care²



Mental Health

- Aim to **match care intensity** with patient needs¹
- Address **under-treatment** and **over-treatment** of depression¹
- Identify as effective for **mental health and substance use**²
- Six treatment stages range from **low to high intensity**²



Cascade of Care (CoC) Model

- Built from HIV management, applied to chronic conditions, and **adapted for OUD¹**
- **Targets** patient engagement, MOUD initiation, retention, and remission¹
- Applied in jails, hospitals, and **Medicaid populations²**





Discussion Question

What benefits of stepped care do you see?



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Benefits of Stepped Care Management

- Improves **access, satisfaction, adherence, and efficiency**¹
- Aligns treatment with **evidence-based guidelines**²
- Promotes **transparency and interdisciplinary collaboration**²
- Allocates resources effectively, **prioritizing individuals needs**³
- Reduces unnecessary expenditures and **addresses resource limitations**⁴



Stepped Care for COE Clients

- Identifies **gaps**, promotes **evidence-based interventions**, and tracks progress¹
- **Emphasizes** MOUD initiation, retention, overdose prevention, and reengagement^{2,3}
- Highlights **long-term supports**: housing, employment, relationships⁴
- Reframes recovery around **quality of life**, not abstinence⁴



Phases of Recovery



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Clinical Status

- Evaluate **symptoms**, disorder **severity**, and **functioning**^{1,2,3,4}
- Prioritize **client choice**⁵
- Use tools, such as urine drug screens (UDS) and SDOH assessments, to **tailor interventions**^{1,5}



Phase 1 – Engagement and Stabilization

- Engagement and education
- Assessing for and addressing immediate needs
- Substance using behaviors and harm reduction



Engagement and Education

- Early retention is crucial to **prevent disengagement**¹
- Education on **MOUD** benefits and importance of **long-term care**¹
- Initiating and retaining clients on MOUD **reduces mortality**²



Assessing for and Addressing Immediate Needs

- Meeting needs **builds trust, ensures safety, and fosters engagement**
- Using innovative outreach and non-judgmental screening **outside clinical settings**
- Identifying **high-risk** substance using behaviors
- Addressing **urgent** medical and mental health **needs**



Substance Using Behaviors and Harm Reduction

- **Reduce disengagement** for high-risk clients
- Identify **substance use behaviors**¹
- Connect to **priority populations** guiding principle
- Utilize **naloxone distribution** and needle exchange programs¹
- Include **comprehensive care** and **social support**²



Phase 2 – Integration of Global Health and Skills Training

- Comprehensive care and strategic support
- Building social and support networks



Comprehensive Care and Strategic Support

- Address **HRSN/SDOH** and **healthcare needs**¹
- Include goals, action steps, and strengths in **extended care plan**¹
- Tailor support to **recovery capital**¹
- Improve quality of life and **prevent return to use**²
- Time interventions by **readiness**³



Building Social and Support Networks

- Build **social support** networks¹
- Involve **family** or **natural supports**, client willing
- Connect to **peer support** providers²



Phase 3 – Expansion of Recovery Capital, Skills Training, and Transition to Self-management

- Strengthening recovery and reintegration
- Addressing unmet needs or goals
- Preparing for discharge and self-management



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Strengthening Recovery and Reintegration

- Focus on **social supports** and **recovery capital**¹
- **Reassess progress** with the BARC-10¹
- Continue to **educate and involve family**²
- Foster **identity** and **community ties**³
- Redefine self and **social connections**³



Addressing Unmet Needs or Goals

- Address remaining **healthcare** and **recovery goals**¹
- **Engage families** in recovery, if readiness improves¹
- Prioritize **unmet HRSN/SDOH needs** such as education, and employment¹



Preparing for Discharge and Self-Management

- Ensure post-discharge **support** and **resources**
- Identify Primary care provider (PCP), federally qualified health center (FQHC), or opioid treatment program (OTP) for **ongoing care**
- Enhance **patient activation**
- Discharge timing depends on **individual readiness**



Case Studies

Which phase of recovery is the client in?



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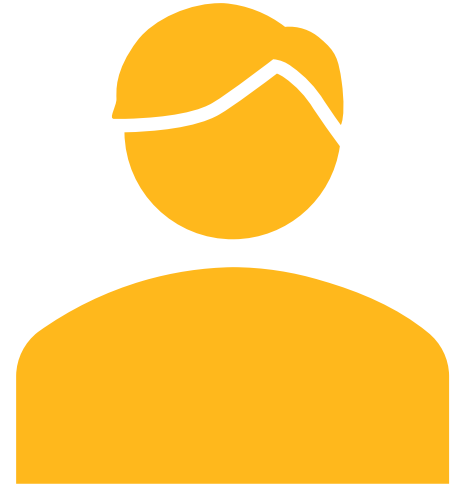
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Client 1: Rilee

A 28-year-old single father has been in the COE for **two months**. He **consistently** attends counseling and weekly MOUD appointment but sometimes has to reschedule due to unreliable childcare. Rilee has expressed **anxiety** and difficulty managing his **diabetes**. He wants to stay in the program but worries about being overwhelmed by **life stressors**.



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Client 2: Taylor

Taylor, a 34-year-old, has been with the COE for **eight months**. They are **stable** on MOUD, have reconnected with their family, and started a **part-time job**. Taylor reports feeling nervous about maintaining recovery once they transition out of the COE. They are considering joining a peer support group but are unsure if it will fit their schedule.



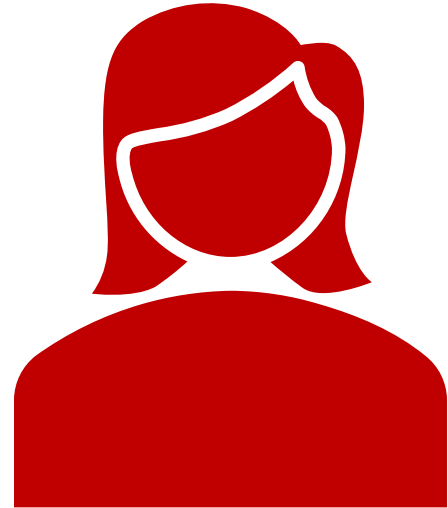
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Client 3: Maria

A 42-year-old enrolled in the COE for **nine months**, struggles **with inconsistent engagement** and ongoing substance use despite enrolling after an **overdose**. She lacks stable **housing**, reports **transportation** and **shame** as barriers, and misses MOUD appointments. Maria hopes to reconnect with her adult children but feels **unmotivated** and **hesitant** about MOUD due to fear of stigma. She engages in high-risk behaviors, frequently *disengages* despite outreach, and has not completed key assessments.



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Discussion Question

How do you track a client's progress using stepped care in COE services?



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Questions?



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Wrap up and Next Session

COE Learning Network



Navigation

[HOME - COE](#)



- To request CEs, complete the **session evaluation**.
- Slides and recording available on [Tomorrow's Healthcare](#)
- **Next Session:** PA Navigate: September 10th at 12pm



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