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

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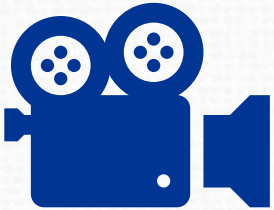


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- Everyone on every Learning Network webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on these webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
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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.
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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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Community Network Building

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Learning Objectives

- **Analyze** how **community isolation**, **recovery capital**, and **informal or natural support**s influence substance use disorder outcomes and sustained recovery.
- **Evaluate** client **needs**, **strengths**, and **barriers** to community engagement using assessment tools and recovery-oriented frameworks.
- Apply strategies to **identify gaps** in recovery capital and **develop approaches** that strengthen client connection to natural and community-based supports.
- Apply practical strategies to **build**, **strengthen**, and **maintain** Centers of Excellence (COE) partnerships with community organizations, including approaches to overcoming common barriers to engagement.

Community Network Building and the COE

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Why Community Networks Matter in Recovery



- Recovery is not only clinical; it is **social and relational**[2]
- Social isolation **increases return to use risk** and **impacts overall wellbeing**[1]
- Community networks provide **support, resources**, and a **sense of belonging**[1,2]
- COEs are uniquely positioned to **bridge clients** to these networks[3]

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([1]Christie, 2021; [2]NASEM, 2020; [3]DHS, 2024)

Discussion

What kinds of **supports** seem to make the **biggest difference** in recovery?



COE Model and Community-Based Care

- **Whole-person** care model[1]
- Beyond **clinical services**[1]
- **Community-based** engagement expected[1]
- Informal **supports emphasized**[2]

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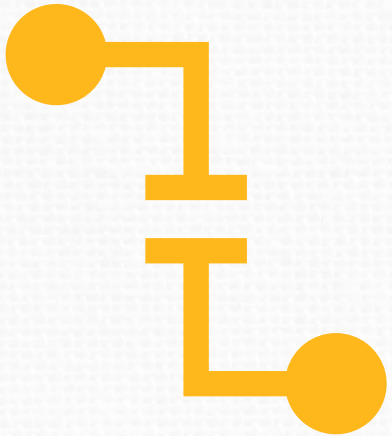
([1]DHS, 2024; [2]SAMHSA, 2020)

Community Isolation and OUD

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What Is Community Isolation?

- Limited **social connection**[2]
- **Disengagement** from institutions[3]
- Reduced **community participation**[1]
- **Structural** and **social** factors[4]



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([1]Hawk et al., 2017; [2]NASEM, 2020; [3]SAMHSA, 2019; [4]Wakeman & Rick, 2018)

How Community Isolation Shows Up

- **Limited** social networks[3]
- Housing **instability**[2]
- **Unemployment** or **underemployment**[4]
- **Disengagement** from supports[1]

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([1]Christie, 2021; [2]Hawk et al., 2017; [3]SAMHSA, 2019; [4]Wakeman & Rich, 2018)

Structural Drivers of Community Isolation

- **Stigma** and **discrimination**[2]
- **Criminal justice** involvement[1]
- **Poverty** and **financial strain**[1]
- Transportation and access **barriers**[1]



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([1]Stopka, 1982; [2]Wakeman & Rich, 2018)

Discussion

What **drivers** do you see affecting clients' ability to **engage** with **community supports**?



Why Isolation Sustains Opioid Use Disorder

- Increased **return to use risk**[2]
- **Poor** treatment **retention**[1]
- Elevated **overdose** risk[5]
- Reduced **recovery capital**[3]
- **Worse** overall **health outcomes**[4]

([1]Ashford et al., 2019; [2]Christie, 2021; [3]Cloud & Granfield, 2008; [4]NASEM, 2020; [5]Wakeman & Rich, 2018)

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Rat Park Overview

- Study **purpose**
- **Enriched** environment
- **Reduced** drug use
- Social **connection** impact



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(Alexander et al., 1978)



Rat Park Applied to Opioid Use Disorder

- Environment **shapes** use[1,3]
- Social connection **matters**[3]
- Community **supports** reduce risk[2]
- Isolation **reinforces** use[4]

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([1]Alexander et al., 1978; [2]Best et al., 2016; [3]Christie, 2021; [4]Cloud & Granfield, 2008)

Limits of Clinical Assessment

- **Symptom-focused** evaluations[4]
- Social connection **often missed**[3]
- **Limited** environmental **context**[1]
- Community involvement **under-assessed**[2]

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([1]Alexander et al., 1978; [2]Best et al., 2016; [3]Christie, 2021; [4]Cloud & Granfield, 2008)

Identifying and Assessing Isolation in COEs

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Identifying Isolation in COE Practice

- **Care management** assessment lens[4]
- Ongoing **client engagement**[3]
- Early isolation **identification**[1]
- **Observe** changes over time[1]
- **Map** social connections[2]

([1]Best et al., 2016; [2]Cloud & Granfield, 2008; [3]Magellan, 2023; [4]SAMHSA, 2020)

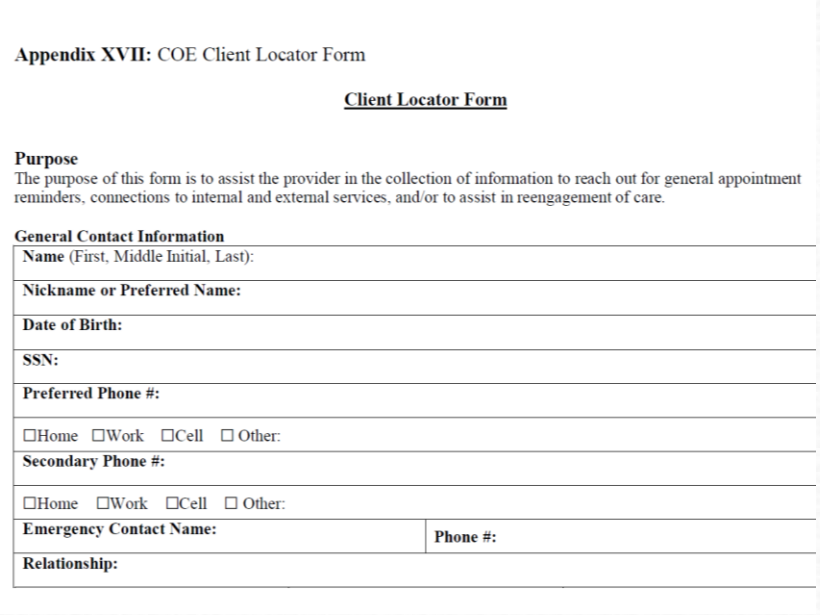
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Discussion

What are the signs you see that a client may be becoming **socially isolated** or **disengaging** from supports?



Client Locator Form



Appendix XVII: COE Client Locator Form

Client Locator Form

Purpose
The purpose of this form is to assist the provider in the collection of information to reach out for general appointment reminders, connections to internal and external services, and/or to assist in reengagement of care.

General Contact Information

Name (First, Middle Initial, Last):	
Nickname or Preferred Name:	
Date of Birth:	
SSN:	
Preferred Phone #:	
☐Home ☐Work ☐Cell ☐ Other:	
Secondary Phone #:	
☐Home ☐Work ☐Cell ☐ Other:	
Emergency Contact Name:	**Phone #:**
Relationship:	

- Engagement and reengagement **tool**
- Contact and housing **data**
- Personal support **identification**
- Community connection **mapping**
- Ongoing **assessment** resource

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(DHS, 2024)

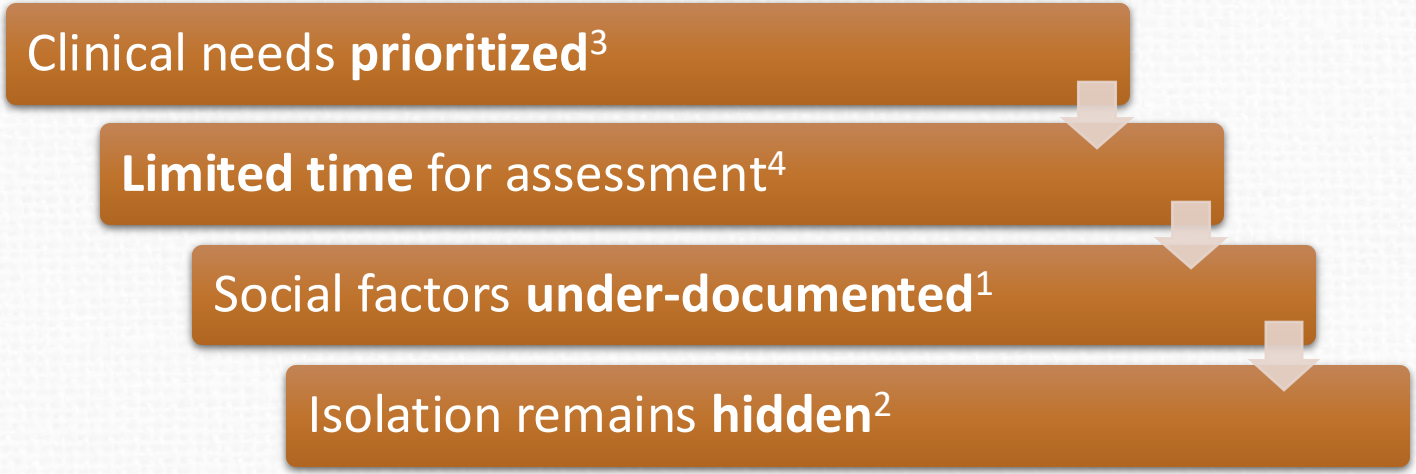
Assessing Social Support

- Family **involvement** levels[1]
- Peer recovery **connections**[2]
- Community participation **patterns**[3]
- Support **quality** and **safety**[4]

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([1]Al Ghafri et al., 2022; [2]Best et al., 2016; [3]Cloud & Granfield; 2008; [4]SAMHSA, 2020)

When Isolation Is Missed



([1]Best et al., 2016; [2]Christie, 2021; [3]Cloud & Granfield, 2008; [4]SAMHSA, 2020)

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Why Assessment Matters

- **Enables targeted referrals**[3]
- Care **matched** to need[4]
- Early risk **identification**[1]
- **Stronger** recovery **outcomes**[2]



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([1]Best et al., 2016; [2]Christie, 2021; [3]Cloud & Granfield, 2008; [4]SAMHSA, 2020)

Discussion

Are you providing any **peer-led introductions** to recovery groups or supports at your COE? How did you get started?



Informal and Natural Supports

Informal and Natural Supports in Recovery

- Nonprofessional **support** systems[1]
- **Relationship** based assistance[3]
- **Family** and **friends**[3]
- **Peer** and community[4]
- **Reduce** isolation risk[2]



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([1]Best et al., 2016; [2]Christie, 2021; [3]Cloud & Granfield, 2008; [4]SAMHSA, 2020)

Evidence Supporting Informal Supports

- **Improved** treatment **retention**[4]
- **Increased** recovery **engagement**[1]
- **Reduced return to use** risk[2]
- **Stronger** long-term **outcomes**[3]

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([1]Best et al., 2016; [2]Cloud & Granfield, 2008; [3]Hawk et al., 2021; [4]SAMHSA. 2020)

What COEs Can Do to Facilitate Natural Supports

- Assess **existing supports**[4]
- **Encourage** safe **reconnection**[1]
- **Engage family** when appropriate[3]
- **Link** to recovery supports[4]
- Build **community connections**[2]

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([1]Best et al., 2016; [2]Cloud & Granfield, 2008; [3]DHS, 2024; [4]SAMHSA, 2020)

Family Engagement Benefits

- Improved **treatment adherence**[1]
- Enhanced **stability** in recovery[2]
- Better long-term **outcomes**[3]
- Supports **engagement** and **retention**[4]



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([1]Al Ghafri et al., 2022; [2]Best et al., 2016; [3]Cloud & Granfield, 2008; [4]SAMHSA, 2020)

When Family Is Not Safe

- **Burned bridges** present[2]
- **Trauma** histories matter[4]
- Safety **must come first**[1]
- Alternative supports **prioritized**[3]



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([1]Best et al., 2016; [2]Christie, 2021; [3]Cloud & Granfield, 2008; [4]SAMHSA, 2020)

What COEs Can Do to Facilitate Family Involvement

- Assess **safety** and **readiness**[4]
- Obtain **consent** and **ROIs**[3]
- Provide family **education**[4]
- **Support** gradual **engagement**[1]
- Offer **alternative** supports[2]



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([1]Best et al., 2016; [2]Cloud & Granfield, 2008; [3]DHS, 2024; [4]SAMHSA, 2020)

Role of Peer Support

- Facilitates **reconnection**[4]
- Models **recovery** behavior[1]
- Bridges to **community**[3]
- **Reduces** isolation risk[2]

([1]Best et al., 2016; [2]Christie, 2021; [3]Cloud & Granfield, 2008; [4]SAMHSA, 2020)

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COE Responsibilities

- Facilitates **connections**[4]
- **Supports**, does not force[1]
- Centers **client choice**[3]
- **Encourages** safe engagement[2]

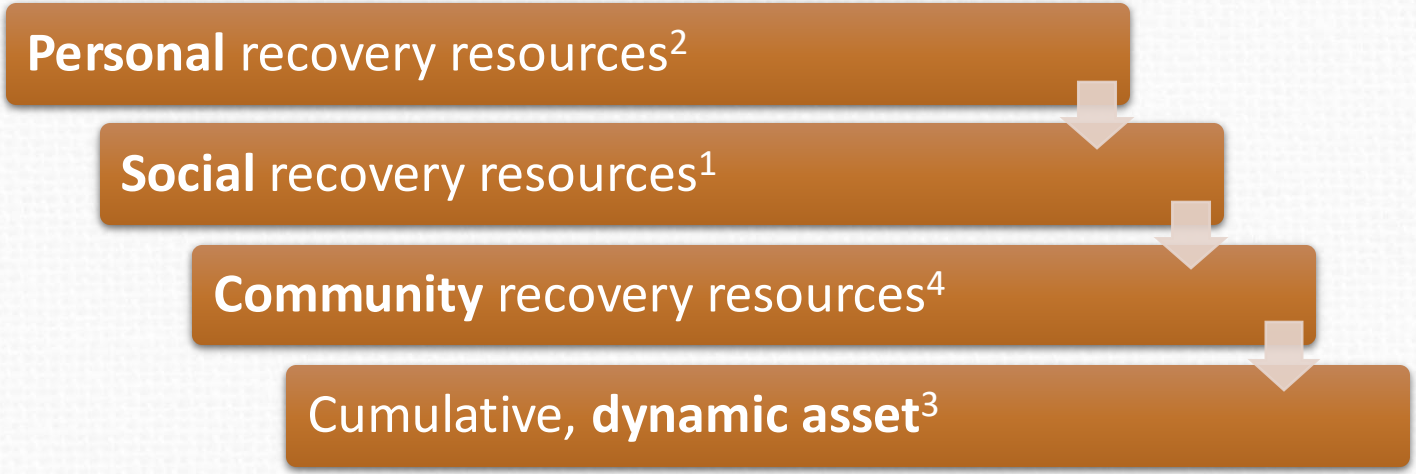
([1]Best et al., 2016; [2]Christie, 2021; [3]Cloud & Granfield, 2008; [4]SAMHSA, 2020)

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Recovery Capital Framework

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Defining Recovery Capital



([1]Best et al., 2016; [2]Cloud & Granfield, 2208, [3]Laudet & White, 2008; [4]SAMHSA, 2020)

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Why Recovery Capital Matters

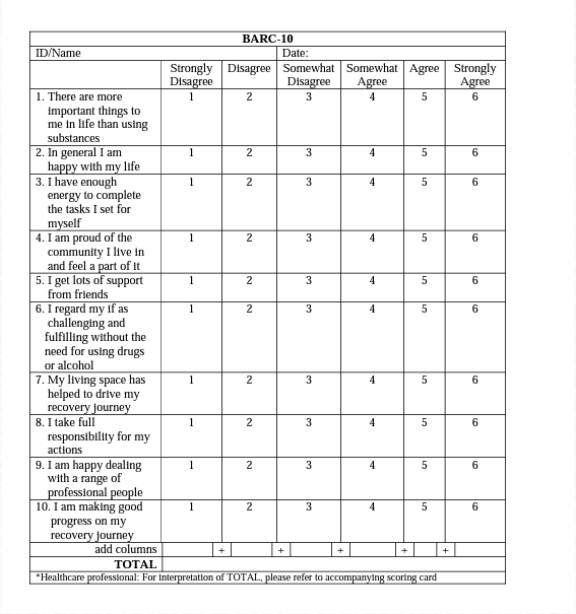
- ✓ Supports **sustained recovery**[2]
- ↻ **Reduces** return to use **risk**[3]
- ← **Buffers** life stressors[1]
- ⊕ **Guides** care planning[4]

([1]Best et al., 2016; [2]Cloud & Granfield, 2208, [3]Laudet & White, 2008; [4]SAMHSA, 2020)

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BARC-10 Overview

- Measures **recovery capital**[3]
- **Required** COE tool[1]
- Brief, **client-reported measure**[3]
- Guides **care decisions**[2]



BARC-10

ID/Name			Date:			
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1. There are more important things to me in life than using substances	1	2	3	4	5	6
2. In general I am happy with my life	1	2	3	4	5	6
3. I have enough energy to complete the tasks I set for myself	1	2	3	4	5	6
4. I am proud of the community I live in and feel a part of it	1	2	3	4	5	6
5. I get lots of support from friends	1	2	3	4	5	6
6. I regard my lf as challenging and fulfilling without the need for using drugs or alcohol	1	2	3	4	5	6
7. My living space has helped to drive my recovery journey	1	2	3	4	5	6
8. I take full responsibility for my actions	1	2	3	4	5	6
9. I am happy dealing with a range of professional people	1	2	3	4	5	6
10. I am making good progress on my recovery journey	1	2	3	4	5	6
add columns		+		+		+		+		+	
TOTAL						

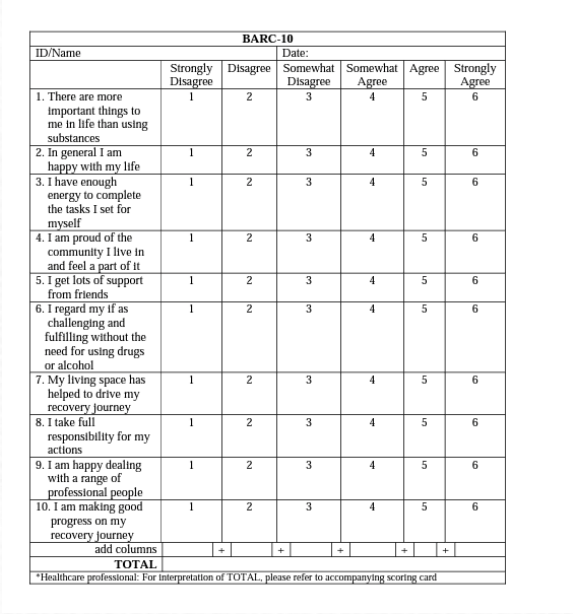
*Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card

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([1]DHS, 2024; [2]SAMHSA, 2020; [3]Vilsaint et al., 2017)

BARC-10 Domains

- **Housing** stability
- Physical and mental **health**
- Social **support**
- **Purpose** and **meaning**



BARC-10

ID/Name			Date:			
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
1. There are more important things to me in life than using substances	1	2	3	4	5	6
2. In general I am happy with my life	1	2	3	4	5	6
3. I have enough energy to complete the tasks I set for myself	1	2	3	4	5	6
4. I am proud of the community I live in and feel a part of it	1	2	3	4	5	6
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add columns		+		+		+		+		+	
TOTAL						

*Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card

(Vilsaint et al., 2017)

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Using BARC-10 Results

1. **Identify** recovery gaps[4]
2. Guide **referrals** and **supports**[3]
3. **Prioritize** client needs[1]
4. **Track change** over time[2]

([1]Cloud & Granfield, 2008, [2]DHS, 2024; [3]SAMHSA, 2020; [4]Vilsaint et al., 2017)

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Reassessment Over Time

- Required **reassessment** intervals[2]
- **Tracking** recovery **progress**[4]
- **Adjusting supports** as needed[3]
- **Stepped care** alignment[1]



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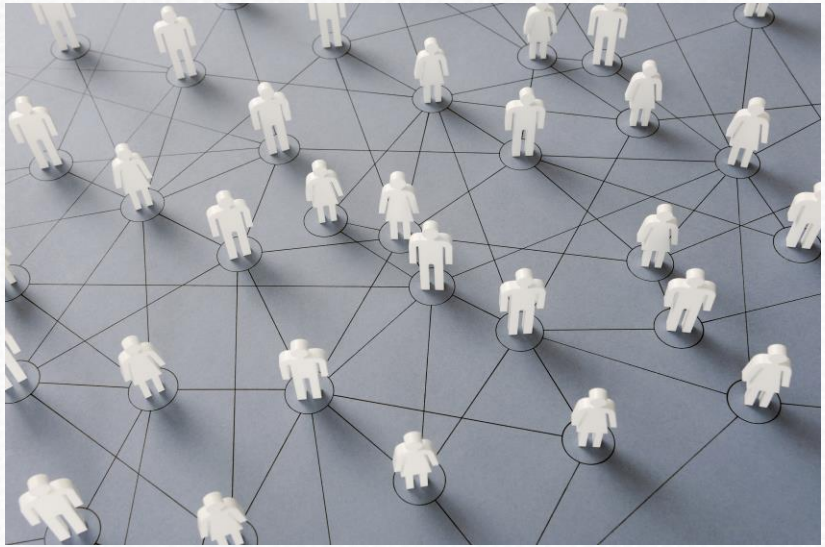
([1]Cloud & Granfield, 2008, [2]DHS, 2024; [3]SAMHSA, 2020; [4]Vilsaint et al., 2017)

Building Community Networks

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What Community Network Building Means

- **Beyond** simple referrals[1]
- Relationship-based **connections**[2]
- **Client-centered** approach[4]
- Recovery-oriented **partnerships**[3]



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([1]Best et al., 2016; [2]Cloud & Granfield; 2028; [3]DHS, 2024; [4]SAMHSA, 2024)

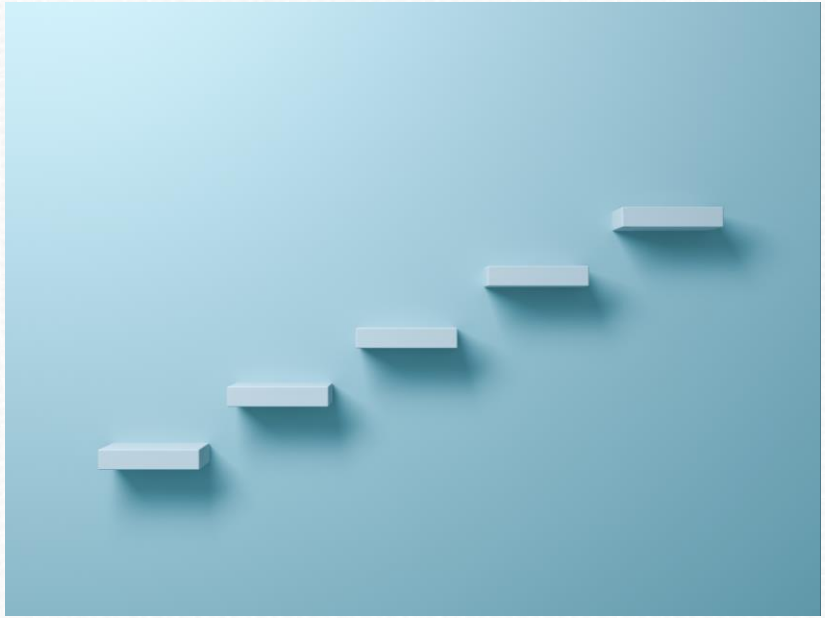
Hub-and-Spoke Model

- **Client-centered** hub
- **COE** as independent hub
- Community **providers as spokes**
- **Flexible** recovery network

(DHS, 2024)

Stepped Care Alignment

- **Right level** of care[2]
- Phase-based **supports**[2]
- Clinical and social **integration**[3]
- **Dynamic care** adjustments[1]



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([1]Cloud & Granfield, 2008; [2]DHS, 2024; [3]SAMHSA. 2020)

Community Asset Mapping

- Identifying **local resources**[3]
- Beyond **formal services**[4]
- **Strength-based** approach[1]
- **PA Navigate** as tool[2]



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([1]Best et al., 2016; [2]DHS, 2024; [3]Kretzmann & McKnight, 1993; [4]SAMHSA, 2020)

Maintaining Partnerships

- Ongoing **relationship building**
- Clear **roles** and **expectations**
- **Bidirectional** communication
- **Shared goals** for recovery

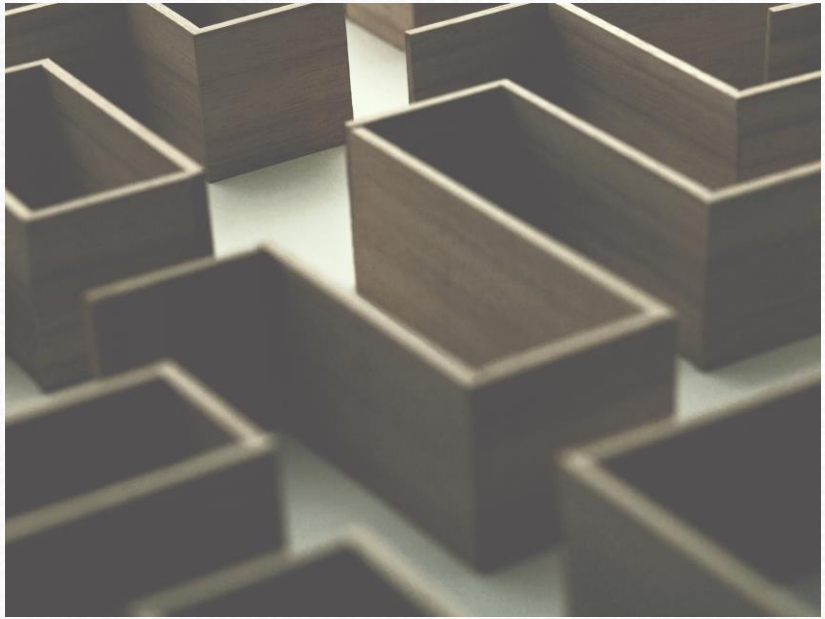


(DHS, 2024)

Challenges and Implementation

Common Challenges

- **Burned** relational **bridges**[1]
- Internalized **stigma** and **shame**[4]
- Social **anxiety** barriers[5]
- **Distrust** of systems[3]
- **Low** social **confidence**[2]

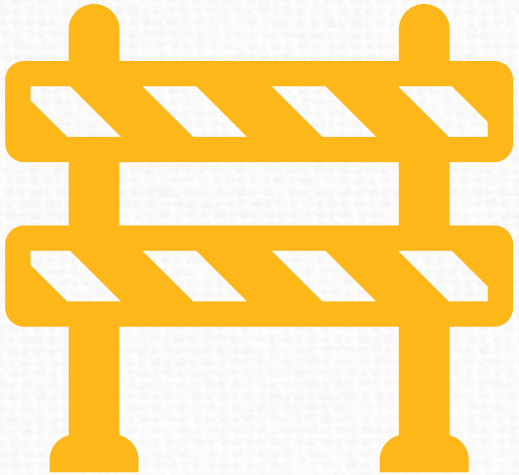


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([1]Best et al., 2016; [2]Christie, 2021; [3]Cloud & Granfield, 2008; [4]Hawk et al., 2017; [5]SAMHSA, 2014)

System Barriers

- **Limited** asset awareness[4]
- **Fragmented** service systems[3]
- Capacity **constraints**[2]
- **Inconsistent** referral pathways[1]
- Data sharing **limitations**[4]



([1]Cloud & Granfield, 2008; [2]D'Aunno et al., 2019; [3]Heath et al., 2018; [4]SAMHSA, 2020)

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Implementation Strategies

- Incremental **engagement** over time[3]
- **Trauma informed** approach[2]
- Client led **pacing**[1]
- **Consistent** documentation practices[3]

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([1]Cloud & Granfield, 2008; [2]Harris & Fallot, 2001; [3]SAMHSA, 2020)

Key Takeaways and Call to Action

- **Recovery** is social
- COEs act as **connectors**
- **Isolation** undermines outcomes
- Intentional **assessment matters**
- Next steps **start today**



Questions

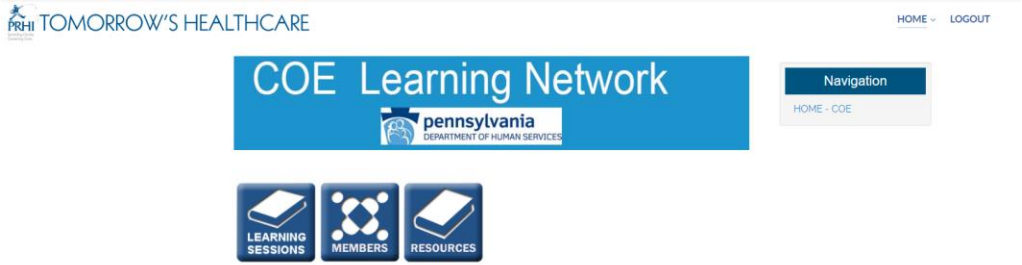


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Wrap up and Next Session

- Please complete the **session evaluation**
- Slides and recording available on Tomorrow's Healthcare
- **Next Session:** December 2nd: **Harm Reduction Applied to Treating Tobacco Use**



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