



# Center on Rural Addiction

UNIVERSITY OF VERMONT

Who We Are and What We Do

Sarah H. Heil, Ph.D.  
Associate Director

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# DISCLOSURES

I have no relevant financial relationships to disclose or conflicts of interest to resolve.



**Center on  
Rural Addiction**  
UNIVERSITY OF VERMONT

## OUR MISSION

We seek to expand addiction-treatment capacity in rural communities by providing consultation, resources, training, and evidence-based technical assistance to healthcare providers and other staff



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## CENTER OBJECTIVES

Leverage expertise in evidence-based practices for treating OUD and other SUDs to:

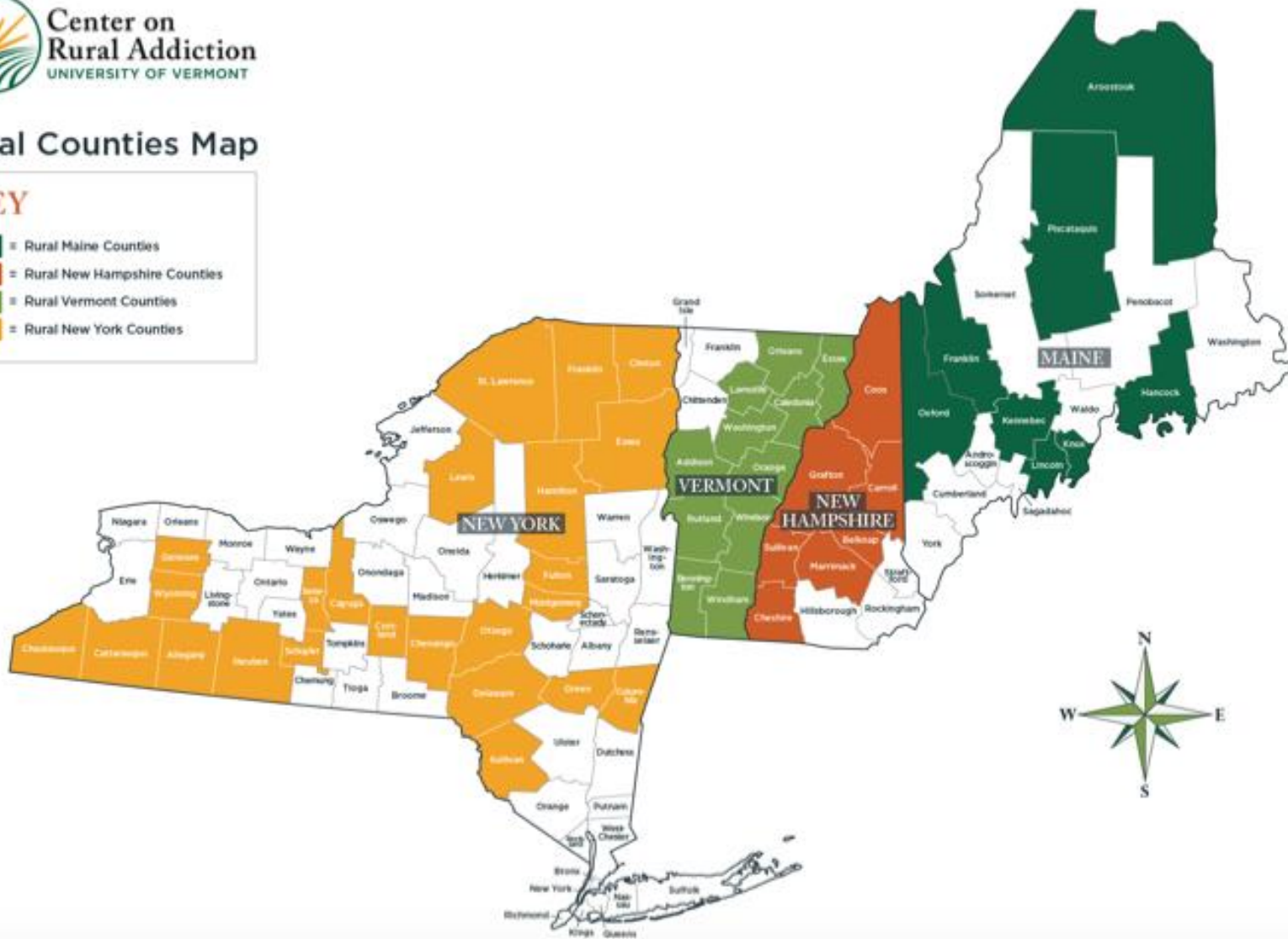
- **IDENTIFY** real-time needs of rural communities and science-supported methods for effectively addressing current and future addiction treatment needs.
- **DELIVER** ongoing technical assistance and workforce training to support the effective use of best practices for assessing and treating rural patients.
- **DISSEMINATE** education and resources on evidence-based treatment and prevention to rural providers and policymakers.



## Rural Counties Map

### KEY

- = Rural Maine Counties
- = Rural New Hampshire Counties
- = Rural Vermont Counties
- = Rural New York Counties



Our priority areas cover the HRSA-designated rural counties in VT, NH, ME, NY but our Center is designed to provide services nationally.



# UVM CORA FACULTY & STAFF



## Surveillance & Evaluation



## Best Practices



## Education & Outreach



**Andrea Villanti, PhD, MPH**  
Co-Director, Surveillance  
& Evaluation Core



**Caitlin McCluskey, BS**  
Research Assistant, Surveillance  
& Evaluation Core



**Chelsea Takamine, MPH**  
Grant Manager



**Diann Gaalema, PhD**  
Co-Director, Education  
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Director,  
Best Practices Core



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**Nicole Greer, BS**  
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**Rick Rawson, PhD**  
Senior Advisor,  
Best Practices Core



**Sarah Heil, PhD**  
Associate Director



**Stacey C. Sigmon, PhD**  
Director



**Stephen Higgins, PhD**  
Co-Director, Education  
& Outreach Core



**Valerie Harder, PhD, MHS**  
Co-Director, Surveillance  
& Evaluation Core

# UVM CORA CLINICIAN ADVISORY BOARD



**Robert Althoff, MD, PhD**  
Associate Professor  
*Psychiatry, Pediatrics, and  
Psychological Sciences, UVM*



**John Brooklyn, MD**  
Associate Clinical Professor  
*Family Medicine, Medicine and  
Psychiatry, UVM*



**Brady Heward, MD**  
Co-Director of Clinical Affairs,  
Assistant Professor  
*Psychiatry, UVM*



**Peter Jackson, MD**  
Co-Director of Clinical Affairs,  
Assistant Professor  
*Psychiatry, UVM*



**Sanchit Maruti, MD, MS**  
Assistant Professor  
*Psychiatry, UVM*



**Marjorie Meyer, MD**  
Professor  
*Obstetrics, Gynecology, and  
Reproductive Sciences, UVM*



Serves as a liaison between CORA and rural providers and offers expertise and consultation in evidence-based treatment and patient-centered care coordination

Full bios available at [uvmcora.org](http://uvmcora.org)



# STRATEGIC REGIONAL PARTNERS

Serving HRSA-designated rural counties  
in Vermont, New Hampshire, Maine  
and Northern New York



**Mary Lindsey Smith, PhD, MSW**  
*Senior Research Associate*



**Karen Pearson, MLIS, MA**  
*Policy Associate*

**University of Southern Maine**  
**Cutler Institute for Health and Social Policy**



**Jeanne Ryer, MSc, EdD**  
*Director*



**Janet Thomas BS, RN**  
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**Ciera Hunter, BS**  
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**Olivia Skaltsis, MS**  
*Research Associate*



**Katherine Cox, MSW**  
*Project Director*

**New Hampshire Citizens Health Initiative**





### **SURVEILLANCE & EVALUATION**

- Conduct baseline needs assessments to identify real-time barriers in rural practices
- Assist providers and practices with establishing & improving data systems
- Monitor drug use patterns in rural communities



### **BEST PRACTICES**

- Provide in-person & remote technical assistance to implement evidence-based practices
- Provide hardware, software, resources and training in new or expanded models of care and delivery



### **EDUCATION & OUTREACH**

- Best Practices Scholarship Program
- Community Rounds Webinar Series
- On-site Learning Lunches
- Resource Library & Online Learning Collaborative



### **CLINICIAN ADVISORY BOARD**

- Provide expertise & consultation in evidence-based treatment and patient-centered care coordination
- Individual peer mentoring with expert providers

# Surveillance & Evaluation Core



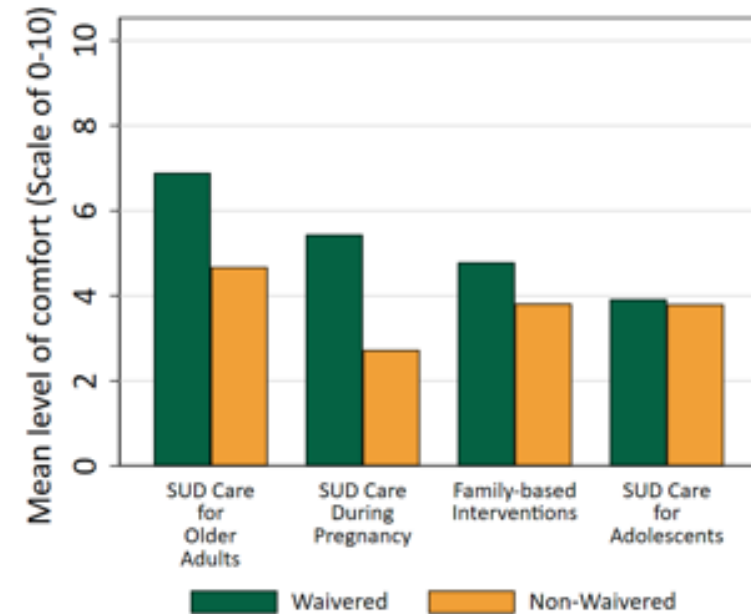
- *Conducts needs assessments to identify real-time barriers in rural practices*
- *Assists providers and practices with establishing & improving data systems*
- *Monitors drug use patterns in rural communities*

**Statewide Baseline Needs Assessments** – Aim to supply healthcare workers with the kind of data and analysis that can help to support their efforts around substance use treatment. Goals of the survey are threefold:

- Identifying communities' most important and urgent needs and improving systems of care available for those facing substance use issues;
- Identifying ways to support the delivery of evidence-based substance use treatment and trainings for physicians, nurses, and other staff in rural counties;
- Being responsive to increases in substance use and drug-related fatalities resulting from the current COVID-19 pandemic.

# Vermont Baseline Needs Assessment

- **Areas addressed:**
  - Substance use concerns
  - Barriers to treatment
  - Comfort in treating substance use disorders
  - Beliefs about treatment
  - Impacts of COVID-19 on substance use disorders
  - Which UVM CORA Resources would be most useful to practitioners?
- **Full report at** <https://uvmcora.org/resources/>



Practitioner comfort in providing substance use disorder treatment to special populations, by buprenorphine waiver status



# Best Practices Core



- *Provides in-person & remote technical assistance to implement evidence-based practices*
- *Provides hardware, software, resources and training in new or expanded models of care and delivery*

## Topics of Frequent Interest in the Communities We Serve

Psychostimulant Use	Hub-and-Spoke Model
COVID Support (PPE, Thermometers, etc)	Polysubstance Use
Complex Patient Support	Telehealth Support
Incentive-Based Behavioral Interventions	Emergency Department-Based Services
Harm Reduction	Treatment Systems/ Models
Medications for Opioid Use Disorder	Sustained-Release Buprenorphine
Workforce Challenges	Special Populations

# Best Practices Core & Technical Assistance



- *Provides in-person & remote technical assistance to implement evidence-based practices*
- *Provides hardware, software, resources and training in new or expanded models of care and delivery*

## Supplies We Provide

Med-o-Wheels (computerized portable medication dispensers)

Fentanyl Test Strips

iPad Education Modules and Assessments Re: Overdose, HIV, Hep C

COVID-19 PPE Supply Distribution (masks, gloves, thermometers)

Naloxone (NARCAN)

Interactive Voice Response (IVR) Phone System Implementation



# COVID-19 RESPONSE

**52%**

of rural community stakeholders  
and

**43%**

of rural practitioners believe  
*substance use has increased*  
since the beginning of the  
pandemic

--UVM CORA VT Baseline Needs Assessment 2020

# Year 1 Impact Report

As opioid-and stimulant-related overdoses also have been increasing during COVID-19, we have quickly scaled up our efforts to provide harm reduction resources to rural communities:



UVM CORA has provided personal protective equipment to >40 clinics and community groups throughout New England:



Full report at <https://uvmcora.org/resources/>



# Education & Outreach Core



***DEVELOPS** and **DISSEMINATES** resources on effective treatment and prevention approaches through multiple methods that provide hands on in-person or remote support and are open to professionals seeking information, training & resources in science-based methods. CME/CEU credits offered to support attendance as able.*

## KEY PROGRAMS & PROJECTS

- Community Rounds Webinar Series
- Resource Library & Online Learning Collaborative
- On-site Learning Lunches
- Best Practices Scholarship Program

# Community Rounds **WORKSHOP SERIES**

**April 7, 2021**

Identifying Bias and  
Addressing Stigma in the  
Clinical Setting

*Peter Jackson, MD*

200+ viewers live, 75+ on YouTube channel

**April 28, 2021**

Understanding the Harm  
Reduction Approach:  
Principles and Practice

*Theresa Vezina*



# Clinician Advisory Board & Group



- *Expertise & consultation in evidence-based treatment and patient-centered care coordination*
- *Peer mentoring with expert providers*

**Offer in-person group or one-on-one mentoring, coaching and support via web, phone, or expert led seminars.** For providers and staff who:

- are new to addiction treatment
- want to pair a new patient with appropriate treatment intensity/services
- are managing complex patients or patients needing multidisciplinary care coordination (e.g., medical, psychiatric, pregnancy, unremitting other drug use)
- are interested in new or expanded models of care (e.g., hub-and-spoke system, ED BUP treatment initiation)



# UVM CORA GEOGRAPHICAL REACH

UVM CORA's mission is to serve the HRSA-designated counties of Vermont, New Hampshire, Maine, and beyond. Our evidence-based efforts have reached communities across the United States.

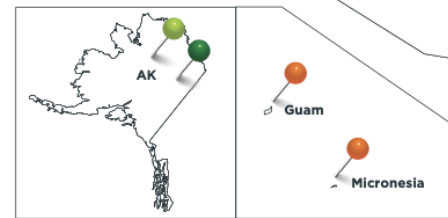


**165 TECHNICAL ASSISTANCE INTERACTIONS FROM 22+ STATES**

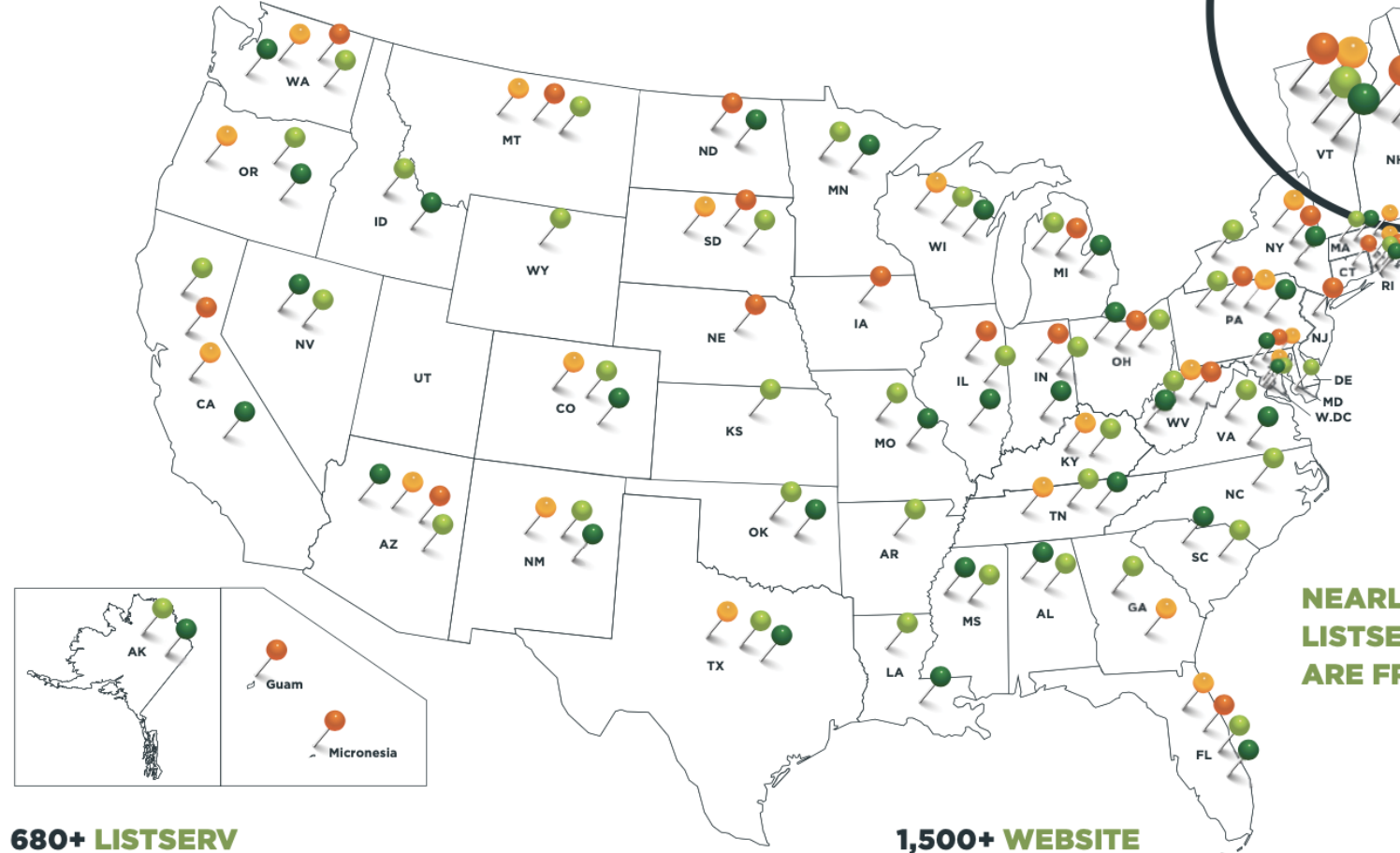
Top 3 areas:

1. Psychostimulant use
2. COVID-related equipment
3. Complex patient support

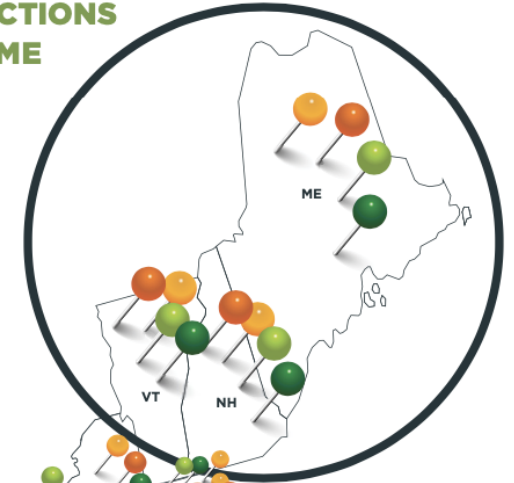
**680+ LISTSERV SUBSCRIBERS FROM 40 STATES**



**625+ COMMUNITY ROUNDS PARTICIPANTS FROM 43 STATES**



**64% OF OUR TECHNICAL ASSISTANCE INTERACTIONS ARE FROM VT, NH, & ME**

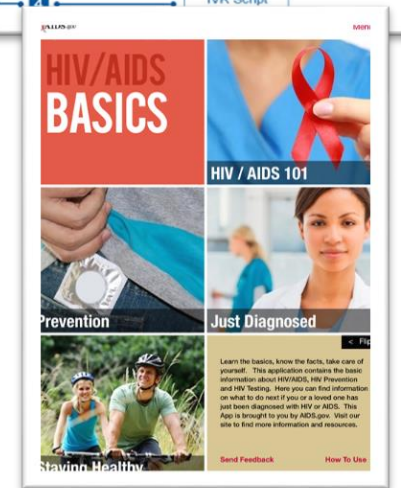
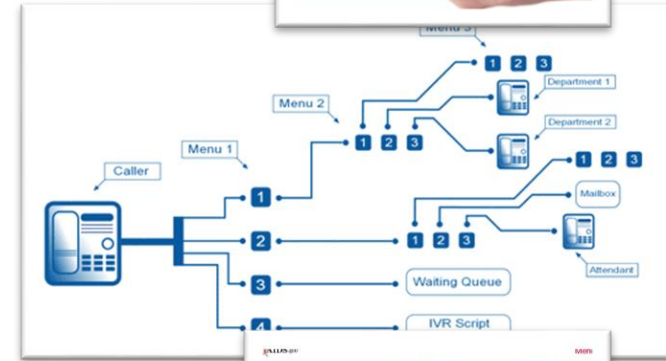


**NEARLY 25% OF OUR LISTSERV SUBSCRIBERS ARE FROM VT, NH, & ME**

**1,500+ WEBSITE VISITORS FROM 42 STATES**

# Interim Buprenorphine Treatment for Opioid Use Disorder

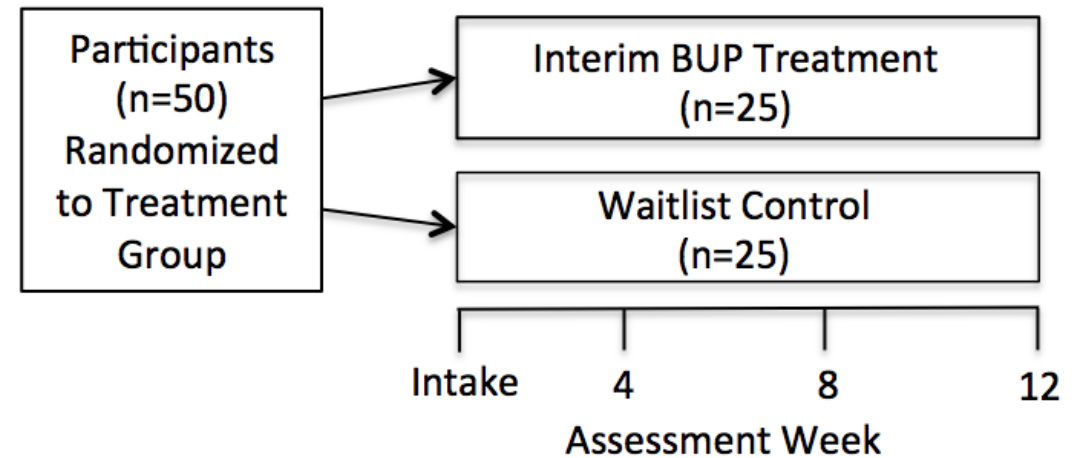
- **Technology-assisted approach to reducing illicit opioid use and overdose risk originally developed for individuals awaiting entry into comprehensive treatment.**
- **Treatment components:**
  - 1. Automated medication dispensing** – Buprenorphine dispensed in a secure computerized device to support medication adherence
  - 2. Daily monitoring** - Nightly calls from an automated Interactive Voice Response (IVR) phone system to assess any opioid or other drug use, withdrawal and craving
  - 3. Random call-backs** - Participants contacted by IVR on random schedule to return to the clinic for UA, pill count, dose ingestion dose under nurse observation
  - 4. Automated HIV+HCV Education** - Interactive educational application delivered via iPad



# Interim Buprenorphine Treatment

12-week outpatient randomized pilot study to evaluate initial efficacy

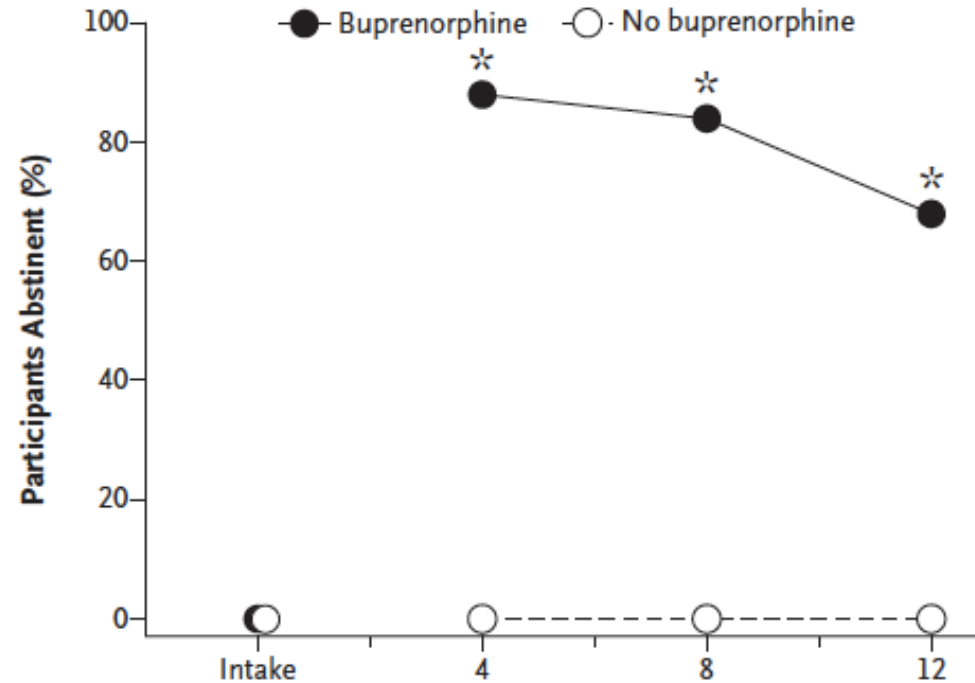
- **Participants (n=50):**
  - $\geq 18$  years old
  - Meet DSM-V criteria for OUD
  - Provide opioid-positive urine at intake
  - Currently waitlisted for opioid treatment



- **IBT:** Visited clinic every 2 weeks to ingest dose, provided UA, and received their remaining doses via Med-O-Wheel. Daily IVR monitoring of recent drug use, craving and withdrawal. Random-call backs (~2x/mo). Monthly follow-ups at Weeks 4, 8, and 12.
- **Waitlist Control:** Remained on waitlist but completed Week 4, 8, and 12 follow-ups.

# Interim Buprenorphine Treatment

A Illicit-Opioid Abstinence



- Participants randomized to IBT achieved significantly greater abstinence from illicit opioids.
- At Weeks 4, 8 and 12, 88%, 84% and 68% of IBT participants abstinent vs. 0%, 0% and 0% of WLC participants.
- Favorable adherence to scheduled BUP doses (99%), IVR daily monitoring calls (96%), random call-backs (96%), treatment satisfaction (4.6 + 0.7 on 5-point scale)

# Nicotine Replacement Therapy Starter Kits for Cigarette Smokers

6-month trial to evaluate efficacy at 22 primary care clinics

- Participants (N=1,245):
  - $\geq 18$  years old
  - Smoker of  $\geq 5$  cigarettes per day
  - Did not have to be planning to quit smoking
- Starter kits: Quit smoking brochures + 2-week supply of nicotine lozenges and patches. Monthly follow-ups at 1, 3, and 6 months.
- Control: Quit smoking brochures.



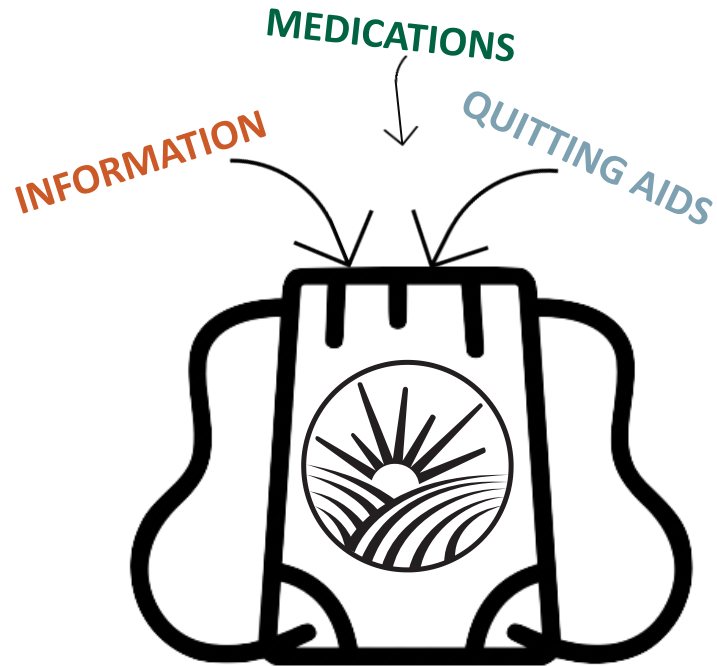
# Nicotine Replacement Therapy Starter Kits

**Table 2** Cessation, quit attempts and medication use.

	<i>Standard care</i> <i>n (%)</i>	<i>NRT sampling</i> <i>n (%)</i>
Abstinence, 6 months	52 (8%)	70 (12%)
Abstinence, 3 months	30 (5%)	57 (10%)
Abstinence, 1 months	10 (2%)	32 (5%)
Floating abstinence	142 (22%)	152 (26%)
QA within 1 month	117 (18%)	142 (24%)
Any QA	296 (45%)	287 (48%)
Any 24-hour QA	259 (40%)	249 (42%)
Medication use, ever, within study	160 (25%)	386 (65%)
Medication use at 6 months	93 (14%)	149 (25%)

- Providing smokers with a free 2-week starter kit of nicotine replacement therapy increased use of stop smoking medications and smoking abstinence .

# TOBACCO TOOLKITS



- ② Weeks of nicotine lozenges
- ② Weeks of nicotine patches
- ① Stress ball
- ① Lip balm
- ① 802Quits brochure
- ① Quit smoking tip sheet

# HARM REDUCTION BAGS

- ② Doses of Narcan
- ② Fentanyl test strips
- Education on Overdoses

COVID-19 SUPPLIES  
OVERDOSE PREVENTION  
NON-TRADITIONAL REQUESTED SUPPLIES



- ② Masks
- ② Latex gloves
- ② Packets of hand sanitizer
- ② Menstrual pads
- ② Tampons
- ① Lip balm
- ① Mini can openers

Syringe Exchange Programs

Homeless Shelters



WHO IS RECEIVING THEM?

Domestic Abuse Shelters

Recovery Centers

HOW MANY PEOPLE HAVE WE HELPED?

128

Bags distributed



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recordings,  
presentations, and  
other tools and  
resources

We'd love to hear from you



[cora@uvm.edu](mailto:cora@uvm.edu)



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