



**RECADEMY™**

## Designing the OUD Cascade of Care: What Works in Real-World Provider Settings

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# What You'll Learn – Why the OUD Cascade Matters



Where the steepest drop-offs occur across the OUD Cascade of Care



Why these gaps reflect system design, not individual failure



What real world providers are doing to improve initiation and retention



How the fentanyl era is reshaping induction, stabilization, and early engagement



Where even one stage of improvement can meaningfully reduce overdose risk

# Today's Speakers



**Heidi Ginter, MD**  
Medical Director  
Acadia Healthcare



**Stuart Buttlair, PhD**  
Former Regional Director of Behavioral  
Health and Addiction Medicine  
Kaiser Permanente

# Fireside Discussion

Practical lessons across ED, residential, outpatient, and justice-involved settings.

# Framing the Cascade

Where do drop-offs occur most often, and what drives them (beyond 'motivation')?



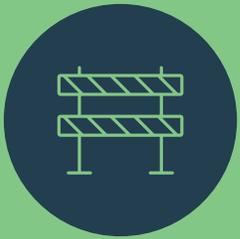
When you think about the OUD cascade of care, where do you most commonly see patients fall out in real-world settings, and why do those gaps persist despite good intentions? How does stigma play a role in retention?



How does viewing OUD treatment through a cascade lens change how organizations think about accountability compared to a traditional program-by-program approach?

# Initiation & Early Engagement

In the fentanyl era, early stabilization requires faster, more flexible initiation strategies.



What are the biggest operational barriers to timely MOUD initiation, particularly in emergency departments, hospitals, or residential settings? Which of those are most fixable?



In the fentanyl era, how have induction and early stabilization challenges changed engagement patterns in the first 30 to 90 days of treatment?

# Retention & Clinical Complexity

Retention improves when care is patient-centered, responsive, and designed for complexity.



From your experience, what distinguishes organizations that achieve better 90-day and 12-month retention rates from those that don't, even when serving similar populations?



How do psychiatric comorbidity and polysubstance use complicate retention, and what system-level responses seem most effective?

# Transitions of Care

Warm handoffs require real coordination, not referrals.



Why do transitions, like ED to outpatient care, residential discharge, or jail release remain such high-risk points, and what does a truly effective warm handoff look like in practice?



What role do peers, care coordinators, or navigators play in strengthening these transitions, and where do organizations most commonly underinvest?

# Medication Strategy

Where LAIs can strengthen the cascade most: discharge, stabilization, and transition points.



Where have you seen long-acting injectable buprenorphine meaningfully strengthen the cascade? And where is it sometimes misunderstood or misapplied?

# Closing Reflection



If a provider organization could improve just one stage of its OUD cascade over the next year, where would you advise them to focus for the greatest impact, and why?

# Next Webinar: March 19, 2026

What's Working in OUD Treatment & System Transformation:  
The ROI of LAI MOUDs for Health Systems, Payers, and Communities

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