Southwest Wisconsin Recovery Pathways – UW School of Medicine and Public Health Wisconsin Partnership Program Community Impact Grant Project in Iowa and Richland Counties

Overview

Administered through Southwestern Wisconsin Community Action Program (SWCAP), the **Southwest Wisconsin Recovery Pathways** initiative will fundamentally change how people recover from opioid use disorder and become healthy members of their communities. Time to recover lengthened by adding sober living housing and the support of a peer specialist. We will provide expertise and guidance in the development of a medication assisted treatment network in the community. Policies will change to address how permanent records for drug-related offenses impact people's future opportunities post-recovery. The systems of care and community involvement will be expanded. We will also see changes in how communities view mental health and substance abuse as people are exposed to clear evidence that recovery and regained health is possible. In turn, community members will offer more supports to those facing addiction challenges, thereby sustaining and strengthening this new recovery model.

Current situation and need

Addiction to opioids is a growing problem in rural Southwestern Wisconsin that we do not have the infrastructure or capacity to solve. In the current system and workflow, a crisis happens (a drug-related crime, or emergency medical treatment for withdrawal or overdose). The person involved is either sent to jail or sent home/discharged from hospital after overdose or withdrawal, and may enter substance abuse counseling and/or drug court. People frequently slip through what are currently some pretty big cracks in the system.

We face significant shortages of both professionals who can prescribe psychiatric medications and substance abuse counselors. There are no longer-term recovery programs or treatment facilities located in the area, the nearest being in Madison or Dubuque. Cost and insurance coverage are also serious barriers to accessing services. We do have Narcotics Anonymous groups in our bigger communities, and one Smart Recovery program. Iowa County has had a drug court for two years.

For hospitals, law enforcement and social services, there is a revolving door and recidivism. Law enforcement sees that most of their arrests (nationwide, 65%) are mental health or drug related, and don't feel that they have the capacity to be involved in meeting the real needs of the people they take into custody. Addicted individuals are put in jail and not offered much to help them take steps toward recovery. They "dry out" in jail, and upon leaving, return to the people and living environment where their drug habits resume, and are in danger of overdosing due to their reduced tolerance.

Hospitals and emergency medical professionals must treat increasing numbers of people in withdrawal or who have overdosed. There is no real system of care that consistently supports getting these people into treatment, and after treating their withdrawal or administering Narcan (an overdose reversal drug), typically people are discharged. This is extremely costly to our rural hospitals, and difficult for staff.

Research and evidence base for our model

A normal healthy brain releases and responds to dopamine - a neuro-transmitter central to mood and motivation. People who become addicted to opioids (prescription pain medications or heroin) use these drugs to replace dopamine and feel the effects of extremely elevated mood and well-being. Unfortunately, over time, the brain of an addicted individual is less and less able to produce its own dopamine. Restoring the brain's own capability of self-regulating and approximating neurologically normal and healthy brain-functioning post-addiction can take months or years. This is why a longer-term opportunity for recovery is so important. (Tomkins, D. M., & Sellers, E. M. 2001. Addiction and the brain: the role of neurotransmitters in the cause and treatment of drug dependence. *CMAJ: Canadian Medical Association Journal*, *164*(6), 817–821.)

Sober Living or Recovery Housing allows people to be removed from existing social networks that often encourage drug use and abuse, as well as situations that trigger mental health issues that may lead to "self-medication". Recovery Housing gives people a semi-structured environment that is safe and stable and where everyone is working toward similar goals. Mutual support and accountability between residents, and active involvement in treatment and evidence-based peer support programs is expected. This supportive environment leads people to stick with their recovery program – nationally people stay in their Recovery Homes for an average of 160-260 days. We know this kind of supportive housing more than doubles the likelihood of sustained sobriety 6-18 months after leaving the program. (Polcin, D.L. et al. 2010. What did we learn from our study on sober living houses and where do we go from here? *J. Psychoactive Drugs*; 42(4), 425-433) Residential programs also minimize transportation barriers to treatment, support groups, and work. (Lenardson J.D., et al., "Substance Use and Abuse in Rural America" in *Rural Public Health: Best Practices and Preventive Model*s, eds. Jacob C. Warren and K. Bryant Smalley (2014), p. 108.)

Medication Assisted Treatment (MAT) is also a very important part of this process. Drugs like buprenorphine (Suboxone®) and naltrexone (Vivitrol®) can significantly aid people who are detoxing and in recovery avoid cravings and, in the case of naltrexone keep the person from being able to experience a high. MAT will require coordination with healthcare providers to expand access to these drugs through training and collaboration. (Lenardson JD., et al., "Substance Use and Abuse in Rural America" in *Rural Public Health: Best Practices and Preventive Models,* eds. Jacob C. Warren and K. Bryant Smalley (2014), p. 107.; Hancock, C. et al. 2017 *Treating the Rural Opioid Epidemic*, National Rural Health Association Policy Brief)

Effective evidence-based substance abuse counseling is also key in the treatment of people addicted to opiates. (https://www.samhsa.gov/treatment/substance-use-disorders, updated 08/09/2016) Peer support and wraparound services can provide this essential assistance. The US Substance Abuse and Mental Health Service Administration's (SAMHSA) *10 Guiding Principles of Recovery* describes recovery programs that create a positive health-promoting environment. Some of these principles include: hope and self-determination; a holistic approach to the person; the need for peers, allies and social networks; access to supports to deal with issues of mental health and trauma; and building capacity to have meaningful work and interpersonal relationship experiences. Providing life-skills training alongside recovery support will help clients build the foundation for a new drug-free life and ensure better overall health and well-being. (Center for Substance Abuse Treatment, *SAMHSA's Working Definition of Recovery: 10 Guiding Principles of Recovery*, HHS Publication No. PEP12-RECDEF)

Peer Specialists who have themselves recovered from addiction "help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Because [these programs] are designed and delivered by peers who have been successful in the recovery process, they embody a powerful message of hope, as well as a wealth of experiential knowledge. The services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery." (Center for Substance Abuse Treatment, *What are Peer Recovery Support Services?* HHS Publication No. (SMA) 09-4454. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009. p. 1)

What we propose

An important change to the current system would place a peer specialist with the addicted individual within minutes or hours of a crisis. The peer specialist would immediately begin to advocate and make connections for the person in crisis. Chances of recovery also significantly improve when the person experiencing addiction lives in a safe and stable place where long-term recovery and support can happen (sober/recovery housing) and when receiving medication assisted treatment. Southwestern Wisconsin Community Action Program (SWCAP) will develop these sober living sites. Throughout their recovery, people with addictions remain in treatment longer and have fewer and shorter relapses when they receive ongoing supportive case management from a peer specialist. The client is expected and encouraged to get adult literacy, GED, vocational education, find a volunteer or paid job, and build community connections and a resumé. The client is expected to help with chores and pay rent and attend evidence-based recovery support groups. All of these things open doors in the community; for example, paying rent builds a rental history so landlords will rent to the client when leaving sober housing.

Individuals living and participating in the Recovery Pathways sober housing program will be removed from their current relational systems and environments and establish a new and healthier way of living. When this program is successful, clients will re-establish healthy relationships and ties to the community. When employers, families and others see that people can recover successfully, this can change the community's views and capacity to support people who face addiction.

The primary hospitals and medical clinics in Iowa and Richland counties have stepped up and begun to administer opioid addiction medications in support of the county-based substance abuse programs. However, the system of care for people addicted to opioids in both counties is not able to treat all people in need because of provider shortages. It is also not designed to support ongoing recovery. This means that even for those who do get some treatment, they are very likely to relapse and not recover from addiction.

Strategies:

1) Increase Medication Assisted Treatment (MAT) capacity in primary care: We will link to support and education for primary care providers to improve capacity to support early care and ongoing treatment, with some physicians obtaining addiction medicine certification or waivers.
2) Sober living housing development: SWCAP has abundant experience in acquiring and rehabbing housing. Setting up these living environments is of critical importance to the success of this recovery program.

3) Peer support specialists: These positions would initially be funded through this grant, and would receive federally approved peer specialist training. Peer specialists will be in daily contact with people living in sober living facilities and coordinate services and provide peer coaching and accountability.
4) Early care: We will help facilitate development of an early care (first 20-30 days) treatment workflow and protocol in each county, including points of intake, and determining both how best to detox and what community services and supports are needed, including sober living and peer specialist support.
5) Ongoing treatment: Staff at county-funded behavioral health care facilities (Unified Community Services and Richland County Human Services) will provide appropriate ongoing substance abuse counseling and will work with peer specialists, drug court, and prescribing physician to coordinate patient/client care.
6) Wraparound integration and coordination with community programs and job training and placement: Peer support specialists will link sober living clients to transportation, medical and mental health services, Narcotics Anonymous or Smart Recovery, economic supports, insurance advocacy, job training programs, volunteer and job opportunities, etc. Community Action Programs are particularly well-suited to be hubs for these wraparound services and case management.
7) Foster law enforcement and legal system changes to reduce likelihood and impact of negative court/criminal records
8) Increase community support and reduce stigma; increase capacity and sustainability of peer support groups and systems.

Short- and medium-term outcomes and measures

- Increased number of providers offering Medication Assisted Treatment (MAT);
- Increased number of sober-living housing options that can incorporate spiritual/life meaning support groups;
- Increased number of employment opportunities;
- Increased number of those receiving MAT, as well as an increased percentage of those receiving MAT who have a recovery plan coordinated by a peer community resource specialist. Plan will incorporate needed wrap-around/supportive services, including professional mental health counseling; medical care, including infectious disease treatment, job placement, and assistance accessing public and private services; and family reconciliation and general life skills; and
- Self-sustaining system of peer providers drawn from those with lived experience of addiction and recovery. Initially, those entering recovery will benefit from peer support, eventually becoming peer counselors themselves, helping them both serve others new to recovery while maintaining their own sobriety.

An additional overall, individual-level indicator of project success will be relapse patterns. Recovery from opioids is a process, not a single event and, as with tobacco cessation, success typically requires several attempts. Yet, because risky behavior is more likely during periods of active addiction, it is critical to reduce the amount of time in relapse. There is an extensive body of literature about addiction patterns, including large databases about lifetime, past year and past month substance use. We will

attempt to follow participants for the length of the grant period to track the number and length between relapse episodes via survey as well as matching to arrests, EMS naloxone administrations, and emergency room visits. We would expect that providing comprehensive recovery support would result in decreasing the total number of relapses and lengthening participants' 'clean' periods, as compared to the general population in opioid recovery. Additionally, participants will be surveyed regarding changes in quality of life, looking at measures such as independent housing, employment, and social connections.

The evaluation will also measure Policy, Systems and Environment (PSE change) as an approach to effectively improve health in a community. The project will leverage greater public and policy-maker recognition of the opioid addiction in the state, especially in rural communities, as well as expected community changes around general mental health stigma that are produced from work currently underway with Medical College of Wisconsin in the five-county area. We will additionally measure changes in knowledge, attitudes and practices specifically regarding addiction and recovery via targeted interviews/focus groups and will identify validated surveys. These will be administered in the community to healthcare providers, elected officials and other policy makers at all levels, law enforcement, employers, landlords, clergy, higher-education institutions, families and friends of those with addiction, and those in recovery.

The project also takes advantage of policy changes made possible under the Heroin, Opiate, Prevention, and Education (HOPE) legislation, such as broader prescribing and treatment options, and immunity/liability provisions. Environmental scans of policy and practice changes will be regularly conducted among law enforcement, employers, landlords and others throughout the grant period.

What resources does this model require?

- Medicaid and other insurance coverage of lower cost "ambulatory" best-practice and evidence-based medication assisted treatment and outpatient or intensive outpatient substance use treatment, which reaches the majority of individuals needing to recover from addiction.
- For those who have significant mental illness, complex medical or withdrawal needs, or who potentially may harm self or others (American Society for Addiction Medicine levels 3 and 4), insurance or Medicaid must cover 10 + days in an inpatient managed and supervised setting during withdrawal, with step-down procedures to intensive outpatient and/or county-based Human Services Comprehensive Community Services (CCS) or Community Support Programs (CSP) programs.
- Ongoing financial support of peer specialists/case management positions
- Costs of transportation and initial housing costs must be negotiated through clients or through other local funding sources.

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