

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

## Current situation and need

According to a recent report from the Centers for Disease Control (CDC), the numbers of opioid related overdoses treated in Wisconsin emergency rooms increased 109% over just one year (2016-2017). This compares with a 30% increase nationwide, and a 70% increase throughout the Midwest. Southwestern Wisconsin, a rural dairy farming region, has extremely limited resources to address this growing opioid epidemic. People do not have sufficient access to intensive treatment, nor do they have a place to go while they engage in the recovery process. Unfortunately, even those who do receive some treatment never recover and end up back in the emergency room, jail, or die from overdose.

## Overview of Recovery Pathways Project

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.

### **Strategies:**

- 1) Increase Medication Assisted Treatment (MAT) capacity in primary care: We will link to support and education for primary care providers (physicians and nurse practitioners) to improve capacity to support early care and ongoing treatment, with some providers obtaining addiction medicine certification or waivers.
- 2) Sober living/Recovery 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, since addicted people often need to be removed from negative peer influences and triggers, and have a safe supportive place to be while in recovery.
- 3) Peer support specialists: These positions would receive federally approved substance abuse peer specialist training. Peer specialists will be in daily contact with people living in sober living facilities and coordinate services and provide peer coaching, case management and accountability.
- 4) Early care: We will help facilitate development of an early care (first critical 20-30 days) treatment workflow and protocol in each county. Peer specialists will be in contact with addicted individuals within the first 24 hours of being identified, often in local emergency rooms or jails, and will connect them with community services and treatment, including sober living and MAT.
- 5) Ongoing treatment: Staff at county-funded behavioral health care facilities 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, which can follow people into recovery and limit opportunities to be self-sufficient and healthy.
- 8) Increase community support and reduce stigma; increase capacity and sustainability of peer support groups and networks.

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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