Grassroots Development of Peer Recovery Support to Address the Opioid Crisis in Rural Communities

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Learning Objectives

1. Understand the different challenges of addressing substance use in rural versus urban communities.
2. Learn the risk factors associated with substance use in rural communities.
3. Learn to tailor substance use interventions to more effectively address the needs and situations of the community.
4. Develop an understanding of the Sequential Intercept Model (SIM) with strategies and examples of what success looks like at each step.
Substance Use Everywhere

The prevalence of substance use can vary between rural and urban areas, and it can depend on the type of substance being considered.
Nationwide Data

- 40.3 million people in the United States had a substance use disorder (SUD) in 2020.
- In 2021, about 107,000 people died of drug overdoses.
- Black and American Indian/Alaska Native people had the highest rates of fatal overdose in 2021.

("NIDA IC Fact Sheet 2024", 2023)
Discussion Question

• How have overdose death rates changed in the United States from 2011-2021?

• Which state had a higher total of overdose deaths: Florida or Indiana?

• Answer in the chat.
Drug Overdose Deaths Per 100,000 Population, 2011-2021

- Florida
- United States

SOURCE: KFF analysis of CDC Multiple Cause of Death 2011-2021 on CDC WONDER Online Database.
Drug Overdose Deaths Per 100,000 Population, 2011-2021

Indiana
United States

SOURCE: KFF analysis of CDC Multiple Cause of Death 2011-2021 on CDC WONDER Online Database.
Discussion Question

• What is the age-adjusted death rate due to opioid overdose in Florida vs Indiana?

• Answer in the chat.
Age-adjusted Opioid Overdose Death Rate per 100,000, 2011-2021

- Florida
- United States

2011: 8.9 (Florida), 4.7 (United States)
2013: 10.1 (Florida), 5.7 (United States)
2015: 12.4 (Florida), 6.9 (United States)
2017: 15.1 (Florida), 8.7 (United States)
2019: 24.7 (Florida), 12.0 (United States)
2021: 28.9 (Florida), 15.4 (United States)

SOURCE: KFF analysis of CDC Multiple Cause of Death 2011-2021 on CDC WONDER Online Database.
Age-adjusted Opioid Overdose Death Rate per 100,000, 2011-2021

- Indiana
- United States

2011: 6
2013: 10
2015: 14
2017: 17
2019: 29
2021: 34.2 (Indiana), 24.7 (United States)

SOURCE: KFF analysis of CDC Multiple Cause of Death 2011-2021 on CDC WONDER Online Database.
Important Note

It is important to note that substance use is a complex issue influenced by a variety of factors and that rates can vary widely depending on the specific location and population being studied.
Identifying Urban Versus Rural

- According to the Census Bureau, 80% of the U.S. population lives in urban areas. The remaining 20% live in areas classified as rural. There isn’t a specific category for suburban areas.

- The urban population includes people who live in urban clusters (with populations between 5,000 and 50,000) and urban areas (more than 50,000 people).
The U.S. Census Bureau defines “rural” as “anything not urban” and includes all localities with a small population (less than 10,000) located outside an urban cluster area. This broad definition has inadvertently come to include very different types of localities, such as:

- Densely settled small towns
- Exurban pockets
- Frontier areas comprising fewer than six people per square mile—the remote, sparsely populated areas most often described as “rural”
Rural America

• About 60 million people, or one in five Americans, live in rural America.

• Rural areas are generally sparsely populated, have low housing density, and are from urban centers.
  • Urban areas comprise only three percent of the country’s entire land area but are home to more than 80 percent of the population.
  • 97 percent of the country’s land mass is rural, but only 19.3 percent of the population lives there.
Characteristics of Rural Communities

Rural areas are sparsely populated regions with low population density, characterized by open spaces, farmland, and natural landscapes.

Limited access to services and amenities compared to urban areas, including healthcare, education, and recreational facilities.

Rural lifestyles are often characterized by a closer connection to nature, a slower pace of living, and a stronger sense of community.

Economic activities in rural areas are often centered around agriculture, forestry, mining, and small-scale industries.
Differences Between Rural and Urban Areas

- Population Density
- Infrastructure
- Economic Opportunities
- Social Environment
- Access to Services
- Cost of Living
- Environmental Factors
- Community and Social Support
Different Areas, Similar Concerns

• Roughly equal shares of urban (50%) and rural (46%) residents say that substance misuse is a major problem in their local community.

• When it comes to the availability of jobs, rural adults are somewhat more likely to say this is a major problem where they live (42% say so), but a substantial share of urban dwellers (34%) say the same, significantly higher than the share in suburban communities (22%).

• Other problems – such as access to affordable housing in cities and access to public transportation in rural areas – are felt more acutely in some areas than others.
• About four in ten U.S. adults live in or near the community where they grew up.

• About half of rural residents (47%) say they live in or near the community where they grew up, including about a quarter (26%) who say they have always lived there.

• Among those in urban and suburban areas, about four in ten say they currently live in or near the community where they grew up (42% and 38%, respectively), with about one in five in each saying that has always been the case.
Family Concerns

- More residents point to **family ties** than any other factor as one of the main reasons why they stayed in the community where they grew up or left and later returned.

- About four in ten of those who left and came back (42%) and 35% of those who have lived in or near the same community their entire lives say **they have done so to be near family.**

- About half of adults who have always lived in or near the community where they grew up (52%) say all or most of their extended family members live within an hour’s drive from them.
• The majority of Americans in urban (68%), suburban (59%) and rural (62%) communities say they don’t currently have enough income to lead the kind of life they want.

• Sixty-three percent of adults in rural areas who say they don’t currently have enough income to lead the kind of life they want don’t expect to in the future, while 36% think they eventually will.
Risk Factors: Rural Areas

- Low Educational Attainment
- Higher Rates of Poverty and Unemployment
- Limited Access to Treatment
- Social Isolation
- A Greater Sense of Stigma and Shame
- Access and Availability to Drugs
- Cultural Norms
- Lack of Education and Awareness
- Environmental Factors
Urban America

- Higher Population Density
- High Concentration of Buildings and Infrastructure, including Transportation and Commercial Activities
- Wide Range of Services and Amenities
- Fast-Paced Living
- Higher Levels of Noise and Pollution
Risk Factors: Urban Areas

- Higher Accessibility/Availability of Drugs
- Peer Pressure
- Stress and Mental Health
- Socioeconomic Factors
- Accessibility of Treatment
- Cultural Norms
- Media and Advertising
- Social Disconnection
Barriers to Addressing Substance Use

The difference between rural and urban areas can impact addressing substance use in several ways:

- Access to treatment
- Social Support
- Economic Factors
- Availability of Drugs
- Cultural Norms
- Social Isolation
The Sequential Intercept Model, otherwise known as SIM, is an effective, evidence-based model that communities can implement to address the behavioral health and substance use treatment needs of their residents.
The Sequential Intercept Model (SIM)

• The Sequential Intercept Model (SIM) details how individuals with mental health and substance use disorders come into contact with and move through the criminal justice system.

• The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans.

• The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental health and substance use disorders away from the justice system into treatment.
The Case for the Implementation of Sequential Intercept Model (SIM) in Rural Communities

- The SIM can mitigate risk factors experienced by individuals in rural communities, such as:
  - Unemployment
  - Lack of access to mental health services
  - Social isolation

- Substance misuse in rural communities poses unique challenges compared to cities:
  - Overdose rates in rural counties increased from 4.0 to 19.6 per 100,000 people between 1999 and 2019.4
  - Per capita, the opioid overdose rate in rural communities is 45% higher than in cities.
  - Around 14% of behavioral health treatment facilities in the U.S. are in rural communities, and less than half of these specialize in addiction treatment.
Intercept Zero: Community Services

- Connects people who have mental health and substance use disorders with services before they come into contact with the criminal justice system.

- Supports law enforcement in responding to public safety emergencies and mental health crises.

- Enables diversion to treatment before an arrest takes place.

- Reduces pressure on resources at local emergency departments and inpatient psychiatric beds/units for urgent but less acute mental health needs.
# Key Elements for Diversion: Intercept Zero

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SAMHSA. (n.d.)
Intercept One: Law Enforcement

• Begins when law enforcement responds to a person with a mental health or substance use disorder.

• Ends when the individual is arrested or diverted into treatment.

• Is supported by training, programs, and policies that help behavioral health providers and law enforcement to work together.
Key Elements for Diversion: Intercept One

01 Dispatcher training
02 Specialized law enforcement training
03 Specialized law enforcement responses
04 Data sharing
Intercept Two: Initial Detention/Initial Court Hearings

- Involves people with mental health and substance use disorders who have been arrested and are going through intake, booking, and an initial hearing with a judge or magistrate.

- Supports policies that allow bonds to be set to enable diversion to community-based treatment and services.

- Includes post-booking release programs that route people into community-based programs.
Key Elements for Diversion: Intercept Two

01 Screening for mental health and substance use disorders

02 Data matching

03 Pretrial supervision and diversion services

04 Post-booking release
Intercept Three: Jails/Courts

- Involves people with mental health and substance use disorders who are held in jail before and during their trials.

- Includes court-based diversion programs that allow the criminal charge to be resolved while taking care of the defendant’s behavioral health needs in the community.

- Includes services that prevent the worsening of a person’s mental health or substance use symptoms during their incarceration.
Key Elements for Diversion: Intercept Three

- Treatment courts for high-risk/high-need individuals
- Alternatives to prosecution programming
- Jail-based programming and health care services
- Partnerships with community-based providers of mental health and substance use treatment
- Mental health jail liaisons or diversion clinicians
- Collaboration with Veterans Justice Outreach
Intercept Four: Reentry

• Provides transition planning and support to people with mental health and substance use disorders who are returning to the community after incarceration in jail or prison.

• Ensures people have workable plans to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.
Key Elements for Diversion: Intercept Four

- Transition planning by the jail or by in-reach providers
- Medication and prescription access upon release from jail or prison
- Warm handoffs from corrections to providers increases engagement in services
- Benefits and health care coverage immediately following or upon release
- Peer support services
- Reentry coalition participation
Intercept Five: Community Corrections

- Involves individuals with mental health or substance use disorders who are under community corrections’ supervision.

- Strengthens knowledge and ability of community corrections officers to serve people with mental health or substance use disorders.

- Addresses the individual’s risks and needs.

- Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.
Key Elements for Diversion: Intercept Five

01 Behavioral health training for all community corrections officers

02 Specialized caseloads of people with mental health and substance use disorders

03 Community partnerships

04 Medication-Assisted Treatment (MAT)

05 Access to recovery supports
Grassroots Implementation of Recovery Supports in Rural Communities

Peer recovery support is a vital element of addressing substance use disorder in rural communities.
Grassroots Implementation of Recovery Supports in Rural Communities

- In November 2019, the SIM Grant started Peer Recovery Coaching through Daviess County Community Corrections in Indiana.

- Daviess County received a grant through the Health Resources and Services Administration (HRSA) to continue the Peer Recovery Program after the SIM Grant ended, and two part-time Peer Recovery Coaches were added.

- In 2021, Daviess County received the State Opioid Response (SOR) 2 Grant, expanding the Peer Recovery Program into the hospital and community-based setting.
Grassroots Implementation: Intercept One

- Spring/Summer 2022- All first responder personnel completed Crisis Intervention Team (CIT) training together.

- Daviess County Central Dispatch receives Peer Recovery Services monthly on-call schedule to respond to calls.

- All law enforcement carry infographic cards of Peer Recovery Services.
Grassroots Implementation: Intercept One

• A judge revised Involuntary Detention Order (IDO) and Emergency Detention Order (EDO) protocol to be clearer.

• Peer Recovery Specialists conduct ride-alongs with EMS and first responders.
Grassroots Implementation: Intercept Two

- Integrated Reentry and Correctional Support (IRACS) staff advocates in the criminal justice court with clients for appropriate recovery resources in the community, such as sober living, treatment facilities, work release, and Medication Assisted-Treatment (MAT).
Grassroots Implementation: Intercept Three

• March 2022- A Reentry Forensic Peer Recovery Coach began in the jail to work with incarcerated individuals on reentry, providing a warm handoff to the community Peers.

• June 2022- Daviess County was selected to be one out of five pilot sites from the Governor’s Office to implement the Integrated Reentry and Correctional Supports (IRACS) Program.

• IRACS facilitates Matrix, Wellness Recovery Action Planning (WRAP), and conducts intake assessments on incarcerated individuals.
Grassroots Implementation: Intercept Four

- The Re-Entry Peer through IRACS ensures a warm hand-off is conducted between the client and community Peer upon reentry.

- IRACS follows up with the individuals for a 7, 14, and 30-day follow-up to ensure they are supported.

- Peers will navigate attending meetings with Community Corrections and Probation with the client to ensure they understand the guidelines.

- **All individuals** leave the jail with a copy of their birth certificate, driver’s license or ID, and their insurance reactivated.
Grassroots Implementation: Intercept Five

- The Community Peers engage with clients in the community, attend Care Team meetings, and assist clients in navigating the system.

- Community Peers assist with housing, employment, job training, and engaging in the recovery community.

- Community Peers ‘walk alongside’ individuals as they navigate their pathway to recovery.
Key Takeaways

• There are a multitude of barriers to addressing substance use, regardless of the geographic location of the individual.

• Implementing Peer Recovery Support is vital for addressing substance use disorder in communities.

• Every community will have varying needs in addressing substance use disorder; involving the community is key.

• It requires involvement from everyone to combat Substance Use Disorder.
Key Takeaways

• Emphasize implementing emerging and evidence-based practices, developing innovative, local responses to close treatment gaps and effectively reach and treat individuals with substance use disorder.
Thank you!

- Questions?
- Feedback?
- Contact: sbradley@dchosp.org
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