

Gándara Interprofessional Population Health Clerkship

Deirdre Buckley, UMMS Kim Reimold, UMMS Dina Roche, UMMS Olivia Roth, WNEU Wenola Tauro, WNEU

Population Health Clerkship

The PURCH track strategically aligns medical education experiences with the priority health needs of low resourced communities of Western Massachusetts.

This PHC on Recovery Support Services builds on the MS1 Greenfield Rural Immersion Day on substance use disorders and aligns with the community health priority of mental health and substance use disorder services.



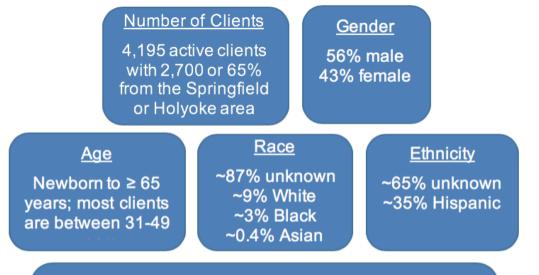
Gándara Center

Gándara Center works to "promote the wellbeing of Hispanics, African Americans and other culturally diverse populations through innovative, culturally competent behavioral health, prevention and educational services."

intimate partner abuse education	anger management	sex offender treatment	structured outpatient addiction programs	gambling disorder counseling
behavioral	residential group	teen pregnancy and	adolescent substance	adult long-term
management	homes	STI prevention	use prevention	residential program



Gándara Center Client Demographics



Disorders

96% serious mental illness -depression, anxiety, PTSD, ADHD, adjustment disorder 4% substance use disorder -opioid, alcohol, cannabis, and/or cocaine use

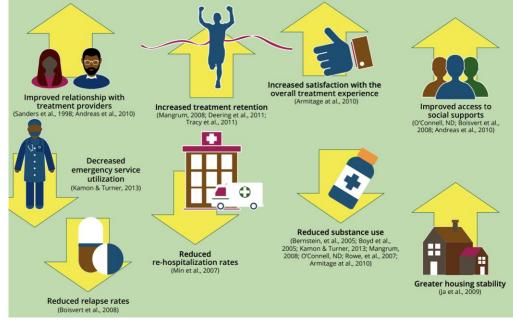


Experience

We shadowed recovery support navigators at Gándara in Springfield for 1 week to learn about the role they play in supporting people in recovery.



Impact of Recovery Coaches and Navigators





Experience

- Through shadowing, we visited many Western MA organizations including:
 - Way Finders
 - Hope for Holyoke
 - Gándara Residential Services for Women
 - Gándara Addiction Recovery Program
 - $\circ\quad \text{Coles Place}$
 - Springfield Rescue Mission
 - Social Security Offices
 - \circ Access to Recovery
 - Department of Transitional Assistance











- The Gándara RSN Team was interested in better understanding:
 - What resources they had connected their clients with
 - What perception their clients had of the RSN services
- We created a survey tool based on conversations with the RSN team and validated survey tools as identified in a literature review

Gándara Recovery Support Navigator Survey

Clients will be asked to fill out Questions 1-3 prior to working with a Recovery Support Navigator. Clients will be asked to fill out Questions 1-4 after working with a Recovery Support Navigator.

- 1. Which of the following services are you currently receiving? Check all that apply:
 - Alcoholics Anonymous, Narcotic Anonymous, Marijuana Anonymous, or other recovery groups Recovery coach or sponsor
 - Mental health services (therapist, counselor, psychiatrist, psychologist)
 - Primary care services
 - Medication Assisted Therapy (suboxone, methadone, naltrexone, vivitrol, etc.)
 - Case management services
- 2. Please rate how you feel.

	Not at all	A little	Neutral	Very	Extremely
How stable do you feel in your recovery?					
How supported do you feel in your recovery?					
How motivated are you to engage with recovery services?					
How comfortable do you feel navigating social services (housing, social security, employment, transportation, etc.)?					
How comfortable do you feel expressing your needs to your providers (physicians, nurses, counselors, etc.)?					

3. Please rate how you feel.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
l feel confident.					
l feel independent.					
I feel in control of my life.					
I feel able to deal with crisis and situations that used to be a problem for me.					
I have coping strategies that help me maintain sobriety.					
I have positive relationships with family or friends.					
I have a recovery support network.					
I have a stable housing situation.					



Reflection



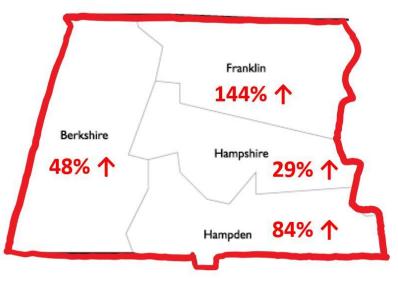
The most important conversations between RSNs and clients occur in the car as they drive to appointments and connect with different resources in the area.

We feel that the RSN services are invaluable.



Substance Use Disorder in Western MA

- In 2018, there was a 73% increase in Western Massachusetts opioid overdose deaths
- Opioid-related deaths have increased 450% over the last 16 years in Massachusetts
- Those in Western Massachusetts report commuting 5+ hours to access treatment



Demographics and Disparities in MA

SUD Treatment Admissions in Springfield (2017):

- 73% male
- 33% 31 to 40 years old
- 75.1% high school or less
- 62.6% unemployed
- 41.7% experiencing homelessness
- 52.7% had received prior mental health treatment
- Polysubstance use over the year prior to admission

Vulnerable Populations:

- Black non-Hispanics and Hispanics
- People with a serious mental illness
- People who have been incarcerated
- People experiencing homelessness
- Postpartum women



Needs of People in Recovery

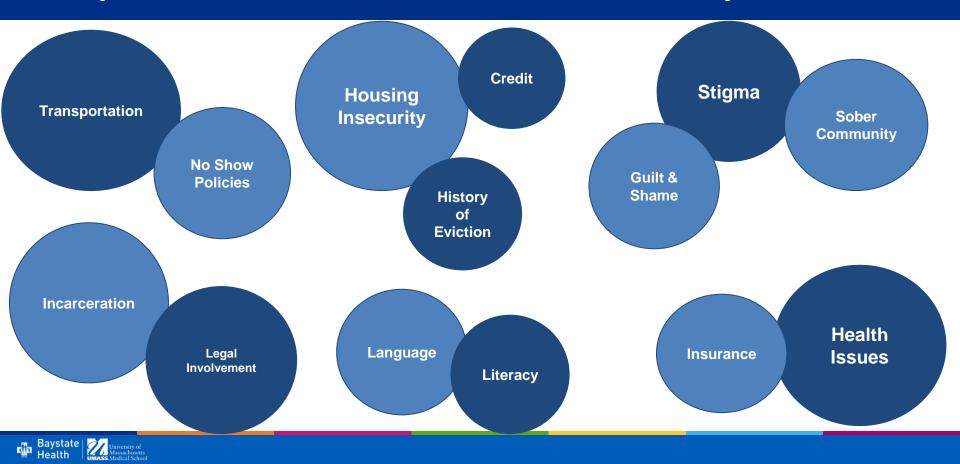
12.2% of adults who need treatment for a SUD receive some type of specialty treatment

Only 40% of people enrolled in treatment for SUD (across OP, IOP, residential, hospital, detox) completed treatment When asked what would have kept them engaged:

- 54.2% reported social services including job training, stable housing, childcare
- Supportive staff, schedule flexibility of appointments



Experience: Barriers Faced by Clients



Advocacy



BSAS oversees the statewide system of prevention, intervention, treatment, and recovery support services for individuals, families, and communities affected by gambling and substance addiction.



Advocacy Pitch

We are medical and pharmacy students working at a community-based organization studying the impact of substance use disorders (SUD) on health and social well-being and how support services might help to improve outcomes during recovery. People with SUD often have to negotiate complex systems and **encounter many barriers**. At the same time, clients must prioritize their recovery activities and attend to related and unrelated health comorbidities. Recovery Support Navigators help to navigate these complex systems, provide transportation, and connect clients with a recovery network, supports which are critical to clients' well-being and recovery. We believe that funding and support for the Gándara RSN and Recovery Coach program to increase RSN staff would be the most valuable addition to people with SUD in the greater Springfield community at this time. Currently, there are 6 staff members, each with 16 clients, and 35 clients on the waiting list. Considering the gap in time between being referred for services and receiving services can potentially be a vulnerable period in a client's recovery, **allocation of** funding to the RSN and recovery coach program will allow RSNs and recovery coaches to support more clients, helping people in recovery to find stability and independence in their daily lives and connecting them to the social and medical support necessary to maintain recovery.



Acknowledgements

We would like to thank the Gándara RSN Team including Lara, Yami, Rafa, Kat, Zuleika, Jill, and Jenisa. We felt incredibly welcomed and are so appreciative of your willingness to explain your work, show us around Springfield, and give us insight into your relationships with your clients.

We would also like to thank our faculty advisors Dr. Beth Eagleson, Dr. Melissa Mattison, Dr. Sarah McAdoo, and Justin Ayala for supporting us and providing feedback during these two weeks.



HEALTH SCIENCES

References

- 1. Andersson H, Wenaas M, Nordfjærn T. Relapse after inpatient substance use treatment: A prospective cohort study among users of illicit substances. Addictive Behaviors. 2019; 90: 222-228.
- 2. Binswanger I, Nowels C, Corsi K. Return to drug use and overdose after release from prison: a qualitative study of risk and protective factors. Addict Sci Clin Pract. 2012; 7(1): 3.
- 3. Bohler R, Doonan M, Horgan C. Addressing the Opioid Crisis in Small and Rural Communities in Western Massachusetts. The Massachusetts Health Policy Forum. 2019 September; 1-51.
- 4. Doran K, Rahai N, McCormack R. Substance use and homelessness among emergency department patients. Drug Alcohol Depend. 2018; 188:328-333.
- 5. Katz, E. The National Survey on Drug Use and Health: 2018. https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Assistant-Secretary-nsduh2018_presentation.pdf
- 6. Kaye A, Jones M, Kaye A. Prescription Opioid Abuse in Chronic Pain: An Updated Review of Opioid Abuse Predictors and Strategies to Curb Opioid Abuse. Pain Physician. 2017; 20(2S):S93-S109.
- 7. Laudet A, Humphreys K. Promoting recovery in an evolving policy context: What do we know and what do we need to know about recovery support services? J Subst Abuse Treat. 2013; 45(1): 126–133.
- Laudet A, Stanick V, Sands B. What could the program have done differently? A qualitative examination of reasons for leaving outpatient treatment. J Subst Abuse Treat. 2009; 37(2): 182–190.
- 9. MA Dept of Public Health Bureau of Substance Addiction Services. Geographic Fact Sheets: 2017. July 2018. https://www.mass.gov/files/documents/2019/03/13/cities.pdf
- 10. Mann R, Smart R, Govoni R. The Epidemiology of Alcoholic Liver Disease. Alcohol Research & Health. 2003;27(3): 209-219.
- 11. Massachusetts State Health Assessment. Commonwealth of Massachusetts; 2017. Chapter 6; 1-43.
- 12. National Health Care for the Homeless Council. Addressing the Opioid Epidemic: How the Opioid Crisis Affects Homeless Populations. August 2017. https://nhchc.org/wp-content/uploads/2019/08/nhchc-opioid-fact-sheet-august-2017-1.pdf
- 13. National Institute on Drug Abuse. Comorbidity: Substance Use and Other Mental Disorders. August 2018. https://www.drugabuse.gov/related-topics/trendsstatistics/infographics/comorbidity-substance-use-other-mental-disorders
- 14. National Institute on Drug Abuse. Co-occurring Substance Use Disorder and Physical Comorbidities. February 2018. https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-2-co-occurring-substance-use-disorder-physical-comorbidities
- 15. Pilowsky D, Keyes K, Hasin D. Adverse Childhood Events and Lifetime Alcohol Dependence. American Journal of Public Health. 2009; 99(2): 258–263.
- 16. Rehm J. The Risks Associated With Alcohol Use and Alcoholism. Alcohol Res Health. 2011; 34(2): 135–143.
- 17. SAMHSA. Facing Addiction in America: The Surgeon General's Spotlight on Opioids. September 2018.
- SAMHSA. Treatment Episode Data Set (TEDS) 2013: Discharges from Substance Abuse Treatment Services. March 2016. https://wwwdasis.samhsa.gov/dasis2/teds_pubs/2013_teds_rpt_d.pdf
- 19. Schiff DM, Nielsen T, Terplan M, Hood M, Bernson D, Diop H, et al. Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts: Obstetrics & Gynecology. 2018 Aug;132(2):466–74.
- 20. Schulte M, Hser Y. Substance Use and Associated Health Conditions throughout the Lifespan. Public Health Rev. 2014;35(2).
- 21. Webster, L. Risk Factors for Opioid-Use Disorder and Overdose. Anesthesia & Analgesia. 2017; 125 (5): 1741 1748.
- 22. Image: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf

