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Assessing Access to Treatment and Recovery Services for Addiction

Key-Informant Interviews with Treatment and
Recovery Professionals in La Crosse County

La Crosse County Heroin &
Other Illicit Drug Task Force



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Introduction

Assessing a Need

One of the missions of the La Crosse County Heroin and Other Illicit Drug Task Force (HTF) is to improve early intervention to treatment and recovery services in La Crosse County. The HTF strives to identify and implement community-based strategies to reduce the public health burden of heroin and other illicit substance use in La Crosse County. In order to help the HTF determine the most appropriate strategies to meet this goal, the developers of this report were approached to conduct key informant interviews with providers in the treatment and recovery services realm.

Key informant interviews are a powerful assessment tool when trying to gather the story behind the data. They are most often conducted with people that have extensive knowledge or experience with a particular topic of interest. The questions are open-ended, which allows for richer qualitative information and stories. For this project, interviews were done with providers working in treatment and recovery services that have direct contact with clients seeking help with treatment and recovery.

From these interviews, we hoped to gain a better understanding of the treatment and recovery services available in La Crosse County, as well as some of the gaps and barriers to accessing those services. Understanding both our community assets as well as the barriers can help to guide the work that the HTF does in the community. It can serve as a starting point to find evidence-based strategies that offer the most impact. Along with existing quantitative data, we hope that this report can be used as a foundation for future policy recommendations and grant opportunities that can help to address the expanding drug problem.

The views and opinions in this report are reflective of the interview participants and do not reflect the official views of the La Crosse County Health Department. Subsequent mentions of “La Crosse” in this report are interchangeable with La Crosse County unless otherwise stated.

The study looked at local factors, gaps and barriers, and the strengths that affect access to treatment and recovery services in La Crosse.

Project Overview

Background

This study aimed to determine what drives the addiction problem in La Crosse and explore the barriers to solving that problem

In July 2016, Al Bliss, Health Educator with the La Crosse County Health Department (LCHD) and support member of the La Crosse County Heroin and Other Illicit Drug Task Force (HTF), approached the LCHD nursing division to assist with an exploratory report on access to treatment and recovery services in La Crosse. Improving access to treatment and recovery services is one of the missions of the HTF. To guide work in this area, the HTF proposed a key informant interview project to better understand the situation.

Careful deliberation went into the creation of the interview questions. While there is an assumption that La Crosse has struggled to connect people to resources at times, addressing that problem requires an in-depth analysis of the situation. La Crosse has been described as a “resource rich” community, which often surprises those seeking assistance for addictions. It has even caused consternation with some local policymakers and health care providers that continue to see the devastation caused by addiction.

This study aimed to determine what drives the addiction problem in La Crosse and why there is such perceived difficulty in solving it. The main focus was on the barriers to accessing services and gaps in treatment. The questions examined the greatest needs in our community, and what can help to address those needs. They also explored the perceived lack of services available, versus the argument that resources are underutilized.

14 Interviews were conducted with local addiction treatment and recovery specialists

The participants of the 14 interviews covered an array of experiences and backgrounds. Each had extensive knowledge in substance use or mental illness prevention, treatment, or recovery. They were employed in major health institutions, private practice, government, and/or non-profit agencies. They included physicians, nurses, counselors, social workers, educators, and other community leaders. Some have always lived or worked in La Crosse, while others have had experience in other cities and states. All have been impacted by addiction, either through friends and family or in their own struggles with addiction.

Those interviewed had a unique viewpoint on the gaps and barriers of access to services, but also incredible perspective on the availability of resources and ideas about how to address the problems. Therefore, the questions also examined the strengths of the La Crosse area, as well as the knowledge of available resources and recommendations for change.

Method

This project involved a series of key-informant interviews of treatment and recovery providers in the La Crosse area. The interview questions were presented in advance to all participants. Each interview lasted about an hour. In some cases the participants responded to questions as a group. The researchers attempted to include at least one interviewer and a note-taker at each interview. With permission from the interviewee, each session was recorded if possible.

In the interest of time, Question #2, which aimed to collect information about available services, population served, wait times, and evidence-based strategies, was not asked during the interview. Participants were asked to complete that question prior to the interview. If the question was not completed, participants had the option to send responses via email to the interviewers. Some participants also referenced brochures or websites in lieu of a formal response. The interviewers attempted to elicit any missing responses via follow up emails or phone calls. Information was not able to be retrieved from all participants.

Immediately following each interview, the responses were transcribed and compared with notes. Once all of the interviews concluded, the responses were combined with the agencies and names masked to ensure confidentiality and minimize bias. The interview transcripts were assessed separately by two public health nurses and compared for themes. The information was also run through an online word cloud generator to draw out word themes. The nurses' themes were then compared and corroborated with the electronic word themes for accuracy.

Timeline

The first draft of questions was completed in September 2016 and submitted to several HTF members for feedback. The original question set included eight questions focused on strengths, gaps/barriers, and recommendations for future direction in this mission. A ninth question (question #2) was added later at the request of another organization for a

Key-informant interviews offer an opportunity to ask open-ended questions that elicit candid responses to vital questions

second, concurrent project aimed at studying evidence-based treatment options. The additional question was not a recommendation by the HTF.

In October 2016, the HTF was given the finalized question set for feedback and edits. The questionnaire was again presented to the HTF for final approval in November 2016. Once approved, the group offered suggestions for potential agencies and people for interview. The finalized questionnaire is included as an appendix to this report.

The interviews commenced in January 2017 and concluded in March 2017. In total, 14 interviews were completed with a wide range of participants from La Crosse County government service agencies, local non-profit groups, educational institutions, health systems, residential and outpatient treatment, and private treatment and support providers.

Analysis of the transcripts and themes followed throughout March 2017, and the initial findings were presented to the HTF on March 23, 2017.

Limitations

Several limitations were identified in this project. The first is that in planning the interviews and questions, the developers made the assumption that access to treatment and recovery services is a problem in La Crosse County. To mitigate this limitation, the questions regarding the strengths of La Crosse were added, however the nature of the remaining questions could be construed as leading.

A second limitation is that the people interviewed work with clients struggling with or recovering from addictions, however not all of them have had personal experience with addiction. A second phase of this project has been proposed to interview people in recovery, but it has not been scheduled or approved as of June 2017.

A final limitation was with regard to question #2, which aimed to collect information about available services in La Crosse. The question was not asked during the interviews in the interest of time, which may have contributed to a low response rate. Although the interviewers made attempts to collect missing responses, the results were substantially lacking. Some participants commented that they were unable to answer the questions due to lack of specific knowledge about programming, and others stated that their services offered were too numerous to give substantive remarks. As a result, themes were not derived from this question, and it was not possible to draw generalizable conclusions from the responses.

Discussion

Local Factors

Interview Question: *What local factors contribute to the substance abuse issues in La Crosse? Why do you think this is happening?*

It is difficult to deny that La Crosse has a problem with illegal substance use. According to a report on the Burden of Illicit Drug Use – La Crosse County (Reale, 2017), drug-related deaths have been increasing since 2014. The same report indicated that heroin charges have increased by 46% since 2013. The social and economic costs of drug use are rapidly increasing, and this study aimed to determine if there is anything unique to La Crosse that may be driving this trend. What factors exist in La Crosse that make it more susceptible to substance abuse?

Generally, the respondents shared the sentiment that the illicit drug epidemic is a nationwide problem, and not unique to this area. Available data supports that assertion. According to a survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), illicit drug use has been increasing since 2002. The data in 2013 showed that 9.4% of the population had used illicit drugs in the past month, which was an increase from 8.3% in 2002 (SAMHSA, 2014). Much of that increase correlated with a rise in marijuana use (NIDA, 2015).

Although the illicit drug problem might not be unique to La Crosse, there are factors that may contribute to the problem or obstruct paths to a solution. Three major themes arose from the interviews including:

- Alcohol/drinking culture
- Limited availability of treatment options
- Undiagnosed or untreated mental illness

La Crosse is very well known for its beautiful landscape and recreational activities. It is a regional destination for shopping and dining, and boasts a diversity of cultural influences in art, music and theater. It is also home to the World's Largest Six Pack, host of Oktoberfest and the Tapping of the Golden Keg, and claims a higher ratio of bars per capita than any other metro area in the United States. La Crosse is the 10th drunkest city in

Illicit drug use has been steadily increasing in the U.S. since 2002. Along with that increase has come an increase in drug-related deaths.

La Crosse has a culture that is generally accepting of excessive alcohol use. Nearly 1 in 4 adult residents report binge or heavy drinking.

A strong link exists between mental health disorders and substance use disorder.

Mental Health and Substance Abuse are the top two priorities in the La Crosse County Community Health Improvement Plan.

America according to a 2017 report from 24/7 Wall Street. Wisconsin holds a majority of the top 10 cities on the list (Stebbins & Comen, 2017).

Many of those interviewed lamented that excessive alcohol use is not only accepted in La Crosse, it is promoted. One interviewee, who has lived on both the East and West Coast prior to moving to La Crosse, noted that the culture is entirely different. “Alcohol,” he mentioned, “is a normal part of celebrations in our county. It’s common to see [community leaders] with open alcohol at events that accept irresponsible drinking, especially with college students.” Another mentioned the perception among students that nearly all of them drink alcohol, when in reality it is between 75-78%. Some students claim that they have “nothing else to do.” Research has also shown that underage drinking can serve as a gateway to other drug use.

There is also a perception that La Crosse has limited treatment options. Reimbursement for residential treatment is severely lacking, and several respondents pointed to limited or no Medicaid reimbursement for those seeking help. Another concern is the scarcity of options for medication assisted treatment (MAT). La Crosse is home to two major health institutions and one private MAT facility, yet the number of practitioners within those facilities that are willing and able to manage medications to treat opioid addictions is inadequate. According to several respondents, new physicians seem reluctant to seek training or specialize in MAT.

There is also a strong link between substance use disorder and untreated mental illness. SAMHSA states that people with mental health disorders are far more likely to also have a substance use disorder than the general population. It is not surprising, then, that mental health and substance use were the top two priority areas in the La Crosse County Health Department’s 2016 Community Health Improvement Plan. Several of



those interviewed remarked that substance abuse often follows struggles with mental illness.

Finally, many of the interview participants listed location as a factor that may increase the substance use problems in

La Crosse. The county sits along a main interstate corridor that connects two major metropolitan areas; Chicago and Minneapolis/St. Paul. Illegal substances, participants said, run through this area and make access convenient for drug users. Also, substance use has trended toward a younger population, which may coincide with the number of college students.

Strengths

Interview Question: *What do you see as the strengths regarding access to substance abuse treatment support and recovery services in La Crosse? What are the strengths of your organization?*

Although a major intention of this project was to determine the gaps and barriers to treatment and recovery services, La Crosse does have a number of strengths that can be leveraged to help address the problem. It is important to define strengths and assets as well to focus collaborative efforts, avoid duplication, and promote successes. The interviews uncovered several themes regarding the strengths in the area.

- Access to many services/resources if already in a stable situation
- Community support is increasing
- Many support groups available
- Collaboration
- Innovative community

One of the most surprising themes to emerge from the interviews was that many felt access to services and resources was a strength of La Crosse. That seemed to deviate from the expected outcome and directly contradict information presented in the gaps and barriers question. However, upon further review of the transcripts, this theme emerged with a very important caveat; access to services and resources is a strength as long as the person is already in a stable situation. A stable situation includes health insurance, steady employment, safe housing, and reliable transportation. For access to be a strength, all of these conditions must be present.

Another strength of La Crosse, also with a caveat, is that community support for those struggling with addictions is increasing in the general public. Although that support is nowhere near where it must be, it has been moving in the right direction. The compassion of caring community members is beginning to show, and those struggling with addiction have very strong advocates on their side. Attendance and participation at

Community support for those seeking recovery from addictions is increasing, but it still needs improvement.

The drug problem is not unique to La Crosse County. What does make La Crosse stand out, however, is the level of collaboration and innovation of the community partners fighting this issue.

community awareness events has increased, and there is a perception that people are more willing to confront those with negative attitudes. The support also stems from County and State leadership, as well as our local health systems and non-profit agencies. As visibility of addictions increases, and more and more people claim to know somebody who has struggled with addiction, there is a greater sense of urgency to solve the problem.

Gaps and Barriers

Interview Question: *What are the gaps or barriers that prevent access to substance abuse treatment and support services in La Crosse? What are the gaps or barriers to access in your organization?*

Of all of the questions in these interviews, the question about gaps and barriers to substance abuse treatment services inevitably commanded the most time and discussion. This could be expected given both the structure of the interview, but also the nature of the participants. Every person interviewed, regardless of their personal history or place of employment, desired to make things better for their clients and the entirety of the La Crosse community. Each of them has also helped clients, family, or friends try to navigate a system that is full of hurdles. The themes from the interviews reflect the vocalized frustration felt by many of the participants:

- Limited funding for treatment services
- Negative perception of addiction
- Lack of compassion, both in the community and some providers
- Need for support and safe housing for those in recovery
- No local detox facility

FUNDING: According to the majority of interview participants, there is a major gap in funding for treatment and recovery services for addiction. Specifically, there is a need for residential or inpatient services, although funding is a continuous struggle. Several respondents explained that if a person is able to enter residential treatment, funding is often limited to 30 days. Some interviewees said that the road to recovery may take 3-6 months of residential treatment, and in some cases more. The road does not end there, however, as continued care following inpatient treatment is imperative for success. Funding for that kind of treatment, especially for low income clients, just doesn't meet the need at this point. One person interviewed stated, "No one can realistically stabilize in 30 days. Expecting that is just throwing money down the toilet."

Funding for treatment and recovery services remains a major barrier to those seeking help.

COMPASSION: Closing the funding gap will take major changes on multiple fronts. The current system is reactive rather than proactive in its approach. In many cases the system requires an individual to fail before attempting more intensive treatment options, yet it penalizes failure once that point is reached. With addiction, relapse is not only possible, it is likely. Addiction has relapse rates comparable to diseases such as type I diabetes, hypertension, and asthma (NIDA, 2014). A major difference with addiction, however, is that there is often a “one and done” policy. Those that inevitably fail in treatment or relapse in recovery are denied second chances. One interviewee criticized this as a double-standard. Would we deny cancer treatment to a person who has attempted and failed to quit smoking? Can you imagine if a person with diabetes was denied insulin because they admitted to eating candy bars?

TREATMENT: Funding woes also cause secondary system barriers. Treatment services are driven by the limited money that is available. One of the secondary barriers that results is a lack of coordination and cooperation between some agencies, which leads to the potential for misdirected or inefficient use of funds. Those interviewed admitted that there is a sense of competition between some providers for limited funds. As a result, some are reluctant to discuss their curriculum, share vital client information, or refer to other agencies if appropriate. This can make it difficult for case workers to connect a person to the right resources in a timely fashion. One interview participant noted that the window where people are willing to seek help and change is very small, and often happens during an acute crisis. However, finding treatment options, placement, and then funding often requires long waiting periods. For a client in a crisis, that wait could be the difference between life and death.

PERCEPTIONS: A systems change requires a perception change. Without compassion and community support, advocates for those struggling with addiction will continue to face a steep uphill battle. Biases and stereotypes are the first barriers to solving this problem, and these are held not just by members of the community at large, but at times by the providers themselves. One interview respondent said about those with addictions, “There is no other disease that I know of where the clients or patients are treated as poorly as they are.” Another person interviewed admitted that addiction is not a glamorous field and often “the clients can be very difficult, but they still deserve the same compassionate care that all other patients receive.” No one will deny that a person with an addiction made

Addiction is a chronic disease, which is an illness that requires lifelong management. Just like other chronic diseases, people with addictions relapse at the same rate as people with other chronic diseases such as diabetes and high blood pressure.

“There is no other disease that I know of where the clients or patients are treated as poorly as they are.”

-Key Informant speaking about people with addictions

“If a person really wants to stop using, they may have to completely change their way of life; how they think, where they work, where they live... There is a lot of support that needs to go into that person.”

-Key Informant

a poor choice to start using, but that choice is irrelevant when he or she needs help. Until we understand that it is the drugs that are bad, not the people, this will continue to be a barrier.

SUPPORT: Addiction treatment is also a major commitment for people seeking help. To complete treatment and enter recovery takes a substantial amount of personal time and money. Particularly if residential treatment is needed, it may require a person to travel and take time away from family and work. Several people interviewed noted that the majority of their clients with addictions are employed. Going to treatment could mean losing their job, and with it their only sense of stability. When discussing the difficult decisions that people who are addicted must make, one of the people interviewed stated simply, “You should not have to decide between keeping your lights on or going to treatment. You should not have to decide between buying food for your family or getting help for your treatment. They shouldn’t have to make those decisions.”

Another major barrier that affects both access to treatment and the ability to sustain recovery following treatment is limited social support and a lack of safe housing options. If a person is not in a stable situation entering treatment, and does not have a stable situation following treatment, recovery will be nearly impossible. For example, a person with limited income living in a non-supportive or crime-ridden neighborhood may be afraid to enter treatment. They may feel pressure from “friends” or family to continue using, and drug suppliers have a vested interest in ensuring their failure. Multiple people interviewed explained that treatment cannot work if we send clients back to the same stressful and unsafe situation they left.

The inability to meet basic needs is a major stressor, and stress is a main contributor to illicit substance use. Access to treatment is difficult enough to obtain, but success depends on treating the underlying causes of the substance use. Think about a mother that is without stable housing, cannot find supportive employment, lives in a dangerous or abusive environment, worries about bills, food, and childcare, and who struggles with mental health problems from a history of trauma. Think about a neighbor living with chronic pain from an injury or illness, who lost their job and insurance, and now must choose between medications and food, and whose addiction began with legally prescribed medication. Until the underlying problems are addressed, the likelihood of success in treatment, or even the ability to access treatment, is nearly impossible. Many

interview participants agreed that a gap will remain until the system addresses the causes of addiction rather than just the symptoms. That is the main principle of prevention.

DETOX: The last major theme from the interviews is that La Crosse does not have a local detox facility that can help people transition from regular substance use into treatment. According to interview participants, this is a significant gap in service that contributes to some of the other barriers mentioned above. One person interviewed described how this gap leads to ineffective inpatient treatment. In a typical, funded, inpatient treatment stay of 30 days, the first 1-2 weeks are spent in withdrawal. She went on to explain that the limited funding is essentially wasted when up to half the time is spent in withdrawal where a person cannot process the therapy or education and life skills that are learned in treatment. The lack of detox facility is also a barrier to other forms of treatment, such as Vivitrol (naltrexone), which requires a period of abstinence that is often unattainable without some assistance.

La Crosse does not have a local detox center, and the closest detox facility is nearly two hours away.

Greatest Needs

Interview Question: *What are the greatest needs for clients during both treatment and recovery? What is the greatest danger to sustained recovery for those who have completed treatment?*

There were several key themes that surfaced throughout this project, but perhaps none more than the need for support. Without a supportive environment, whether that is at the community level, systems level, or individual social and family connections, strong support is the common thread. The themes from this section on greatest needs were:

- Stability during transitions
- Coping skills and education
- Supportive environment
- Safe housing, jobs, and reliable transportation
- Community support

It is worth comment that community support arose as both a strength and a need from these interviews. The desire to address the substance use epidemic is evident at both the state and local level. New Wisconsin legislation has been enacted based on recommendations from the Governor's Task Force on Opioid Abuse. Two representatives from La Crosse, including State representative, Jill Billings, and Health

Support is the greatest need for those seeking treatment and recovery.

Strong social support networks can help a person through the tough transitions into and out of treatment.

Department Director, Jen Rombalski, were appointed to that task force. “Substance abuse” consistently rises as a priority in community perception surveys and regional health improvement plans. Still, many of those interviewed lamented that the most negative voices in the community are still the most vocal. Several participants remarked that too often, public comments on local stories related to drug use involve the same people with hurtful, judgmental, and unproductive opinions.

To truly address these concerns, La Crosse must become a supportive community where compassion overpowers the negative stigmas and misrepresentations of addiction. Without community support, potential champions and benefactors will continue to support other, less “controversial” projects. Community support can help to confront the false perceptions that those in the strongest grips of addiction are there by choice, rather than understanding the reality that addiction is a disease. Community support will make it less acceptable for people to claim that overdose deaths are inevitable, and instead see them as preventable. There is a sense of hope that increased community support can lead us from a punitive system, to a rehabilitative system.

Support is also needed on an individual and family level. Developing strong social support networks for the individual seeking help is a proven strategy to aid in recovery. A social support network consisting of family, friends, and peers can offer a sense of security and increase feelings of self-worth and belonging for a person seeking treatment and recovery. These networks are safe places where a person who is struggling through difficult times can turn to for support. Support networks are also important for family and friends who also feel the burdens of addiction and the stress of worrying about and caring for a loved one with this disease.

An area where support and stability is significantly needed is during times of transition. Stress can lead to experimentation with illicit substances, and it can also lead to relapse during recovery. Many of the interview participants argued that the most stressful, and most dangerous times for people with addictions are during transitions. Transition periods could be times such as leaving school, changing or losing a job, moving or getting evicted, leaving a relationship, having a child, getting out of jail, switching health care providers or counselors, changing or discontinuing medications, and many more. All of these scenarios cause stress, and whether or not a person has the positive coping skills to deal with that stress can be the ultimate trigger to substance abuse.

The stressfulness of transition periods can be mitigated by protective factors, which are the life skills, or coping strategies that can help a person, family, or even a community through difficult times. When a person has the ability and skills to positively cope with stress, it reduces the likelihood of turning to harmful activities like drug use. These skills can be taught early in life as a means of prevention. However, for those already in the clutches of addiction, they must be identified, taught, and reinforced. Overcoming an addiction is extremely difficult and requires a strong system of support to promote success (SAMHSA, 2015).

Intangible skills are important to increase the likelihood of success in accessing and completing treatment, however safe housing, supportive and stable employment, and reliable transportation are the tangible needs that can also influence access to, and success of treatment for addiction. These social determinants of health were also recurring themes throughout the interviews, and presented an opportunity for change.

The need for safe and affordable housing cannot be understated. A person struggling with addiction, who lives in a house or apartment surrounded by drug dealers, or family and friends that also use drugs cannot be successful; nor can a person who is either homeless, lives in substandard housing, or can't afford utilities be successful in treatment. Maslow's hierarchy of needs states that the most basic necessities of food, water, shelter, and safety must be met prior to all others (McLeod, 2007). Sometimes the most pressing condition is not substance use, but rather the basic necessities that can then allow the person to focus on recovery.

Resources

Interview Question: *What needs to be done to ensure that people in need of treatment and recovery services get the assistance they need? What does the community need to know about these resources?*

One of the most common themes in all interviews was the need for community support and education to change the perceptions of addiction. Support is the resource in our community that will drive the solutions to the substance use problem. To ensure people in need of services get assistance, participants offered the following solutions:

- Increased community support and education
- Decreased stigma and a change in mentality
- More funding and better management of those funds
- Systems change to connect people with resources and support

Sometimes, the most basic needs of food, water, shelter, and safety must to be met before addressing an addiction.

Nobody is immune to the effects of addiction, and addressing addiction takes a community effort.

It is no surprise that the biggest gaps and barriers to access to treatment and recovery services are also the greatest needs to obtain those services.

One of the themes that emerged from this question in particular was the need for systems change. The interview participants noted the difficulties in navigating the complex systems of care and the inability for people to connect with the available resources. Care coordinators and social workers in particular mentioned the overwhelming number and length of applications, which often include complex income restrictions, insurance requirements, proof of residency, and many more hurdles for applicants. Several mentioned that it is difficult for the social workers to navigate, even though they do it every day and without impairment. Now imagine how difficult it is for a person who is impaired by an overpowering addiction. Many noted that resources are available, but those with addictions need help to connect all of the pieces including housing, food, and employment. Addiction is only a piece of the puzzle.

Who is missing?

Interview Question: *Who else needs to be involved in our community to better meet the needs for treatment, support, and recovery services?*

One of the greatest strengths in La Crosse is the collaboration and involvement of so many community organizations and members. According to those interviewed, many of the key players are already at the table with the HTF and other community collaborations. However, several mentioned that the level of involvement from some organizations can be encouraged and increased. These include continued cooperation with the judicial system and law enforcement, as well as other government organizations and leaders. Health care providers, and more specifically, primary care providers must be consulted and included to fill gaps and promote prevention measures. Several of those interviewed indicated that local health care institutions have incredible influence on the community's ability to address the substance abuse problems, and they can be the leaders that make this a priority and drive the solution.

Community organizations such as non-profits and the faith and spiritual groups can also be powerful advocates. Another recommendation was to invite neighborhood associations and landlords to the table, since the problem occurs in all neighborhoods and properties, not just those in the low-income areas. Employers also have a vested interest in this, as it was noted that many substance users are in the workforce. Increased support from businesses can improve health and productivity.

Finally, the participants made clear that the people in recovery, those seeking help, and the family members that care for them must be included. They are the ones that have first-hand experience with the struggles.

Interviewee Recommendations

Interview Question: *What other recommendations do you have to ensure access to substance abuse treatment and recovery services in La Crosse?*

If anything was clear from the interviews, it is that there are very passionate people working to help solve the problems with illicit substance use in La Crosse County. When asked about recommendations to help solve this problem, the responses were overwhelmingly optimistic and innovative.

The list below includes the recurring themes from the key informant recommendations. These recommendations are not listed in any particular order, nor have they been evaluated for evidence-based strategies. The ideas are taken directly from the key informants, and they have not been endorsed by the HTF or the La Crosse County Health Department. The themes were:

- Change the mentality around addiction by helping the community see the drugs and the drug dealers as the problem, not the drug users
- Increase involvement of primary care providers
 - Explore connection between substance use and mental health
 - Increase communication across sectors
- Develop and foster a system of support for families and loved ones of illicit substance users
- Work with existing agencies to promote available resources
- Build safe social support networks for those seeking help
- Educate the community about the costs of addiction versus the benefits of treatment and prevention
 - Develop community buy-in for a detox or treatment center
 - Continue to advocate for funding
- Be careful not to take on too much

Once again, the themes of the recommendations centered on support. Developing community support is the cornerstone for all future changes and solutions. Organizations such as the HTF must help the community understand the economic costs of addiction, and the dangers of indifference. A supportive community will drive supportive policy.

The economic burden of addiction is felt by all community members. An investment in both treatment and prevention will pay for itself many times over.

Local media can be a powerful community partner to help promote the positive stories of recovery.

Finally, several participants warned that groups such as the HTF must be cognizant about taking on too much and spreading the resources too thin. It is important to avoid caregiver burnout by overextending the people who are willing to drive changes. Achieve success on one project before taking on another, as the small triumphs will eventually add up.

The next list is a compilation of the remaining recommendations from the key informants. Duplicate or similar recommendations have been combined.

- Consider new or additional training models for law enforcement, for example, the LEAPP model used in Appleton, WI or the state of MA
- Continue public education sessions to encourage communication
- Conduct more training on Narcan, and more education about harm-reduction to change the perception of Narcan as “enabling”
- Help those seeking treatment develop better, safer support networks
- Be careful not to take on too much at a time; we can’t solve everything at once
- Continue focus on prevention, but do not forget about the people that need treatment now. Solving the problem should be approached from both perspectives.
- Allow continued therapy in jail with outside therapists
- Continue the work with trauma-informed care and individual needs
- Create a system that follows up with clients to ensure they stay connected with resources
- Increase early education in schools that is outcomes-based
- Focus efforts on mental health, coping skills, and life choices
- Advocate for increased inpatient treatment funding and timeframes
- Promote medication assisted treatment that is done correctly with full accountability from providers and clients
- Garner support from benefactors for a detox facility and/or a drug rehab center
- Encourage the system to be consumer driven to fit clients’ needs for hours, locations, etc.
- Create an asset inventory that will allow better pathways to recovery
- Motivate health care systems to address the need for mental health and substance abuse counselors
- Encourage primary care providers, including Nurse Practitioners and Physician assistance to administer and manage medication assisted treatment.
- Change the emphasis from substance abuse to substance use disorder

- Advocate for better management and allocation of federal, state, and local funds.
- Advocate for a shift in policy that empowers clients rather than insurance providers
- Encourage better education for those in the medical and legal systems to increase understanding and compassion for people with addictions
- Challenge and change the stigma and discrimination aimed at those that struggle with addictions
- Use lessons learned from tobacco messaging to discourage illicit substance use in youth
- Encourage risk sharing between providers and other resource agencies
- Explore all partnerships, including those with private and public health systems
- Eliminate the “one-and-done policies” that are often unrealistic for people with addictions
- Collect and compile research and statistics about evidence-based strategies to address the drug problems; policymakers need to see evidence to develop legislation
- Create and maintain safe housing options for those that have completed treatment to encourage a more successful transition back into the community
- Make better use of peer support specialists
- Address and overcome the drinking culture in La Crosse
- Encourage community activities and engagement; specifically focused on opportunities for youth
- Develop community awareness campaigns to highlight activities for youth that do not involve alcohol or drugs
- Address homelessness to eliminate the gap for those without permanent addresses seeking help
- Conduct system audits to encourage better fund management and eliminate duplication of efforts
- Ensure communication and information sharing across all sectors
- Support and celebrate people who are in recovery; share the success stories to develop community support
- Encourage local media to highlight positive stories and successes
- Develop a system that connects people to resources and promotes a continuum of care

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Appendix - Questionnaire



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Public Health
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Assessing Access to Early Intervention, Treatment, and Recovery

Key Informant Interview Questionnaire

Introduction: The La Crosse County Health Department recently completed the 2016-2021 Community Health Improvement Plan, or CHIP. This plan, which was developed by La Crosse County community members, highlights three priority areas of concern for La Crosse County Residents. Substance Abuse ranked as one of the top three priorities, with the ultimate goal of reducing substance abuse in La Crosse County.

The CHIP objective is to reduce substance abuse by increasing awareness of, and assuring access to comprehensive services in La Crosse County by December 31, 2021. One of the goals of the Heroin and Other Illicit Drug Task Force is to improve early intervention to treatment and recovery. That goal aligns with national, state, and local priorities.

Purpose: The purpose of these interviews is to gain a better understanding of the treatment support and recovery services that are available and determine potential gaps or barriers for those seeking those services. Once this information is collected, the themes will be shared with the Heroin and Other Illicit Drugs task force as well as community leadership. The report may be made available to the general public. The information collected will be used to help guide work in the community to address the gaps and barriers to service.

Your name and responses will be kept strictly confidential.

Who is involved: These interviews are a collaborative effort between the La Crosse County Health Department and the Heroin and Other Illicit Drug Task Force.

Next steps: Following these interviews, all of the responses will be compiled and analyzed for major trends or themes and presented to the Heroin and Other Illicit Drug Task Force. It will be used as a tool for future efforts to advocate to improve early intervention to treatment and recovery services in the La Crosse area.

Questions

1. Please tell me a little bit about you. What is your background and how long have you been working in this service?
2. Please describe the services available at your organization
 - a. What is the focus of your services (treatment, counseling, recovery, housing, etc.)?
 - b. Describe the population you serve (eligibility, adults only or both youth/adults)
 - c. What is the primary referral source for your agency (self, agency, courts, etc.)?
 - d. What level of treatment do you provide (outpatient, residential, etc.)?
 - e. How many people are served by your agency?
 - f. What is the average wait time to be seen for an appointment?
 - g. Do you allow clients to go somewhere else? (example, provider out of network)
 - h. What funding sources do you accept?
 - i. What research or evidence is the basis for the services you provide?
 - j. What, if any, is the curriculum used to provide the service?
 - k. Is the treatment gender-informed or gender-specific?
 - l. Is the treatment for use for people with co-occurring disorders?
 - m. How program fidelity maintained?
 - n. How is motivational interviewing used at your agency?
3. What local factors contribute to the substance abuse issue in La Crosse? Why do you think this is happening?
4. What do you see as the strengths regarding access to substance abuse treatment support and recovery services in La Crosse County? What are the strengths of your organization?
5. What are the gaps or barriers that prevent access to substance abuse treatment and support services in La Crosse? What are the gaps or barriers to access in your organization? (Policies, funding, number of providers, community support, legal, etc.)
6. What are the greatest needs for clients during both treatment and recovery? What is the greatest danger to sustained recovery for those who have completed treatment?
7. What needs to be done to ensure that people in need of treatment and recovery services get the assistance they need? What does the community need to know about these resources?
8. Who else needs to be involved in our community to better meet the needs for treatment, support and recovery services?
9. What other recommendations do you have to ensure access to substance abuse treatment and support services in La Crosse?