

Delaware Community Gap Analysis: Opioid Wrap-Around Services

PREPARED FOR

STATE OF DELAWARE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH

BY HEALTH MANAGEMENT ASSOCIATES

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https://www.dhss.delaware.gov/dhss/dph/files/dcga_opioidwasvcs_eesummary.pdf.

The full report is available at: https://www.dhss.delaware.gov/dhss/dph/files/dcga_opioidwasvcs.pdf.

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Executive Summary

Over the past decade, the problems associated with opioid addiction and overdose have generated increased attention throughout the United States. Nationally, overdoses and deaths related to opioids have increased dramatically in recent years, with the Centers for Disease Control and Prevention (CDC) estimating that every day, 91 people die from an overdose of opioids (CDC, n.d.). Delaware has been impacted more heavily by this crisis than many states and is sixth in the nation for the highest rates of age-adjusted, per capita overdose deaths related to opioids.¹ In addition, the average number of daily naloxone administrations has more than doubled across the state over the last three years.² The impacts of opioid addiction extend beyond the risk of overdose and death to many other public health and community-wide problems, including increased risk of HIV and Hepatitis C, increases in impacts to infants and mothers, loss of employment, and increases in homelessness, crime and other issues.

The State of Delaware, including the Department of Health and Social Services (DHSS), Division of Public Health (DPH), is responding to this public health crisis in many ways, including:

- Coordinating and aligning opioid response activities across Delaware’s state agencies, public health initiatives and other grants and resources
- Developing and implementing System of Care activities specifically related to the development of a statewide strategic approach to Opioid Use Disorder (OUD)
- Creating Community-Level Response Teams that can be engaged to respond in the event of an opioid related emergency; and
- Conducting an assessment of needs for community-based wrap-around services for persons with, or at risk for, OUD (i.e., services that are not treatment services, but instead are services that “wrap around” individuals and help them get into treatment, stay in recovery, or prevent opioid use).

The report provides details about this last initiative – the community needs assessment of wrap-around services. DPH contracted with Health Management Associates (HMA) Community Strategies to conduct this needs assessment.

The primary goal of the study was to understand the current status and strength of community-based wrap-around resources to prevent OUD, to provide needed resources to people in recovery from OUD and their families and friends, and to support communities in preventing and responding to acute OUD crises.

The study was initiated in March 2019 and data collection concluded in August 2019. This report provides details about the study methodology and its components, the results of the study, and recommendations based on the data.

It is important to note that the vast majority of interviewees, focus group participants and survey respondents said that the services they have received have helped them in many ways – including with their recovery and with being healthier. Some even said that without services they have received, they

¹ CDC. (2018). Annual Surveillance Report of Drug-Related Risks and Outcomes. <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>

² Delaware Department of Health and Social Services, Division of Public Health.

would not be alive. Although this study was designed to focus on unmet needs, it is important to note that many needs *are being met*. A goal of this study was to gather information that can meet needs even more effectively.

Study Methodology and Components

The study had four major components:

Community Advisory Board

The first component was to develop Community Advisory Boards (CABs) to promote community engagement in the community needs assessment process and potentially, in future programming that might emerge from the assessment. Two CABs were formed and met twice in the spring and summer of 2019 to provide input and feedback on the study and its findings.

Interviews with Leaders at Community-Based Organizations

The second component was to conduct interviews with select organizations and key stakeholders within these organizations about unmet needs they see in relation to wrap-around services for prevention, getting people into treatment, and help for people coming out of treatment. Interviews were conducted with 12 leaders at nine community-based organizations that provide wrap-around services.

Focus Groups with People with Lived Experience

The third component was to conduct focus groups in each county with two groups of people: 1) people in recovery from opioid addiction; and 2) friends and family of people in recovery, or people who have OUD and are not yet in recovery. Ten focus groups were held, with 66 people participating across all three counties.

Community Survey

The fourth and final component was to use what we learned in these focus groups and interviews to develop and disseminate a survey to the community and to a broad set of community-based organizations about individual and community well-being; unmet needs; reaching the hard to reach and hard to engage; prioritization of areas of need; and current status of community knowledge about how to help people who need help, and where to go for help. Over 300 people responded to the community survey.

Summary of Findings

Unmet Needs

The greatest unmet needs for wrap-around services for people in recovery, people who are actively struggling with an opioid addiction, and for the prevention of OUD were consistent across the interviews, focus groups, and the community survey, and were verified by the CAB. These included:

- Housing (getting and keeping stable, safe housing, including sober housing)
- Mental health support
- Jobs (help getting a good job)
- Transportation (to get to jobs, school, treatment, other resources)
- Peer Support (like peers or community health workers)
- Social support

- Food
- Education (such as help getting a High School Equivalency diploma, or GED)
- Child care
- Legal help

In addition to specific services that are needed, the following needs related to how services are delivered and accessed were identified by community members:

- More coordination of services
- Increased awareness of what is available
- More collaboration between service providers
- More funding of services

Well-Being

In addition to exploring unmet needs, the study collected data about current well-being. The data were collected and analyzed in alignment with the scoring utilized by the 100 Million Healthier Lives initiative.

In general, and not surprisingly, community members who are struggling with opioids, or are in recovery, report much lower rates of current individual well-being, and much lower perceptions of their community's well-being.

Also not surprisingly, people who are not in recovery or struggling with opioids report much higher well-being (70% in the thriving group) than those struggling with opioids and people in recovery, (54% and 23%, respectively). Interestingly, none of the respondents who are in recovery or actively struggling with opioid addiction believed they would be "suffering" in five years, possibly indicating a great deal of hope for their individual future well-being.

People in recovery and people actively struggling with opioid addiction had much lower perceptions of their community's well-being, with half of people in recovery and almost 70% of people struggling with addiction rating their community as "suffering." Respondents who are in recovery or actively struggling with an addiction, had less optimism about their community's future well-being, with about one-third believing it will still be suffering. Note that this is much lower than the percentage who rated their current community well-being as suffering, potentially signaling some hope for the future.

Solutions and Recommendations

In the focus groups, one of the first questions that was asked was: "Besides treatment, what do people who are in recovery or actively struggling with an opioid addiction need?" One of the most common answers was simply: "Everything."

Given the complexity of opioid addiction, this honest answer was not a surprise. People who are struggling and people who are in recovery often need a lot of different resources, they need them to be easy to access and easy to coordinate, and they often need these resources for a long time. They also need to be supported by their community.

Given the complexity of the needs, the solutions are not simple, either. This study highlights the most pressing needs, but it cannot provide solutions to meet all of these needs. However, some specific solutions did emerge from this study and we highlight these solutions in this section, as well as some specific recommendations for next steps, in response to the three goals of this study.

On the current status and strength of wrap-around resources in the community to contribute to prevention of OUD:

1. Community members reported a need to decrease stigma of opioid addiction, which is thought to be a main driver behind the lack of support from their communities. Educational programs and modeling of non-stigmatizing behavior can help people provide nonjudgmental, empathic support.

Recommendation: Deliver training to wrap around service providers and other community members to recognize and address substance use disorders, including opioid use disorders, in a non-stigmatized way, based on an informed appreciation for the complexity of the disease and the recovery process.

2. Community members were extremely appreciative of the effort to gather their perceptions about what is needed, and most were eager to have more opportunities to engage in the development of solutions, and to share information.

Recommendation: Continue to engage community members in these types of conversations. These are opportunities to help overcome the stigma and lack of understanding or awareness of the needs of individuals and their recovery, and to strengthen wrap-around resources.

3. Community members reported an overall lack of coordination between service providers and in the ability to identify and make referrals.

Recommendation: Deliver training on how to make effective referrals, including warm hand-offs and follow-up on those referrals.

4. Community members highlighted the extensive needs of people who are in recovery or actively struggling with an addiction and noted that, while many of the needed services may be available at times, they are not always available, they are not always easy to find, and they are not always coordinated. Community members recommended some kind of initiative that makes resources easier to access when they are needed, and that these resources are available for the long period of time needed for full recovery and reintegration into the community and a productive life.

Recommendation: Consider developing a virtual “village” model that provides wrap-around services with enough time to help someone recover, stabilize, and rebuild their life, including resources like assistance earning a GED or securing employment.

5. Lack of transportation to and from wrap around services, to and from treatment, and to and from jobs is a critical barrier for people in Sussex and Kent counties.

Recommendation: Ensure that transportation needs are included in a care plan, and identify what solutions are needed to overcome transportation issues. For example, if cost is the barrier, identify opportunities for travel vouchers for public transportation or co-share rides (e.g. Lyft, Uber, taxis). If accessibility to transportation is an issue, vouchers for co-share rides is another solution.

6. Community members appreciate peers and suggested that having even more peers who are employed by wrap-around service providers would strengthen the wrap-around services system. This is also a potential opportunity to address the workforce barriers for people who are in recovery.

Recommendation: Identify best practices in recruiting, hiring, and training peer specialists among service providers. In particular, explore ways to identify those in recovery who make strong candidates for a peer position and how to refer them to the Delaware Certification Board for peer certification and training. Pilot best practices and identify opportunities to expand effective programs across the service provider network. Additionally, it may be helpful to explore developing systems of peer supports that cross services, allowing a person in recovery to work with the same peer across services, rather than working with a different peer for each service.

On the provision of needed resources for people in recovery from OUD, and their families and friends:

1. Safe, affordable, stable housing is one of the biggest unmet needs. Some community members argued that, without safe and stable housing, recovery is not possible.

Recommendation: Focus on increasing funding for sober living homes and safe supportive recovery housing for all populations, including women, women with children, and people in recovery who are receiving Medication-Assisted Treatment (MAT).

2. To address the complexity of needs for individuals in recovery, a standard strength and needs assessment may help to ensure that needs are met with the right services and resources, and to be a communication tool for other providers serving the individual, as well as the individual, about what is needed and why. An assessment tool – including its design and implementation – is also an opportunity to increase overall provider coordination within and across counties.

Recommendation #1: Develop a coordinated strength and needs assessment tool that can be used across service providers. A strength and needs assessment may include an assessment of family and relationships (or personal network); a place to live; psychological and emotional well-being; health and medical; crisis and safety; financial security; educational and vocational needs; legal needs; cultural and spiritual needs, basic needs for daily living, and social and recreational opportunities.

Recommendation #2: Develop a care plan tool that is responsive to the strength and needs assessment for each individual. Care plans communicate to providers, the individual, and their personal support network their vision for future, strengths, needs, desired outcomes, and the strategies and interventions required to be successful in recovery.

3. Community members noted that there were limited opportunities for employment for individuals in recovery, as well as limited education and training opportunities.

Recommendation: Identify best practices in workforce programming or employer hiring incentive programs to support the recruitment, hiring, training, and management of individuals in recovery. Create recovery friendly workplace environments, such as what Rhode Island, New Hampshire, Pennsylvania are doing through the Recovery Friendly Workplace Initiative. Visit <https://www.recoverybootcamp.com/recovery-friendly-workplace/>

On how to support communities in being able to prevent and respond to acute OUD crises.

1. People who receive services most often find out about services via word of mouth, the Internet, and organizations from which they currently receive services. However, community members note that this information is not always accurate.

Recommendation: Develop a coordinated resource and referral database that is reliably updated by community resource providers that accurately reflects services offered, eligibility for services, and how to access the services. Prioritize those services and resources that the community identifies as “not available,” including housing, jobs, child care, and legal help.

2. A majority of community members report knowing what to do to help someone who is struggling with opioid addiction, and how to help someone who has overdosed. However, about one-quarter of respondents reported that they did not know, or were not sure, how to help and that they need more information about, training on, or access to, Naloxone in order to be able to help.

Recommendation: Build upon the Community Response Teams being created in “hot spot” areas and continue to grow the community’s knowledge, awareness, and skills to respond to the opioid crisis, and increase access to Naloxone.