

# UT HEROES: A Collaborative Emergency Response to Address Opioid Use Disorder

HOUSTON EMERGENCY OPIOID ENGAGEMENT SYSTEM

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TASC Conference 2021



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# Overview:

- Disease of Addiction
- Opioid Landscape
- UT Health HEROES Program
- Treatment Adaptations due to COVID-19
- Community Collaboration and Partnerships
- Justice Involved Individuals and Specialty Courts
- Insight from a HEROES Patient and Specialty Court Graduate



# Stigma



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# Stigma

- Unfavorable attitudes and beliefs directed toward someone or something
- Individuals are socially devalued or discredited in a particular social context because of a perceived negative attribute which disqualifies them from full social acceptance
  - Reaction of others (labelling, stereotyping, judgement, prejudice)
  - To an undesirable attribute (e.g. race, disability, addiction, CJ record)
  - Context specific (varies by culture, gender, time period, etc.)
  - Spoiled identity (from a “normal” to “tainted” identity)
  - Become “them” rather than “us”

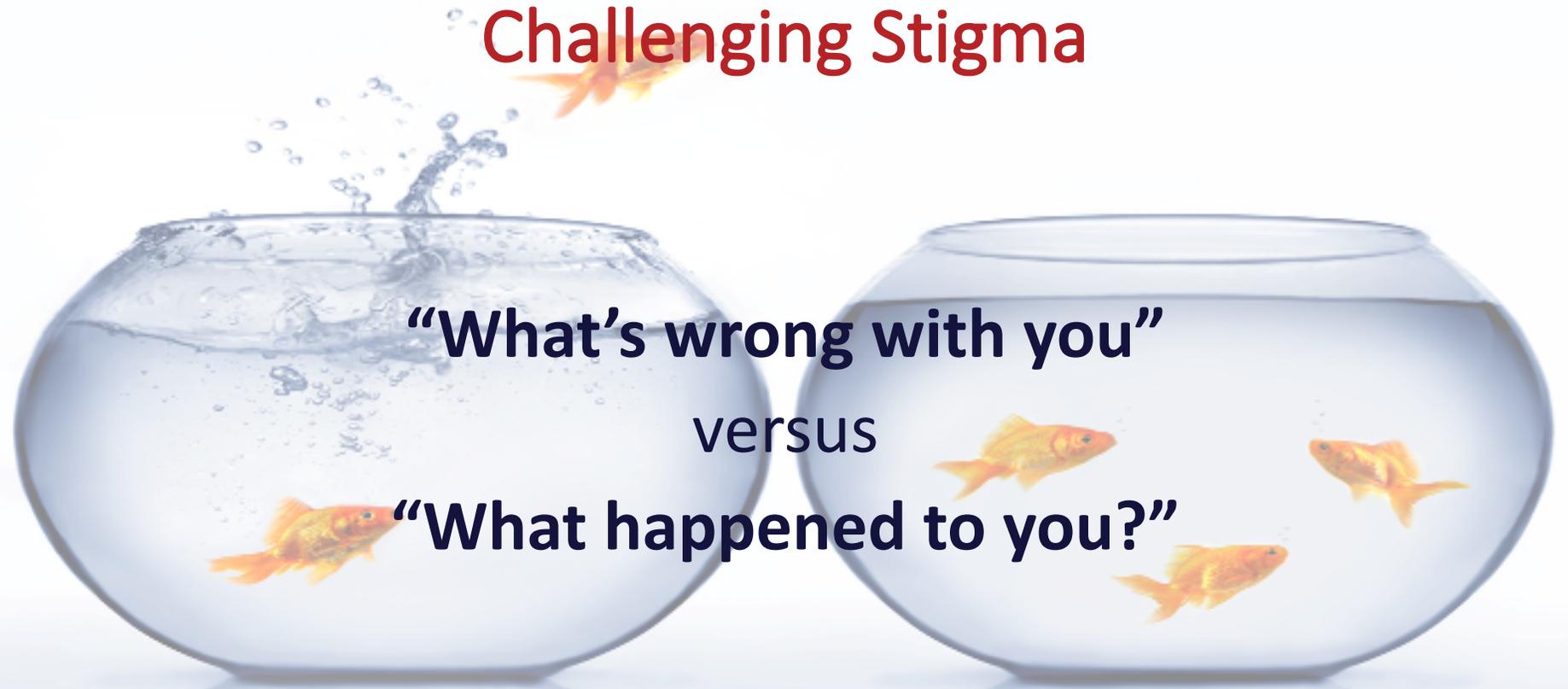


# Stigma

- Illicit drug use is the most stigmatized health condition in the world
- Degree of stigma often related to perceived cause and control over condition
- Those who feel stigmatized are less likely to seek treatment, reduce adherence to treatment, increases probability of unhealthy behaviors and exacerbates problem of social isolation



# Challenging Stigma



**“What’s wrong with you”**

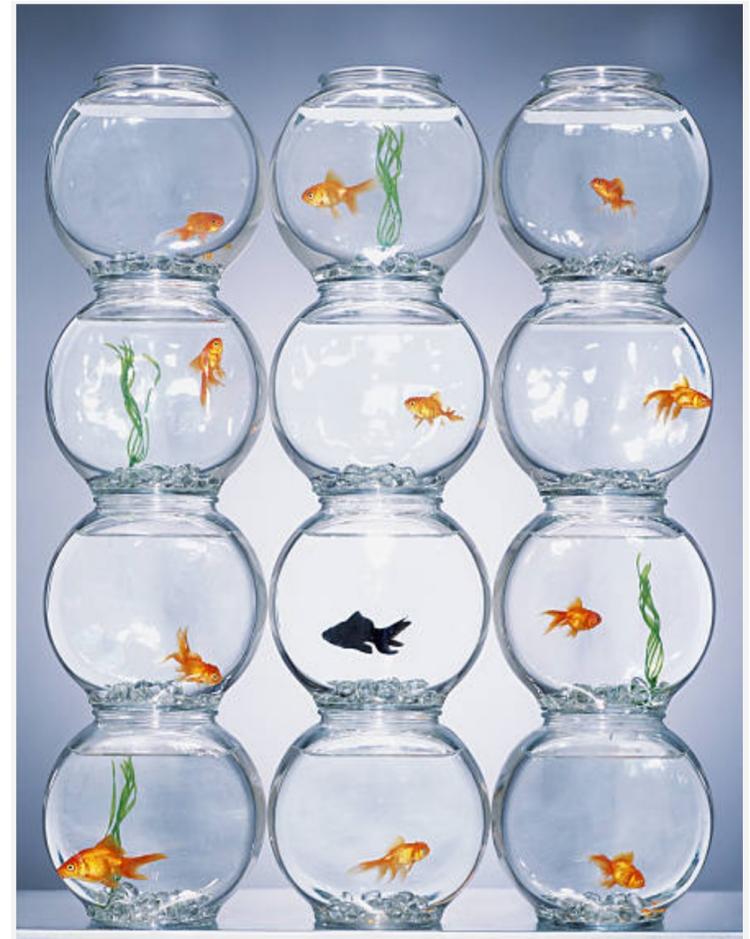
versus

**“What happened to you?”**



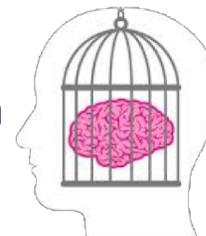
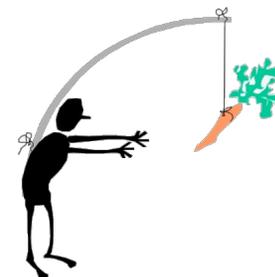
## Change in Perception...

- Perceive persons with substance use disorders through a different lens to decrease stigma
- The language we use and the interactions we have are crucial in reducing stigma
- **People do recover from substance use disorders!**



# Pattern of Addiction

- In early use:
  - Enjoy pleasurable effects (positive reinforcement)
- Continued use:
  - Avoid negative effects (negative reinforcement)
- In later-stage addiction:
  - Use *despite* the effects, rather than *because* of them
  - Like the drug *less*; but need it *more*

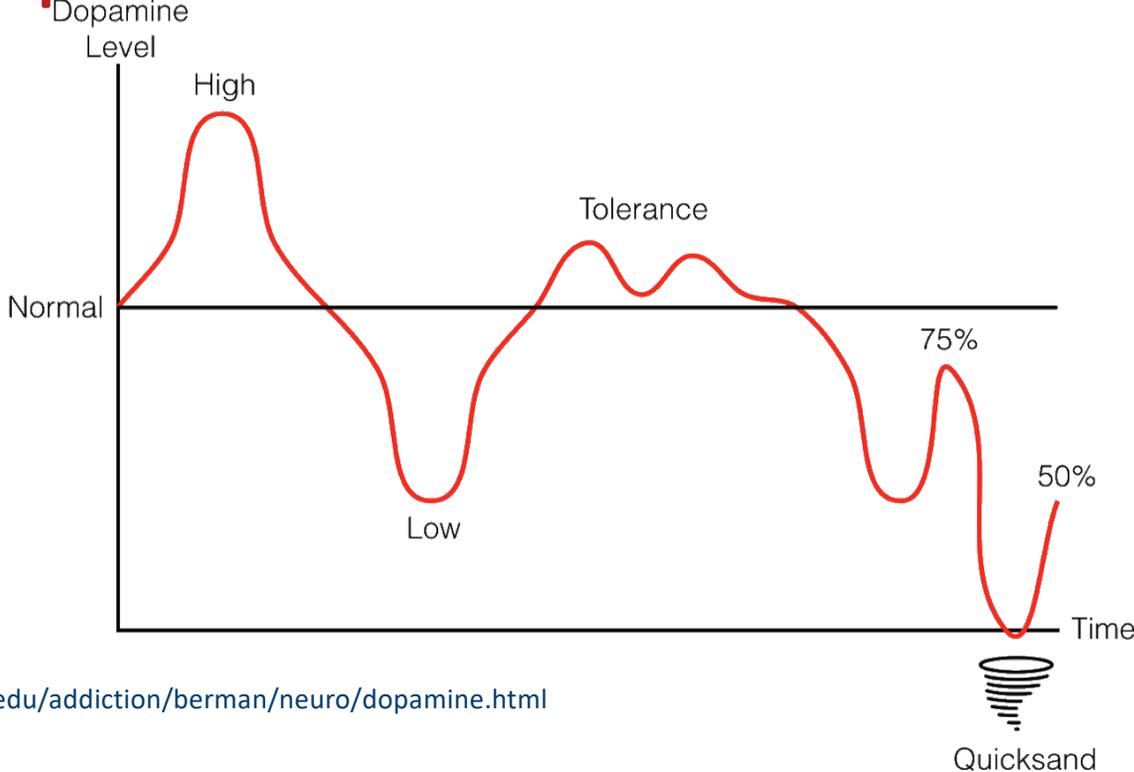


# Tolerance and Dependence

- Both are physiological adaptations to chronic exposure
- **Tolerance:** Increased dosage needed to produce specific effect
- **Dependence:** Signs and symptoms of withdrawal by abrupt cessation or rapid dose reduction



# Dopamine and Substance Use



Source: UPenn <http://www.uhs.upenn.edu/addiction/berman/neuro/dopamine.html>



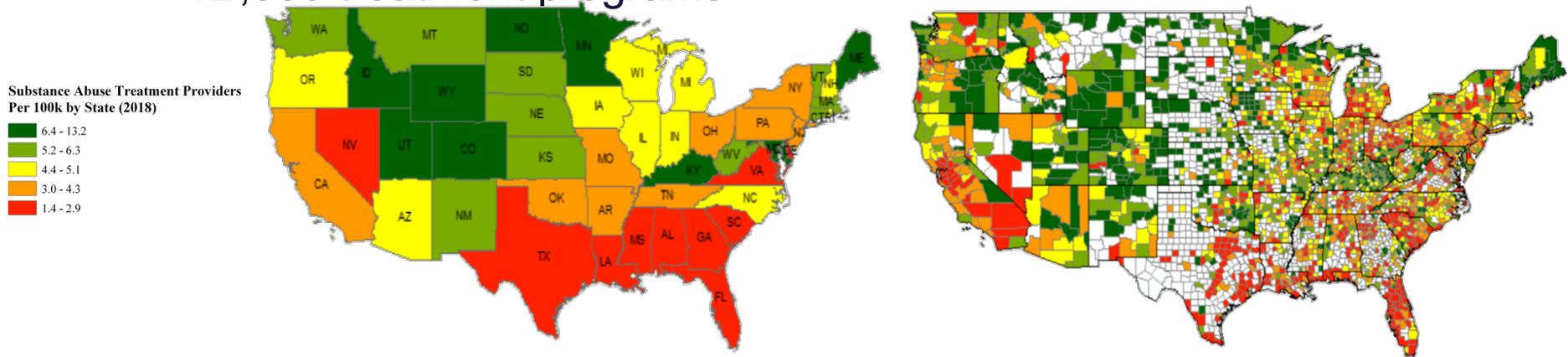
# Treatment Landscape

- Number of persons dependent on opioids has increased over the past 30 years
- No equivalent increase in availability of and access to treatment
- Demand for treatment far exceeds capacity
  - Nationally, only 1 in 10 people with substance addictions receive treatment
  - 93.6% of Texans who need opioid addiction treatment did not receive it (National Survey on Drug Use and Health 2016).
  - 91.2% of Texans who need opioid addiction treatment did not receive it (Texas Health and Human Services, 2020)
- Without treatment opportunities, criminal justice involvement increases



# The National Landscape – Treatment Capacity

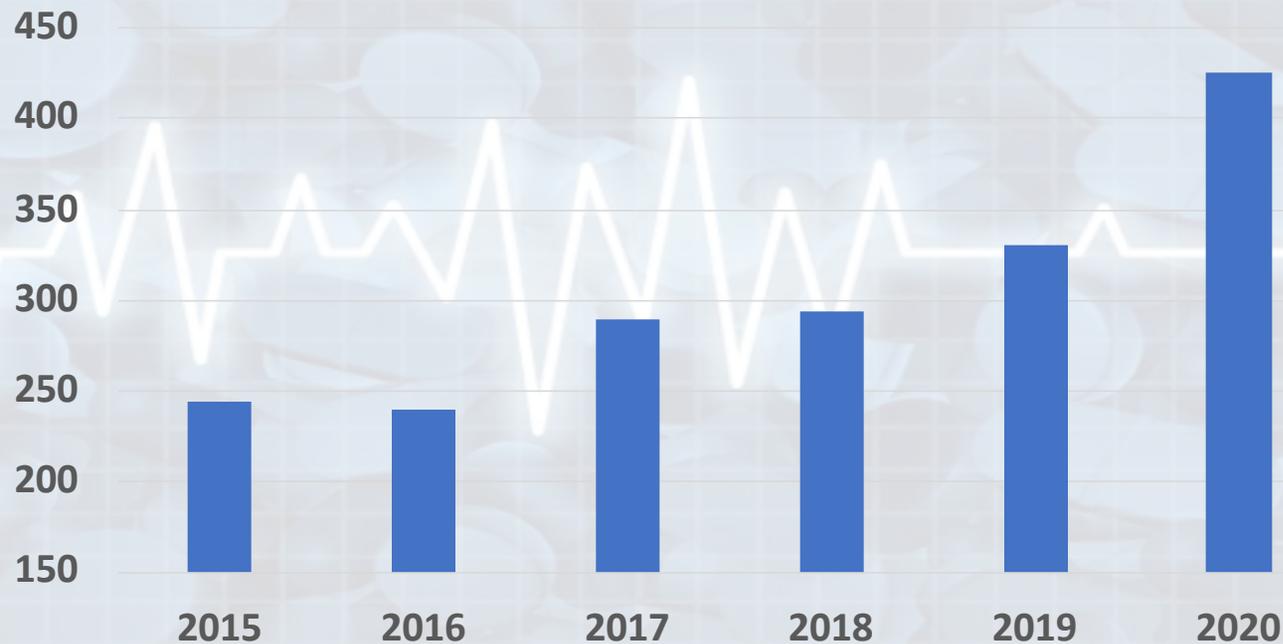
- Our research highlights significant treatment capacity gaps, especially in the Southeast
- 47,000+ opioid deaths
- 12,500 treatment programs



- Source: Langabeer et al, Disparities between U.S. Opioid Overdose Deaths and Treatment Capacity: A Geospatial and Descriptive Analysis, *J of Addiction Medicine*



# Opioid Deaths on the Rise - Houston



- Champagne-Langabeer et al, 2019, *Substance Abuse*, Opioid Prescribing Patterns and Overdose Deaths in Texas



## Active Use

- Active opioid use will continue until treatment begins
- Risk of overdose (both non-fatal and fatal) continues during active use
- Treatment must meet people where they are at



# Substance Use and Criminal Behavior

Drug & Crime Relationship	Definition	Example
<b>Drug-defined Offenses</b>	Violations of laws prohibiting or regulating the possession, use, distribution, or manufacture of illegal drugs	Drug possession or use. Marijuana Cultivation. Methamphetamine production. Cocaine, heroin or marijuana sales
<b>Drug-related Offenses</b>	Offenses in which a drug's pharmacologic effects contribute; offenses motivated by the user's need for money to support continued use; and offenses connected to drug distribution	Violent behaviors resulting from drug effects. Stealing to get money to buy drugs. Violence against rival drug dealers. Driving under the influence. Intoxicated fights or altercations.
<b>Drug-using Lifestyle</b>	Drug use and crime are common aspects of a deviant lifestyle. The likelihood and frequency of involvement in illegal activity is increased because drug users may not participate in the legitimate economy and are exposed to situations that encourage crime.	A life orientation with an emphasis on short-term goals supported by illegal activities. Opportunities to offend resulting from contacts with offenders and illegal markets. Criminal skills learned from other offenders.



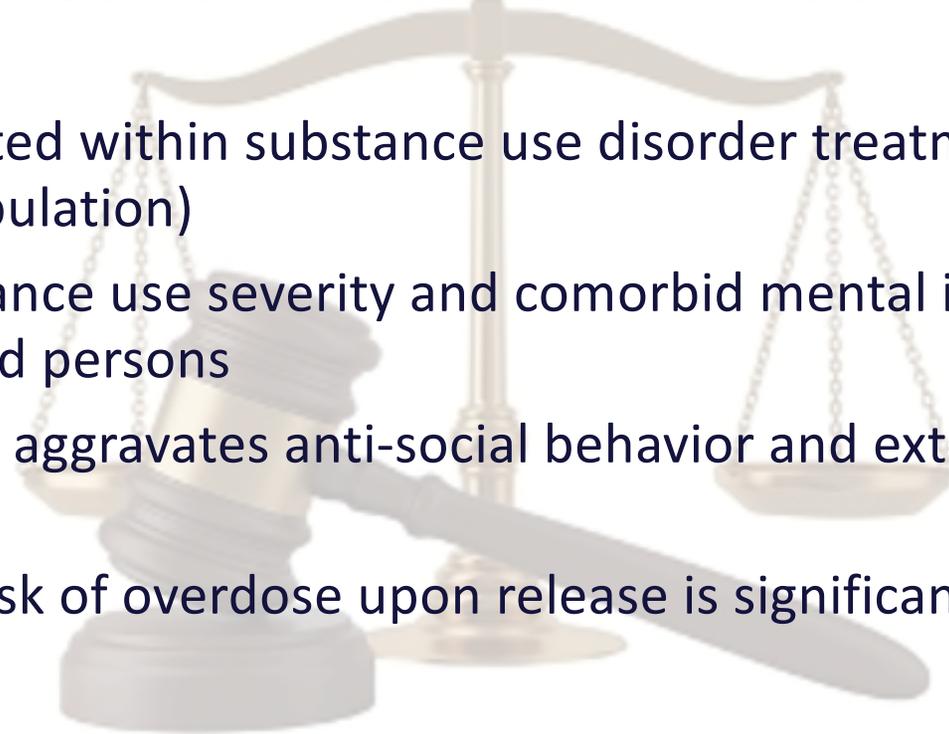
# Substance Abuse and Crime

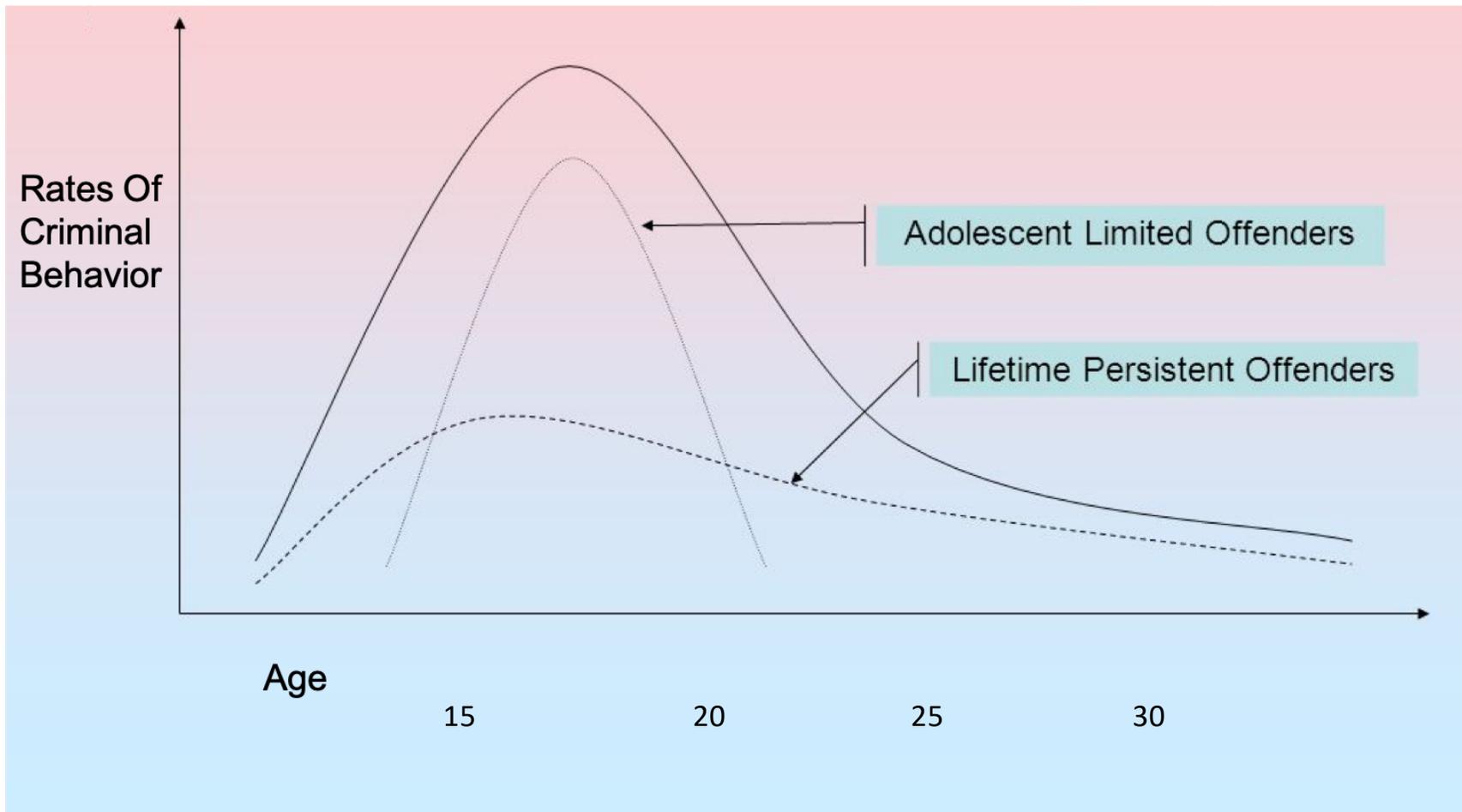
- Substance users commit disproportionate amounts of crime, and criminal offenders are disproportionately likely to abuse substances
  - 80% of incarcerated individuals are a result of alcohol or drugs
  - 60% test positive for substance use
  - 50% of incarcerated individuals are clinically addicted

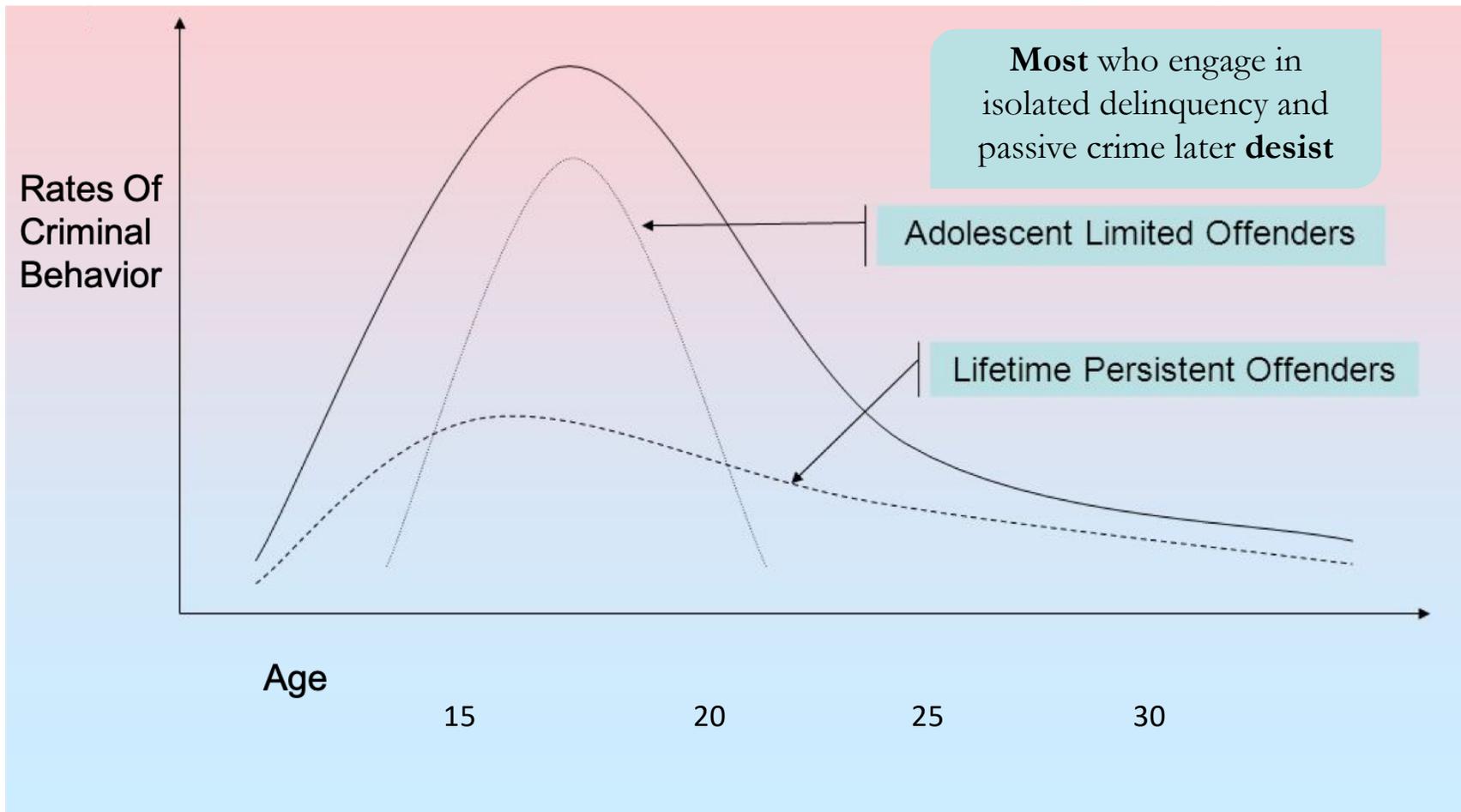


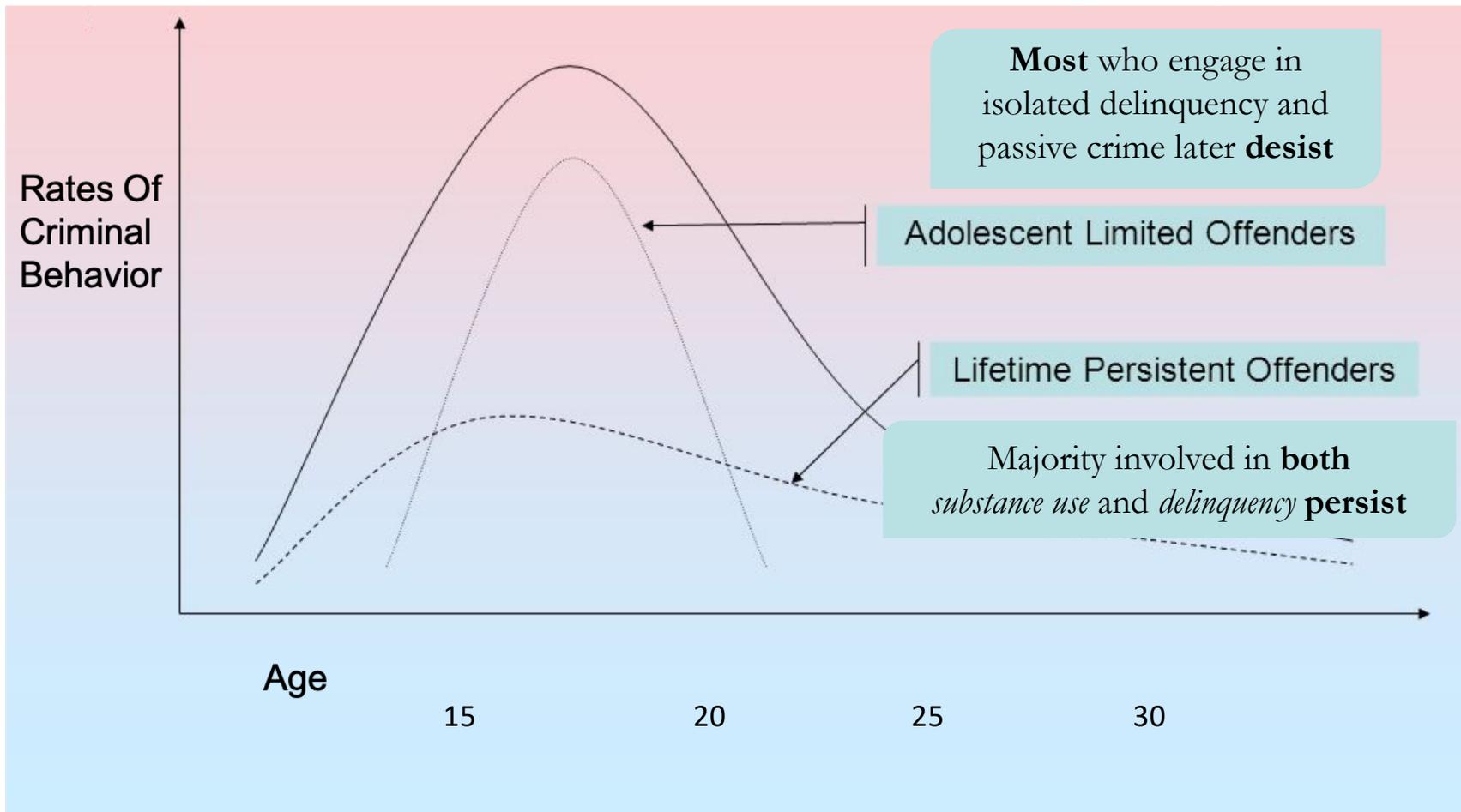
# Justice-Involved Individuals

- Overrepresented within substance use disorder treatment (compared to general population)
- Greater substance use severity and comorbid mental illness than non-justice involved persons
- Substance use aggravates anti-social behavior and extends criminal careers
- Relapse and risk of overdose upon release is significant









## Treatment Approach Varies

- Treating clients who are addicted but not necessarily criminogenic in the community (i.e. in an environment with a prosocial atmosphere) is decidedly different than treating the same individual in the context of an antisocial environment with a set of rules, norms, and values that support deviance



## Be Cautious..

- The drug/crime relationship is difficult to specify because:
  - Most crime results from a variety of factors (personal, situational, cultural, economic), so even when drugs are a cause, they are likely to be only one factor among many



# Criminal Justice Interventions

- Traditional approach of arrest, incarceration, and prosecution does not work
  - Has not deterred criminal recidivism or decreased substance relapse
- In recent years, alternative options being advocated
  - Dept of Justice, National Police Foundation, Police Executive Research Forum,
  - Public health partnerships and innovative responses
  - Anecdotal information available, limited evidence based research practices



# Recommendations

- Poor outcomes expected when untreated or undertreated persons with substance use disorder enter the CJ system
- Treatment (rather than incarceration) works
  - Short and long term improvements in criminal offending, drug use, and social functioning
- Earliest point of entry with criminal justice provides opportunity
  - Identifies persons who may not have sought treatment otherwise
- Interagency partnerships, sharing data, and creating system of care is key



# Program Methods

- Houston Emergency Opioid Engagement System (HEROES)
  - Bridge the gap in treatment access and provide comprehensive care
- Established identification of opioid users and created continuum of care
  - Hospital emergency departments, emergency medical services, first responders, law enforcement, and more recently specialty courts
  - Recovery centers, psychiatric facilities, substance treatment clinics, local physicians, and other healthcare providers
- Three core principles of treatment
  - Assertive outreach, medical intervention, and behavioral support



# HEROES

## Houston Emergency Opioid Engagement System

- **Principles: *Collaboration, Community Resilience, System of Care***
  - Coordinate with emergency departments and first responders
  - Assertive outreach and proactive Follow-up
  - Build ED Capacity through DEA DATA 2000 waiver training
  - Access to treatment within 24 hours
  - Integrated Behavioral Health and Peer Support
  - Navigation to resources in other need areas (housing, MH, legal, etc.)



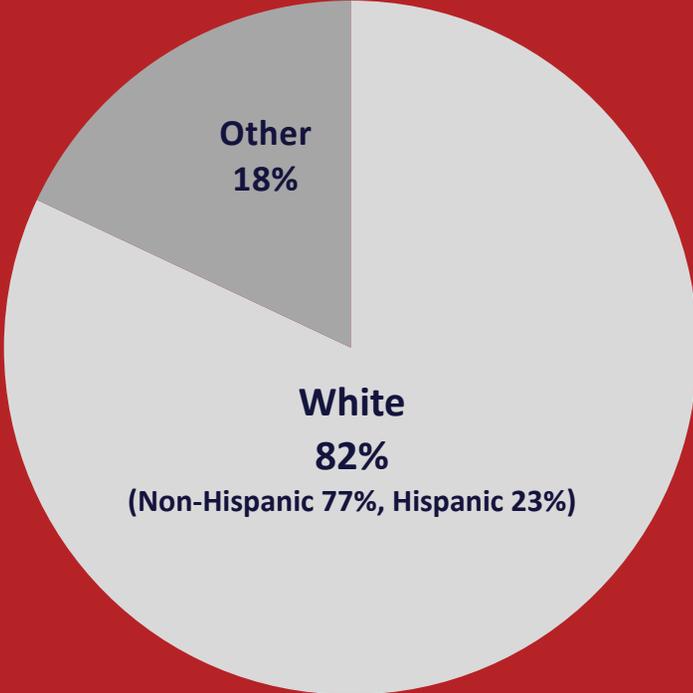
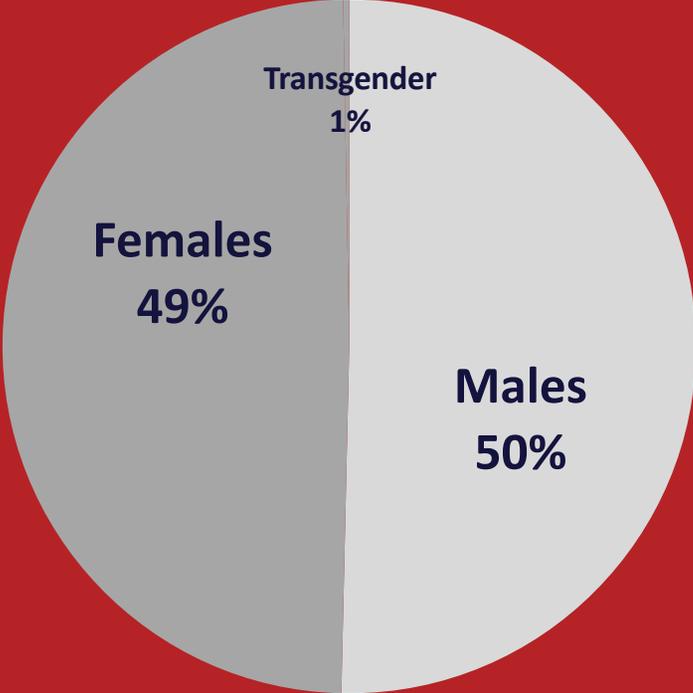
## Outcomes

**N=721**

Enrolled patients  
April 2018 to Feb 2021 (35 months)



# Demographics

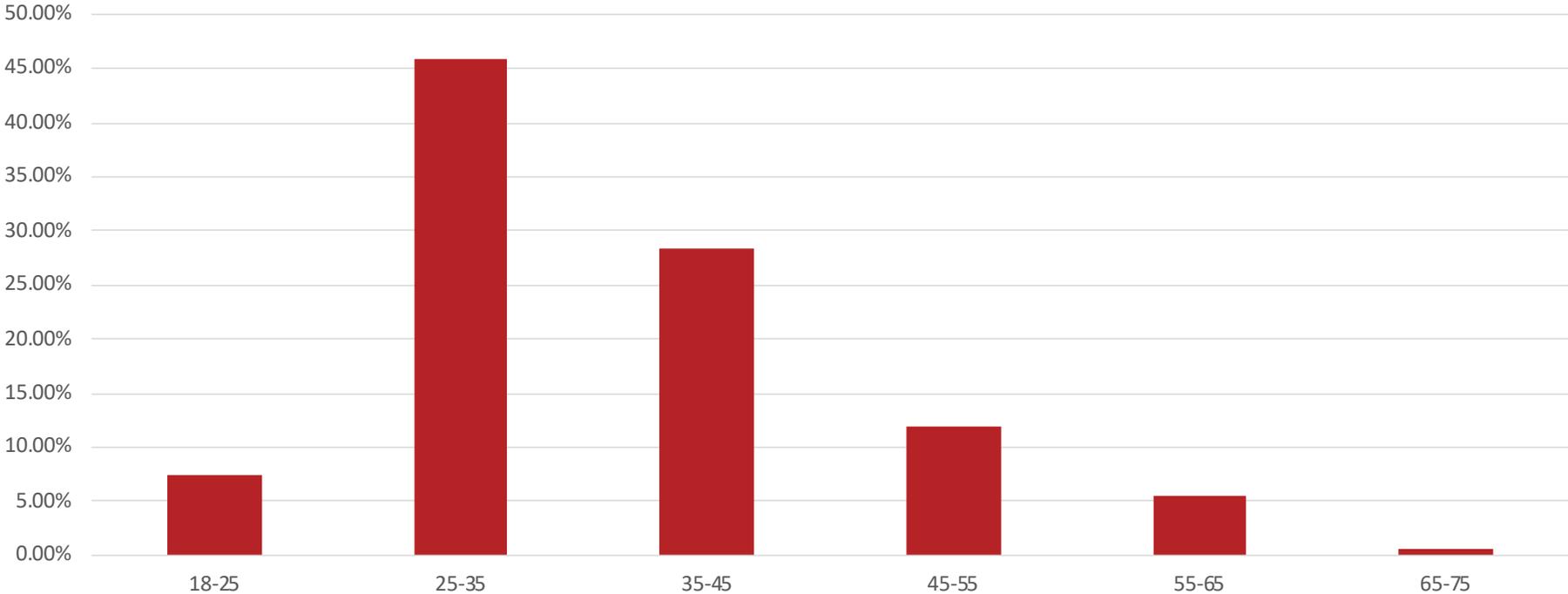


# Results

Age

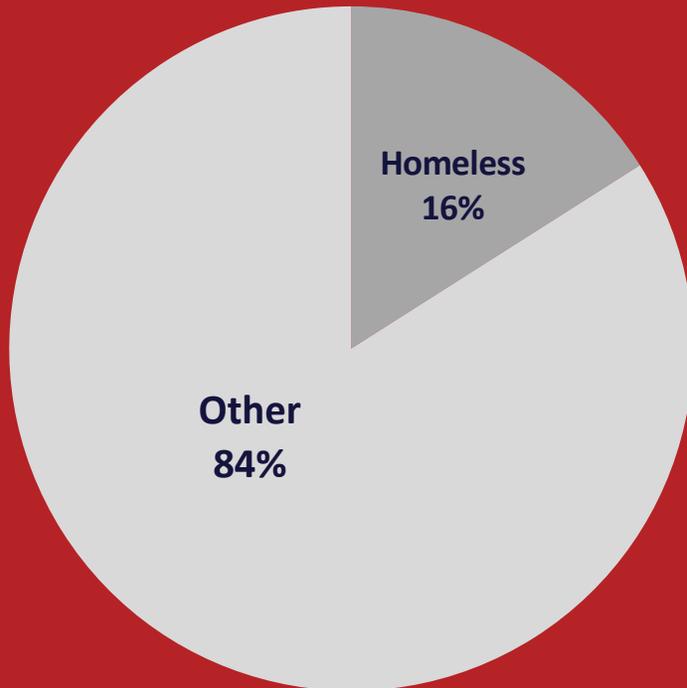
Mean 36.6

Range 18-75

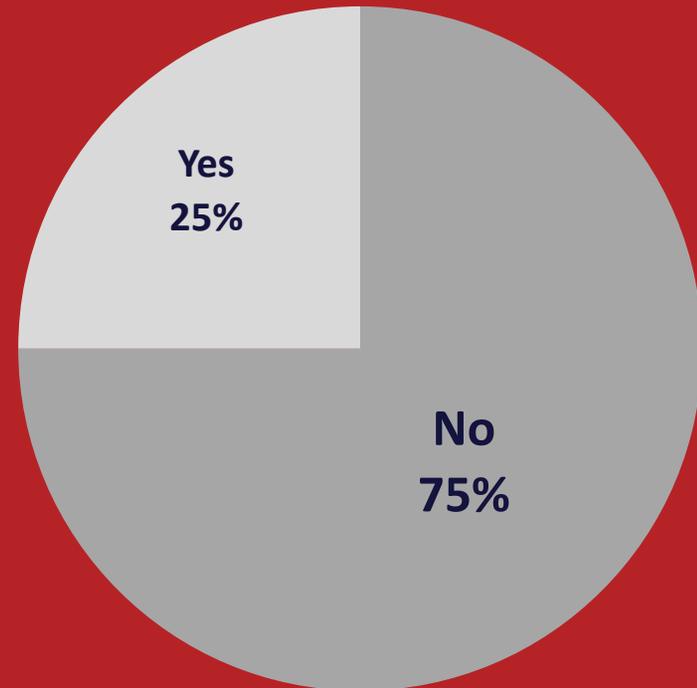


# Results

## HOUSING

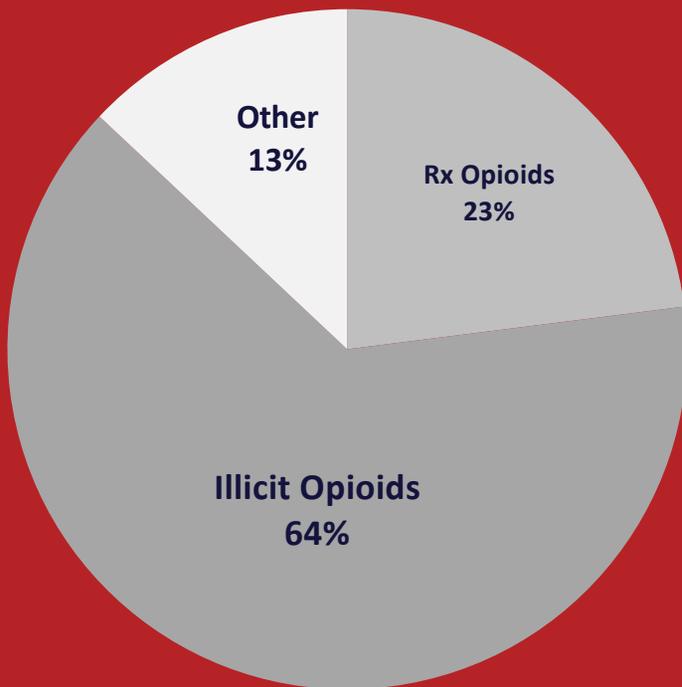


## INSURANCE

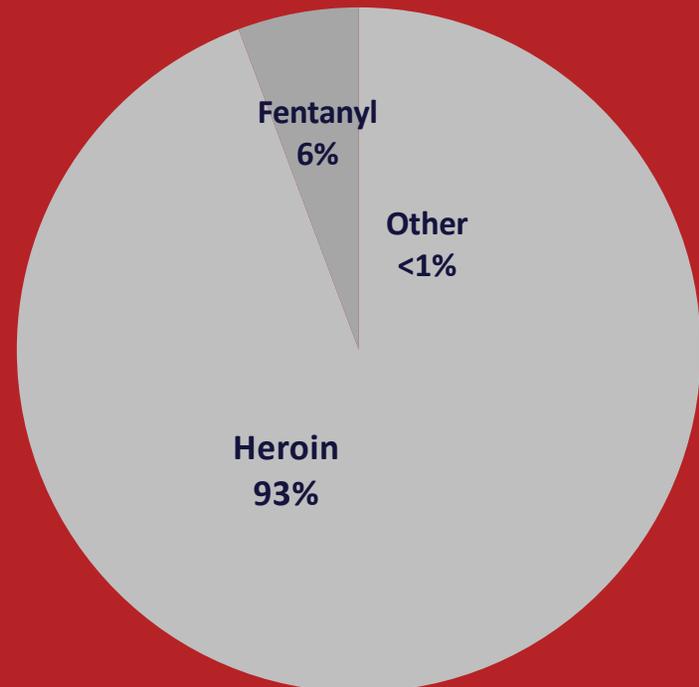


# Results

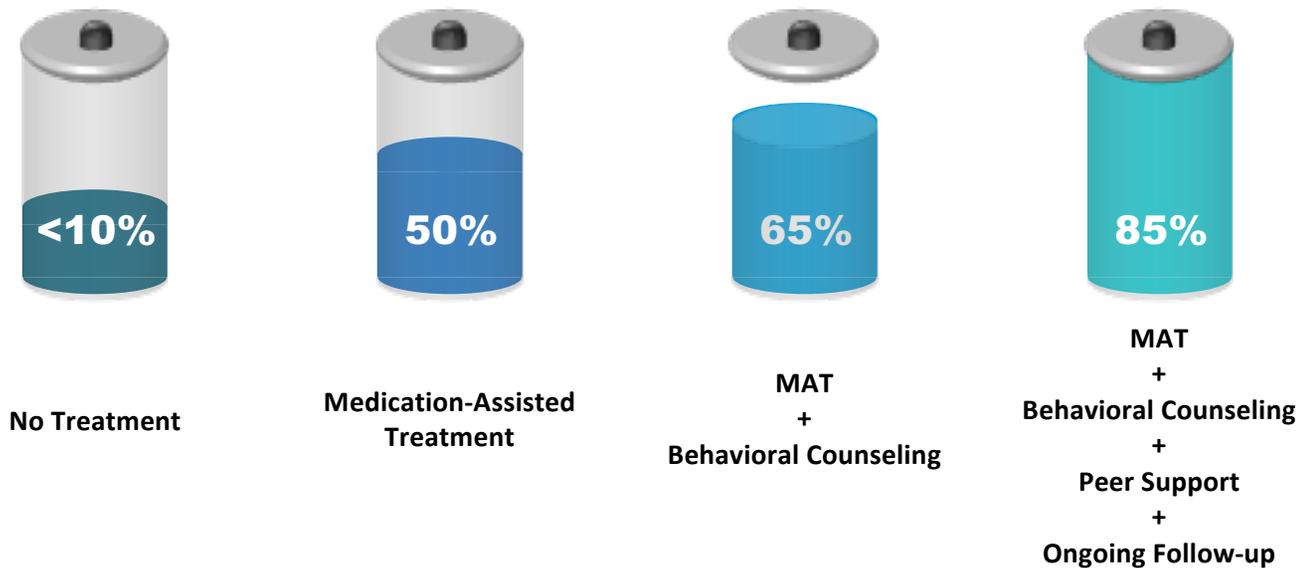
## PRIMARY SUBSTANCE



## ILLICIT OPIOIDS



# Odds of Successful Recovery



## Results

92%

Active in program  
at >30 days

82%

Active in program  
at >90 days

63%

Bridged/referred to first MOUD  
appt with community provider



## Results

**Quality of Life** Health Scale scores between buprenorphine induction and 30 days post-induction improved



# Changes in the program – COVID-19

- Substance Use Treatment has shifted to a Virtual Landscape
  - Telehealth assessments and at home initiation of MOUD (buprenorphine)
  - Two-way video counseling sessions
  - Remote attendance at virtual meetings (peer support and group counseling)
  - Phone/text/email being utilized more frequently



# Virtual Treatment

## BENEFITS

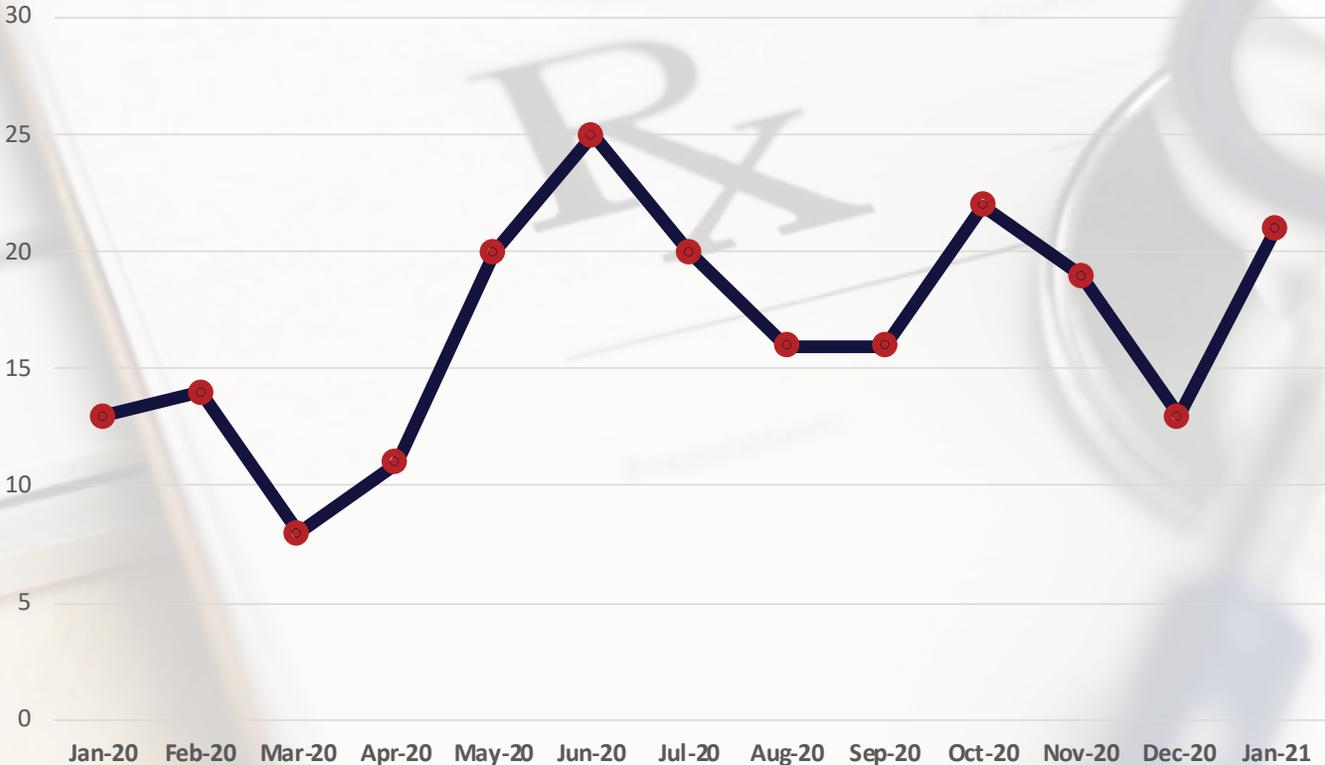
- Expand geographically to provide access to care
- Ease of scheduling/immediate appointment access
- Minimize obstacles (transportation/driving, work schedules, childcare, etc.) to increase engagement
- Access to providers and staff who may be working remotely

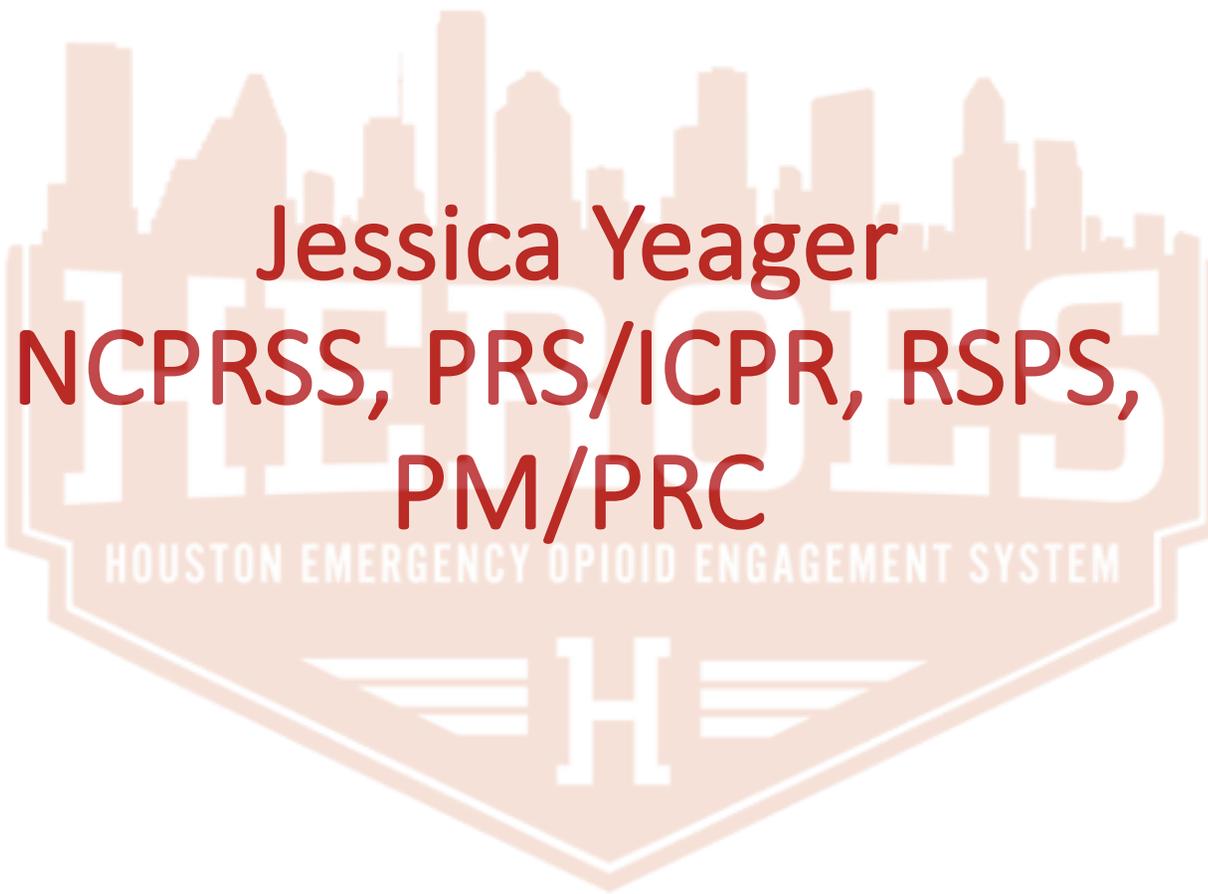
## OBSTACLES

- Navigating ongoing care in other geographical regions
- Technological difficulties (lack of access to WiFi, unfamiliarity with technology)
- No in person interactions to build connection through face to face contact
- Energy of virtual groups is different



# Enrollments January 2020 – January 2021

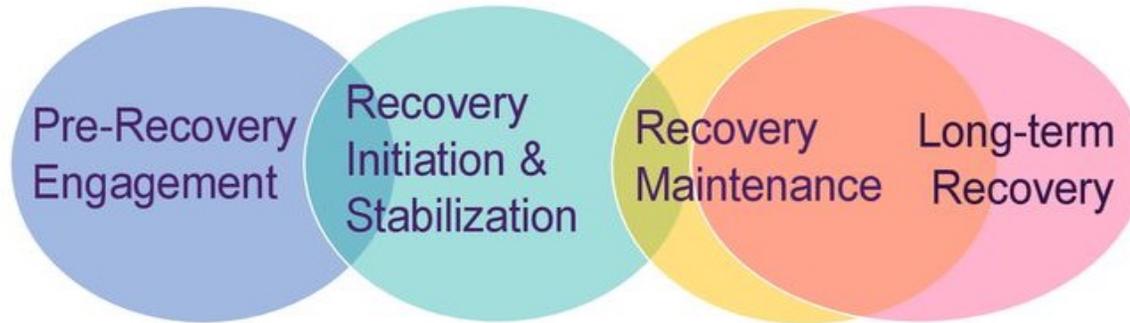




Jessica Yeager  
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# Continuum of Addiction Recovery/Stages of Change



Adapted from William White

Pre-contemplation ♦ Contemplation ♦ Preparation ♦ Action ♦ Maintenance



Prochaska & DiClemente

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



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# Continuum of Addiction Recovery/Stages of Change



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# Motivation

- Motivation emerges in recognition of the problems caused by using substances (consequences)
  - Subjective loss of control over current life situation
- ***Intrinsic*** and ***Extrinsic*** motivators
- Not actual event that motivates, ***perception*** of event is what is important



# Referral Pathways

**Emergency Department  
(OD/Withdrawal)**

**EMS Outreach  
(OD/Narcan)**



**Criminal Justice  
(OD/High Risk)**

**Community  
(OSARs, self-referral)**





Houston Recovery Center



TEXAS Health and Human Services



THE UNITED STATES DEPARTMENT OF JUSTICE



# Collaboration – Key to Success



Emergency Medicine

MEMORIAL HERMANN  
Texas Medical Center



BJA  
Bureau of Justice Assistance  
U.S. Department of Justice



UTHealth  
The University of Texas  
Health Science Center at Houston



TEXAS  
EMERGENCY MEDICAL SERVICES



HOPE  
Galveston County Drug Court Program  
Helping Ourselves with Positive Efforts

LYNDON B. JOHNSON HOSPITAL  
HARRIS HEALTH SYSTEM

# Community Resilience

- Exposure to the need and the available treatment options (awareness)
- Narcan distribution (first responder and community)
- Coordinated community response (other providers and stakeholders)
- Family Support (assisting those impacted by addiction)
- New projects to connect further into the community (mobile response)



# Specialty Drug Courts



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# How Can You Help?

- Provide resources to help the individual in need obtain long-term recovery within the community and/ or surrounding communities.
- Direct them to care and recovery support from the first interaction at the bench.
- Individuals are most ready to change near the time of the traumatic event that brought them to jail.
- Less time to be influenced by the jail house crowd.



# What Achieving Long-Term Recovery Looks Like

- Inpatient / Outpatient Treatment For Opioid Use Disorder
- MAT Services (Methadone, Suboxone, and Vivitrol)
- Transitional Housing/ Sober Living
- Recovery Support Services
- Counseling
- Maintaining Mental Health
- Staying Connected To The Recovery Community



## \$\$ Costs and Savings \$\$

- Typical cost of treatment is less than \$6,000 for the most intensive treatment track for 12-14 months.
- According to TDCJ, the cost of incarceration for a comparable period is between \$14,600 and \$17,000.
- Additional medical costs associated with the delivery of drug exposed babies are estimated to range approximately \$2,500 to \$25,000 per day.



# Positive Outcomes

- Developing a community-based system of care for individuals who suffer from opioid use disorder will and has shown to...
- Prevent Less Deaths
- Lower Incarceration Rates
- Decrease The Rates Of Children Placed In Foster Care
- Increase Productive Law Abiding Citizens In Our Community
- Promote Community Safety



# Harris County STAR Drug Court





**Eric Richardson**  
**RSS**



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# Importance of Peers

- Peer Recovery Support Specialists- Highly trained professionals
- Lived Experience of addiction and recovery
- Distinct from case management and treatment; non-clinical role
- Distinct from mutual aid support (i.e. 12 step groups)
- Provide links to professional treatment, health and social services, community resources
- Available outside of normal “business hours”



# Key Peer Tasks

- Peer Recovery Support Specialists
  - Help build recovery capital and facilitate recovery tools
  - Provide social support and help overcome obstacles
  - Make introductions to recovery support community
  - Connect to community resources
  - Facilitate informed decision making
  - Advocate and perform self-advocacy
  - Help navigate systems



# Relapse & Recovery Coach Rapport

- The vast majority of the individuals who experienced a relapse reached out to their recovery coach for assistance in returning to their recovery path (**77%**).
- Length of time between relapse and returning to the recovery path was within a month or less for **62%** of the respondents with only 15% taking 4 or more months.

Source: UT Addiction Research Institute RSS 2017 Final Evaluation Report



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# Recovery support services positively affects the recoveree's own process of recovery by:

- Coaching being a reminder of how they were in early recovery
- Provides a sense of purpose and giving back
- Emphasizes the importance of continually working on their own recovery and self-care
- Strengthens their own personal recovery capital
- Increases empathy for peers
- Enhances openness to different pathways to recovery other than 12 steps.

Source: UT Addiction Research Institute RSS 2018 Interim Process Evaluation Report



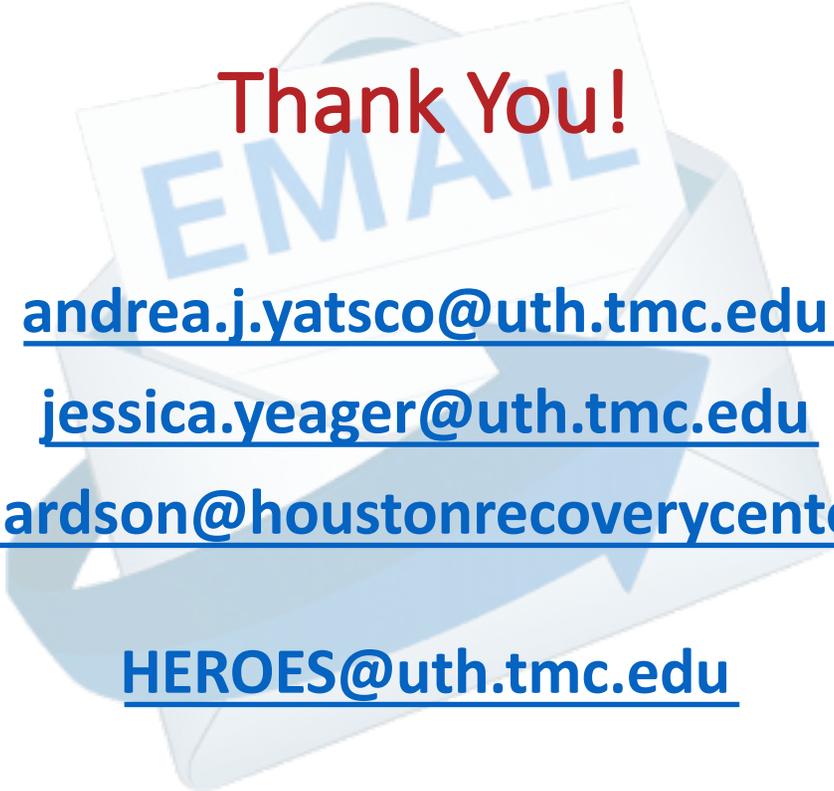
# Perspective from someone who lived it..

- Current HEROES Peer Recovery Support Specialist
- Graduate of HOPE Drug Court (Galveston County)
- Former HEROES Patient



**HOPE**  
**Galveston County Drug Court Program**  
*Helping Ourselves with Positive Efforts*





Thank You!

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