

Evaluation of a Multipronged Approach for OUD among Justice Involved Individuals – Overdose to Action (O2A)

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Project Snapshot

This pilot project in rural Northwest Arkansas funded by Overdose to Action (O2A) through Arkansas Department of Health aimed to support clients currently enrolled in treatment court by providing peer recovery services. While peer support is widely accepted as an evidence-based practice, more research is needed within the context of justice involved individuals with SUD and histories of trauma that are residing in a rural area. Improving outcomes for people that have substance use disorder and are justice involved living in rural areas is paramount for decreasing existing disparities. This project illustrated that ancillary services like recovery peer support services (which includes stigma-reducing, trauma-informed support and consistent connection to social service resources) can improve outcomes for justice-involved clients in the context of a diversion court setting.

The Peer Recovery Support Specialist received training in motivational interviewing, MOUD, and participated in ECHO model sessions for OUD. During the 18-month project period, a total of 2405 peer support contacts were made. Transportation, housing, support groups, and public assistance were among the most common referrals. Of the total referrals made, 31 (8.3%) referrals were for medical/behavioral health services including MOUD.

BACKGROUND

Despite having a similar need for services, people in rural areas have less access to the behavioral health continuum of care than people in urban areas. People in rural areas face barriers to care such as:

- ❖ Traveling long distances to see providers
- ❖ Increased stigma regarding SUD
- ❖ Lack of anonymity about receiving treatment.

Arkansas Department of Health funded Overdose to Action (O2A), a pilot project that enhanced a drug court model with co-located peer support in a rural setting. The O2A project provided peer recovery support services to improve outcomes for vulnerable populations accepted into adult drug court in rural Arkansas. The evaluation aimed to answer: **“Does providing ancillary peer support reduce health disparities and improve treatment outcomes beyond traditional treatment methods for drug court participants in rural settings at high risk for overdose?”**

METHODS

O2A participants were enrolled within two weeks of acceptance into adult treatment drug court and peer recovery support services were initiated. A battery of instruments including the Government Performance and Results Act (GPRA), Brief Symptom Inventory-18 (BSI), Adverse Childhood experiences Questionnaire (ACE), and a global health assessment including National Outcome Measures (NOMS) was collected at entry into the project and at six months post baseline. Data from base line (pretest) to 6-month follow-up (6m f/u, post test) were analyzed using descriptive analyses, chi-square tests and multivariate regression.

Referrals	Count
Transportation	140
Housing	35
Support Groups	55
Public Assistance	62
Medical/ Behavioral Health including MOUD	31
Contacts with Clients	
Face to Face	1169
Phone	605

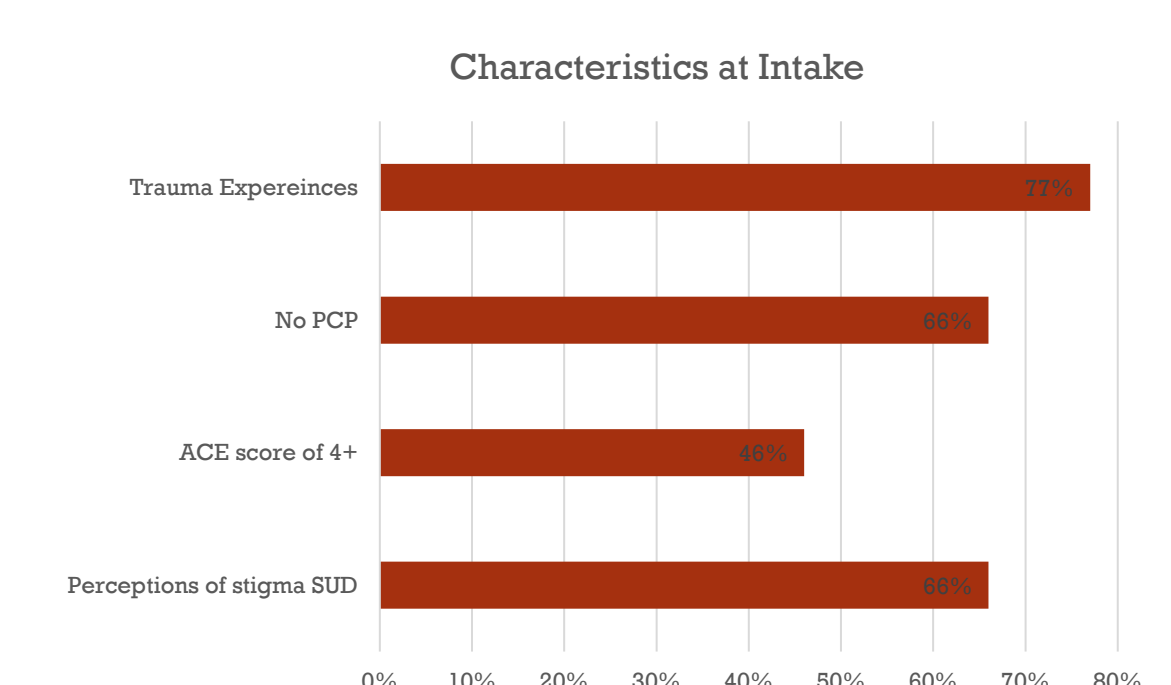


Photo Judge Christie Beaumont and RSS Amber Barrett

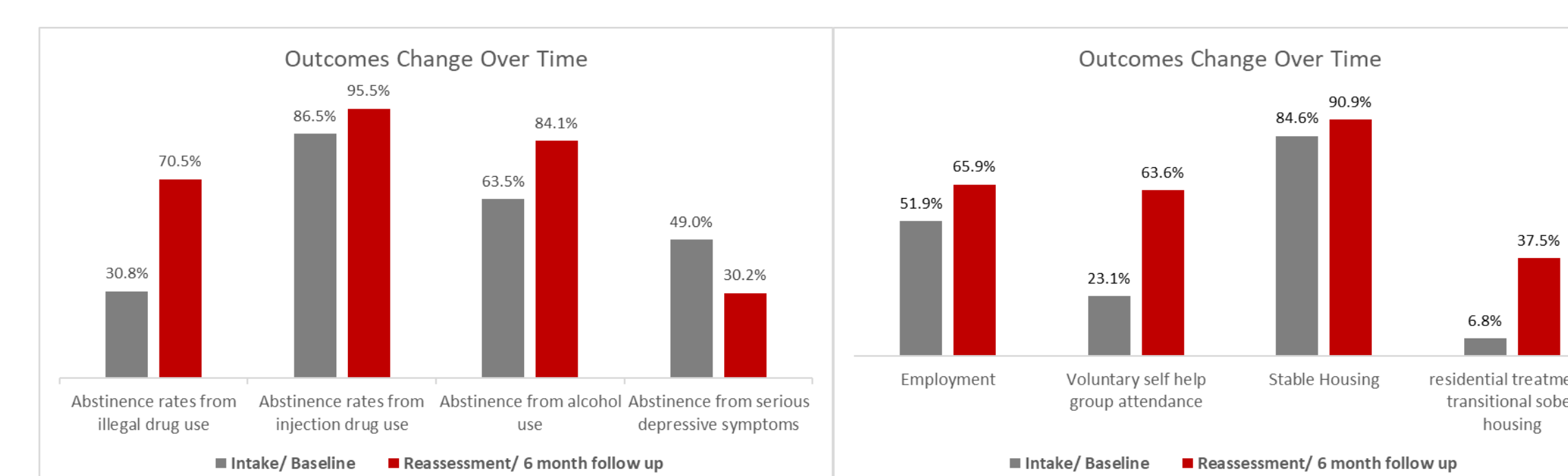
RESULTS

Fifty-Two participants enrolled in the project and 44 individuals completed a six-month follow-up interview (84.6% 6m f/u rate).

Characteristic	Percentage
Gender	
Male	53.8%
Female	46.2%
Race	
Hispanic/Latino	3.8%
African-American	2.0%
Caucasian	91.8%
American Indian	2.0%
Biracial	4.1%
Age	
18-24	21.2%
25-34	36.5%
35-44	25.0%
45-54	11.5%
55-64	5.8%
Education	
High school diploma or greater	66.7%
Parenting	
Have children	75.0%
Children living with someone else due to child protection court order	35.9%



Abstinence rates from illegal drug use improved from 30.8% to 70.5% by 6m f/u. Past 30-day injection drug use dropped from 13.5% to 4.5%. Alcohol use improved from 36.9% to 15.9%. Unemployment fell from 32.7% to 15.9%. Voluntary self-help group attendance increased from 23.1% to 63.6% at 6m f/u. Rates of “couch surfing” decreased from 54.5% to 32.5%. Being in residential treatment or transitional living environments increased from 6.8% to 37.5% from baseline-6m f/u.



Serious depressive symptoms fell from 51.0% to 30.2%. Trauma symptoms and anxiety slightly decreased but not at a statistically significant level ($p = 0.15$). Reports at the 6m f/u interview were overwhelmingly positive. Many gave personal statements regarding how the peer support aided in their successful achievement of treatment plan goals. When rating the program, 95.2% of participants indicated they were satisfied with the program.

CONCLUSIONS

This pre to post design pilot study provides promising evidence that incorporating individual peer support as an enhancement to traditional drug court models can mediate outcomes for those living in the most underserved rural areas. Expected Outcomes:

- ❖ Improve Peer comfortability in referring for medication assisted treatment (MAT) and Medication for Opioid Use Disorder (MOUD)
- ❖ Improve participants' comfortability with accessing MAT or MOUD services
- ❖ Increased Recovery Capital and Improved Outcomes (SAMHSA National Outcome Measures)

Additional research regarding the recommended dose of intervention necessary to impact outcomes in rural drug court participants with histories of trauma would inform best practices for this population using these interventions. Limitations to this study include a lack of “drug court as usual” comparison group, and additional outcome data collection beyond the six-month follow-up.

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