

Pathways to Recovery Madison and Dane County



Preliminary Evaluation Report

April 2022

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SCHOOL OF MEDICINE AND PUBLIC HEALTH

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Preliminary Evaluation Report

Executive Summary

APRIL 2022

Pathways to Recovery Madison and Dane County is funded by a three-year grant from the Bureau of Justice Assistance (operating from October 1, 2019-September 30, 2022). The City of Madison Police Department (MPD) applied for BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program to address the impacts of illicit opioid and prescription drug abuse in the City of Madison and larger Dane County. Illicit opioid and prescription drug abuse has significantly impacted City of Madison and Dane County residents and has only worsened with the impacts of the COVID-19 pandemic.

MPD staff have worked closely with staff from partner agencies (below) to implement two initiatives that seek to connect individuals experiencing opioid and prescription drug abuse with services, with the larger goal of diverting individuals from arrest and further criminal justice system involvement. Significant staff time from staff at multiple levels within each partner agency has been devoted to developing these models in response to local conditions.

1. **The Madison Area Addiction Recovery Initiative (MAARI)** is one of a few pre-arrest diversion programs in Wisconsin, and it serves individuals who overdose or who commit low-level, nonviolent offenses that are addiction-related. MAARI offers referral to medication-assisted and behavioral health treatment and recovery coaching as an alternative to criminal charging. Citations are written prior to MAARI referral, but no charges are filed if the participant meets program requirements. MAARI began on September 1, 2020, and it builds on the Madison Addiction Recovery Initiative which was implemented from September 1, 2017-August 31, 2020.
2. **The Addiction Resource Team (ART)** includes an Addiction Resource Officer, Community Paramedic, and Certified Peer Support Specialists who follow up with individuals who have experienced an overdose or other substance abuse related police call. At times, the team is also available to respond to active emergency calls involving an overdose. The ART distributes Naloxone and offers referrals and warm-handoffs (personal connections) to an array of harm reduction and treatment services. The ART began in April 2021, and it is the first multidisciplinary team responding to overdoses in the state of Wisconsin.

Pathways to Recovery Madison & Dane County is a partnership between:

- City of Madison Fire Department
- City of Madison Police Department
- Dane County Department of Human Services
- Public Health Madison & Dane County
- Safe Communities of Madison & Dane County
- Tellurian Treatment Readiness Center



Preliminary evaluation results for MAARI show (from September 1, 2020-February 28, 2022):

- 101 individuals have been referred to MAARI via MPD Officers and Dane County Sheriff's Deputies.
- 28 eligible referrals have been admitted to MAARI.
 - The majority of admissions have been white males, age 25-34.
- The majority of participants served by MAARI were referred on Felony charges of possessing Heroin, Narcotics, or other controlled substances.
- The vast majority of MAARI participants had experienced 1-8 Adverse Childhood Experiences prior to admission and had a suspected or diagnosed mental health disorder with symptoms at admission to MAARI.
- Initial MAARI outcomes are trending in a positive direction, though numbers are low:
 - There were 19 MAARI discharges; 63% successfully completed MAARI (avoiding filing of criminal charges and further criminal justice processing).
 - Three of five MAARI completers who have been discharged from MAARI for at least six months were not arrested or cited after participating in MAARI.

Preliminary evaluation results for the ART show (from April 28, 2021-February 28, 2022):

- 267 individuals have been referred to ART via substance use related calls or self referrals.
 - Most referrals have been white males, age 25-34.
- The ART attempted 204 visits or calls to eligible referrals. 75% of eligible referrals had visits or calls attempted for them.
 - 63% of visits resulted in person contact with the intended referral/contact or collateral contact(s). 92% of attempts where person contact was made were considered "successful" attempts.
 - 91 doses of naloxone were distributed to contacts and collateral contacts (who received training on administering Naloxone)
 - 266 verbal recommendations were given to 72 contacts and 89 collateral contacts.
 - Six warm handoffs were completed with referrals.
- Initial ART outcomes are trending in a positive direction:
 - Five referrals enrolled in recovery coaching services with Safe Communities.
 - Only 10% of referrals have been re-referred to the ART for subsequent overdoses.

Recommendations:

Analyses included in this report summarize the initial implementation of MAARI and the ART, through February 2022. While initial outcomes are trending in a positive direction, more time is needed to know the full impact of these initiatives. More time will also allow sample sizes to increase for more in-depth analyses of trends and outcomes. As of this report, UWPHI Evaluators recommend:

1. Continue serving individuals in MAARI and the ART through the end of the current grant period.
2. Continue data collection and documentation processes, using results for ongoing review of operations, identifying opportunities for program improvement, and for a future, more comprehensive summary of trends and outcomes.
3. Given the initial positive trends in this report, partner agencies should seek options for sustaining the positions funded by the grant beyond the grant period.
4. Continue partnerships among the partner entities involved in MAARI and the ART. Each entity brings valuable perspectives and experiences to this work.
5. Given the positive trends in this report, partner agencies should consider expanding MAARI referral sources and devoting additional staff time to this work.

See the full Preliminary Evaluation Report for more information.



Pathways to Recovery Madison and Dane County is a collaboration between:



Public Health Madison &
Dane County



Safe Communities of
Madison and Dane County



City of Madison
Police Department



City of Madison
Fire Department

Tellurian Treatment
Readiness Center



Dane County Department
of Human Services



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Introduction & Background

Pathways to Recovery Madison and Dane County is funded by a three-year grant from the Bureau of Justice Assistance (BJA) operating from October 1, 2019-September 30, 2022. The City of Madison Police Department (MPD) applied for BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) to address the impacts of illicit opioid and prescription drug abuse in the City of Madison and larger Dane County. Data from the Dane County Emergency Medical Services (EMS) showed that Dane County EMS completed 501 runs to individuals experiencing suspected opioid overdoses in 2018. Data from the Wisconsin Department of Health Services (DHS) also showed that opioid-related hospital discharges in Dane County increased 73% between 2005-2017.

Since the COSSAP grant was received in October 2019, and with the impacts of the COVID-19 pandemic, abuse of illicit opioids and prescription drugs in Madison and Dane County has increased. Dane County EMS data shows that 1,839 individuals experienced a non-fatal overdose in Dane County between April 1, 2020 and December 31, 2021 (this is likely a duplicated count with individuals experiencing multiple overdoses over time). Additionally, data from DHS shows Dane County had the highest number of emergency room visits for opioid overdoses in 2020, compared to the number per year from 2007-2019.

MPD collaborates closely with staff from the City of Madison Fire Department, Dane County Department of Human Services, Safe Communities of Madison and Dane County, Public Health Madison & Dane County, and Tellurian Treatment Readiness Center to implement two initiatives that seek to connect individuals experiencing opioid and prescription drug abuse with services, with the larger goal of diverting individuals from arrest and further criminal justice system involvement.

1. **The Madison Area Addiction Recovery Initiative (MAARI)** is a pre-arrest diversion program for individuals who overdose or who commit low-level, nonviolent offenses that are addiction-related. MAARI offers referral to medication-assisted and behavioral health treatment and recovery coaching as an alternative to criminal charging. Citations are written prior to MAARI referral, but no charges are filed if the participant meets program requirements. MAARI began on September 1, 2020, and it builds on the Madison Addiction Recovery Initiative (MARI) which was implemented from September 1, 2017-August 31, 2020.
2. **The Addiction Resource Team (ART)** includes an Addiction Resource Officer, Community Paramedic, and Certified Peer Support Specialists who follow-up with individuals who have experienced an overdose or other substance abuse related police call. At times, the team is also available to respond to active emergency calls involving an overdose. The ART distributes Naloxone and offers referrals and warm-handoffs (personal connections) to an array of harm reduction and treatment services. The ART began in April 2021, and it is the first multidisciplinary team responding to overdoses in the state of Wisconsin.

Development and implementation of the MAARI and ART models has required significant staff time at multiple levels in each of the partner agencies. These models are based on program models implemented across the nation. Thoughtful collaboration among the partner agencies has allowed these models to be adapted and implemented according to the needs of Madison and Dane County. Collaboration and devotion of staff time among the partner agencies has also allowed for developing and implementing comprehensive models informed by multiple viewpoints and areas of expertise.

Evaluators at the University of Wisconsin Population Health Institute (UWPHI) have been contracted to perform comprehensive evaluation of the models.



Madison Area Addiction Recovery Initiative (MAARI)

MAARI Information & Process

MAARI is one of a few pre-arrest diversion programs operating in Wisconsin and is an early adaptation of pre-arrest diversion programs operating across the nation. MAARI is a tool used by MPD and the Dane County Sheriff's Office (DCSO) to offer individuals they encounter diversion from arrest, charging, and further criminal justice system involvement. While citations are written prior to MAARI referral, no charges are filed if the individual successfully completes MAARI. Individuals eligible for MAARI are Dane County residents who have committed non-violent, low-level crime that is connected to their addiction. Other options for pre-arrest diversion for this population does not exist in the area. MAARI builds on MPD's innovative MARI program, and it expands the local partnerships and accessibility to eligible individuals outside of the City of Madison, but within the broader Dane County area.

The operation of MAARI includes several local partnerships outlined below. MPD collaborated closely with these partners to develop MAARI based on lessons learned from the previous iteration of MARI.

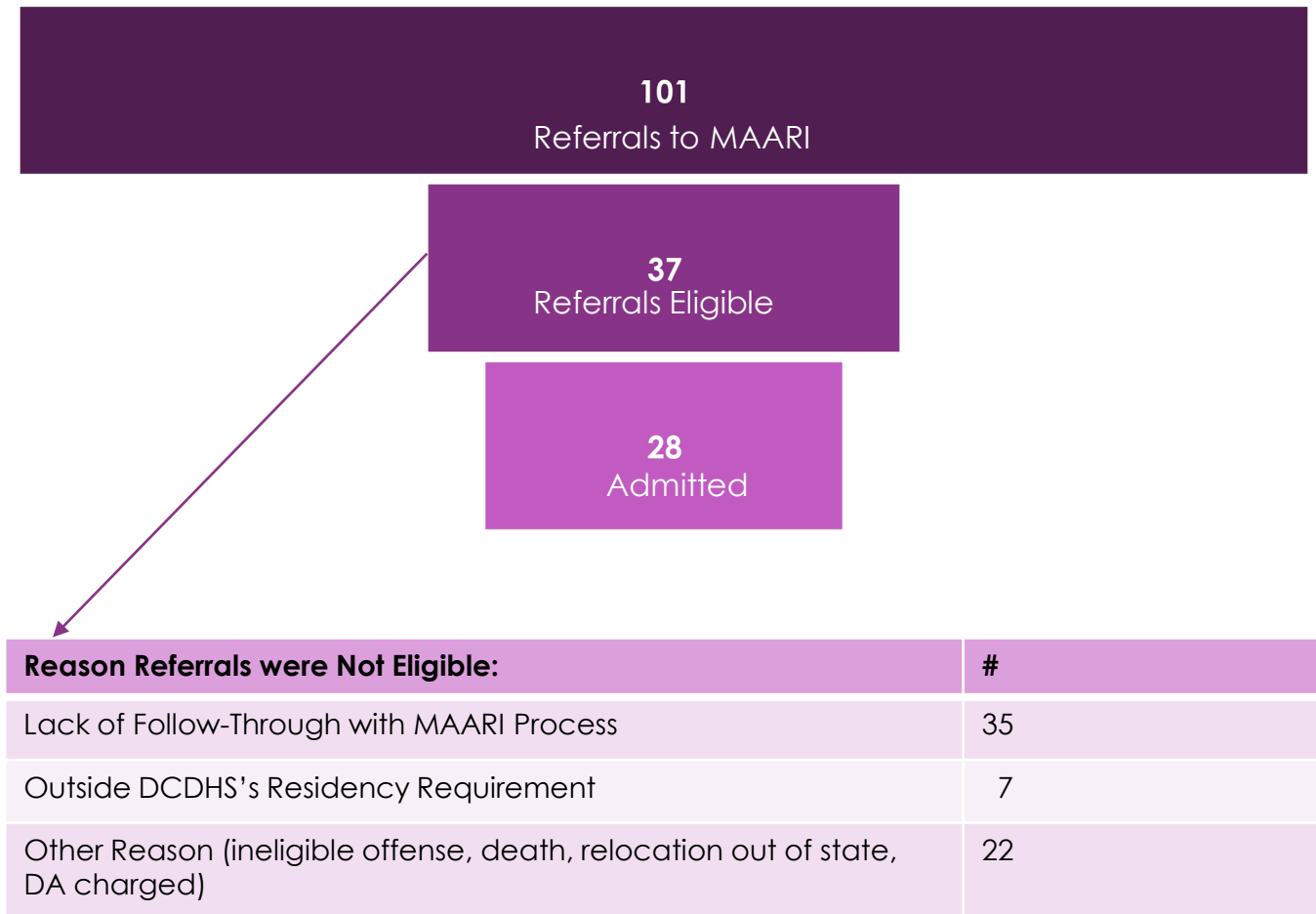
- MPD Officers and DCSO Deputies refer eligible individuals to MAARI via MPD's Addiction Resource Officer (ARO).
- MPD's ARO confirms initial eligibility for MAARI and shares referral information with staff at the Dane County Department of Human Services (DCDHS).
- DCDHS staff work closely with staff at Tellurian's Treatment Readiness Center to further confirm MAARI eligibility via an initial screening and assessment.
- Upon completion of the assessment, individuals are referred to treatment based on individual needs identified during the assessment process. Individuals are also paired with recovery coaches employed by Safe Communities.
- MPD's ARO, staff at DCDHS and Tellurian, and Safe Communities recovery coaches maintain close contact with MAARI participants and treatment providers throughout their participation in MAARI.
- Upon six months of compliance with recovery coaching and treatment, participants are eligible to successfully complete MAARI and criminal charges are not filed.

A summary of MAARI's process is outlined below.

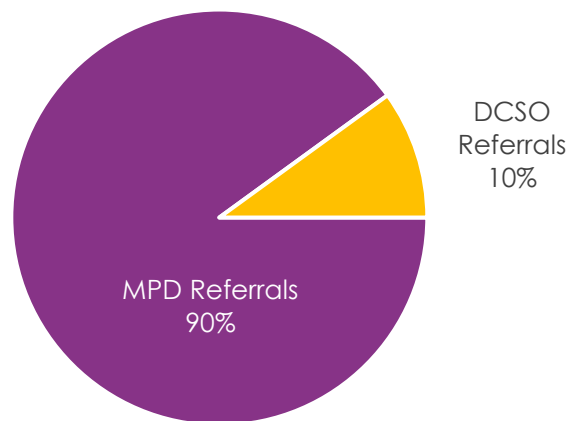


Overall MAARI Numbers

The information below includes all MAARI data collected between MAARI implementation (September 1, 2020) and February 28, 2022.



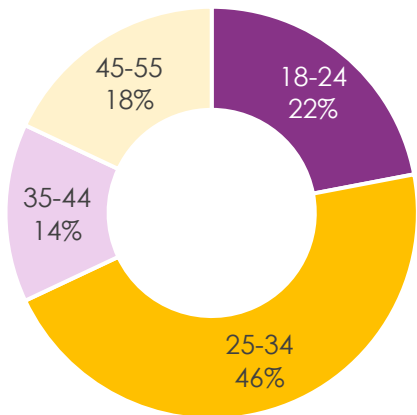
MPD Officers made 90% of MAARI referrals.



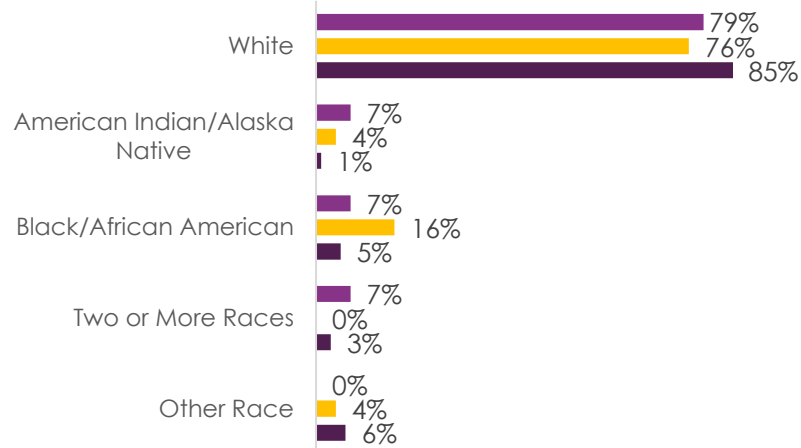
MAARI Participant Characteristics

The information below includes data collected for the 28 MAARI participants admitted between MAARI implementation (September 1, 2020) and February 28, 2022.

Nearly half (46%) of participants were 25-34 years old at admission.
The average age at admission was 33.

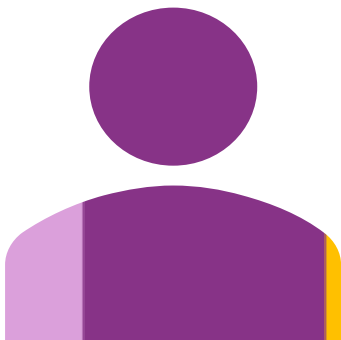


Most participants identified as white.
Comparisons to overall MAARI referrals and Dane County 2021 U.S. Census estimates are shown for context. *



*Note: Race information is gathered differently across sources (via self-report vs. estimates vs. driver's license information).

One-quarter (25%) of participants identified as female, 71% as male, and 4% as transgender.



Participant Ethnicity

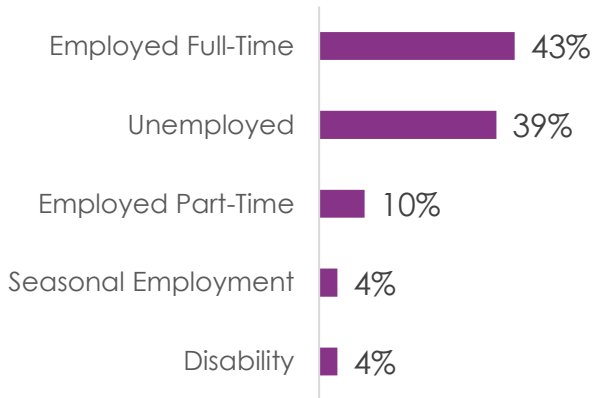
4% of participants identified as being of Hispanic/Latinx/Spanish Origin



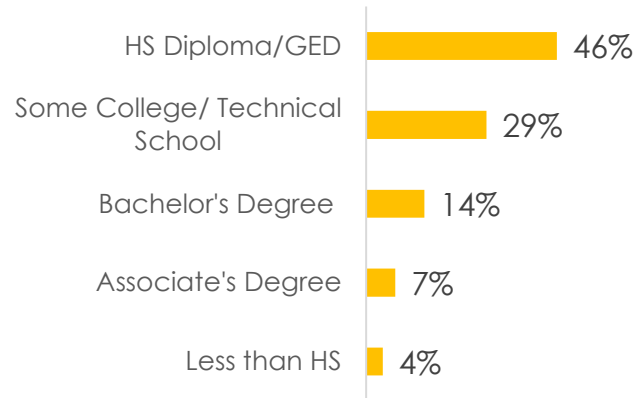
MAARI Participant Characteristics (Continued)

The information below includes data collected for the 28 MAARI participants admitted between MAARI implementation (September 1, 2020) and February 28, 2022.

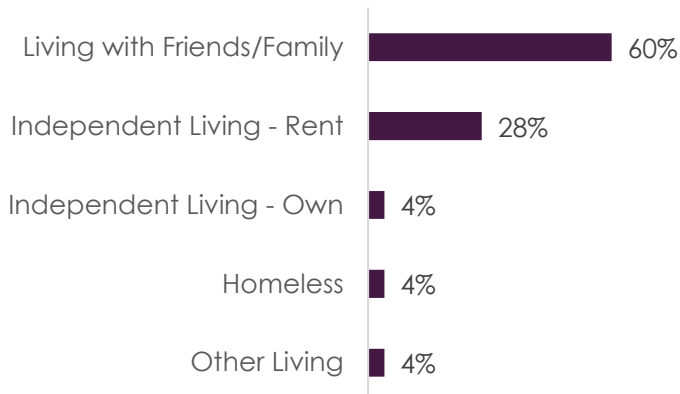
Most participants (57%) had some form employment at admission.



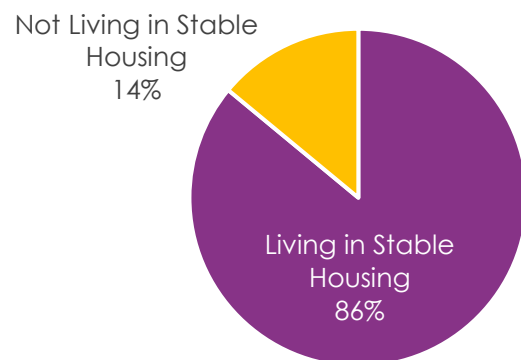
Nearly all participants (96%) had at least a high school diploma/ equivalent at admission.



Most participants (60%) were living with friends/family at admission. *

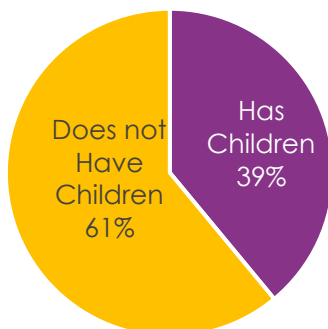


Most participants (86%) were living in stable housing at admission. *

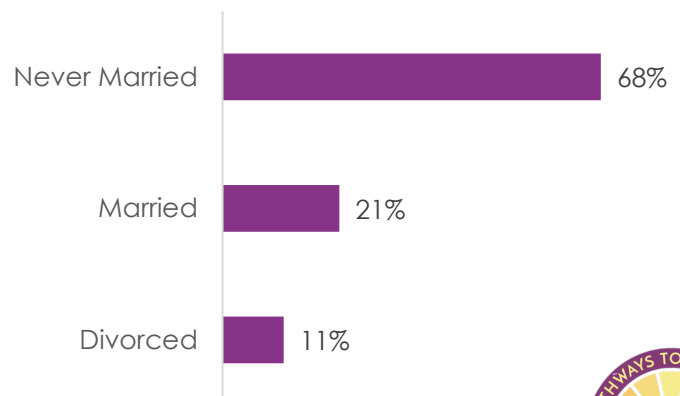


*Note: Individuals are ineligible for MAARI if they do not meet DCDHS's definition of residency in Dane County.

Most participants (61%) did not have children at admission.



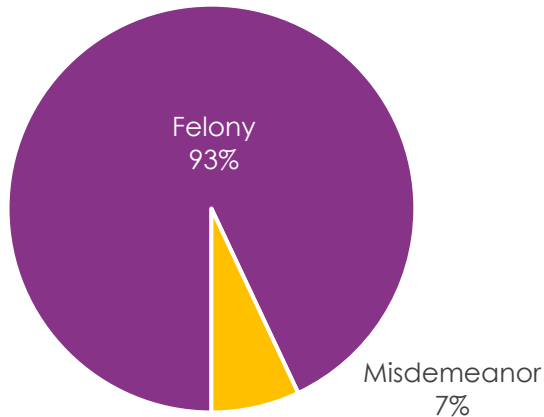
Most participants (68%) were never married at admission.



MAARI Participant Offense & Criminal Risk at Admission

The information below includes data collected for the 28 MAARI participants admitted between MAARI implementation (September 1, 2020) and February 28, 2022.

Most participants (93%) were referred on felony charges.



Over half of participants (57%) were referred for possessing Heroin.

Offense Description	%
Possess Heroin	57%
Possess Narcotics/Other Schedule Drugs	12%
Possess Controlled Substance	11%
Possess Cocaine/ Cocaine Base	8%
Possess Heroin, Possess Drug Paraphernalia	4%
Acquire Controlled Substance by Fraud	4%
Misdemeanor Retail Theft	4%

Criminal Risk Level

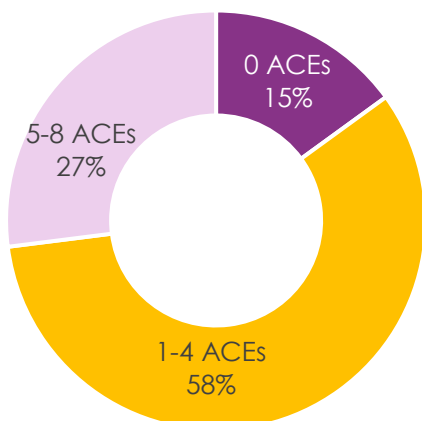
54% of participants had a low risk of reoffending according to the Proxy Risk Assessment tool.

MAARI Participant Mental Health & Trauma at Admission

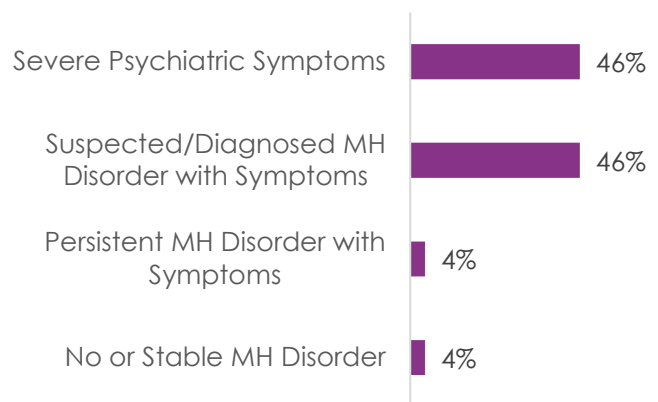
The information below includes data collected for 27 of the 28 MAARI participants admitted between MAARI implementation (September 1, 2020) and February 28, 2022. Assessment information for one individual admitted to MAARI in February 2022 was not received prior to completion of this report.

Most (85%) participants had experienced at least one Adverse Childhood Experience (ACE).

The average number of ACEs experienced by participants prior to admission was 3.1.



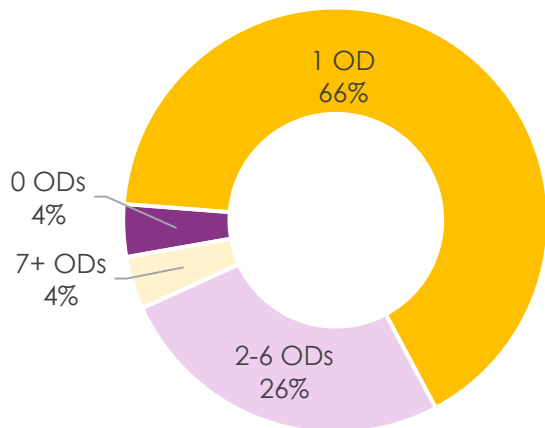
Nearly all (96%) MAARI participants had suspected or diagnosed mental health disorders with symptoms at admission.



MAARI Participant Substance Use at Admission

The information below includes data collected for 27 of the 28 MAARI participants admitted between MAARI implementation (September 1, 2020) and February 28, 2022. Assessment information for one individual admitted to MAARI in February 2022 was not received prior to completion of this report.

Nearly two-thirds (66%) of participants overdosed once prior to admission. The average number of overdoses before admission was 1.9.



Most participants (70%) said Heroin was their primary drug of choice at admission.

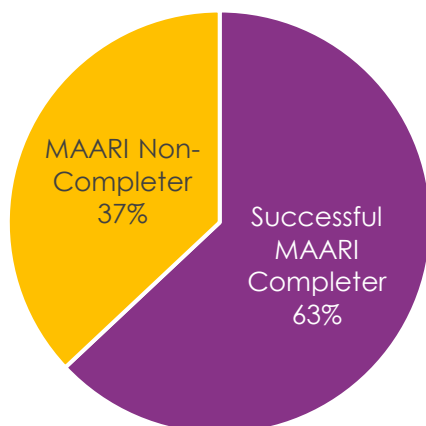
Primary Drug of Choice	%
Heroin	70%
Opiates/Opioids (non-Heroin)	15%
Cocaine	7%
Benzodiazepines	4%
Alcohol	4%

82% of participants reported having more than one drug of choice at admission.

MAARI Participant Completion Rate & Recidivism Outcomes

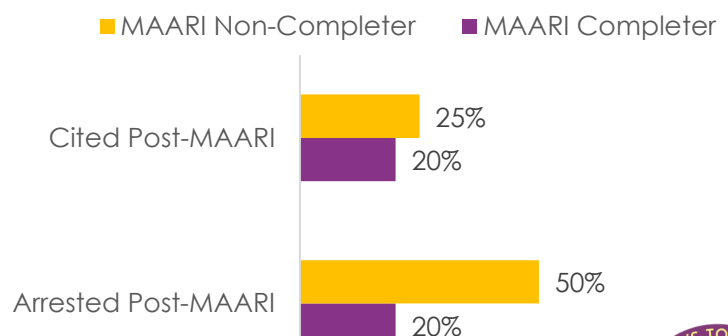
The information below includes data collected for the 19 MAARI participants admitted and discharged from MAARI between MAARI implementation (September 1, 2020) and February 28, 2022.

19 individuals were discharged from MAARI; nearly two-thirds (63%) successfully completed MAARI.



Nine participants were discharged from MAARI for at least six months as of February 28, 2022: five MAARI completers and four MAARI non-completers.

Three of five **MAARI Completers** were not arrested or cited after MAARI. Two of four **MAARI Non-Completers** were not arrested or cited after MAARI.



MAARI Participant Success Stories

A 22-year-old male was referred to MAARI for a misdemeanor possession of Schedule II Narcotics. He reported using Opioids and alcohol at admission and he had suffered an overdose just before his MAARI referral. Within weeks of his overdose, he was connected with a peer recovery coach and referred to outpatient treatment. Throughout his time in MAARI, he reported that he was doing well, and he was actively engaged in his recovery process. He successfully completed MAARI.

A 32-year-old male was referred to MAARI for a misdemeanor possession of controlled substances. He reported using Heroin and alcohol at admission, he suffered from untreated mental health issues, and he had suffered an overdose just before his MAARI referral. Within two weeks of his overdose, he was connected with a peer recovery coach and referred to outpatient treatment. Throughout his time in MAARI, he reported that he was doing well, and he was actively engaged in his recovery process. He successfully completed MAARI.

Naloxone Distribution via MAARI

Certified Peer Specialists and MPD's Addiction Resource Officer distribute Naloxone to MAARI participants and their supports and provide education about Naloxone use. As of February 28, 2022:

$$\begin{array}{ccccc} 22 & + & 4 & = & 26 \\ \text{doses of Naloxone} & & \text{doses of Naloxone} & & \text{Total doses of Naloxone} \\ \text{distributed to MAARI} & & \text{distributed to} & & \text{distributed via MAARI} \\ \text{participants} & & \text{supports of MAARI} & & \text{through February 28, 2022} \\ & & \text{participants} & & \end{array}$$



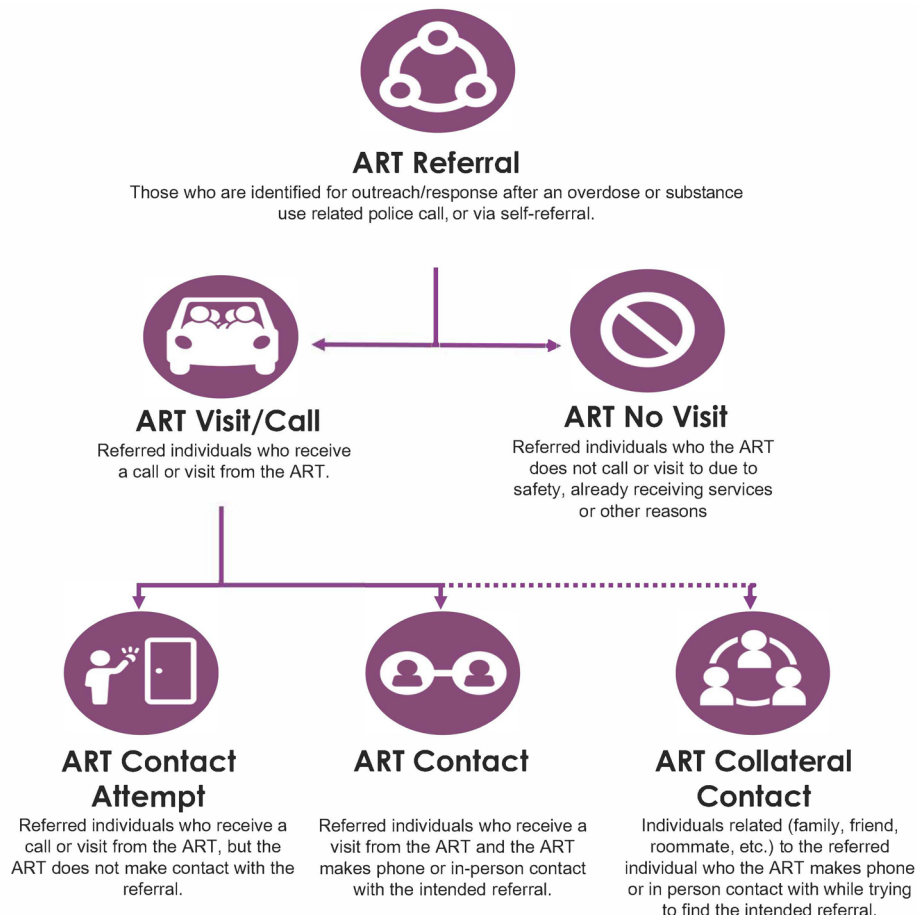
Addiction Resource Team (ART)

ART Information & Process

The Addiction Resource Team (ART) provides outreach to individuals who have experienced an overdose or had police contact for a substance use related incident; it can also respond to individuals who self-refer. Outreach is conducted after an overdose has occurred in the community and after substance use related calls to MPD. When the team is available, they are also able to respond at the time of active overdose calls. The ART seeks to connect individuals who experience substance use disorders and their families/supports to services as Active Outreach and Officer Prevention methods.

The ART includes an MPD Addiction Resource Officer (ARO), MFD Community Paramedic, and a Safe Communities Certified Peer Specialist. Several Certified Peer Specialists rotate to accompany the ARO and the Community Paramedic on outreach visits (learn more about the team members on Page 9). The ART currently operates on a Monday-Friday, 12-8pm schedule.

The ART is the first multidisciplinary team of its kind responding to overdoses in the state of Wisconsin. Having a person-centered approach is a foundation of the ART, as well as offering individualized resources to those who need them. The team offers a wide array of service referrals including peer support, behavioral health, and harm reduction. While the team is based on other Quick Response Team models, the ART has been uniquely created and adapted to respond to the local conditions, operation procedures, and resources available. Partners from MPD, MFD, and Safe Communities collaborated closely to develop processes and protocols for the ART based on current best practices, lived experiences, and lateral learning done with other Quick Response Teams across the nation. The ART process is as follows:



Meet the Members of the ART



Elicia Casey, Certified Peer Support Specialist

My name is Elicia Casey, and I am a Certified Peer Support Specialist at Safe Communities and a member of the Addiction Resource Team. I spent the majority of my 20s battling my addiction. It brought me to a dark and lonely place, full of hopelessness and despair. When I was ready to accept help, I was provided with an array of resources and support. I struggled in and out of various treatment programs for a few years before I sustained any consecutive amount of time. Relapse is not everyone's story, but it is a part of mine. However, because of my support systems, I started believing in myself and in my recovery. Today, I am grateful to be able to say I haven't found it necessary to use a substance in over 5 years. In addition to the ART, I am currently pursuing my bachelor's degree in Community and Nonprofit Leadership with a focus on Criminal Justice. Peer support is a crucial tool in our community because it has the power to inspire and provide hope that recovery is possible. I have a passion for helping others in active addiction find their journey to recovery, as I did. The ART helps those people explore what recovery options are available to them and provides a safe space for them to talk about their challenges. If it wasn't for community resources and other peers in recovery, I don't think I would be alive today. I am blessed beyond measure, and it has been an honor to work alongside such compassionate and caring people.



Officer Tom Coyne, Addiction Resource Officer

My name is Tom Coyne, and I am the full-time Addiction Resource Officer. I serve as one of three members on the multidisciplinary Addiction Resource Team. I started with MPD in 2013 and I was a neighborhood officer in the South district, and a patrol officer for a number of years before competing for the ARO position. I am honored to be part of the Pathways to Recovery Grant Initiative. I believe it aligns directly with the Madison Police Department's Core Values of; Human Dignity, Community Partnership, and Continuous Improvement. This initiative provides an avenue for MPD to partner with other agencies in supporting community members on a journey to recovery. The purpose behind the Addiction Resource Team's work reflects the individual team members' and department's desire to "lift up" community members to acknowledge their value and belonging. Outside of work, I love to play hockey, work with my horses, and wrangle my two small children.



Lana Hamilton, Certified Peer Support Specialist



My name is Lana Hamilton, and I am a Peer Support on our Addiction Resource Team. I add lived experience of my struggles with addiction and what happened to bring about change. I am a woman in long-term recovery from heroin and cocaine use lasting for over 25 years. I tried treatment programs many times, but I always ended up with the same result of using every day. I never would have believed I would end up homeless and unemployable with no contact with my children and family. My path of recovery began with Drug Court after a series of overdoses in public places. I began Drug Court and was treated as a woman with a disease instead of a criminal. So, I advocate for ending stigma and using harm reduction along with making Narcan accessible. We cannot help anyone who is dead. Today I am employed as a Recovery Coach/Certified Peer Specialist/Doula at Safe Communities. I support people in Drug Court, Jail, and Emergency Rooms. I support women with substance use disorders through their pregnancy and during the birth of their child. What an honor and privilege. I enjoy relationships with my children and family. I am able to support myself and my two kittens, being a pet owner for the first time. I enjoy going to the gym, biking, traveling, and much more. I am living and enjoying life. I meet with a room of supportive people often and gain support for my work weekly at Safe Communities.



Sergeant Meg Hamilton, Community Outreach and Resource Education (CORE) Sergeant

My name is Meg Hamilton, and I am the Sergeant of Madison Police Department's Community Outreach Unit and oversee the Pathways to Recovery Addiction Resource Team. I have been instrumental in the Pathways to Recovery rollout at MPD, and directly supervise the Addiction Resource Officer. I have been with MPD for 15 years. Substance use disorder affects people across walks of life, including those of us in law enforcement. I lost my only sister last year, in 2021, to substance use disorder. Her name was Amanda. I am grateful to take part in this multidisciplinary effort to offer people hope, human connection and recovery resources – if and when they are ready.





Michelle Haumschild, Certified Peer Support Specialist

My name is Michelle Haumschild. I am a person in long-term recovery from a substance use disorder and alcohol use disorder. I am also a survivor of an overdose. I am married with two children and two dogs. I am a peer support specialist who works with members of the MAARI pre-arrest diversion program and the ART. I am interested and love this work because I have been where the peers are at that come into this program. I want to show people that there is a different way of life, and that recovery is possible. I also want to send the message that recovery is not linear and that you can choose your recovery pathway, and I will support you and walk alongside you.



Seth Sanders, Community Paramedic

My name is Seth Sanders and I have worked as an Emergent Response Paramedic for 12 years and worked in Emergency Departments in Madison for 10 years. My interest has always been being of service to people at their times of immediate and lasting medical needs. I speak of being a Community Paramedic as a vocation, and my ambition and vigor to provide opportunities for an improved, healthier life for all. When not engaged in Community Paramedic work, I enjoy classic oil paintings, visiting museums and national parks, and being with my two rescue cats.



Overall ART Numbers

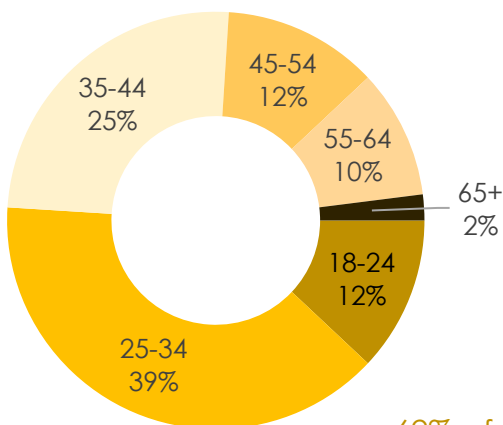
The information below includes all ART data collected between ART implementation (April 28, 2021) and February 28, 2022. Please note that counts are duplicated, meaning individuals referred or visited more than once are double counted. Successful visits mean that the encounter resulted in productive conversations with referred individuals/collateral contacts and/or resources were distributed, services were recommended, or a warm-handoff to services was completed.



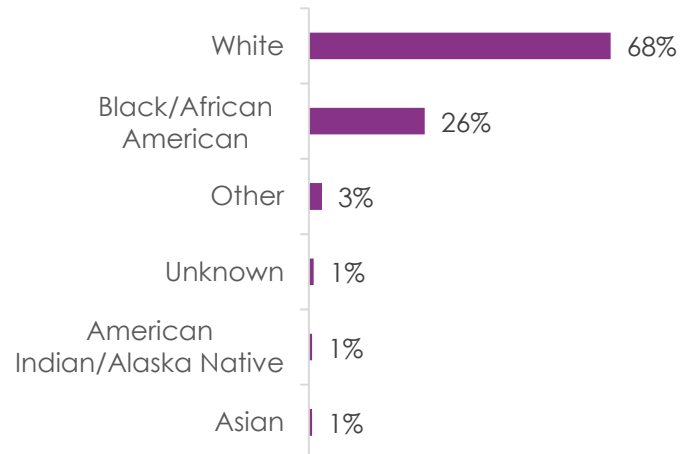
ART Referral Characteristics

The information below includes all ART referrals from ART implementation (April 28, 2021) through February 28, 2022. There were 267 referrals made during this timeframe.

Most referrals (64%) were between the ages of 25-44. The average age at referral was 37.



Over two-thirds (68%) of referrals were white.



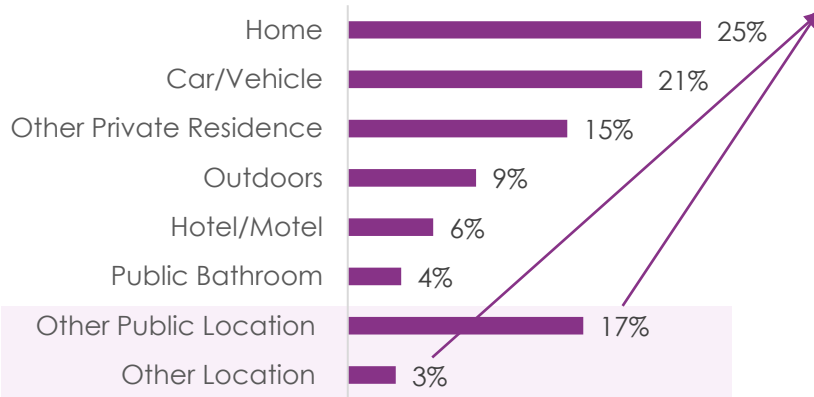
62% of referrals were male, 38% were female.



ART Referral Overdose Information

Of the 267 referrals, 265 were referred to the ART due to an overdose or other emergency services call via police or fire. The ART responded to seven (2%) overdose situations that were active call/field responses. Circumstances of the overdoses leading to ART referral are summarized below.

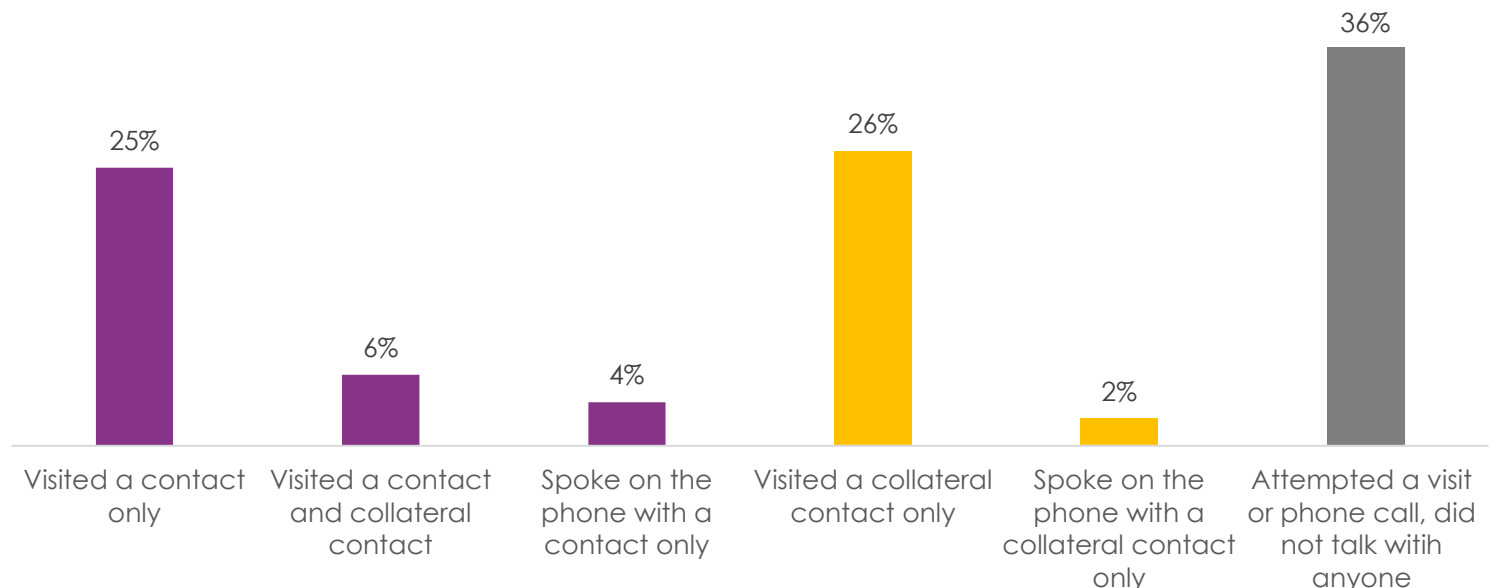
Nearly half of the overdoses (46%) took place at home or in a car/vehicle.



Other Public Location/ Other Location Types	Count
Restaurant	23%
Store	17%
Homeless Shelter/ Encampment	15%
Street/Parking Lot	15%
Gas Station	9%
Health Center	8%
Unknown	8%
Work	4%
Other Business	2%

ART Visits & Outcomes

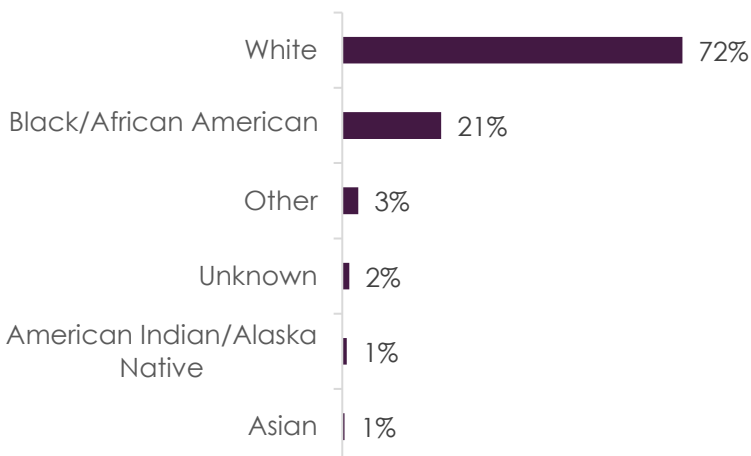
From April 2021-February 2022, the Addiction Resource Team made 204 visit attempts (in-person visits or phone calls) to referrals. 72 visits (35%) resulted in talking with the intended contact. 59 visits (28%) resulted in speaking with a collateral contact only. 73 (36%) of visits were attempts only where no interaction with a contact or collateral contact occurred.



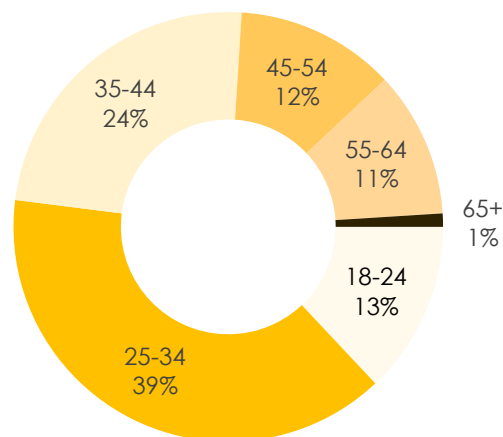
ART Referrals Visited Characteristics

From April 2021-February 2022, the Addiction Resource Team made 204 visit attempts (in-person visits or phone calls) to referrals. The demographic breakdown of individuals visited are similar to the demographics of referrals.

More than 70% of visit attempts were to white individuals.



The majority (63%) of visit attempts were to individuals between the ages of 25-44.

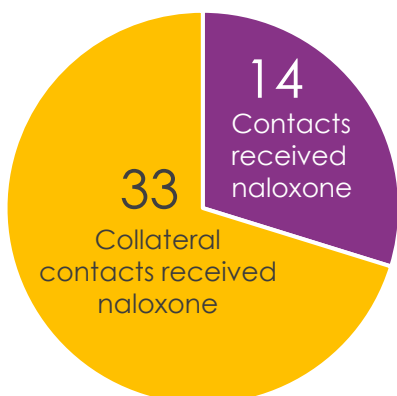


60% of visit attempts were made to males, 40% were to females.



ART Resource Distribution

The Addiction Resource Team offers naloxone and harm reduction kits (clean syringes, cotton balls, alcohol wipes, tourniquets, and a cooking receptacle) to contacts and collateral contacts. Below summarizes distribution from ART implementation to February 28, 2022.



91

Doses of naloxone distributed to individuals during ART visits.

46

Visits included distribution of naloxone and education on naloxone administration.

1

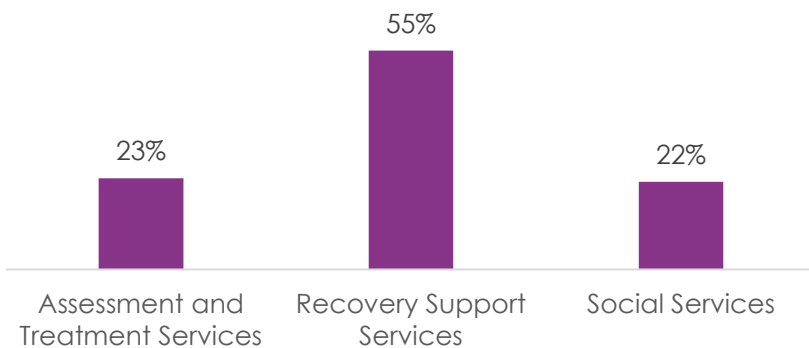
Harm reduction kit has been distributed.



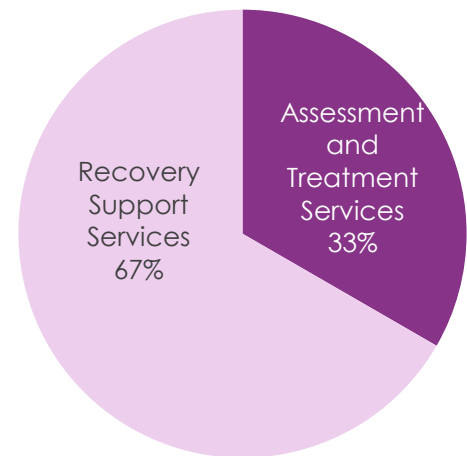
ART Referrals Met & Referrals to Services

From April 2021-February 2022, the Addiction Resource Team made contact (in-person or via phone) with 72 contacts and 89 collateral contacts. This includes a total of 161 people during 131 visits. Of the 131 visits, 121 (60% of total attempts, 92% of attempts where person contact occurred) were considered successful. Of the visits with contacts, 64 were defined as successful visits. Five ART referrals (out of 63 individuals – 8%) who received a verbal recommendation or warm-handoff to Safe Communities have since enrolled in Peer Support Recovery Coaching. 28 (10%) referrals have been referred to the ART more than once due to additional overdoses or events occurring after their initial referral. Of the visits with collateral contacts, 70 were considered successful.

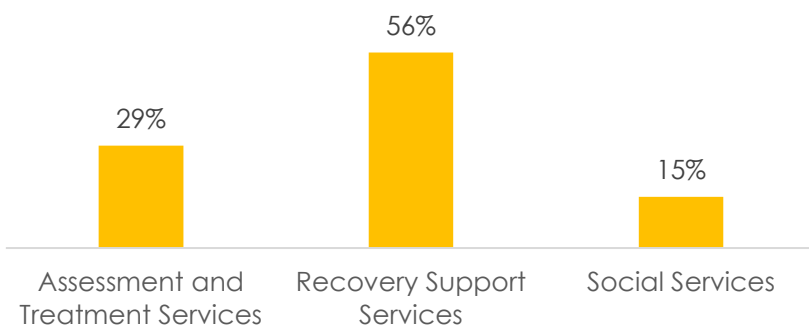
109 verbal recommendations were given to 72 contacts.



6 warm handoffs to services were done with contacts.



157 verbal recommendations were given to 89 collateral contacts.



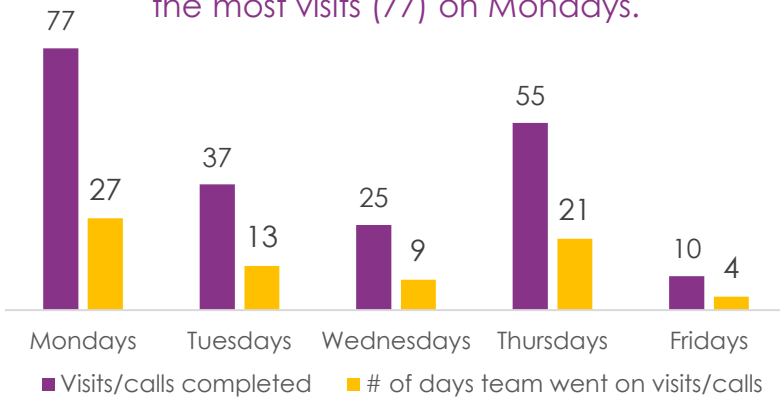
10% of referrals have been referred to the ART multiple times.



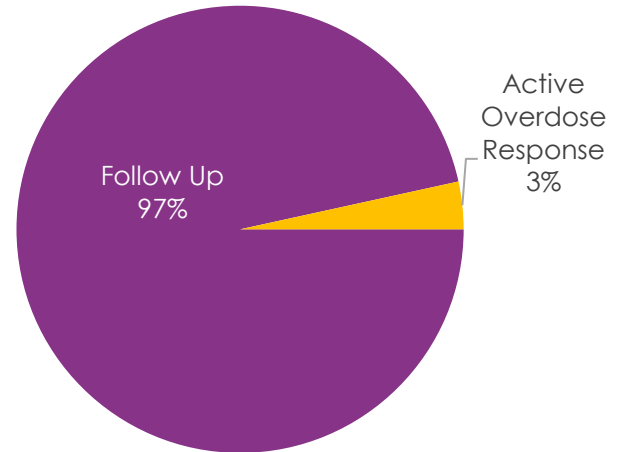
ART Schedule & Logistics

As mentioned previously, the ART has attempted 204 visits or phone calls from April 2021-February 2022. Of the visit types overall, 73 were visit or phone call attempts only, 118 were in person visits with person contact and 12 were phone calls with person contact. Of the 236 referrals who were eligible for a phone call or visit, 177 (75%) had a visit or phone call attempted. 27 referrals were visited more than once after an initial precipitating event (meaning that they were visited more than once after one overdose, not re-referred for multiple overdoses).

The team attempted visits/phone calls over 74 days (average of 2 days per week). The team went into the field the most (27) and completed the most visits (77) on Mondays.



Nearly all visit attempts were for overdose/substance use follow-up.



ART Success Stories

A 22-year-old male was referred to the ART in December 2021 due to an overdose. He was contacted by the team the same day as his referral. He was very appreciative for the team's outreach and was given a warm-handoff to services. He was directly enrolled into recovery coaching at Safe Communities by the Peer Support Specialist during the visit. He is still participating in recovery coaching as of the end of February 2022.

The ART responded to an active overdose of a 25-year-old male. The team was able to have a meaningful conversation with a collateral contact at the scene and referred the contact to MAARI. The ART was able to provide a phone for the contact to make the call to DCDHS for MAARI screening. He is now enrolled in MAARI and is receiving treatment as of the end of February 2022.



Additional Pathways Information

Sustainability Considerations

Several positions are currently fully or partially funded by BJA's COSSAP grant (which ends in September 2022). These positions bring immense value not only to their Pathways to Recovery duties, but to their respective organizations and the community. These positions include:

- **Addiction Resource Officer – Madison Police Department:** The Addiction Resource Officer (ARO) works on both the ART and MAARI, as Pathways work is their main responsibility. The ARO received training in identifying and addressing substance use-related situations. As a team member on the ART, the ARO responds to calls for service, identifies potential referrals, determines eligibility for calls/visits for referrals, maintains safety during field work, assists with data documentation, and provides additional information and community outreach. For MAARI, the ARO is critical in diverting eligible contacts into the pre-arrest diversion program via receiving referrals from patrol officers; determining initial eligibility; following-up with referrals, participants, and family members throughout the process; assisting with data documentation; and coordinating the holding of the charges in abeyance if the client successfully completes the treatment program. The ARO position is unique (as the sole position of this nature within MPD) and is a valuable resource for the Madison Police Department and community to provide substance use diversion services.
- **Data Analyst – Madison Police Department:** The Data Analyst works with the ART and MAARI data and has drastically increased the Madison Police Department's analytic capability, specifically to track overdose and opioid-related data. The Data Analyst works closely with MPD sworn and civilian personnel and created a mechanism to review narrative within police reports to identify individuals who potentially experienced overdoses. The Data Analyst reports Pathways data, maintains the Pathways data collection tools for MPD, creates and executes the algorithm of identifying referrals to the ART and serves as a data specialist across multiple initiatives. The Data Analyst is a valued position at the Madison Police Department and will be responsible for ongoing data collection and program monitoring for the purposes of program improvement.
- **Community Paramedic – Madison Fire Department:** The Community Paramedic works on the ART and incorporates community paramedicine into the team's response. This occurs through addressing the whole person during the wellness checks that happen during ART visits and assists in suggesting community medicine resources. Expanding community paramedicine in the substance-use space within the community is valuable because the resource can reduce burden on other providers, reduce unnecessary medical transports, increase access to primary care, bridge gaps between existing services, and improve quality of life.
- **Certified Peer Support Specialists – Safe Communities:** Certified Peer Support Specialists deliver Recovery Coach services to participants in MAARI, and to ART contacts and those who support them. These Peer Specialists work with people in a wide variety of circumstances, link them to resources, and guide them through treatment and recovery while sharing lived experiences. The work of Certified Peer Support Specialists is an emerging field and is regarded as highly important and best practice when working with those with substance use disorders. Certified Peer Support Specialists are valuable resources for MAARI, the ART, and the community. The role of Recovery Coaching, referring/connecting individuals to services, and supporting individuals throughout their recovery journey is their responsibility for MAARI participants, and ART contacts and their supports.



Future Directions for Pathways

Pathways to Recovery continuously strives to grow and improve. The Pathways team has undertaken several activities in this effort, including engaging in community outreach and finding innovative ways to reach more individuals; participating in events and new community initiatives; participating in lateral learning; and presenting at various conferences and symposiums. Below are a few highlights of upcoming work, in addition to the daily operations of MAARI and the ART:

- **Partnership with the Madison Street Medicine Initiative** – The Madison Street Medicine teams provide direct medical care, social support, and care coordination to individuals experiencing homelessness during ‘street rounds.’
- **Participating in lateral learning** – The Pathways team has made connections, met with staff, and learned from several national sites and will be working with additional sites around the country in the future.
- **Partnership with the Madison Community Alternative Response Emergency Services (CARES) Team** – The Madison CARES team responds to nonviolent behavioral health emergencies.
- **Presenting at the National Health Care for the Homeless Council’s Virtual Symposium and other events** – The Pathways team has presented at several events with the most recent being National Health Care for the Homeless Council’s Symposium titled “When Everyone Benefits: Exploring the Roles of Health Care Providers in Law Enforcement Reform, Crisis Assistance, and Public Policy on Unsheltered Homelessness” on April 6, 2022.

Conclusion & Recommendations

The analysis in this report summarizes the initial implementation of MAARI and the ART, through February 2022. Analyses in this report describe overall numbers and trends seen through February 2022, and initial outcomes are presented. While initial outcomes are trending in a positive direction, more time is needed to know the full impact of these initiatives. More time will also allow sample sizes to increase for more in-depth analysis of trends and outcomes.

As of this report, UWPHI Evaluators have the following recommendations:

1. Continue serving individuals in MAARI and the ART through the end of the current grant (September 2022).
2. Continue current data collection and documentation practices so that results may be used for ongoing review of operations, program improvement, and a more comprehensive summary of program trends and outcomes.
3. Given the initial positive trends seen in this report, UWPHI Evaluators recommend sustaining MAARI and ART services and grant-funded positions beyond the current grant period. Future analyses of outcomes and trends are recommended to confirm these results.
4. Continue partnerships among entities involved in MAARI and the ART. Each entity brings a valuable perspective to this work, and the partnership among the agencies should be maintained.
5. Also, given the initial positive trends seen in this report, agencies could consider the following enhancements:
 1. Expanding MAARI beyond referrals from MPD and the DCSO only.
 2. Providing additional staff time to devote to this work, especially given that there is currently one ARO and one Community Paramedic (potentially limiting the effectiveness of the ART).

