



## **ACCEPT** **Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics**

**Webex link to join from PC, Mac, iOS or Android:**

<https://uwmadison.webex.com/uwmadison/j.php?MTID=m6dfbe50f3c56cb4719e74b72b73ef916>

**Join by phone:**

+1-415-655-0001

Meeting number/Access code: 120 276 9209

Password: 12345

**For attendance, purposes please text the following code: HUXMAK to 608-260-7097**

**Session Date:** Friday, April 15, 2022

**Didactic Topic and Presenter:**

211 Helpline Program Overview

Charlene Mouille

Executive Director

**Content Experts:**

Ritu Bhatnagar, MD; Lindsey Peterson, MS, CRC; Sheila M. Weix, MSN, RN, CARN

- 
- 12:15 PM: Attendance text-in – Introductions
  - 12:25 PM: Case Presentation and Discussion
    - Presenter: Kellene Eagen, MD - Assistant Professor - UW Department of Family Medicine and Community Health; Alyssa Bruehlman, MD - UW Department of Family Medicine and Community Health
  - 1 PM: Didactic Presentation
    - Presenter: Charlene Mouille
  - 1:15 PM End of Session

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**ECHO ACCEPT**  
**Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics**  
**2020-2022**  
**211 Helpline Program Overview**  
**4/15/2022**

**Didactic Presenter:** Charlene Mouille

**Case Presenter:** Kellene Eagen, MD; Alyssa Bruehlman, MD

*Provided by the University of Wisconsin-Madison Interprofessional Continuing Education Partnership (ICEP)*

**Intended Audience:**

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

**Objectives:**

As a result of this educational regularly scheduled series, learners as members of the healthcare team will be able to:

1. Summarize depth and breadth of services provided through the Wisconsin Addiction Recovery Helpline powered by 211 Wisconsin in order to provide accurate patient referrals.
2. Interpret the data collected by 211 Wisconsin and how population level datasets can be accessed.
3. Discuss how 211 Wisconsin services could complement specific ECHO ACCEPT opioid use disorders, management, and treatment strategies

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Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	No relevant financial relationships to disclose	Yes	2/15/2022
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	2/17/2022
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	2/13/2022
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	2/15/2022
Susan Mindock	Planner	No relevant financial relationships to disclose	No	2/15/2022
Lindsey Peterson	Planner	No relevant financial relationships to disclose	No	2/28/2022
Sheila Weix	Planner	No relevant financial relationships to disclose	No	2/18/2022
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	2/14/2022
Joseph Galey	Planner	No relevant financial relationships to disclose	Yes	6/23/21
Kellene Eagen	Presenter	No relevant financial relationships to disclose	No	4/12/2022

Alyssa Bruehlman	Presenter	No relevant financial relationships to disclose	No	4/12/2022
Charlene Mouille	Presenter	No relevant financial relationships to disclose	No	4/12/2022

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## A follow-up case: Ongoing challenges in a patient with complex SUD and psychiatric diagnoses

Kelly Eagen, MD  
Alyssa Bruehlman, MD  
Addiction Medicine Fellowship  
University of Wisconsin  
April 15, 2022

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# Introduction

- ▶ Previously presented at ECHO Jan 2022.
- ▶ Ms M is a 46 yo woman with polysubstance use disorders, PTSD, substance-induced mood vs bipolar 1 disorder, h/o HCV s/p treatment who is being treated for OUD at an embedded addiction medicine clinic within her primary care clinic with buprenorphine-naloxone.

# Introduction

- ▶ Primary question for discussion:
  - Despite offering optimal resources to support engagement, patient has increasing unprescribed opioid and stimulant use, inconsistent adherence to bup-nx and increasing missed appts. She states her goal is to transition to buprenorphine-XR. How can we do so safely, and if not, what are best next steps?



## Medical & Behavioral Health Diagnosis:

- Substance use disorders
  - Heroin
  - Crack cocaine
  - Alcohol (remission)
  - Tobacco
- Chronic HCV (s/p DAA treatment early 2022)
- Glossitis, recurrent UTI, fibroids
- PTSD
- Substance-induced mood disorder
- Historical diagnosis of bipolar 1 disorder

## Current Medications:

- Buprenorphine-naloxone
  - Total bup 24mg/day
- S/p 8 weeks GLE-PIB (Mavyret)
- Lithium 600mg qAM, 900mg qPM
- Buspirone 20mg BID
- (Since last presentation, olanzapine d/c'd due to sedation)

# Substance Use

## ▶ History:

- Heroin (no hx pill use) – injection, intranasal
- Crack cocaine - inhalation

## ▶ Consequences of Substance Use:

- Multiple overdoses
- Extensive prison time for drug charges (> 10 years)
- Limited relationships with children, family
- Inconsistent employment

## ▶ Past treatments:

- Primarily through legal system
- MOUD: buprenorphine, methadone (100mg/day), naltrexone IM
- Psych: lithium, antipsychotics, SSRI, propranolol, prazosin

# Social History:

- **Social Factors/History:**

- From rural area
- Divorced, 2 kids
- Loves her cats

- **Income source:**

- Limited continuity with employment
- Applying for SSI
- Hx sex work

- **Trauma hx**

- IPV, sexual violence
- Loss of friends due to overdose

# Family History:

- Mom, sisters, maternal aunt with anxiety and depression
- ? bipolar disorder (variable reports)
- Mom recently deceased

## Patient strengths & protective factors:

- Children, cats
- Resilience
- Pride
- Connection with others
- Repeated engagement with Health Promotions Clinic
- Medication adherence

## Risk factors:

- Social isolation, family estrangement
- Intermittent engagement with primary care services
- Trauma history
- Medical and psychiatric complexity
- Financial instability
- Recent legal charges
- Conflictual living situation
- Geographical isolation, transportation difficulties
- Lack of organizational capacity

# Updates since Jan 2022

- ▶ Car accident (lugnuts fell off wheels)
- ▶ Increasing crack use
- ▶ Complains of worsening insomnia but also sleeping all day
- ▶ Increasing conflict with male roommate
- ▶ Burn to ankle and hand from intranasal crack use
- ▶ March 1, ED visit for overdose
- ▶ Missing ~50% appts

# Updates since Jan 2022

- ▶ PDMP demonstrates weekly buprenorphine fill.
- ▶ She reports taking as prescribed for a few days, then stressor results in heroin use and she stops bup for next 3-4 days leading up to weekly appt. (repeat)

# Labs

Date	Bup	Norbup	Other opioids	Stimulants	BZD	Cannabis
1/20/22	+	n/a	+	+	-	-
2/11/22	-	-	+	+	-	+
3/11/22	+	+	+	+	+	+
3/18/22	-	-	+	+	+	+
3/24/22	-	-	+	+	+	+

# Challenges

- ▶ Infrequent attendance at appt
- ▶ At times, declining to submit urine for toxicology
- ▶ At times, absence of bup/norbup on UDS
- ▶ Very dynamic psychosocial situation
- ▶ Undertreated psychiatric conditions (attempting to connect to psychiatry)



# Patient goals

- ▶ Pt is considering transition to buprenorphine-XR
  - To minimize adherence challenges
  - However, she is fearful of injectables and worried she will not be consistent.
- ▶ Goal to establish with psychiatry

# Proposed Plan

- ▶ We proposed ongoing weekly visits with point of care UDS to guide week-to-week management.
  - Confirmatory testing as needed
- ▶ Goal to take bup-nx 24 mg daily for 7 days and then start buprenorphine-XR 300 mg SC. (Sublocade).
  - Question: are we comfortable giving bup-XR if point of care UDS is positive for bup and patient reports taking for a week despite very significant recent challenges taking regularly?
    - Feel pretty confident she can tolerate the SC dose.
    - But what about precip withdrawal if she is actually primarily using heroin/fentanyl?

# Follow-up

- ▶ We decided to have buprenorphine-XR in clinic with plan to administer with informed consent if patient's POC UDS + bup and she reports consistent 24 mg/day dosing for past week.
- ▶ Called patient to update her about this plan and she reported she had decided to return to OTP for methadone!

# Follow-up

- ▶ Patient came in one week after initiating at local OTP. She was on methadone 35 mg/day with cravings but attending daily and uptitrating.
- ▶ Reconnected with former counselor.
- ▶ Was enrolling with CCS to assist in accessing psychiatry and other resources.
- ▶ Open door to return to our clinic for consideration of buprenorphine again in future.

# DSM-5 Substance Use Disorder ("Addiction")

- ▶ Tolerance
  - ▶ Withdrawal
- } **Physical Dependence ≠ Use Disorder**
- ▶ Larger amts/longer periods than intended
  - ▶ Persistent desire/failed attempts to quit/control use
  - ▶ Much time obtaining/using/recovering
  - ▶ Important activities sacrificed
  - ▶ Continued use despite known adverse effects
  - ▶ Failure to fulfill major obligations
  - ▶ Recurrent hazardous use
  - ▶ Craving
  - ▶ Ongoing use despite interpersonal problems
- 2-3 = mild  
4-5 = moderate  
≥ 6 = severe

By initialing here \_\_\_\_\_ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.



# 211 Helpline Program Overview

Presented by Charlene Mouille

Executive Director  
United Way of Wisconsin  
211 Wisconsin

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# Why United Way/211?

**Our mission is to harness the caring power of community to improve conditions in education, financial stability, and health – the building blocks of a good life.**





# Partners in Improving Population Outcomes

## WHO WE ARE

- United Way and 211 are trusted community partners.
- Understanding Social Care, Health Care, and Government Services is our core competency.
- We understand the social service ecosystem needed to address Social Determinants of Health.



## WHAT WE HAVE

- Live Support 24/7 and a curated database of services.
- Connections with national and community partners within the SDOH sphere.
- A history of following national standards.
- 211 Centers are developing specialized teams.
- We foster and maintain robust partner networks, with a national network that is hyperlocal.

# Meeting Real Needs in Real Time

211 connects individuals to a specialist who can assess their needs and connect them to the right solution using a comprehensive database of services - federal, state, and local; government and nonprofit.



## 2021 Summary

Minutes Serving Clients

2,044,714

433,578

Total Contacts

455,941

Total Referrals

Agency Locations

20,000+

# Top Needs By Category

## Top Requests by Category - 2021



Housing

63,673



Health Care /  
COVID 19

58,010



Mental Health /  
Substance Use

52,676



Information  
Services

31,475



Utility  
Assistance

22,928



Food / Meals

16,256



Individual, Family,  
and Community  
Supports

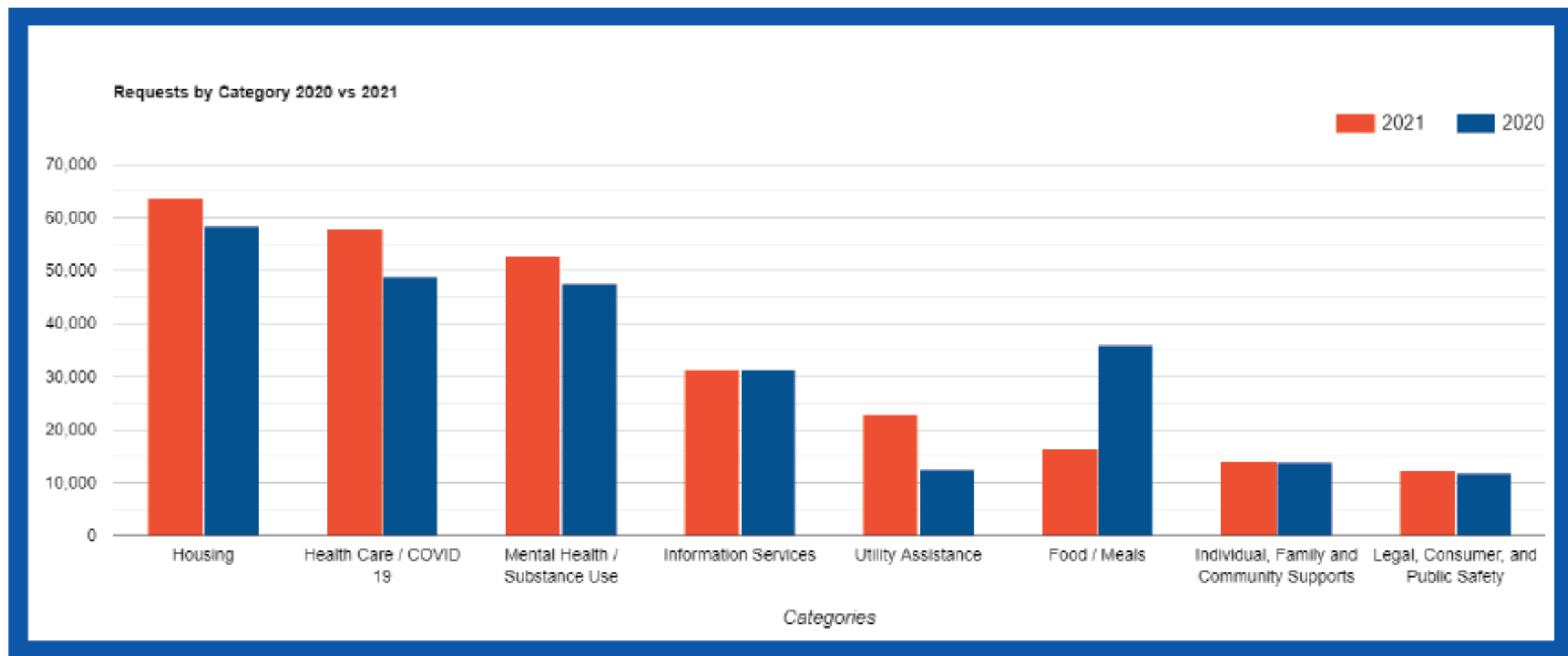
14,106



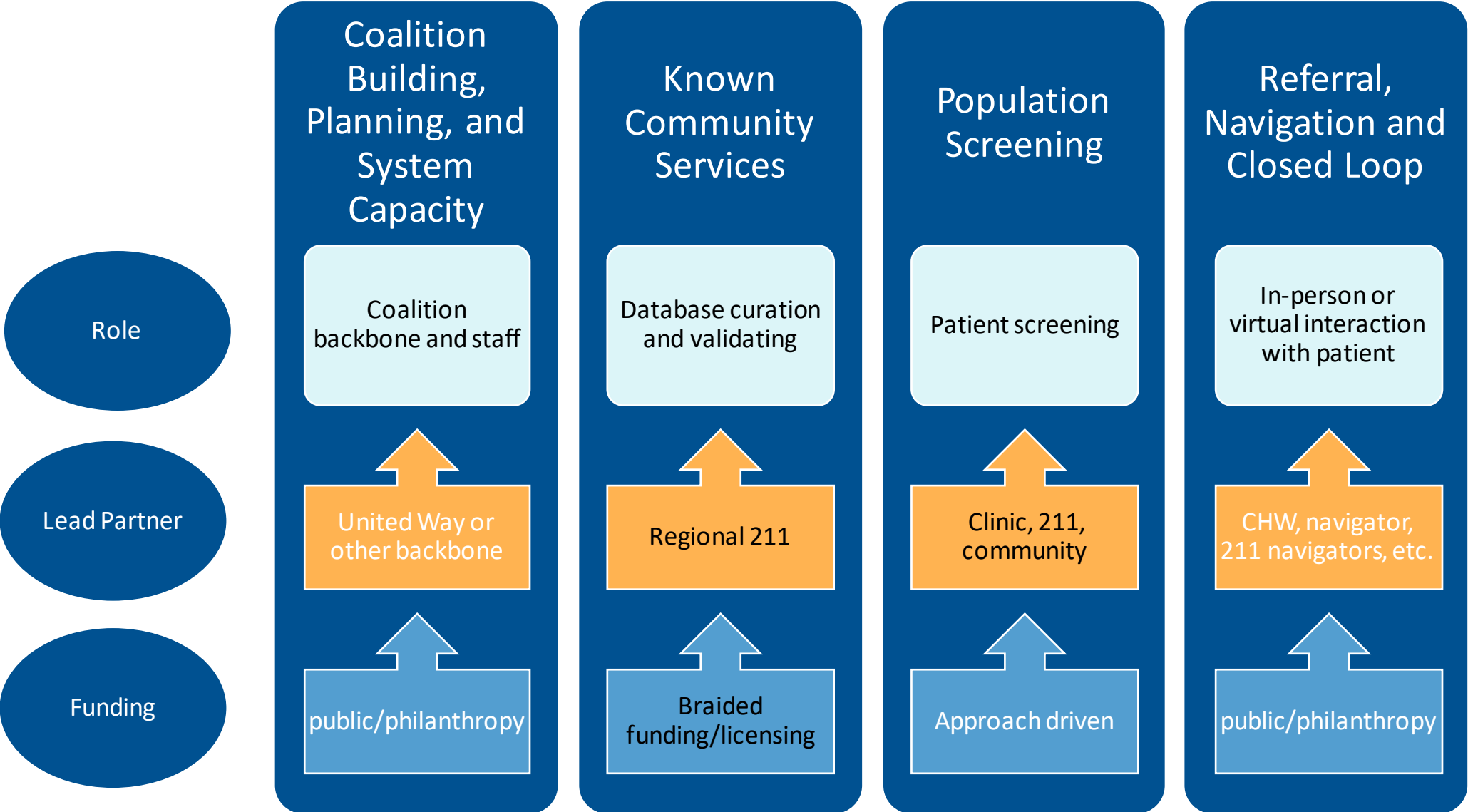
Legal, Consumer,  
and Public Safety

12,330

# Requests by Category - 2020 vs 2021



# Scope of United Way/211 Engagement



# Wisconsin Addiction Recovery Helpline, powered by 211

- Launched helpline October 2018
- Developed statewide protocol based on success of IMPACT 2-1-1's regional model
- Dial 2-1-1 or WARH (833) 944-4673
- Launched New Website - AddictionHelpWI.org with specialized guided search



Call 211 or (833) 944-4673



Search AddictionHelpWI.org



Chat on AddictionHelpWI.org



Text your zipcode to  
898211

## A friendly voice to talk with you about:

- Taking the first step to recovery
- Treatment options
- Support resources
- Insurance information
- Education, prevention, and harm reduction
- Legal services
- Mental health services
- Removing barriers to getting help

The Wisconsin Addiction Recovery Helpline is sponsored by the Wisconsin Department of Health Services and is made possible by a grant from the Substance Abuse and Mental Health Services Administration.



**FIND THE HELP YOU NEED.**

# Wisconsin Addiction Recovery Helpline, powered by 211

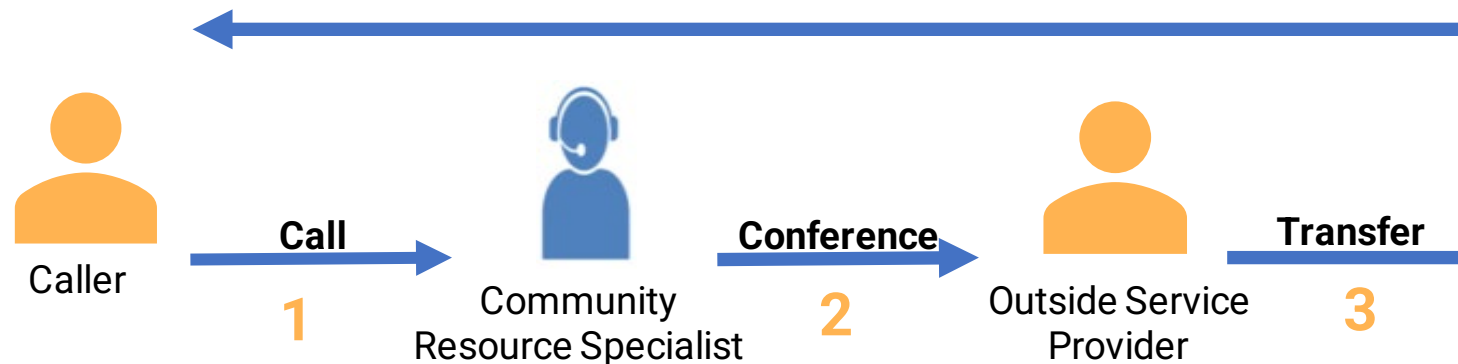
## Enhanced services

Warm handoff to:

- County intake and assessment
- Recovery organizations

## Follow up contacts:

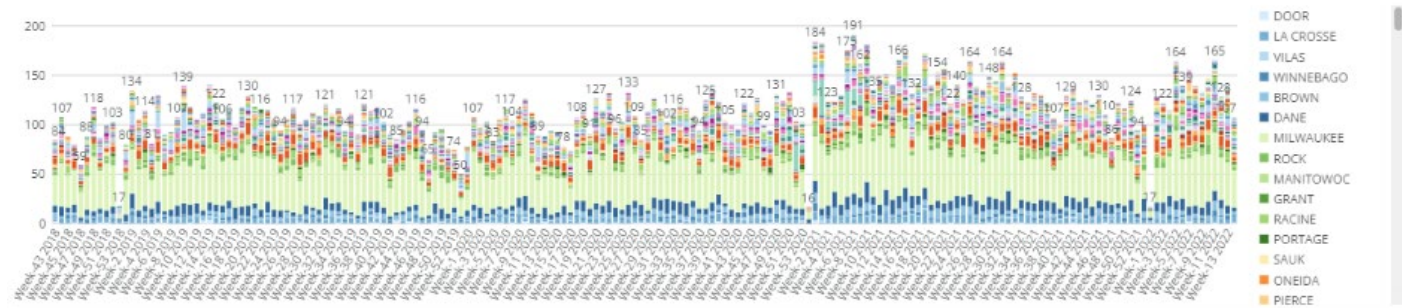
- Connection / touch base
- Check in regarding referral use
- A chance to offer additional resources if the caller is interested
- Extended follow-up pilot



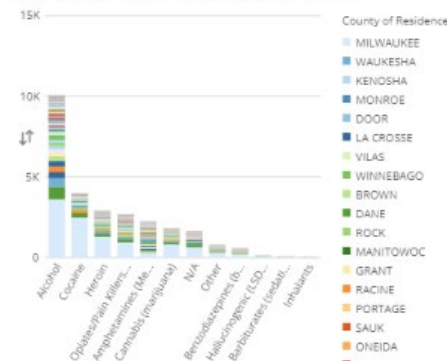
# Data Dashboards

DHS: Call History by County  
by Week

21,222 Distinct Interactions

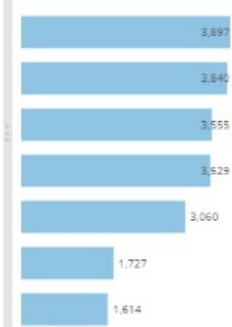


DHS: What Substance was Reported?



DHS: Calls by Day of ...

21,222 Distinct Interactions

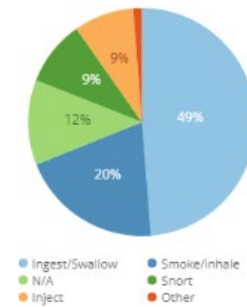


DHS: Referrals by Taxonomy Name

49,770 Number of Referrals

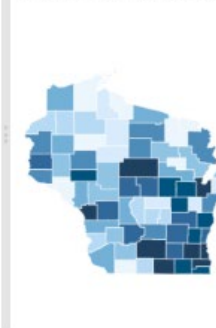
Taxonomy Name	# of Referrals
Central Intake/Assessment for Drug Use Disorders	5,747
Inpatient Drug Detoxification	4,942
Central Intake/Assessment for Alcohol Use Disorder	4,373
General Assessment for Substance Use Disorders	3,682
Inpatient Medically Assisted Alcohol Detoxification	2,822
Residential Drug Use Disorder Treatment Facilities	2,529
Residential Alcohol Use Disorder Treatment Facilities	2,017
Medication Assisted Maintenance Treatment for Substance Use Disorders	1,321
Alcohol Use Disorder Counseling	1,310
Alcohol Use Disorder Support Groups	1,241
Inpatient Drug Use Disorder Treatment Facilities	1,229
Inpatient Alcohol Use Disorder Treatment Facilities	1,144

DHS: How does the caller (or per...



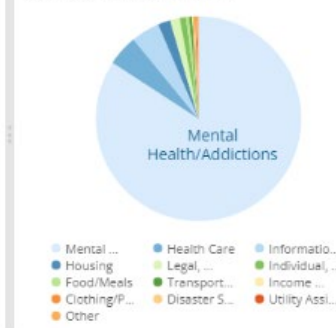
DHS: Calls by County

21,222 Distinct Interactions



DHS: Calls by Problem/Need Catego...

20,197 Calls by Problem Need



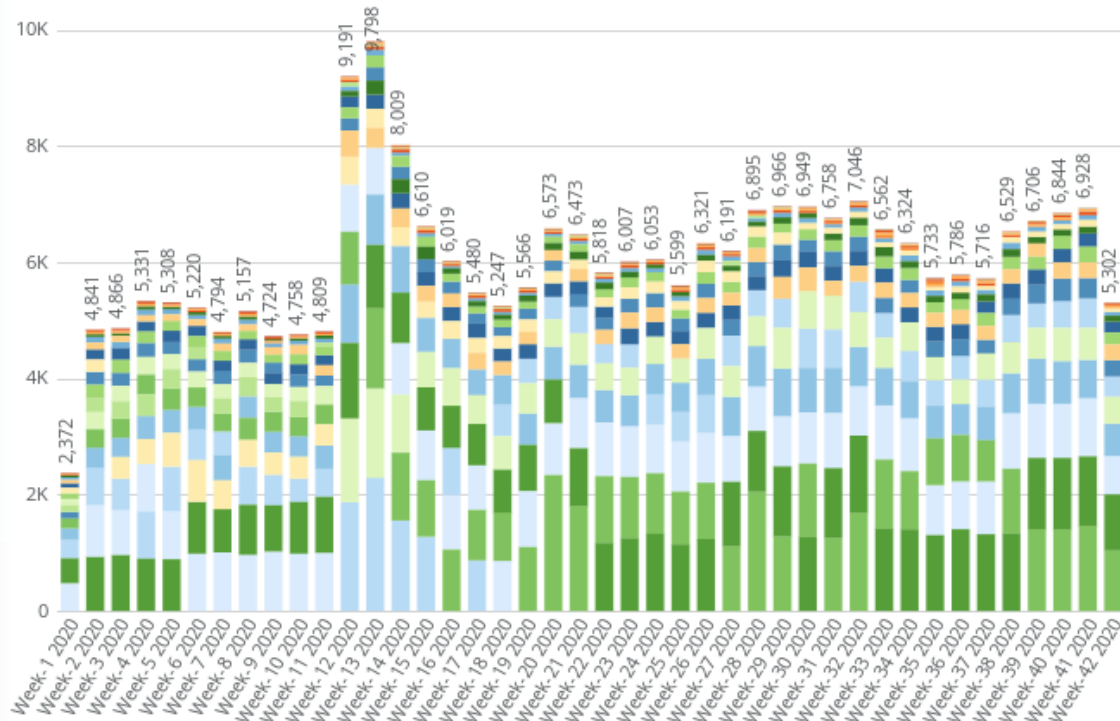
DHS: Location of Caller

21,222 Distinct Interactions





# Weekly Problem/Need Trends



Mental Health/A...    Transportation    Food/Meals    Individual, Famil...    Information Serv...  
 Legal, Consumer ...    Health Care    Public Health    Disaster Services    Housing  
 Clothing/Person...    Other ...    Income ...    Education    Utility Assistance  
 Volunteers/Dona...    Employment    Arts, Culture and...    Target Populations    International ...

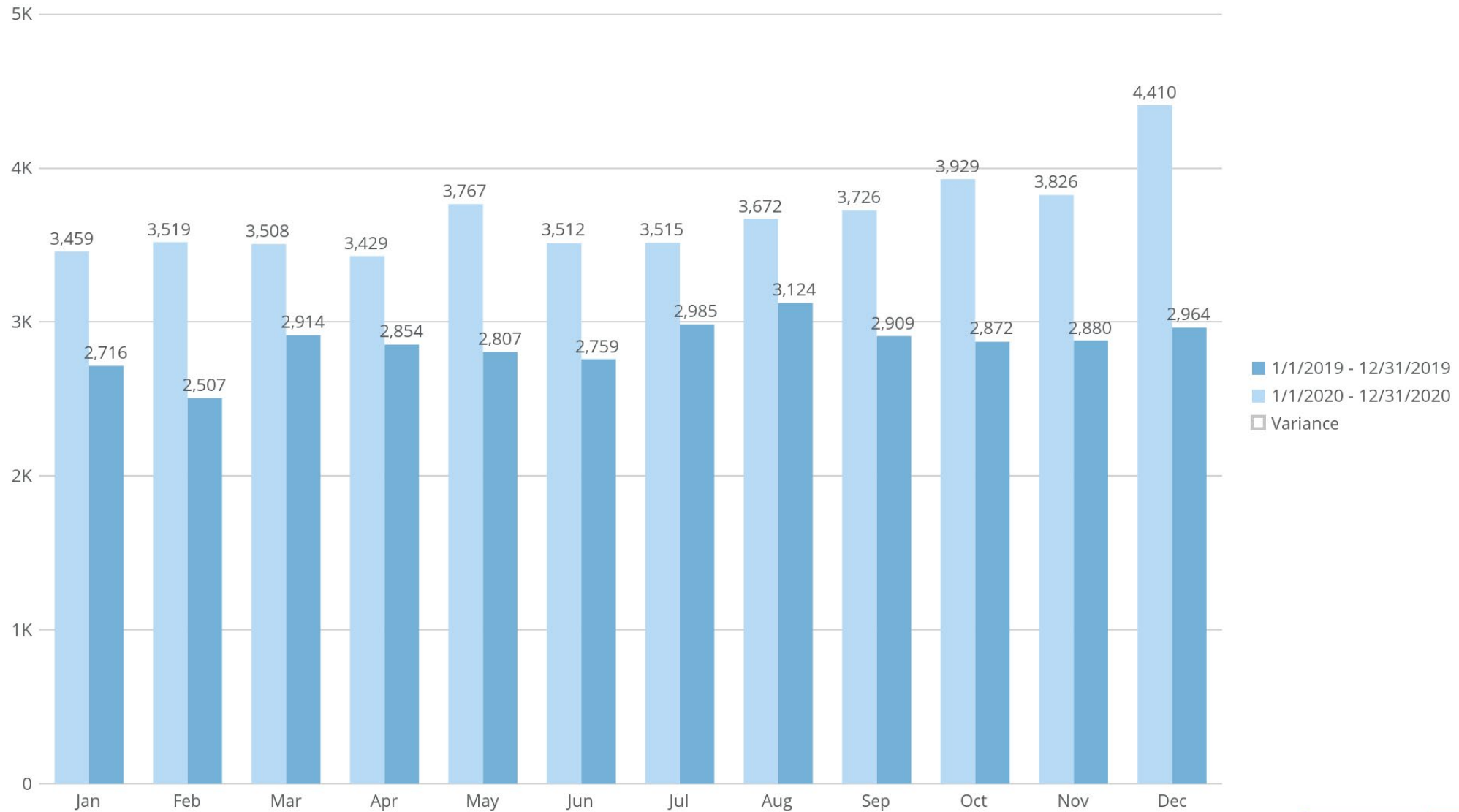
POWERED BY DOMO

# Weekly Problem/Need Flex Table

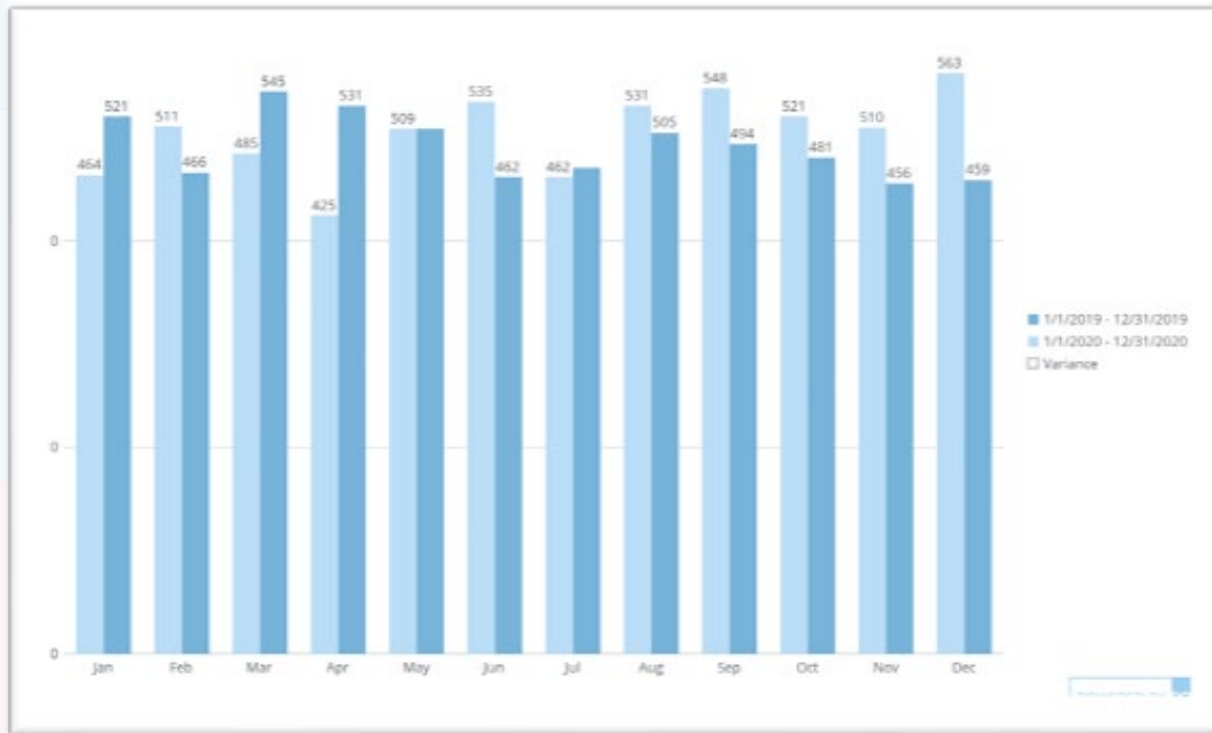
Need Sub Category	Chart	Pct Chg	Total
Housing/Shelter		▲ 13.56%	122.82K
Information Services		▼ -21.07%	61.37K
Food		▼ -23.87%	52K
Mental Health Assessment and Treatment		▼ -29.78%	45.47K
Counseling Settings		▲ 11.72%	45.01K
Public Health		▼ -47.11%	39.81K
Utilities		▲ 272.57%	38.16K
Health Supportive Services		▲ 5.44%	31.46K
Health Screening/Diagnostic Services		▲ 325%	28.75K
Individual and Family Support Services		▲ 2.3%	24.93K
Material Goods		▲ 4.84%	19.78K
Legal Services		▲ 18.9%	16.88K

POWERED BY DOMO

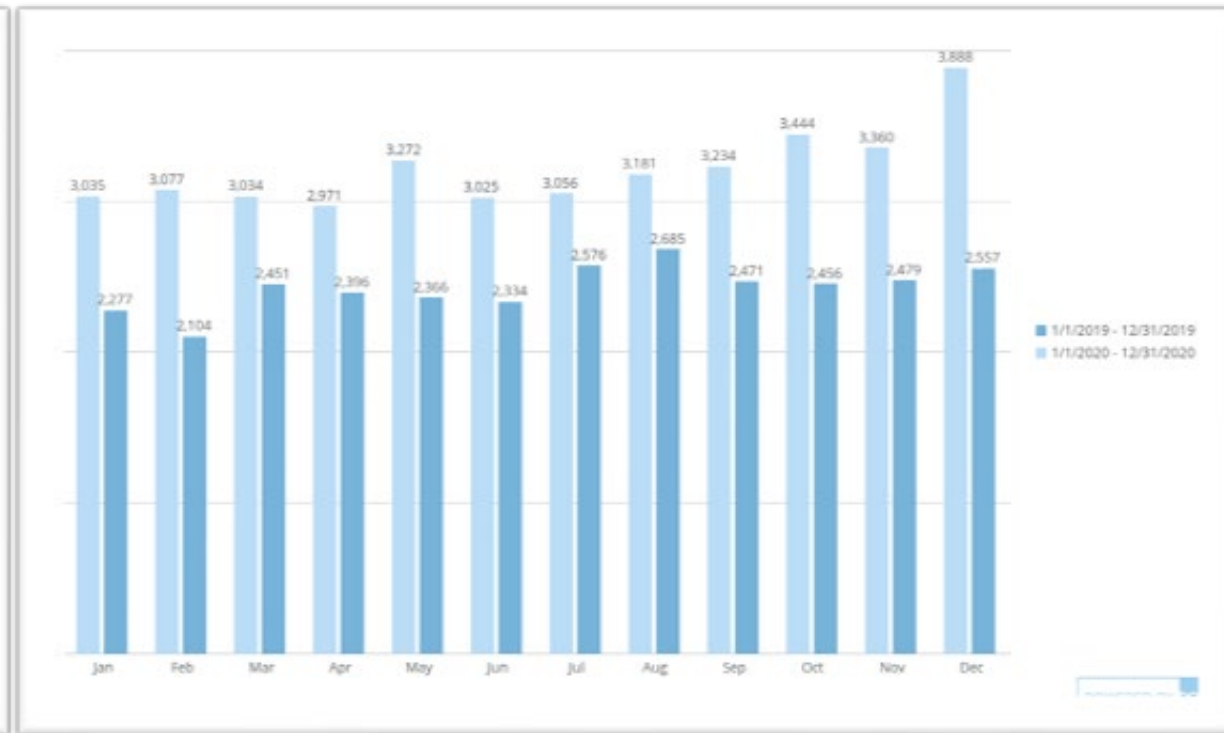
# Mental Health/Substance Use Trend



# Substance Use

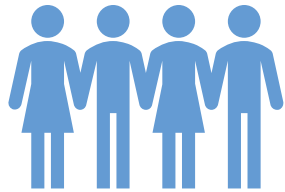


# Mental Health



# Actions for Change

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## **Advocated for immediate increase in funding for emotional support services**

Project Recovery  
Statewide Crisis Center warm transfer protocol  
Increased Capacity at 211



## **Advocated for flexibility to reimagine substance use support services**

Current contractor flexibility  
Targeted social media campaign  
Active referrals and handoffs to Recovery Coach community

# How Data can be Accessed

## Services

- Calling 211 I&R Specialists
- Use <https://211wisconsin.communityos.org/addiction-helpline-guided-search>
- Integrate access to the Community Resource Directory

## Screening and Referral

- 211counts.org
- Partner with 211 Wisconsin on research projects
- Future WIRE participation

# Discussion

# DSM–5 Substance Use Disorder ("Addiction")

- ▶ Tolerance
  - ▶ Withdrawal
- } **Physical Dependence ≠ Use Disorder**
- ▶ Larger amts/longer periods than intended
  - ▶ Persistent desire/failed attempts to quit/control use
  - ▶ Much time obtaining/using/recovering
  - ▶ Important activities sacrificed
  - ▶ Continued use despite known adverse effects
  - ▶ Failure to fulfill major obligations
  - ▶ Recurrent hazardous use
  - ▶ Craving
  - ▶ Ongoing use despite interpersonal problems

2–3 = mild  
4–5 = moderate  
≥ 6 = severe