

Strong Roots / Raices Fuertes: Innovative and Community-Based Approach to Addictions



Cohort:
2016-2019

Team Members:
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Location:
Albuquerque, New Mexico

Focus Areas:
Addiction & Substance Use
Behavioral and Mental Health

Background

New Mexico has suffered some of the highest rates of overdose death rates from opioid overdoses, and some of the highest rates of alcohol related deaths in the country, for over two decades. From this place of necessity, New Mexico has pioneered innovative harm reduction and treatment work. The state was the first to train EMS responders on Narcan administration, the first to pass a Good Samaritan 911 law, and one of the first states with a methadone program within a county jail.

Casa de Salud and Centro Sa'vila are two organizations located a few doors down from each other, in the South Valley of Albuquerque, an area of Bernalillo County affected by greater health disparities than anywhere else in the county. Both organizations were created in the context of community, with cultural humility, anti-racism, trauma-informed care, accessibility, and harm reduction as pillars. The organizations have teamed up to deliver high quality evidence based and culturally relevant healing modalities as the "Strong Roots" ("Raices Fuertes" in Spanish) program. Strong Roots incorporates medication-assisted treatment with buprenorphine, home buprenorphine inductions, case management, coaching,

culturally relevant mind / body / soul approaches with massage, acupuncture and reiki, as well as counseling and therapy. Healing circles and talking circles are rooted in indigenous practice and include sharing of stories, supporting one another, and integrative healing modalities. Through this program, the focus is personalized but the approach is a community one – patients can opt into exploring civic engagement opportunities to help decrease social isolation and increase a sense of purpose.

Wicked Problem Description

Casa de Salud and Centro Savila believe that addictions and at-risk drug use are complex issues that are rooted in structural inequalities, generational poverty and trauma, and lack of social capital – and are further complicated by a lack of access to holistic and evidence-based treatment. The two organizations wish to address the wicked problem of opioid addictions in the primary care and behavioral health settings, through integrating evidence-based medication assisted treatment and creative approaches to civic engagement and collective healing – instead of a focus on individuals and shame.

Project Strategies

The team members involved in the Strong Roots program are supporting patients by acknowledging their strengths, and by using trauma informed and restorative practices to work intensively with them in an outpatient clinical setting. Specifically, this is intentionally lowering barriers to entry to care (including hosting weekly orientations and starting patients on buprenorphine medication the same week they express interest), designing a welcoming environment at every step of their recovery process, checking providers' own attitudes, and giving patients multiple chances versus having punitive strikes or rules. There are limited mandatory requirements, many options to choose from for recovery, and an honoring of patient autonomy and individualized recovery processes versus a more prescriptive plan around patient care. Each member of Strong Roots has made a commitment to give the best that they can possibly can, to respond to the community's needs and to assist patients in their recovery, so they can live healthier, more fulfilling lives. As such, team members – including Clinical Scholars and the larger team – sit in a circle with new patients each week, during the orientation to the program. Many patients reflect on the love and support they feel from meeting clinicians and team members, as well as by hearing about our philosophy of care (addictions as something that affects our community and that results in great part from structural inequalities – versus solely focusing on personal responsibility or many requirements in the program). Values that are shared include a desire for patient autonomy, a desire to welcome patients, and a desire to treat every new patient as a leader in the community.

Outcomes

- Culture building within the transdisciplinary team of providers, healers, counselors, and case managers.
- Infrastructure and dedicated time for patient case discussions.
- Success in providing buprenorphine for patients who qualify with opioid use disorder in the same week that they express readiness for treatment.
- Voluntary engagement by many patients in the healing circles, acupuncture and reiki, and counseling and case management.
- Retention of many patients in the program.
- Decreases in patients' lengths of future sentences for prison and recidivism rates have been seen as a result of the structure and support the program provides.
- Organic growth of informal peer support among patients.
- Patients have spoken at various events, including most recently a news conference on the 53rd anniversary of Medicare and Medicaid, and at a news conference on preserving the Affordable Care Act's ability to provide access to healthcare. At these events, elected officials and community members are impressed with the stories of and public speaking skills of these patients/leaders.
- Patients are also helping each other find jobs, supporting each other in healing circles, and more.

Anticipated Future Outcomes:

We are working with a consultant to better assess our revenue generation as well as our grant supported activities –and to approach New Mexico's Health Services Division for innovative funding of this critical work.

Timeline

Year 1

Initiation of clinical care group meetings between the two orgs, creation of systems to collect data between the two orgs, civic engagement training with community organizers, initiation of health coaching tools, development of shame-free culturally relevant patient materials, implementation of focus groups.

Year 2

Formalization of dynamic evaluation plan with qualitative and quantitative processes; Strengthening of coordination of care among all providers at our two organizations; Ongoing iteration and improvement of the program's intake and offerings to our community; Deepening of community partnerships; Strengthening of advocacy around treatment options in the county jail and in the county; formalization of civic engagement opportunities and measurements of success for our patients.

Year 3

Development of protocols and tools that can be shared broadly; strengthening of financial sustainability plan for this program's work; deepening of civic engagement opportunities and patient leadership opportunities; development of media strategies to publicize the successes of our work as well as to build storytelling network to change attitudes about addictions.

Partnerships

Paula Terrero (Reiki Master, acudetox specialist, Healing Circles co-facilitator at Casa de Salud); Moriah Mahoney (Family Nurse Practitioner); Dr Rifka Stern (Family Physician); Carlos Flores (Social Worker at Centro Savila); Irini Georgas (Counselor at Centro Savila); Justin Remer-Thamert and Sarah Sidelko (Certified Massage Therapists at Casa de Salud); Carolina Verdezoto (Social Worker at Casa de Salud); Robert Hoberg (serving as Health Coach and Case Manager at Casa de Salud); Leah Jo Carnine (Physician Assistant at Casa de Salud); and support staff at both clinics help navigate patients swiftly from time of interest in recovery to treatment. This involves health apprentices at Casa de Salud – primarily women and young people of color interested in the healthcare professions.

Dr Anjali Taneja serves on the Bernalillo County Addictions Treatment Advisory Board, which advises the county on increasing access to medications in the county jail and the county detox facility, as well as on reducing barriers to care. The newly developed Resource Reentry Center – where inmates are discharged to upon release, is coordinating care and seeking input from our organizations on how best to serve the population of returning citizens. Project ECHO is partnering with the organizations to ensure that community health workers and clinics are best supported in their efforts to provide treatment. The team is working within the ElValle South Valley Healthy Communities Collaborative, to develop a curriculum for our patients and our community, on structural issues contributing to opioid addictions

Evaluation Strategies

Independent qualitative and quantitative evaluation with outcome measures designed by our program and our patients, and that can regularly inform our practices and also be shared widely.