Community-Academic Partnership in Milwaukee County: A Model For Improving Veteran Healthcare Nationally

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Introduction

Veteran community engagement is a nascent area of scholarship mixing traditional Community-Based Participatory Research (CBPR) strategies with veteran studies.[1] Few formal evaluations of complex community-academic partnerships with veterans have been undertaken. This is of particular interest as after the Vietnam War, dissatisfaction with United States Department of Veterans Affairs (VA) services led to community-based Veteran Centers and veteran peer-led mental health services.[2] These types of veteran-led organizations have become common in cities across the country as veterans express their distrust or discontent with public health services like the VA, especially with regard to mental health services.[3]

This study examines the impacts of a 13 year community-academic partnership between Dryhootch, a veteran led non-profit, and several academic partners in Milwaukee and offers consideration on how this partnership has also impacted state wide and national conversations on veteran community engagement. Veterans in southeastern Wisconsin formed DryHootch of America in 2007, organized to advocate for their fellow veterans and coalesce the resources that existed within the region to make a broader impact. The public health initiative was initially developed to address the mental health needs of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans, as well as provide services for reintegration into civilian life. A primary focus of these veterans was to provide a peer-to-peer support system, as opposed to traditional clinical mental healthcare.

A pilot grant for the partnership was awarded by the Healthier Wisconsin Partnership Program between Dryhootch and a VA/Medical College of Wisconsin faculty member along with ongoing guiding input to Dryhootch leadership from a VA psychologist.[4] The agencies involved eventually expanded to additional faculty from MCW, Marquette University, the University of Wisconsin-Milwaukee, and Mental Health America of Wisconsin.[4] Over time, the partnership became increasingly formalized as the Dryhootch Partnership for Veteran Health (DPVH).

Our evaluation seeks to document the history of a veteran-led community-academic partnership for health and assess its policy impacts on a local, regional, and national scale. This key area of research will allow future organizers to draw from the experiences of DryHootch and will help policy makers determine the utility of funding and advocating for veteran-driven healthcare projects.

Methods

This study utilized a multimethod approach including document and grant review, as well as key-informant interviews, aimed to assess collective impact. It's been shown that evaluation of collective impact can better assess the progress of an intervention over several years and can therefore provide information valuable in making long term policy changes.[5]

- Document review was chosen as an initial method of analysis in order to provide historical understanding of the partnership, track the development of the partnership over time, and assist in the formation of the guided interview questions.
- Grant review was chosen to utilize evaluative thinking in assessing funding to further the discussion of the partnership's sustainability in the key-informant interviews.
- Key-informant interviews brought understanding of the underlying dynamics of the partnership. The open-ended interviews detailed data that assessed partnership evolution and obstacles that are not traditionally documented. All available community and academic partners, 2 veterans and 9 nonveterans, were interviewed both in person and via phone using guided questioning.
- Thematic analysis was used to extract the most relevant data and compare partner responses pertaining to various situations. We generated descriptive tables, assigned codes to open-ended interview topics, and analyzed patterns across the interviews. Codes were designed based on guided questions that were asked of all participants. We then provide specific quotes from interviewees to expand upon the codes.

Results

Document and Grant Review[6]: The successes of the partnership can be measured by its extensive fundraising, community events, and organization achievements outlined in the timelines below.

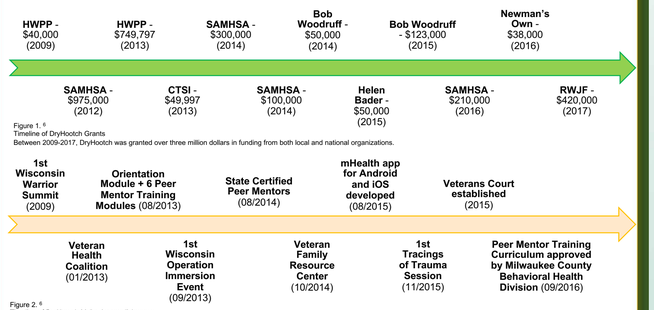

Figure 1. [6]
Timeline of DryHootch Grants
Between 2009-2017, DryHootch was granted over three million dollars in funding from both local and national organizations.

Figure 2. [6]
Timeline of DryHootch Major Accomplishments
DryHootch succeeded in utilizing community organization to promote veteran reintegration and peer mentor services.

Key-Informant Interviews and Thematic Analysis: When local impacts were discussed, all partners mentioned the change in community and physician perception of veteran mental illness as a major success of the organization. The Warrior Summits and Veteran's Health Coalition were cited as instrumental products in achieving this. When national impacts were discussed, partners consistently pointed to expansion and inspiration of other veteran-led programs outside of Milwaukee County. Policy successes are outlined below.

LOCAL & REGIONAL POLICY/ADVOCACY SUCCESSES	NATIONAL POLICY/ADVOCACY SUCCESSES
Quick Reaction Force (QRF) Manuel: veteran-specific peer support training curriculum recognized by the state of Wisconsin as a billable service through Medicaid & Medicare	Currently in talks with national VA to utilize the QRF Manuel for peer support training as an approved vendor.
Jesse Brown VA in Chicago, IL utilizes the QRF Manuel informally in training peer support specialists.	Publication of dozens of research and educational material that influence community engagement, policy discussions, and clinical care. For example, in 2011 an academic partner of DryHootch helped author the text "Occupational Therapy in Mental Health: A Vision for Participation". This text is used nationally and highlights the needs of veterans in clinical care.
iPeer app utilized by hundreds of veterans across the state of Wisconsin. Developed by computer scientists at Marquette University. Developers approached to create content to study opioid/substance abuse in veteran populations and guide policy change.	Gained access to key policy makers: Secured meetings with U.S. Representative Gwen Moore and U.S. Senator Tammy Baldwin. Sat in on VA's National Advisory Council in Washington, D.C.

Table 1.
DryHootch's Local, Regional, and National Policy & Advocacy Successes

Code	Theme	Statement Examples
Local Impacts	Change in community/physician perception of veteran mental health via Warrior Summits	"The biggest success DryHootch had was being able to de-escalate situations and hand-off veterans in crisis to the VA." [veteran partner]
		"The first Warrior Summit was the first step in having community providers learn about veterans. If one hasn't served, they don't have a clue about vets. Sometimes their perceptions are off." [veteran partner]
		"What we've shown this community is the VA and VHC can work together, support each other, and communicate and that's a really big deal." [nonveteran partner]
		"The Warrior summits helped to reach a lot of veterans to make them aware of their resources and change opinions of the in a VA positive way." [nonveteran partner]
		"DryHootch moved the needle in how the community thought about peer support." [nonveteran partner]
		"Not everyone wanted to seek services from the VA. The Warrior Summits were the vehicle for community populations to understand veteran health" [nonveteran partner]

Table 2.
Thematic Analysis and Statement Examples based on Key-Informant Interviews: DryHootch Local Impacts

Code	Theme	Statement Examples
Regional or National Impacts	DryHootch expansion out of state and inspiring veteran organizations to embrace peer support systems	"I get calls from people in Ohio who want to start chapters of DryHootch there. There's now an interest in having similar programs in different locations. We've traveled the country doing presentations about DryHootch. A big success is Quick Reaction Force manual. I want to go all over the nation and train people. It's a great grading system and rubric. We're going to make it a first responders manual. It's even recognized nationally. In the state of Illinois, you can't get a job in the VA system unless you take the course as a peer-support person." [veteran partner]
		"We're on the verge of completing Chicago DryHootch [similar concept]. We've got viable DryHootch locations outside of Milwaukee." [veteran partner]
		"I think [DryHootch] has a great deal of moral authority that a program like Wounded Warriors, that has gone corporate, might lack. Veterans doing peer support was not a well-known concept in 2007. Now Combined Arms, Team Red White and Blue, and Heroes On The Water are all doing it. How many of those were influenced by DryHootch? Probably quite a few." [nonveteran partner]
		"You can only be treated by the VA if you meet certain criteria so we have lots of veterans who can't access those services. This [peer support training program] allows them to access this veteran-specific care elsewhere." [nonveteran partner]
		"You gain connections [with national leaders] by serving on advisory boards or task forces and attending meetings. DryHootch veterans did a great job of being involved and building those networks. They had successful advocacy and policy impacts by tapping into their relationships with folks they met along the way." [nonveteran partner]

Table 3. Thematic Analysis and Statement Examples based on Key-Informant Interviews: DryHootch Regional & National Impacts

Conclusion

Our results revealed many qualitative successes for the veteran-led community-academic partnership including educating community healthcare providers about veteran needs, coalescing community resources, and kickstarting innovative peer mentoring services and training modules that were recognized by legislators and national leaders. The product of veteran-led projects can be seen in the evolving structure of how government organizations are interacting with communities. For example, within the last few years the Veterans Health Administration has established an Office of Community Engagement, after veteran-led organizations, including DryHootch, lobbied for more acknowledgement and collaboration by the VA system.[7] This is a huge step in ensuring that community programs have potential to receive promotion and assistance from government resources. The VA system, in this way, is beginning to view collaboration with community programs as an asset rather than a burden. This study is intended to provide a model for future veteran-led projects to follow and proved the successes of these initiatives, but future policy focusing on providing support to these programs in their expansion is necessary and a possible area of study. This type of research can serve to identify existing gaps in care and further improve health outcomes.

Major Policy Points:

1. **After the Vietnam War, dissatisfaction with United States Department of Veterans Affairs (VA) services led to community-based Veteran Centers and veteran peer-led mental health services.**
2. **Although veteran-led community-academic partnerships achieve qualitative success, assistance from grantors, policymakers, and national leaders is required to ensure sustainability.**
3. **VA assistance for veteran initiated healthcare projects could expand care to veterans who don't use or are ineligible for VA services and better address veteran mental health needs.**
4. **Policymakers who advocate for veteran-led initiatives can appease veterans who do not wish to seek care at the VA and promote local economic growth.**

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Opioid Misuse Among Veterans: A community engaged approach to tackling a wicked problem

Myah Pazdera, MS, Syed M. Ahmed, MD, MPH, DrPH, FAAFP, Kajua B. Lor, PharmD, BCACP, L. Kevin Hamberger, PhD, Robert Hurley, MD, PhD, Zeno Franco, PhD, Sarah O'Connor, MS, Otis Winstead Jr., Martina Gollin-Graves, MSW

BACKGROUND

A community-academic partnership launched the Milwaukee Prevention of Opioid Misuse with Peer Training (PROMPT) project designed to equip Veteran peer support specialists with knowledge to prevent and reduce opioid abuse among military Veterans. This community-engaged research (CEnR) study was based on the belief that a comprehensive, community-engaged prevention and intervention effort is needed to prevent opioid use disorder (OUD) among Veterans.

PURPOSE

The interlocking factors of physical injuries, psychological injuries, post-traumatic stress disorder (PTSD), stigma, and unwillingness to seek care are some of the multifaceted contributors to OUD and OUD-related deaths among Veterans. Integrating research with community input and partnerships optimizes the opportunity to address the psychological, social, and physical aspects of pain experienced by Veterans.

METHODS

Milwaukee PROMPT was a multi-phased project that prioritized the importance of a CEnR approach.

- During Phase 1, Veterans who experience OUD, professionals who work with substance abuse populations, and friends/family members who support Veterans participated in **focus groups**. Focus group questions were developed with community input.
- During Phase 2, the research team reviewed and categorized the themes that emerged from the focus group content analysis to collaboratively create a **peer-delivered training curriculum**.
- During Phase 3, PROMPT peer mentors were trained to use the training curriculum, recruited and worked with research participants experiencing OUD, and met regularly with a psychological team to debrief their peer mentoring experiences in a **support group**.

RESULTS

Figure 1. ***Themes that emerged from focus groups***

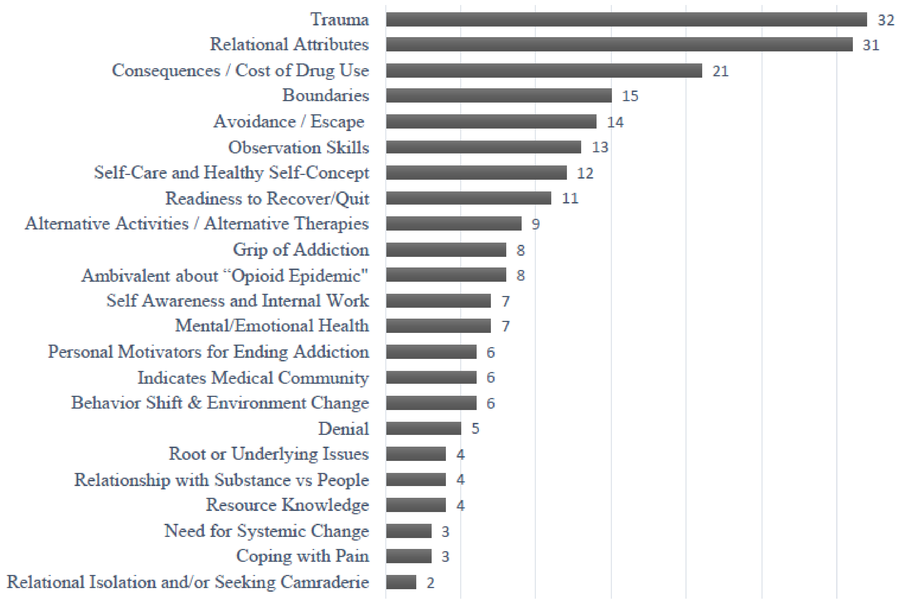


Figure 2. ***Curriculum modules informed by focus group themes***

The Phase 1 focus groups allowed for expression of nuanced perspectives, identified service gaps within the Veteran population, and informed the Phase 2 creation of the peer-delivered training curriculum. During Phase 3, the team developed a process to debrief and mitigate emotional distress that peer mentors may experience while mentoring research participants experiencing OUD. The team developed a process that addressed peer mentors' needs for regular debriefing and support. This support involved regular meetings with a psychological team for peer mentors to debrief their experiences in their roles. Conversations with the peer mentors indicated that the focus group themes and resulting modules resonated with their experiences.

CONCLUSION

Complex problems require community input. A CEnR approach positioned this community-academic research team to engage community members as co-investigators and collaborative partners in the design. Engaging Veterans and community organizations provided a robust framework through focus groups and the collaborative development of a training curriculum. Support groups allowed peer mentors, who had shared lived experiences with the participants, to debrief. The psychological team adapted to the needs of the group. The Milwaukee PROMPT project offers an important example of how a community engaged approach can tackle OUD among military Veterans.

Support for this project was provided by a grant from the Robert Wood Johnson Foundation Clinical Scholars program.

The Warriors Path: Using clinical measures in a Veteran arts - based community project... should we?

PRESENTER: Katinka Hooyer, PhD, MS

BACKGROUND

Many Vets feel alienated from engaging in war work. Ethical and spiritual dialogues are key to making sense of war trauma and humanities programs offer options, but physicians/funders want data that speaks their language.

METHODS

Pre/post changes in clinical symptoms:

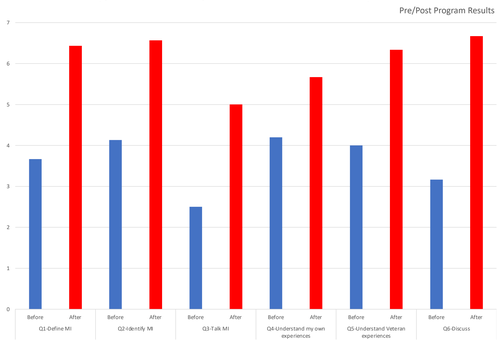
Moral Injury (MI) Short Form MISS-M-SF.

Pre/post knowledge and ability to discuss MI:

Focus groups and survey

RESULTS

MISS-M-SF scores modestly increased symptoms while ability to identify, talk about, understand MI improved.



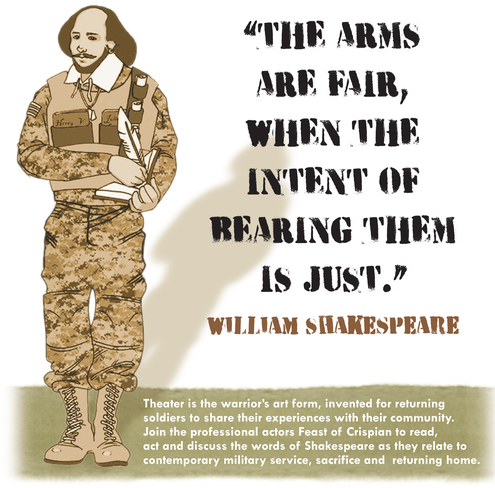
Vets became comfortable talking about MI with others, able to better express their MI and wanted to continue the dialogues. A majority welcomed the opportunity to share "radical truths" and some used insights as bridge to therapy.

NEGATIVE RESULTS? Modest increases in clinical symptoms. This may be due to the reflective nature of the activities and increase in Vets' ability to name and connect with feelings associated with moral injury.

Discussion Series	Moral Injury Pre-test (mean)	Moral Injury Post-test (mean)	P-value (significance .01)
Series 1&3 Shakespeare Scenes N=20	46.84	47.8	0.95
Series 2&4 Graphic Novel N=14	44.57	45.5	0.54
All Data Combined N=34	45.7	46.65	0.62

Take a picture to **view** the **Moral Injury Symptom Scale**

<1% of US population served in military active duty in the recent Global Wars on Terror, making it difficult for Vets to relate to friends, family and clinicians.



WARRIORS PATH AIMS

- create space for Vets to explore and gain a deeper understanding of spiritual and moral impacts of war
- provide a language to talk about Moral Injury
- express feelings, first through characters, then with each other, using Shakespeare's plays, graphic novels and war poetry as an entry point

RECONCILING +/- RESULTS

Participants and community partners CONCERN over "Clinical Symptom" results:

Do not tell the whole story
Can misrepresent outcomes
Perceptions of "real" evidence

DISCUSSION

Should we assess non-clinical community-based interventions with measures created for medicine?

Katinka Hooyer, PhD, MCW; Nancy Smith-Watson, FoC; Leslie Ruffalo, PhD, MCW

Harps of Comfort: Music for COVID-19 Patients in Isolation

Jennifer Hollis, CM-Th, MDiv; Jennifer C. Mackinnon, MD MM; Julia Reimann, Harvard University Divinity School

INTRODUCTION

- Harps of Comfort began with a tweet. On March 31, 2020, Dr. Jennifer Mackinnon of Froedtert Hospital and The Medical College of Wisconsin reached out to music-thanatologist and author Jennifer Hollis on Twitter, saying, "I am a harpist and doctor. I want to see how we can bring music into the ICUs when patients are dying alone. Let's work together and see if we can make this happen."
- Shortly thereafter, we brought together a group of harpists – all highly trained palliative musicians – to meet weekly on Zoom. These harpists come from all across the United States, Canada, and Australia, and many have decades of experience offering live music in medical settings.
- We developed a shared vision, chose a name, built a website, answered initial questions about funding, and tested microphones and equipment to ensure excellent sound quality over remote platforms.
- Harps of Comfort began playing for patients at Froedtert Hospital on September 21, 2020.

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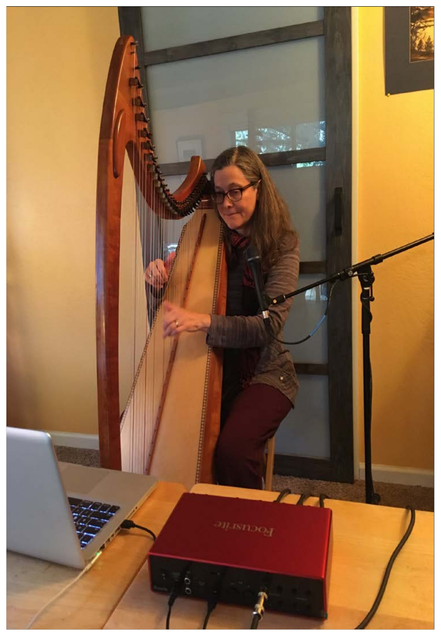
As of early November 2020, Harps of Comfort has played 42 music sessions. Some patients have received repeat music sessions.

Elizabeth Markell, CM-Th, plays for Froedtert Hospital patients from her home in Oregon.



METHODS

- Each week, two harpists are on-call M-F, 12noon-5pm to play music for isolated patients with COVID-19.
- By using iPads and a safe secure virtual platform, WebEx, the musicians are able to play for 30-45 minute Patients were in the CVICU and available during Harps of Comfort on-call time (M-F, 12-5pm)
- Nursing staff offered Harps of Comfort to patients and got consent for music sessions.
- Harpists offered music sessions over WebEx for 30-45 minutes
- Patients, nursing staff, and harpists offered qualitative feedback about music sessions

RESULTS

- During music sessions, harpists have observed decreased respiratory and heart rates, increased relaxation and sleep, and have heard positive feedback from family members.
- Qualitative analysis of musicians virtual encounters with patients review.
- Extraction of themes

Harpists report that the remote platform, WebEx, provides a unique and robust opportunity to provide excellent patient care. "It has been an amazing experience for me to be able to bring comfort and support to Covid-19 patients with my harp and voice and to see how close the virtual platform brings us to the patient's bedside. It is like being right there with them." (Bonita Wood, CMP, RN, BMus)

"A patient's wife had stated that she felt that the Harps of Comfort visit helped lower her husband's blood pressure, and she herself appreciated the music – she made sure that each day they played and she was here at the hospital, that she was in the room the whole time for it as she found it comforting as well." "Still another patient had been very restless, anxious and short of breath for much of the shift; he agreed to try the Harps of Comfort playing for him and the bedside RN reported that the patient fell asleep within 5 minutes of them starting to play because he was so relaxed!" -Jennifer Popies, MS, RN, CCRN-K, ACNS-BC, Clinical Nurse Specialist in the CVICU

CONCLUSIONS

- Initial observations indicate that remote music sessions can provide symptom relief, increased relaxation and sleep, care and support for patients and their loved ones in isolation with COVID-19.
- More study of the impact of the music sessions will be forthcoming via validated research surveys before and after the music sessions.
- This research will include the effects of music on the well-being of ICU staff as well as loved ones attending the music sessions remotely
- Harps of Comfort may in the future collaborate with palliative care in addition to ICU
- Harps of Comfort's method of offering remote music sessions for isolated COVID-19 patients could be a model for other hospitals and nursing facilities in the community.

•References

•"Investigating the physiological responses of patients listening to music in the intensive care unit" in The Journal of Clinical Nursing

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•"Family members' views on the benefits of harp music vigils for terminally-ill or dying loved ones" in Palliative and Supportive Care

Enhancing patient-centered medical care through life story work (LSW).

Sai Suma Samudrala[1]; Justin Laridaen[1]; Seth Jovaag[2]; Thor Ringler, MFA, MS[2]; Michael McBride, MD, MS[3]; Bertrand Berger, PhD[3]

1-Medical College of Wisconsin, Milwaukee, WI 2-William S. Middleton Memorial Veterans Hospital, Madison, WI 3-Zablocki Milwaukee VA Medical Center, Milwaukee, WI

Introduction

The patient-provider relationship plays an essential role in patient-centered care, however, because of clinical time restraints, providers are often unable to engage in conversations that extend beyond the patient's presenting health concerns.

Veterans especially benefit from such practices as an understanding of their past experiences may uncover important clinical information that influences their overall health profile.

One way to have these conversations is through life story work (LSW).[1]

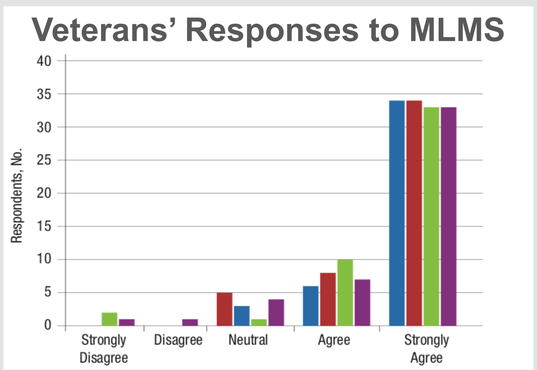
Objective

The "My Life, My Story" (MLMS) program at the Milwaukee VAMC will be used to determine if LSW enhanced trainee empathy, fostered stronger patient-provider relationships, and contributed to effective patient-centered care.

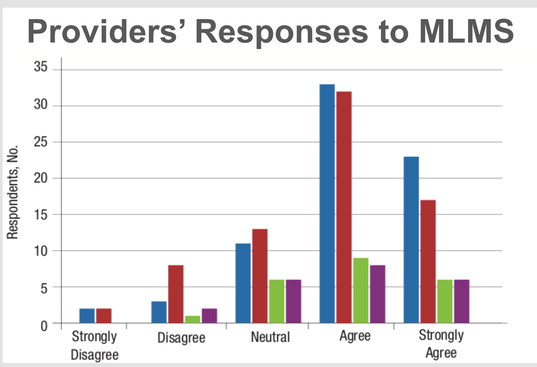
Methodology

1. Pre-	2. Interview	3. Post-
Recruit student volunteers (pre-health trainees).	Veterans share life story experiences.	Veteran's story is added to their medical record.
Recruit/consent Veterans for interview.	Trainees write a narrative in Veteran's voice.	Care team and providers can access the story.
Set up in-person or virtual interview.	Story is read back to Veteran for approval.	Feedback is used to improve the program.

Madison VAMC Results[2]



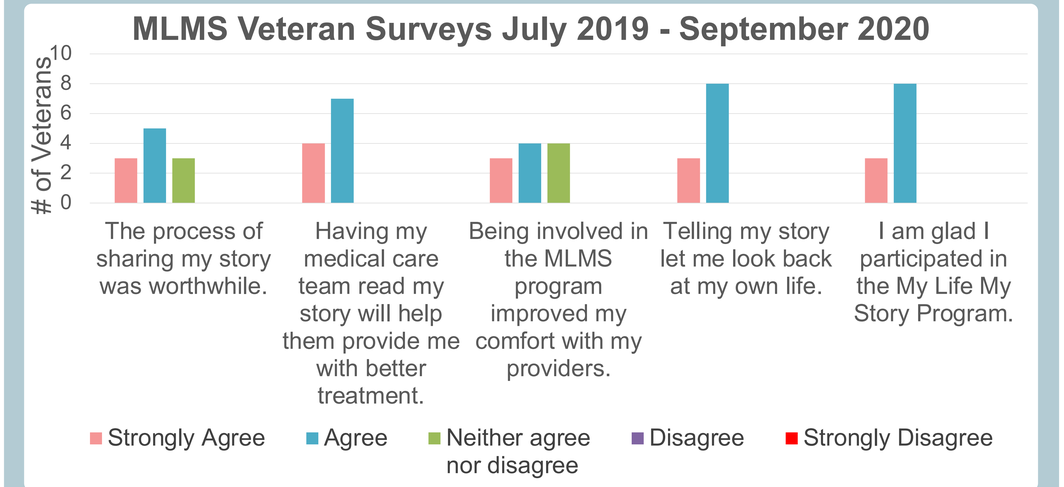
Blue: I liked the visit from the interviewer today.
Red: I felt this visit gave me a chance to describe myself to my treatment team.
Green: I felt that my story was a helpful part of my care.
Purple: The Madison VA should continue this program.

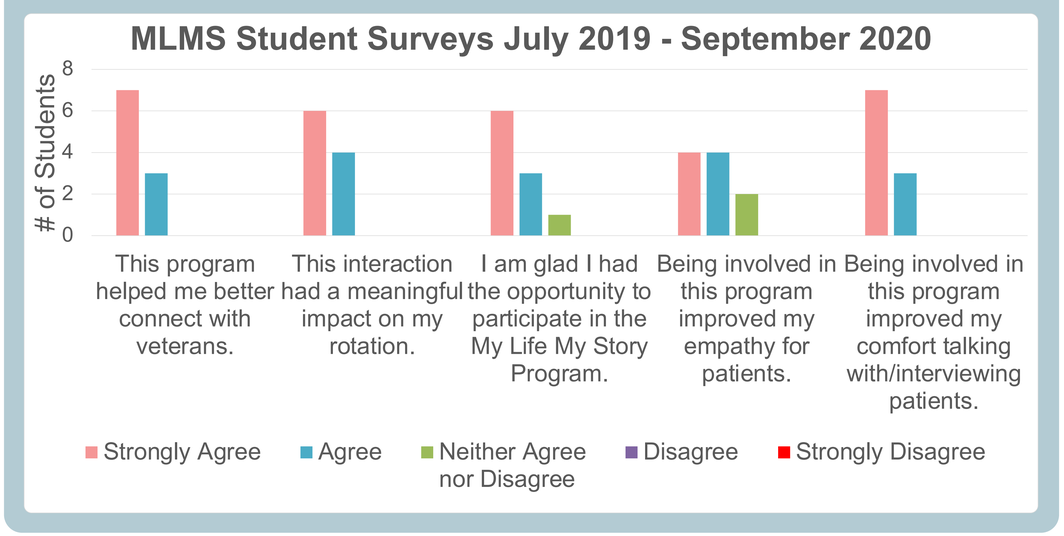


Blue: Reading the story was a good use of my clinical time.
Red: Reading the story will help me provide better treatment.
Green: Reading the PHI was a good use of my clinical time.
Purple: Reading the PHI will help me provide better treatment.

Feedback from other MLMS programs, including the Madison VAMC (pictured above)[2] and the Boston VAMC[3] identified that Veterans, trainees, and providers unanimously benefitted from this LSW.

Milwaukee VAMC Results





Results

Preliminary MLMS program feedback at the Milwaukee VAMC is similar to the feedback received by the Madison and Boston VAMCs' MLMS programs.

All Veterans reported that they felt confident that their stories would enable providers to give better medical care.

All trainees also reported increased comfort in speaking and connecting with Veterans.

Conclusions

Engaging in LSW outside of clinical visits improves trainee comfort and contributes to increased Veteran satisfaction.

These stories further transform a VAMC into a community where Veterans feel accepted and understood.

Future Directions

Recruit
- Encourage pre-health trainees and Veterans to participate in the program.
- Increase community awareness of MLMS.

Feedback
- Optimize post-interview survey questions that are given to trainees and Veterans.
- Obtain feedback from healthcare providers.

Goals
- Host regular Read-a-thons.
- Incorporate MLMS into trainee curriculum.
- Assess implementation of MLMS into other aspects of clinical care.

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Evidence-Based Decision Making: Marathon County Pre-trial Project

Natalie Weeks

MCW Faculty Advisor: Dr. Corina Norrbom

Abstract

Marathon County is 1 of 6 Wisconsin counties chosen through an application process to partner with the Wisconsin Department of Justice and National Institute of Corrections (NIC) in the *Evidence-Based Decision Making in State and Local Criminal Justice Systems Initiative* (EBDM). Decreasing recidivism rates and crime within the community are public health priorities in Marathon County. My goal in this project was to partner as a representative of the Medical College of Wisconsin with a team of community members on the local Evidence-Based Decision Making Team to implement practices that improve the local justice system in Marathon County.

Background/Purpose

The purpose of this project is to help build a systemwide framework to guide Marathon County justice system starting from the initial arrest through final disposition and discharge to result in more collaborative evidence-based decision making and practices in state and local criminal justice systems. Recidivism is the tendency of a convicted criminal to reoffend. The pre-trial period is the time frame of the initial arrest to before the case disposition, and this is when key decisions are made about releasing, citing, detaining, charging, and bail. Even short periods of incarceration significantly impact health.

Information gathered through project knowledge can be applied to:

- reduce pre-trial misconduct and offender recidivism
- reduce harm in our communities
- meaningfully engage the public
- build true partnerships across jurisdictional boundaries

A 30% reduction in recidivism is possible if the justice system applies current knowledge consistently and with fidelity.[3] The research also shows that application of this knowledge can produce significant cost benefits to cities, counties, and states.

Detaining low/moderate risk defendants in jail for even a short time can increase their risk for misconduct, while releasing high risk defendants without assessment is a public safety concern.[3] Also, defendants detained pre-trial are more likely to be convicted and to receive longer sentences than defendants who are not detained.[3]

EBDM Framework Principles

EBDM Principle 1: The professional judgment of criminal justice system decision makers is enhanced when informed by evidence-based knowledge.

EBDM Principle 2: Every interaction within the criminal justice system offers an opportunity to contribute to harm reduction.

EBDM Principle 3: Systems achieve better outcomes when they operate collaboratively.

EBDM Principle 4: The criminal justice system will continually learn and improve when professionals make decisions based on the collection, analysis, and use of data and information.

Methods

All the information gathered for my part of this project was obtained through public records on the WI Circuit Court Access (CCAP).

To get the best assessment of average need and level of risk for the Marathon County system, individuals with an offense that occurred recently in Marathon County were compiled into a list otherwise chosen by random sampling.

The individuals (n=250) were scored with the Public Safety Assessment Tool supplied by the Arnold Foundation and the PSA Matrix created by the State of Wisconsin. This matrix gave a score of 1– 4 after compiling all these factors used to score individuals:

- Age at current arrest
- Current violent offense and prior violent offenses
- Pending charge at time of offense
- Previous misdemeanors or felonies
- Prior failure to appears to court dates
- Prior jail sentence

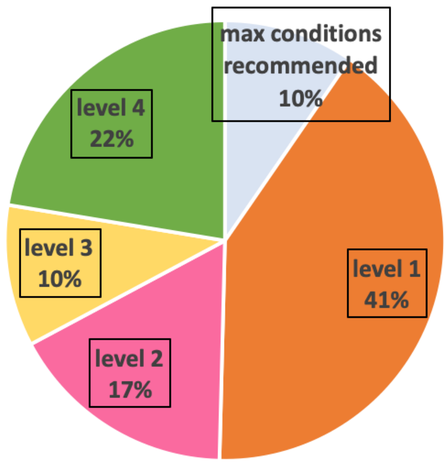
WI Circuit Court Access (CCAP)

The scoring works based on the premise that level 1 individuals are at the lowest risk of reoffending and failing to appear to court. Level 4 is the highest risk. Some recommendations for supporting individuals based on their risk level include:

	Level 1	Level 2	Level 3	Level 4
Face-to-Face Contact	No	1x/month	Every other week	Weekly
Alternative Contact	No	1x/month	Every other week	No
Supervised Conditions	No	As Authorized	As Authorized	As Authorized
Court Date Reminder	Yes	Yes	Yes	Yes
Criminal History/CJIS	No	Yes	Yes	Yes

Results

Final Recommendation Score Breakdown



Conclusions

Decisions about whether to incarcerate can be tailored to the individual's needs and risk level, with the goal of being as least restrictive as necessary. The intervention should match the risk level of the individual.

Evidence-based decisions help balance the need for public safety and the consequences for the individual being held while giving equal opportunity for pre-trial release is to all persons, regardless of race, gender, and SES.

Solid pre-trial support services improve court appearance rates, transparency and accountability in prosecutors' offices, and evidence-based workload limitations for public defenders. Decreasing recidivism rates has harm reduction effects on the entire community. It helps minimize the negative health outcomes of incarceration on individuals and their families.

Future Directions

The long-term goal of the EBDM team is to implement this scoring system on each pre-trial detained inmate for evidence-based decision making on new cases.

As more individuals are scored with the matrix, more information will be available about the amount of services and resources needed to best support those within the local justice system.

The results from the Marathon County Pre-trial Project will help guide additional Wisconsin counties in the future if they choose to implement a pre-trial program.

The outcomes/data/performance measures of this project should be monitored ongoing and considered in context of the unique defendant demographics in this project.

Acknowledgments

Yarie, L. and Kischel, D. of Marathon County Justice Administration
Marathon County EBDM team
National Institute of Corrections
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Wisconsin Views on Addiction and Mental Health

Nathan Staidl, MS2

MCW Green Bay

INTRODUCTION

- Growing up in a very rural and conservative portion of Wisconsin, I found addiction and mental health were traditionally ignored.
- I have often wondered if there is a correlation to certain social demographics and views on addiction.

PURPOSE

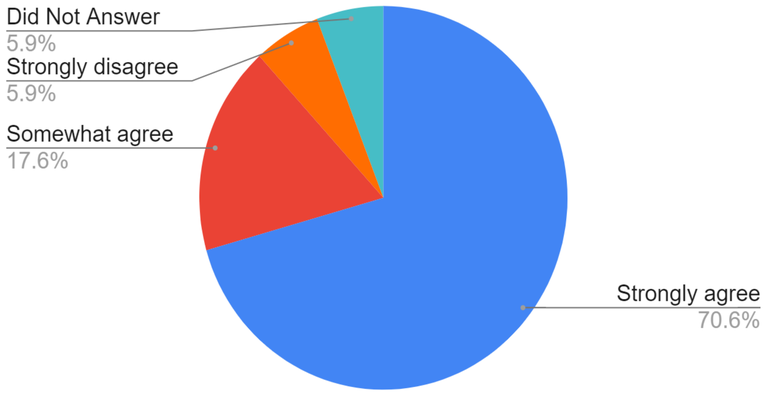
- Discover the people of Wisconsin's views as they pertain to substance abuse and mental illness.
- Evaluate opinions of varying demographics throughout Wisconsin, to compare with modern, widely accepted scientific research on addiction.
- This research may help lead to improved public opinion, state policies, and legislation with regards to how we care for people living with addiction.

METHODS

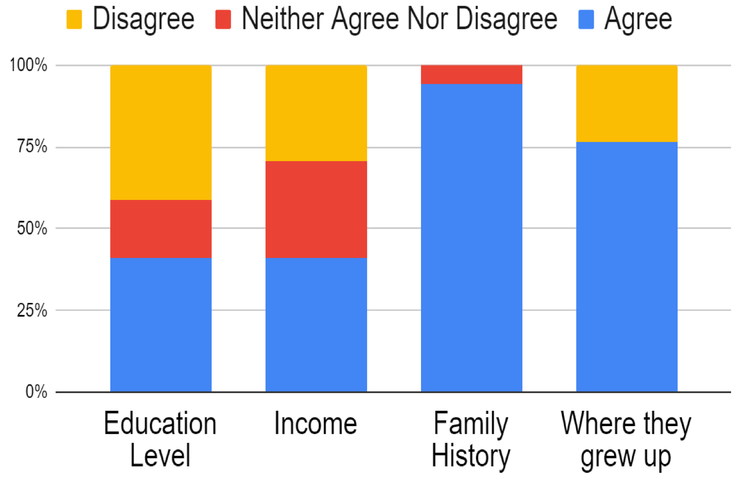
- Surveys were distributed via the Brown County Alcohol & Drug Coalition 4 Change, and collected using the online survey platform, Qualtrics.
- Data interpreted to match answer patterns such as whether they believed addiction was a mental illness, and what they thought were increased risk factors, with certain self-proclaimed demographics including whether they or someone they knew suffered from addiction, participant's age, education level, income, where they grew up/live now, and political views.

RESULTS

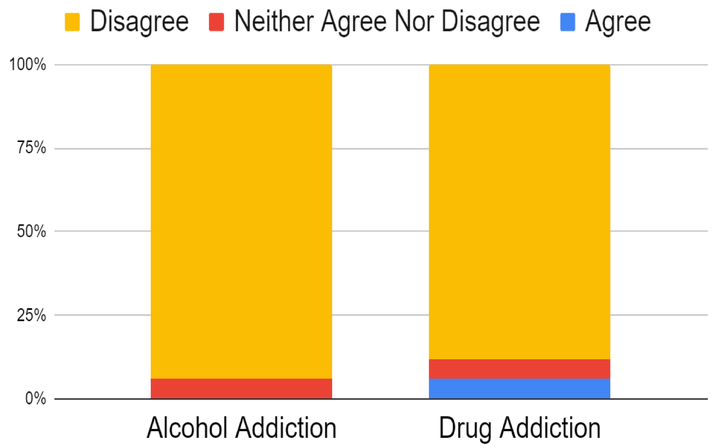
View Substance Addiction as a Mental Illness



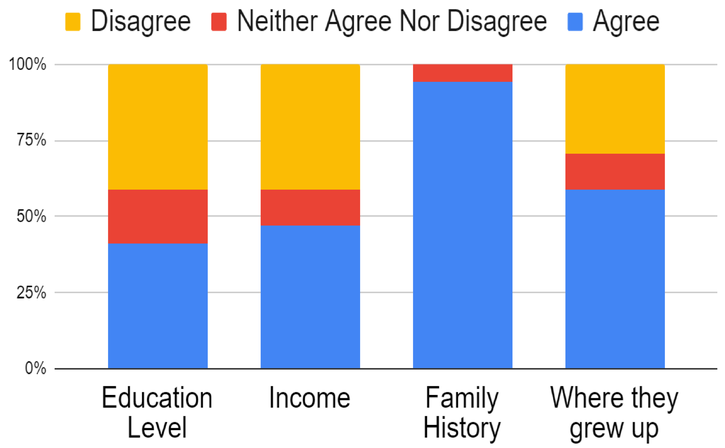
Increased Risk for Alcohol Addiction



Character Flaw/Personal Choice



Increased Risk for Drug Addiction



Average Participant*:

Age	
26-40	18%
41-65	76%
>65	6%
Did Not Answer	0%
Education	
Ass./Tech	18%
Bachelors	76%
Masters	6%
Did Not Answer	0%
Household Income	
< $80k	29%
$80 - 240k	53%
> $240k	6%
Did Not Answer	12%
Area Raised/Live	
City/Suburban	88%
Rural	12%
Did Not Answer	0%
Political Views	
Very Liberal	6%
Moderate-Liberal	47%
Moderate	24%
Moderate-Conservative	12%
Very Conservative	0%
Did Not Answer	12%

*Approximately 88% of participants know someone who experiences addiction, 24% experience addiction themselves, and 6% do not experience nor know someone who experiences addiction

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CONCLUSIONS

- The majority of people who were surveyed in Wisconsin do see alcohol and drug addiction as a mental illness.
- Some people still fail to recognize social factors such as education and income as high-risk determinants of addiction, while placing more influence on family history and where the person grows up.
- There appears to be no correlation between any one demographic and views on addiction, however the small sample size and general lack of diversity among participants may be contributing to false representations, as well as participants selecting "self-proclaimed" demographics which may be subjective.
- Other limitations may include selection bias due to the organizations I worked with giving access to participants who may have already been seeking to change views and policies on substance abuse. People with this stance may skew results towards a more progressive outlook.

Factors Associated with Tobacco use in Homeless Adults

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MEDICAL COLLEGE OF WISCONSIN

knowledge changing life

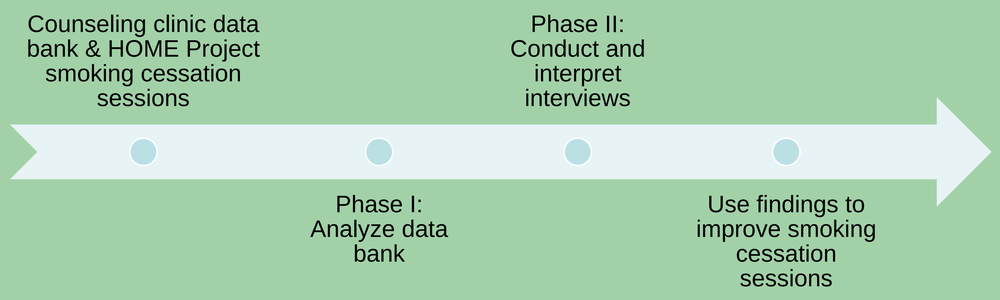
Introduction

Background:

- Those who are homeless are four times more likely to smoke cigarettes than the general US population [4]
- Previous studies have separately investigated quantitative factors and personal experiences associated with tobacco use in homeless individuals [1-3, 5]
- A more complete understanding of the interaction between these factors is needed in order to improve tobacco use prevention and cessation outreach

Objectives: Investigate factors associated with tobacco use and develop a theory for tobacco use and cessation in this homeless population

Hypothesis: Homeless smokers show lower self-efficacy, greater social isolation, poorer perception of therapy, and greater levels of chronic homelessness than non-smokers



Conclusions

Results suggest that smoking cessation programs could benefit from:

- Tailoring information to the education level of their audience
- Discussing health insurance, barriers to treatment, and affordable treatment options
- Highlighting how smoking cessation could improve ability to quit other substances. [6]

Reference(s)

[1] Arnsten et al., (2004). *Addictive Behaviors*
[2] Baggett & Rigotti, (2010). *American Journal of Preventive Medicine*
[3] Connor et al., (2002). *Journal of General Internal Medicine*
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[6] Weinberger et al., (2017). *The Journal of Clinical Psychiatry*

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Phase I Methods

Design: Quantitative cross-sectional analysis of a homeless shelter and service agency's counseling clinic data bank

Data Collection: Clients of the counseling clinic completed three assessments via counselor interview. Data was collected from 2014 to 2019.

Study Population: 97 individuals who indicated a history of homelessness

Statistical Methods: Logistic regression performed in RStudio using a generalized linear model. Independent variables were analyzed to predict a current status of smoker or non-smoker.

Phase I Results

Variable	*OR (95% CI)*	*P-Value*
Highest Level of Education (n = 97)		
Some high school or less	–	–
High school, GED, HSED	0.05 (0.002-0.39)	0.01
Technical training, some college or greater	0.07 (0.003-0.49)	0.02
Do you currently have health insurance provided by the state of WI? (n = 97)		
Yes	0.11 (0.005-0.91)	0.07
No	–	–
How many times have you received substance abuse treatment (before this time)? (n = 97)		
No prior tx	–	–
1 to 2	3.54 (0.90-15.27)	0.08
3+	4.17 (1.19-15.81)	0.03

Variable	*OR (95% CI)*	*P-Value*
Social isolation score (n = 97)	1.02 (0.95-1.10)	0.56
Self-efficacy score (n = 97)	1.41 (0.53-3.87)	0.49
I see the value in therapy (n = 95)		
Strongly agree	–	–
Agree	1.38 (0.43-4.76)	0.55
Neutral	2.18 (0.41-16.28)	0.40
Have you been homeless continuously for the last 12 months or more? OR Have you been homeless 4 or more times in the past 3 years? (n = 97)		
Yes	2.46 (0.79-8.02)	0.12
No	–	–

- The odds of being a current smoker was **higher** for those with a low level of education
- The odds of being a current smoker was **lower** for those with state health insurance
- The odds of being a current smoker was **higher** for those with prior substance abuse treatment
- Social isolation, self-efficacy, perception of therapy, and chronic homelessness did not seem to impact smoking status