



Harm Reduction Case Study Kenosha County, Wisconsin

Overview

Kenosha County is located in southeastern Wisconsin and has a population of 169,561, more than 35 percent of which is between the ages of 25 and 59. Geographically, the county is split between its urban center and more rural suburbs.

Substance use has hit Kenosha County hard in the past decade.

- Between 2014 and 2018, opioids were responsible for 185 deaths in Kenosha County.
- In 2017, the county had the highest overdose rate per capita in Wisconsin.
- In 2015, 62 percent of total drug deaths in Wisconsin involved multiple drugs; by 2019, this figure was more than 74 percent. During that same period, the percentage of deaths involving methamphetamine rose from 4.4 percent to 13.6 percent.
- Statewide, the impact of the opioid crisis on communities and public resources has been

enormous; during 2019, there were 3,731 opioid-related inpatient and emergency room hospital visits in Wisconsin.

In response to this substance use crisis, in early 2017, Kenosha County Aging and Disability Services launched a three-pronged approach to mobilize resources and activate key partners in the county. The Opioid Task Force (OTF) was formed, which has since grown to 46 members and meets regularly to share information and discuss policy interventions to reduce overdose deaths. Simultaneously, Kenosha Human Development Services (KHDS) launched a boots-on-the-ground support team, which is composed entirely of people with lived experience, to bring resources and information to individuals after they experience an overdose.

The OTF supports specific partnerships necessary for referrals to the peer support team, including the provision of overdose patient information from the local hospitals



and emergency medical services (EMS). In turn, the support team helps to reduce the stigma of addiction and improve morale among OTF members. As part of the program, both initiatives are evaluated on an ongoing basis to inform adjustments and improvements to the program as the county learns what is working. The primary goal of these projects is to reduce overdose deaths. Promisingly, Kenosha County has experienced a significant decline in overdose deaths since their launch.

Harm Reduction Activities

At its heart, Kenosha County's approach to post-overdose situations is to meet people where they are through a program grounded in partnership, client-centeredness, and evaluation. The county's peer support team is committed to harm reduction principles of providing services in a nonjudgmental manner and distributing medication, such as naloxone, to high-risk populations.

By design, the peer support team reaches individuals at high risk of overdose, based on the knowledge that people who have experienced an overdose are likely to overdose again. Naloxone is most effective at reducing opioid overdose rates when it is made readily available to people who are actively using drugs, who, in turn, are the same individuals most likely to witness and are therefore best positioned to respond to an overdose. Accordingly, the peer support staff achieves results by offering training in prevention and response techniques to individuals after an overdose, as well as to the individuals' friends and families.

County emergency departments and EMS provide referrals to the program so that within 24 to 48 hours of an overdose, a team of peers contacts each affected individual by phone. Further communication is determined by the survivor. The team is integrated into the adult crisis unit within KHDS, where the county's 24-hour crisis walk-in center (called the [KARE Center](#)) is located. Team members receive training in motivational interviewing and assist individuals in navigating the variety of resources available to them. Peers refer individuals to a variety of community resources including those located at the local health department (for example, naloxone provision and long-term case management) and those that meet social needs such as child care or treatment programs with flexible hours to accommodate work schedules. Peers work to understand the needs of the individual, and the individual's engagement with the service is not contingent on a commitment to an abstinence goal.

Buy-in from law enforcement agencies, hospitals, and EMS in Kenosha County is a critical component of the peer support program. It was initially achieved by identifying local EMS champions, who are forward thinkers willing to effect change in their own agencies in order to better serve people at risk of overdose. Secondly, the OTF now brings together local stakeholders on a regular basis. Prior to its inception, many partners did not fully understand the scope of services provided by each agency. Now they work together on grant applications, have strengthened referral systems, and have built a

safe space to brainstorm new ideas. Evaluations of the task force have shown that members believe the OTF is successful and are willing to consider making policy change at their agencies. The peer support team is present at each OTF meeting, as well as at the annual training of new law enforcement officers and crisis response training for first responders.

EMS leadership is also critical for supporting team expansion into the rural parts of the county. Accordingly, one product of the program is cards provided by EMS to people who use drugs, containing information about naloxone, harm reduction, resources, and medication disposal options. EMS providers also carry informational handouts called *This Packet Could Save Your Life*, with updated rosters of resources and referrals for substance use prevention and treatment services, including medication-assisted treatment, medication return, and harm reduction.

Outcomes

The principal goal of the support team is to reduce opioid deaths in Kenosha County. Since the start of the program, opioid overdose deaths have decreased from 48 in 2017 to 35 in 2018 to 24 in 2019. This success is attributed to the new partnerships established by the OTF that have led to better engagement—through the work of the peer support team—of people who experience an overdose; improved data collection and sharing among partners; and the strong, ongoing commitment of the OTF members. The OTF has become a model for other communities in Wisconsin.

The peer support team understands that every person is on his or her own journey of substance use, recovery, and abstinence. Recognizing that, its goal is to provide

information and resources and to connect individuals to them as needed. Viewed through that prism, it defines success as enhanced engagement of affected individuals and improved capacity by providers to serve them, rather than abstinence.

Harm reduction programs are most effective when they are community-based. They work because the peers staffing them serve as examples of successful recovery in precisely those environments where drugs are currently being used. Peers are also well-connected to other programs and are able to continuously update resource lists and referral contacts in order to connect people to needed care. They know the local landscape of service providers and can identify those that are receptive to people who use drugs and will provide care without judgement. The latter point is critical, because it is often stigma that prevents people who use drugs from accessing services, making direct engagement immediately post-overdose a significant challenge—and therefore all the more essential. This model of bringing services where people are and offering care with respect makes an incredible difference in overdose survivors' willingness to engage services and follow through with them.

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