

# Enhancing Recovery through Emergency Department-based Peer Support

Catching Up with COSSAP, April 2020 Edition

The hospital emergency department (ED) is often the first entry point for care for people with substance use disorders (SUDs), including those experiencing a drug overdose. In the United States, between July 2016 and September 2017, there was a total of 142,557 ED visits for suspected drug overdose, an increase of nearly 28 percent over the prior year (Vivolo-Kantor et al., 2018).

In response, a growing number of ED-based peer recovery support service programs across the nation has emerged to facilitate treatment and long-term recovery for people with SUDs. And it's working. Capitalizing on their unique position as stakeholders with lived experience, ED-based peer workers offer linkages to ongoing community care and harm reduction services, and practical assistance for overcoming barriers to services and recovery support—including emotional support—with promising results:

- In New York City, Relay, an ED-based peer-delivered response to opioid overdose, recorded that 79 percent of participants followed through on referrals for medication-assisted treatment and inpatient treatment appointments between June 2017 and December 2018 (Welch et al., 2019).
- In Rhode Island, between July 2016 and June 2017, AnchorED peer specialists had 1,329 contacts with persons visiting EDs for problematic substance use or overdose. Of those, 89 percent received naloxone training and 87 percent agreed to continued engagement with peer supports (Wayne et al., 2019).

- In 2019, the Council of Southeast Pennsylvania's certified recovery specialists registered nearly 2,000 contacts through projects in Philadelphia and Bucks County, with 53 percent entering treatment and 32 percent continuing their engagement with peer supports (Council of Southeast PA, 2020). (The Council serves as a mentor in the Bureau of Justice Assistance (BJA) Comprehensive Opioid Abuse Program Peer Recovery Support Services (PRSS) Mentoring Initiative.)

The growing utilization of peer support workers in the ED workforce has implications for diverse settings where lack of capacity has contributed to poor outcomes. Peers have demonstrated an invaluable ability to establish and build relationships with individuals who need support, many of whom are vulnerable and tend to vanish upon release from ED interventions. And they maintain ongoing contact with those individuals, helping them access treatment and other health services, supports, and resources. As a promising practice, peer-based support in EDs and other settings warrants further attention and resources.

## Grantee Spotlight: Project POINT, Marion County, Indiana

In his role as project coordinator at Project Planned Outreach, Intervention, Naloxone, and Treatment (POINT), a SAMHSA- and BJA-funded initiative, Phil Campbell supervises a team of three peer workers who provide

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comprehensive PRSS to individuals with SUDs at Eskenazi Hospital in Marion County, Indiana. For most of his career, Phil was a self-employed artist, but in 2018, with 10 years in recovery from addiction, Phil joined Project POINT, wanting to help others with SUDs.

“We have an immediate impact,” Phil says. “Most of the time, we’re meeting patients at a very traumatic time: they just overdosed, they’re full of fear, remorseful, or angry. But, this is a really good time to plant a seed and make an impact on someone’s life.”

Over a 2-month period, between December 1, 2019, and January 31, 2020, Project POINT served 184 individuals who entered the ED at Eskenazi Hospital. Project POINT expects to serve over 1,000 persons throughout the coming year, providing ongoing support to approximately 100 active participants each month.

As an integral part of the ED and hospital, Project POINT successfully refers and engages people in ongoing care and treatment. All of Eskenazi Hospital’s ED nurse practitioners are waived to prescribe buprenorphine for opioid use disorder, and an outpatient clinic is being discussed to bridge Project POINT patients on Monday afternoons. Nine of the ten Eskenazi federally qualified health centers also have waived providers, and the Sandra Eskenazi Mental Health Center offers walk-in appointments.

Additionally, Project POINT has funding to place 24 individuals in recovery residences. It provides a range of instrumental supports, including clothing, backpacks, naloxone kits, food assistance and restaurant gift cards, mobile phones, as well as help applying for public benefits and financial assistance. To the many individuals who are homeless and uninsured, these additional services are critical.

Phil credits the development of solid relationships with hospital and ED staff as central to the success of integrating PRSS within the ED setting and creating a strong peer presence. “When I took on the role, it was very important to announce our presence. I began going to section meetings with all of the ED physicians.” Project POINT staff are also accessible through the hospital’s electronic medical records, so hospital clinicians can easily send requests for consultations.

Project POINT’s services are expected to grow over the next year, including by adding another peer worker to the team and expanding hours. And whereas services are currently supported through federal grants, plans are in place to explore reimbursement for services.

## References

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