Spotlight on Grantees

Announcer: Welcome and thank you for listening to this recording, part of the Comprehensive Opioid, Stimulant, and Substance Abuse Program (or “COSSAP”) podcast series. COSSAP provides financial and technical assistance to states and units of local and Indian tribal governments to plan, develop, and implement comprehensive efforts to identify, respond to, treat, and support those impacted by the opioid epidemic. Since 2017, BJA has supported innovative work on these COSSAP sites across the nation.

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Sade Richardson: Welcome. You’re listening to “The Power of Peers,” a podcast produced by the Peer Recovery Support Services (PRSS) Training and Technical Assistance Center, a project funded by the Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Abuse Program (or COSSAP). The center is staffed by Altarum, a nonprofit organization that creates solutions to advance health among vulnerable and publicly insured populations. I’m your host, Sade Richardson. Welcome to this podcast series that focuses on peer recovery supports.

The Peer Recovery Support Services Training and Technical Assistance Center supports COSSAP grantees as they plan, implement, and evaluate peer recovery support services. The TTA Center also provides support to non-grantee jurisdictions and organizations that are working to integrate peer recovery support services into public safety, criminal justice, or child welfare settings.

In this podcast, you will hear from four grantees that are working at the county level: the Berkeley County Resource Center, the Kenosha County Opioid Initiative, the Fairfield County Opioid Response Team, and the Hamilton County Council on Alcohol and Other Drugs. Each grantee will provide an overview of their program and the different ways they are creatively addressing the opioid crisis.
Stephanie Stout: So I’m Stephanie Stout, and I work at the Berkeley County Recovery Resource Center as the Recovery Network Coordinator for the COAP grant. And what we do is, we incorporate our peer recovery coaches into our harm reduction program to be able to link individuals to services, whether it’s housing, food, clothing, or detox treatment, treatment to MAT—we’re able to be that middleman that kind of gets them to where they need to be. We also use recovery coaches at some of our outreach programs we do at the City Mission and the local library. Raj, along the line, he has been our researcher in this program. So he’s been able to take some of the data that we’ve pulled and kind of put it into understanding for others to see what exactly it is that we’re doing. Raj, would you like to share some of that?

Raj Masih: Sure. I’m Raj Masih. I work for the Potomac Collins Guild, a licensed behavioral health agency, and I worked through the Bureau of Behavioral Health in West Virginia for the state opioid response. And I’m privileged to be a researcher working with Stephanie and her team in the Peer Recovery Coach program embedded in a very awesome harm reduction program. My job is to look at the data analysis of what they’re doing, you know, to be able to create a model for maybe other agencies to look at what works and what doesn’t work and the very busy sort of brief interaction that recovery coaches have with participants in a harm reduction program. That’s just a small window to engage that client and, you know, effect change. So we’ve been looking at, what are some of those evidence-based interventions that work? So one of the things that we know for females, respond well to things like self-disclosure of recovery status; males respond well to things like screening, brief intervention, and referral to treatment.

We know that in terms of outcomes measurements, some of the most important things that they’ve captured are people are willing to meet with the recovery coach a second time. So that, we see that with males and females, people willing to reduce their usage, in males and females. And we see with females, they’re more likely to accept a referral to formalize substance abuse counseling. So that’s, that’s really sort of what I do in this.

Stephanie: I would like to add also that, we also incorporate recovery coaches into our behavioral health unit at our local hospital. So that’s been able to remove some of the barriers that individuals have when coming out. Whether they were homeless when they went in or they’re seeking further treatment while they’re there. We’re able to kind of be that catalyst to help them along the way so that when they come out, they’re not just back out into the homeless population. We’ve seen a lot of successes as far as individuals also because our recovery coaches are those that have that lived experience. At our resource center, we only train individuals that have substance use disorder.
So being able to make that connection with somebody while they’re there in that controlled environment, and then, them knowing that when they come out and want to go to a meeting, there’s going to be somebody that we can connect them with so that there’s not so much anxiety or fear around it, and it’s shown a lot of successes as far as people being able to be linked up for a warm handoff.

Raj:

And one of the things that, obviously Stephanie’s very modest, but the work that she does through the Recovery Resource Center is absolutely amazing. And this, for so many people, this is the point of entry, the portal of entry into the continuum of care. For so many people, this is the single-stop shop for help with getting a medical card, you know, legal assistance, jobs, education, of linkage to evidence-based treatment, including MAT detox, residential treatment, sober living, and just building recovery capital in their lives. And Stephanie also is a regional trainer of peer recovery coaches and has trained, I don’t know how many people, and is a huge asset and resource to the eight counties in the Region 2 area of West Virginia.

Debbie Reuber:

Hi, my name is Debbie Reuber. I am with the Kenosha County Opioid Initiative. We have an opioid task force that we started in 2017, and two different things that we have been funded to do in our community—one is our Kenosha County Opioid Task Force and the other is peer support outreach. Our task force started in 2017, and we weren’t really sure what we were doing, so we invited the Lake County Opioid Initiative to show us what they were doing. They’re from Illinois, we’re in Wisconsin, and we took what we thought fit in our community and went with that. We wanted a lot of different people around the table, and at first, we were having a little bit of a difficult time getting our EMS on board; our medical examiner, who is the co-chair of the task force, kept meeting with the EMS director and said, you know, I really think you should be here. And he said, I just don’t see where I fit in. Well, he finally came to a meeting and his name is Jim Poltrack and he has been nothing but a champion since he attended. He said, I get it, after he came to the meeting and he has given us some really great ideas as to how to expand our services. We came up with a packet called “This Packet Could Save Your Life.” And it is left with individuals that have overdosed and maybe refuse to go to the hospital. Sometimes, it’s left with family members or friends that are left behind because their, their loved ones being transported to the hospital.

Some people actually will walk into the fire department and ask for this packet as well. We also developed a card that helped people recognize what the signs of an opioid overdose look like. And these are put throughout the community in different agencies and also handed out in that packet, if needed.
We also wanted to expand with peer support, and we had two to four people on that are part of this initiative. And they are certified as peer support specialists, and they are people that have at least had two years in recovery. We were having a little bit of a difficult time having the hospitals give referrals to them.

What would happen is, a person would come in that had overdosed and the referral wasn’t coming to peer support. So we had some meetings with them and the peer support went in and met with the hospital staff and explained what they did, still didn’t quite give us the referrals that we’re needing, so we talked to EMS and EMS was on board and decided that they would give the referrals directly to crisis as well as, who oversees, more or less, the peer support. And that has really started a great partnership in our community. We get that information within 24 hours of an overdose occurring and it’s not limited to just peers, the peer support going to see somebody who has overdosed. It’s anybody who’s looking for help, whether it’s treatment, whether it’s looking for meetings, looking for information. There’s been family members and friends that have called peer support to look for information as well. We really are grateful to that partnership that we have with EMS and don’t know what we would do without them. We hope that that partnership continues and we are able to help the community become more well.

Scott Duff:

Well, my name is Scott Duff. I am the director of the Fairfield County Overdose Response Team. We are located in Fairfield County, Ohio, which is just the county southeast of Columbus, Ohio. So we’re right next to a major metro. Our county is about 150,000 people. Our quick response team is made up of myself, which is the director; we have three peer support personnel; and we have community paramedics assigned to our group as well. I am a retired law enforcement officer, but I still carry a commission with the Fairfield County Sheriff’s Office. So we switched a component to our quick response team. Our peer support, however, is a vital part of our team in Ohio. So in Ohio, in order to become a peer support specialist, you have to be certified. What that means is, you have to pass a certification class—it’s both online and in person. And I do believe you have to take some sort of exam.

Our State Board of Mental Health and Addiction Services manages that aspect of peer support. You also have to be in recovery for so many years, and I’m not sure how long that is. So the point is, there’s a process in Ohio to become a certified peer support. For us in Ohio, at least in Fairfield County, peer support is a critical part of our quick response team. What that does is it, I think it lends some credence to our program, because we have people that we work with and that go out in the field with us that have been there and done that, they have, they’re in recovery.
My main peer recovery specialist is a recovering alcoholic, and he talks the talk and walks the walk. And, and that is a really critical component, because I think that a lot of folks, initially, when they meet me, they may know me, first of all, and secondly, they know I’m attached to law enforcement. They may not be as willing to open up to me as they would to my peer support person. And, like I said, that’s a pretty important component to our quick response team.

We just now have a new person, a new peer support advocate, and it’s our first female that’s assigned to the team. So we’re really excited about that as well, because that brings yet another layer of assistance and credence to our team.

Monica Greer: I’m Monica Greer, and I’m the director of the Hamilton County Council on Alcohol and Other Drugs, and we received the BJA grant in 2018. And with those services, we built a coalition to do quick response teams, opioid-specific. And I’m going to let Kelly take over on just describing what the program is and what we are doing.

Kelly Gunn: So I’m Kelly Gunn. I’m the program coordinator for our QRT—quick response team—program in Hamilton County, Indiana. And our quick response team consists of three members. It is a peer recovery specialist, a law enforcement officer, and a firefighter EMT. And essentially, what this three-person team does is that they respond to opioid overdose survivors who have been administered Narcan within 72 hours of the overdose events.

So our team’s goal is to really come alongside of these survivors to inform them and encourage them to seek treatment. So our team will give them the appropriate resources and referrals in order to do that, and we also will transport them directly to treatment, if they agree to go.

Monica: And just an extension of what our peer recovery specialists do, we initially trained our firefighters as peer recovery coaches in the program. And then our peer recovery specialist, like Kelly said, is a part of the team. We also have in our community, that isn’t part of the grant, is a drug court, and they also utilize peer recovery specialists with the clients in that program.

And then, Kelly, do you want to talk about your Tower Program a little bit and how they’re used?
Kelly: Sure. So I also, in addition to our QRT program, I am the program director for the Tower Reentry Program in our local Hamilton County Jail. So that program has its own pod of participants in the jail, and it is focused completely on reentry services. So we do case management along with linking them to a mentor in the community to come alongside and support them as they reenter society and are released from the jail. We work with local treatment providers to link them to peer recovery specialists and other substance use disorder treatments. We help get them linked to higher education, to employment, within the jail, whether it’s inmate worker, or actually employers, that come into the jail and hire them prior to their release. So we try to meet all of those emergent needs for these folks prior to their release from the jail.

And then, in addition, our QRT team—a little bit about how that looks when they go out to the home—our peer recovery specialist will do the bulk of that work inside of their homes. They will get to know the family members, get to know the clients. They will talk to them about their treatment history, about their substance use disorder. They really build almost a friendship with this person to come alongside and support them. Our law enforcement officer’s off duty, and is just merely there for safety and security of the team as they’re going into the home. And then the firefighter paramedic will do a wellness check on the individual just to make sure that they are medically stable to be participating in the visit and hopefully go into treatment if they agree.

Monica: And also, the peer recovery specialists, if the person’s not ready for treatment yet, they’ve not even attempted recovery, they can also go to recovery meetings with the patient, just to introduce them to other people that have the same issues that they are having and just get them acclimated and comfortable within the community.

Kelly: And we do have several participants in our program that are already engaged in substance use disorder treatment, on their own, right after their overdose. Before we got to them, they immediately sought treatment, but they don’t have a peer recovery specialist that they’re actively working with. So our peer that is assigned to our team can still utilize and do their functions with that person, even though they’re seeking treatment elsewhere. So we provide these peer services, even if they’re already going to IOP (intensive outpatient program) or residential treatment.
Sade: That completes this episode. Thank you for listening to this podcast. If the work being done by these programs is interesting to you, or you are interested in starting similar programs using peer recovery support, please consider reaching out to us for training and technical assistance opportunities. This podcast was brought to you by the Peer Recovery Support Services Training and Technical Assistance Center, the project funded by the Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Abuse Program and staffed by Altarum. You’ll find more information about the Comprehensive Opioid, Stimulant, and Substance Abuse Program at cossapresources.org—that’s C-O-S-S-A-P resources dot O-R-G.

Announcer: Thank you for listening to this podcast. To learn more about how COSSAP is supporting communities across the nation, visit us at www.cossapresources.org. We also welcome your email at cossap@iir.com.