



## *The Power of Peers: Pivoting During the Pandemic*

**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. Funding and programmatic support for COSSAP is provided by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, or BJA. The opinions expressed in this podcast are not necessarily those of the U.S. Department of Justice. In this podcast, you will hear three grantees share their experiences of PRSS best practices throughout the COVID-19 pandemic.

**Mariah Black-Watson:**

Welcome. You're listening to *The Power of Peers*, a podcast produced by the Peer Recovery Support Services Training and Technical Assistance Center, a project funded by the Bureau of Justice Assistance, Comprehensive, Opioid, Stimulant, and Substance Abuse Program, or COSSAP.

This TTA center is staffed by Altarum, a nonprofit organization that creates solutions to advance the health of at-risk and disenfranchised populations. This 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.

This podcast highlights the challenges and opportunities COSSAP grantees face as they plan, implement, and evaluate peer recovery support services within various criminal justice settings across the sequential intercepts.

And I am your host, Mariah Black-Watson. Increasingly, peer recovery support services are an important and sometimes central part of efforts to effectively address the opioid and other substance use epidemic. In recent years, the use of peer support within criminal justice settings has been recognized as a vital part of the continuum of care for efforts to address alcohol and drug use among this population.

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While this is an emerging practice, initial programs demonstrate the potential for recovery-oriented and peer-led services to provide support to justice-involved individuals who are struggling with an opioid or other substance use disorder. This podcast will highlight three different peer programs from across the nation as they discuss the successes, challenges, and lessons they have learned as they navigate integrating peer specialists into various roles and touchpoints across the sequential intercept, particularly throughout a global pandemic.

First my colleague, Katie Basu, will be speaking with AnaBell Cadena, the program specialist for the city of Albuquerque, New Mexico.

**Katie Basu:** We'll jump right in. Tell me a little bit about you and your current program.

**AnaBell Cadena:** Absolutely. Thank you, Katie. I really appreciate you giving me the opportunity to speak on this. My name is AnaBell Cadena, I am the program specialist here for the city of Albuquerque, and I'm overseeing some federal grants, some DOJs, some COSSAP grants.

And so, I've been in this position for not too long. I've learned a lot since being here, and it's something that I'm pretty passionate about, just because you see the need. I think it's extremely important to make sure that we are providing these services for our community and for our people here in Albuquerque.

**Katie Basu:** I think that's one thing that we can definitely all agree on is the need is very much there, very significant, and it's an important service that we're providing.

**AnaBell Cadena:** Absolutely.

**Katie Basu:** What stage is your grant in right now? What are you currently working on?

**AnaBell Cadena:** Currently, we're working on a COSSAP grant, and it's called Gateway to Recovery. We are in the first stages of it. We do have a procurement out, an RFP out that is due August 27. We're soliciting peer support workers to be able to start and plan and get those positions ready to start working with our population here in Albuquerque.

**Katie Basu:** How many peers would you . . .

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- AnaBell Cadena:** We're looking at . . . Absolutely. We're looking at four peer support workers. We're hopeful that we're going to get a positive and resourceful group of people that are ready to hit the ground running, basically. Here in Albuquerque, we're the largest city in New Mexico. As I mentioned before, the need is needed. The need is here. And so, we just really want to focus on a sufficient flow out of homelessness and unhoused individuals and anyone dealing with substance use.
- Katie Basu:** That's fantastic. Will these peers work directly for you? Will they be contracted through community treatment providers, or what will that look like?
- AnaBell Cadena:** They will be contracted, and they will be working directly out of our housing facility. We have a shelter, and so they'll be working directly in the shelter, ensuring clients have access to the services that they need, direct services for substance use and homelessness. And so, with that, we just really want these peer workers to dig in, build these relationships, build rapport with the community and with these individuals that really need this help, and just provide direct services for them—just to overcome the homelessness and have a cohesive entry point for them.
- Katie Basu:** Absolutely. That's fantastic. Have you worked with peers in the past?
- AnaBell Cadena:** I personally have not worked with peers in the past as of yet, but I've been taking many classes, a lot of trainings. I've been in a lot of interviewing, motivational interviewing courses and workshops, and I've met many peer support workers there. They are passionate. They are ready to work, and they're ready to make a change—and that's fabulous.
- I really appreciate being able to meet them and get to know them. The biggest thing is that they understand what's going on in these individuals' lives and what they're dealing with because they've been there, and they're able to help them overcome some of those emotions and some of those obstacles that they've already dealt with.
- It gives them a straight path to be able to have someone that is understanding where they're coming from and not just someone who may seem judgmental or may seem just kind of pushing them through the program. These peer support workers are the meat of the program, and they are who really make the difference. And so, I'm really excited to be able to start working with our peer support workers and supporting them and helping them with what they need in order to help our population.

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**Katie Basu:** Yeah. It sounds like you guys have a lot of passion and are excited to kind of hit the ground running when those peers are hired and placed. Tell me a little bit more about . . . what would you like to see happen with your grant? What are the overall, you know, goal sets that you'd like to achieve?

**AnaBell Cadena:** Well, as I mentioned before, our biggest goal is to connect these individuals with medical and substance use help and to have a long-term housing program or placement for them so that it isn't just something that's temporary; it's something that we're helping them along the way that, as they're reaching all these new steps and conquering every goal that we have set for them, that we're not just leaving them—okay, now you have somewhere to stay and then just leaving them from there—but really creating a way for them to have a long-term program and treatment recovery program so that they can sustain and so they can become self-sufficient at some point. But not ever just leaving them to where they're going to have to do this alone. That is—our biggest goal is to really help them create long-term housing and long-term recovery.

**Katie Basu:** That sounds like, what a great opportunity to help build hope in individuals and also building recovery capital within your community. Talking about the long-term connection to recovery is absolutely so important, and it's exciting to hear that that's something that's really a central focus of what you're looking to do with your COSSAP grant. It's fantastic for you guys [crosstalk]—go ahead.

**AnaBell Cadena:** I'm sorry. Another important goal that we have with this program, with this recovery program, is to help alleviate a lot of what's going on, a lot of the pressure that's going on with the medical services and with our police department and them having to . . . because, basically they're the ones who are having to deal with all of . . . when they have to go into the hospital for an emergency or they have to call the police department for them to come and help them get them and pick them up.

Those are just band aids, kind of just putting those there. It's really not rehabilitating or helping them with their recovery or really getting them into any homes. But it's hopefully, the goal, as I said, would be to help alleviate some of the pressures that we are putting on our medical services and our police department. That's another thing that is extremely important—to make sure that we're doing our job and our part and that we're supporting their peer support workers so that it alleviates that pressure on our other services, our other public services.

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**Katie Basu:** And have those other public services, have they been open to the inclusion and provision of peer services?

**AnaBell Cadena:** Yes, they have. As a matter of fact, we collaborate with them. Our police department already has some other grants that they're working with doing the same things. While we do collaborate with our police department, and once we are able to work with our providers, then we are also working with the medical side as well. Collectively working all together is how we're going to be able to really make a change and really help these individuals with what it is that they need. But we do, we work collaboratively with our police department.

**Katie Basu:** That's fantastic to hear that. I know working with other grantees, that's not always the case that we hear because we still struggle with stigma, and we still struggle with the need to change perception. To hear that it's the entire community working together to problem solve and create solutions for positive, healthy communities—that's exciting, very much so.

It sounds like you've got a really great infrastructure built already. Whether it was prior to this grant or helped being built throughout this grant. What are some other successes that you would consider at this point in time? I know you're still early into working on procurement, but what's going really well for you guys?

**AnaBell Cadena:** Well, what's going really well is—we haven't had a whole lot of successes. I feel that we probably have more challenges at this point than we have successes because it's very positive to talk about the program that you've written now and that legislation has agreed to work with you. That's all positive, but it isn't until you are actually knee deep in the work where you find those successes, and we haven't had that opportunity yet. We're still meeting some challenges. We're still meeting procurement challenges and trying to get everything up and going.

So, I wouldn't say that we have successes right now. We're hopeful and we're positive and we're excited about getting started and getting the program off the ground. But at this point, you know, successes are not something that we can measure yet until we get our peer support workers in and get them started and get the program running.

In the past, we have also worked with an outpatient program, and the successes in that program was [sic] that we realized how important it was to have these individuals go through our . . . What happens in the outpatient program is that they go through a court-appointed system,

and the court appoints them to ensure that they are getting the psychiatric evaluations and that they're meeting certain milestones to be able to help with their substance use, to be able to help them get them housed, working with their families.

We really have found that it's very positive that a judge is appointing these orders for them, because it isn't like they're in trouble. It's someone in the position that a judge is in that is helping them, that really wants to help them. That is setting the stage for how to improve their quality of life and how to improve their circumstances.

And so, we have seen successes in that. With anything, there are bumps in the roads and obstacles, and you hit those as you meet them. We've been dealing with some issues there as well and trying to get providers and getting everybody solidified. But we have seen the successes and the positive report that having a judge create those orders really helped them become more bought into the program—that someone is actually there to help them.

Those are some successes that we've had in the previous program. But like I said, for our COSSAP grant now, we're just really trying to get everything in order, get our ducks lined up, and get everything situated.

**Katie Basu:**

Well, I think it's really positive that you've had experience with this in terms of some of the past work that your organization has done and the fact that there is an existing infrastructure—one that you're trying to deepen and build those relationships—but you already have some of those proverbial ducks in a row and those connections established. I think that that's going to be very helpful, at least we hope that that will be helpful moving forward for you.

You mentioned something that's a buzzword to me, being a clinician. You mentioned the word "measurement." Right? And I'm just curious, once this is up and running, have you guys considered or thought of how you might look at evaluating your program and what success might look like for you guys?

**AnaBell Cadena:**

I think, just based off of the program that I was talking about a while ago, the best way to measure these outcomes is to constantly revisit and follow up and evaluate each step that they have made, because each individual is going to reach certain goals at completely different times.

Revisiting and evaluating at every kind of standpoint or level is [sic] where you're going to be able to evaluate and see those measures . . . the outcomes of the work that you're doing. I just think a lot of follow up and making sure that you are in close communication and building . . . . Not only allowing your peer support workers to build those rapports, but *you* have to build a rapport with the individual, with the peer support workers, with the clinicians, with the providers, with everyone, so it's a cohesive machine that is running together to make sure that they're reaching their goals and that we're helping them reach their goals.

I think that's where we'll be able to measure successes and measure what is working and what isn't working, and if it isn't working, then changing it. You may have to go one way for one individual and change it for another but keeping the program as cohesive as possible between all the players involved.

**Katie Basu:**

Yeah. I really like that you're able to look at it from the 50,000-foot lens but then also from the person-centered perspective and pointing out that people reach their goals and milestones at different steps. Right? So, being able to look at all of that objectively and adjust as needed, I think that's a really strong skill set for you guys. It's fantastic work.

You had mentioned some challenges already. I'm curious to know if and how COVID has played into being potentially a challenge and if your program has had to pivot at all due to COVID?

**AnaBell Cadena:**

Right. We haven't been operational in COVID yet. However, we can speak for other programs, other behavioral health providers that have been dealing with it. We have a shelter, a providing treatment shelter, it's one of the largest here in Albuquerque. They worked during COVID. They had to transition and figure out how it was that they were going to be able to help all this population.

What they did is they went into telehealth. It was a difficult transition during COVID for them because not everyone has a phone and not everyone has a computer, at that. It's very difficult to try and get them to have access, to sit in front of a monitor and be able to speak to someone. Right now, we're back to in person, and I think that that is probably the best way to reach this population, just because some of them do have phones and some computers, but it isn't the same as when you're on that one-on-one and that you can actually stop them before a thought or before a trigger or before something else is happening.

The telehealth, it wasn't very, very successful during COVID, and it was very challenging. It's really sad to think about that during . . . The pandemic is still going on, and it's up and down with mandates and restrictions, but it hits that population really hard. They aren't able to have access everywhere, and the service is there, but it's the access that makes it difficult.

You basically, like anything else, you have to go out to them. With COVID, it was extremely difficult. I'm glad that we are back at person-to-person, but you don't know what's going to happen from here to next week.

**Katie Basu:**

Right. With the different variants and mandates changing seemingly every week at times and now we're hitting the fall season, back to school and what that will look like and how that will change things—we've been really proud of all of our grantees and how everyone has pivoted in their own way. For some, telehealth has been very successful, and it's opened doors to connection that didn't exist before, but there are very big challenges for people who don't have access. You bring up a really great point with that. Thank you for sharing that.

**AnaBell Cadena:**

Absolutely. Like you just mentioned right now, there are some people who benefit from it, but you're not reaching everyone. That's disheartening just because you know there's people out there that really need the service, and they don't have that access to it.

But the people who are able to use a phone or to be able to use a computer or the telehealth, it does work for them. It just doesn't work for everyone right now.

**Katie Basu:**

I think that's a very important point that you've made. Thank you for making that. I appreciate it. My last question . . .and I promise I will leave you alone. You've done a wonderful job. Thank you for sharing everything . . .would be, if you could give any piece of advice to other grantees, regardless of what stage they might be in, what would that be? What would you want to share?

**AnaBell Cadena:**

I would like to share the fact that leaders who make decisions are the ones who need to be able to really understand and have that insight and compassion towards this population, because everyone who is working with them directly, we know the need and we know what needs to happen, but it's that whole concept that if you don't see it, is it really happening?

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That buy-in from our leaders is extremely important because they're the ones who help trickle down for us to be able to get providers and clinicians and peer support workers the buy-in for them to start assigning and directing and saying, "Yes, we're going to be a part of this, and we want to be a part of the solution."

I think that's one of the major ones, making sure that leaders in the medical services—leaders in, you know, governmental leaders—they need to have that insight and they need to be able to be educated and create an awareness in them so that they can help trickle down those directives.

The other thing is making sure that your peer support workers are aware of the program that you're trying to create from the onset, so that they're helping you build that program together, and you're building, like you said, the infrastructure, and you're seeing the program before you start to work it. I think it's important they have the most experience, they have the most insight as to . . . Sorry, my light went out. They have the most insight as to what this population needs.

Having them from the very beginning and the onset of the program and the planning, I think those are two very important pieces of advice that I can give is [sic] just to make sure that you have that buy-in from your leaders and you have the input from your peer support workers.

**Katie Basu:**

I think that's huge. I think that it's been a long time coming that our peers get a seat at the table to help us build out these programs that we all have a passion for within our communities, to see our communities heal and inspire hope, so thank you very much for sharing those. It's been an absolute pleasure working with you and talking with you today, and I look forward to speaking with you again. Have a good rest of your evening.

**AnaBell Cadena:**

Thank you, Katie.

**Katie Basu:**

Take care.

**AnaBell Cadena:**

You as well.

**Mariah Black-Watson:**

Next, we'll be hearing from Andrea Ramalho, Senior Program Manager for Alternative Public Safety Strategies with the Paterson Police Department in Paterson, New Jersey.

**Katie Basu:**

All right. Thank you, Andrea, so much for taking time to meet with me today. I appreciate it. We're going to go ahead and just jump right in and get started. The first thing I wanted to ask you was, tell us a little bit more about your organization.

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**Andrea Ramalho:**

Okay. Currently, I am a Senior Program Manager for Alternative Public Safety Strategies within the Paterson Police Department. Paterson, New Jersey, is the third-largest city in the state. We actually recently were just voted . . . not voted, by the diversity index shown to be the most diverse in the state, which is a great statistic.

The other more COSSAP-related data that unfortunately plagues us is that we're perceived and also by data really seemed to be the epicenter of a lot of New Jersey and even a lot of the New York metropolitan area's opioid epidemic epicenter.

One stat that just popped out is we are only about 34 percent of the county population, but we make up over 50 percent of all drug treatment admissions and 55, probably higher than that at this point now with COVID, but 55 percent back in 2019 for all heroin and opioid addiction specifically countywide.

We're a very diverse city. We're very small, compact. We work with . . . Like I said, I'm with the police department, so we're coming at it from not necessarily a law enforcement angle. Obviously, that's the lens but with a sincere desire to work with other partners. We've partnered up with a nonprofit who runs a lot of the peer recovery support specialty services in the city and going from there in terms of what we're doing and how we're trying to do it.

**Katie Basu:**

That's fantastic. So, there is a law enforcement aspect and then the community treatment. They are the ones that house the peer recovery specialists. Is that correct?

**Andrea Ramalho:**

Yes. Correct. So, we work through an MOU with that partner and all appropriate data sharing, data inclusion, and mechanisms to make sure that that can work smoothly.

**Katie Basu:**

Absolutely. And about how many peers are involved in that project?

**Andrea Ramalho:**

I do think COVID unfortunately messed with a little bit of the hiring and staffing, but my guess is that there are around five to seven peer recovery specialists who work there. A couple of them really, like, take the reins and just do a phenomenal job making sure that our program gets supported.

**Katie Basu:**

Our peers have been phenomenal the way that they've stepped up across the country throughout COVID. It's great to hear that that's happening there in Paterson, and it's unfortunate that COVID has caused problems with hiring and putting some delays out there. It's

certainly something that is being experienced across the board. It's, unfortunately, not surprising to hear that you're also experiencing that there too.

I'm curious about what is the long-term goal of your COSSAP grant and, end of the day, what are you looking to achieve and accomplish?

**Andrea Ramalho:**

I guess the way to look at it is because we're coming from the perspective we're coming from, as a police department, we said, "We want to go after this grant to really make a difference, et cetera." We had had a couple that were already underlying our department that came through by way of the state to say, "Hey, we need you guys to start working on this issue, right."

We also were fortunate to be awarded a competitive grant to start data sharing on the opioid epidemic specifically. Through that, we were able to create a coalition . . . I'll plug the name, the Paterson Coalition for Opioid Assessment and Response, COAR, is what we work with. The goal of that group from the get-go has been data sharing, then—based on that data—how do we create interventions that are going to be meaningful and successful in this community?

What they found, and what we now are seeing as our main goal on the ground, is development of a co-responding model that is using real-time data to make sure that those who have overdosed and otherwise slipped through the cracks in terms of existing services are getting served. That's really our main goal. I'm not going to say that everything's up and running perfectly just yet, but that's certainly our goal, and it's where we're moving.

**Katie Basu:**

Yeah, and I think that's a fantastic goal. Working off of grants that you've utilized in the past and being able to really understand where are the gaps in the infrastructure and be building that out through COSSAP is fantastic. You're using a near-real-time data platform. What is that?

**Andrea Ramalho:**

We do use ODMAP. Unfortunately, our own internal capacity is a little bit limited with ODMAP, just because we're not even automated for police reports ourselves. However, our EMS department does have, you know, (A) they're pretty much on scene at every overdose, and (B) they have a separate platform called ImageTrend that we, through different data sharing MOUs and documentation and all that, are able to tap into with their assistance in order to get that real-time information.

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**Katie Basu:** Gotcha. Okay. It sounds like that maybe could be considered one of a challenge that you're experiencing within your grant is not having that access to digitized kind of records. What other challenges might you be experiencing right now throughout the COSSAP?

**Andrea Ramalho:** I'll give you that for sure. That's definitely a challenge, but like I said, we're trying to figure out other ways to get that real-time data. That's what's nice, but I will say, other challenges, certainly . . . I do think working with existing providers sometimes or even just in any existing silo—a treatment provider has theirs, the police department has theirs, EMS has theirs.

Everybody may have the same goal, which is to see overdoses go down in the city of Paterson, regardless of if someone is a Paterson resident or not, because it impacts everybody. That's really where everyone stands, right, in terms of their goal, but everyone's got a very different objective and approach and sort of embedded practices to how they get to that point. I will say that our treatment partners are wonderful.

What we do find is that we want to make sure that our planning is very clear and written out for everybody's benefit so that everyone understands expectations because otherwise, you know, we can all get lost in translation. For example, we had an MOU that was pretty vaguely written. When I came into my role a couple of months ago, it became a little clear, I think we may be on different pages. We went back to the drawing board, redid that MOU, made sure that we're going to have a very clear path forward, and that's where we're now at now.

I will say another challenge—well, I guess it's a similar challenge—is just turnover in general, right? So, my position to start spearheading the actual implementation of a lot of this happened a lot later than expected for the department. Also, turnover in our nonprofit partners, COVID certainly having a lot to do with who's out, who's in, who's leading the charge at this point in different arenas, certainly impacting things.

**Katie Basu:** It sounds like . . . We'll jump to COVID really quick because you've mentioned it here. It sounds like COVID definitely has played an impact. We've heard from other grantees how it's impacted hiring in some way, shape, or form. It sounds like that's been an experience in your world with turnover. Has [sic] there been any other impacts of COVID that you guys have had to pivot and figure out where do we go from here?

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**Andrea Ramalho:**

A bit. Yeah, we're lucky that we started . . . Technically, we only got our COSSAP grant in this past 2020 cycle. Basically, October/November 2020 is when we really got moving with it, but ultimately we had been doing a lot of the groundwork with the data collection and the coalition and different programs. So, if we look at it as a whole and that those programs are now feeding what we're doing with COSSAP, which was our spin on the application in general, what we did find though is COSSAP . . . I'm sorry, not COSSAP, COVID. Prior to COVID, our ideas and our applications and everything was [sic] very innovative, and it was very outside the box, whereas COVID, because resources became so constrained, just went . . . Everyone just said, "I'm going back to what I know. I'm going back to what I know I can handle."

You can't blame people, right? A nonprofit really had no idea what resources were still going to be available or not available quite soon. I think it humbles everybody in a certain way, and not necessarily always in a good way, to say, "Yeah, we know this is a problem, but we have to make sure our capacity and whatnot stays high." Not to blame by any means, I think everyone did that to a degree, but it does mean that we've had to rebuild the trust and relationships that exist now that COVID is slowing down, hopefully, God willing, in our area.

**Katie Basu:**

Yeah. We agree 100 percent. I think that you make a really good point by talking about sometimes, in periods of chaos, we tend to go to what we know and what we feel comfortable with when there's so much uncertainty. It's certainly been quite a journey and a long ride because it's changed from the top down what expectations are, what's acceptable, what's not—in terms of telehealth—and how you can run your programming, and safety concerns.

That adds a whole level of uncertainty to the mix. It sounds like you guys have really done your best to pivot and work with providers as they try to figure out what works for them and what doesn't and how you can join yourself with them, you know, in the mix. Good for you guys. I'm curious to hear then, because it sounds like you've rolled with that challenge and are working to see the other end of it. I'm with you, I'm hoping when you're in the end, what are some other successes that you guys would like share?

**Andrea Ramalho:**

I would really, I guess, especially in lieu of—or because of—that need to rebuild partnerships and rebuild trust and make sure people understand, like, we're still on the same page. We're still on the same team, even if we're getting there in different ways.

What we did, actually earlier this week, we had our first opioid response team training. That's that co-responding model that I'm talking about. We had our very first training—certainly a bit surface-level, a bit

introductory for a lot of people—but it was 100 percent volunteer based, EMS being one partner, the police being the other arm, I guess. Then all of our treatment providers also came to the table, came to the room, even though, theoretically, they knew a lot of what we were talking about. We all knew that there was a lot of value to training as a group and to starting this culture where we're all working together; everyone's got the same goal.

Really being able to have that, start breaking down different stigmas that treatment has maybe against law enforcement, law enforcement has against EMS or the treatment providers—all of this, all these dynamics starting to come down and breaking down those walls.

**Katie Basu:**

Yeah, absolutely. I love to hear that. Not only are you opening doors of communication and building infrastructure, but in the very same realm, you're also fighting stigma. And I think that that's absolutely fantastic. I hope that you guys are giving yourself a good win over that one because that's important and really great work to continue doing in the future. So, fantastic.

I guess my last question for you would be, if there's any advice that you yourself would want to share with other grantees, what would that look like? What would that be?

**Andrea Ramalho:**

I think I've got, and I know I'm running out of time, so I've got a macro level and a micro level. Micro level, I would really say do your best to really see where all of your resources lie—internal, external—and to braid funding. That's something that we have been trying to really accomplish is seeing, okay, well, this aspect of our program, we can take from this grant, and that other program over there or that other aspect of the same intervention, that could come from this pile over here.

Sure, it's more paperwork, but if you have the capacity, which we luckily now do (we didn't before) because of COSSAP. So, very thankful for that, but the point is—when you can build that capacity to really start braiding your funding, it will allow you to be more sustainable and also allow you just more opportunity to grow and keep the program going on behalf of the community.

So, that's the first. Then I would say that the more macro-level advice is the more you can do to build trust, to break down walls—Paterson's very lucky that we have the right people at the right place at the right time right now, and I recognize that, but it's also about advocating, and it's about helping other people see a broader picture than just the perspective that they had on this issue, recognizing that we can't arrest

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our way out of this situation. We can't have hard perspectives on the individuals who we're serving if we're going to really learn how to grow and help. Then, at the same time, we can't just case manage our way out of it.

We need all of these aspects. We need medication. We're huge advocates of medically assisted treatment in Paterson, which is another stigma that we're trying to work with the community to get people to understand. This is not something that should be shunned or someone who is trying to get assistance should be shunned for using MAT and making it more accessible, as well, over time. Breaking down those walls, I'd say that's probably the best long-term, macro-level goal to try to get to.

**Katie Basu:** Well, I think all of that advice is hugely important and something that can definitely resonate with all of our grantees. We're excited to see how your movement forward with this corresponding model and what that looks like. We're definitely very excited to see how things continue for Paterson. Thank you so much for your time and all of your hard work, and it's been a pleasure speaking with you today.

**Andrea Ramalho:** Awesome. Well, thank you very much for having me.

**Katie Basu:** Have a good rest of your day.

**Andrea Ramalho:** You too. Bye.

**Katie Basu:** Bye.

**Mariah Black-Watson:** Last with us today, but certainly not least, Katie will be speaking with Coralee Schmitz, Chief Operations Officer, and Annette Redding, Director of Peer Support with Rimrock Foundation in Billings, Montana.

**Katie Basu:** Hi, Coralee and Annette. Thank you so much for taking your time today to meet with us. We'll go ahead and just get started and jump right into it and have you both tell us a little bit about yourself, your organization, and your program.

**Coralee Schmitz:** I'm Coralee Schmitz. I'm the Chief Operations Officer with Rimrock Foundation in Billings, Montana.

**Annette Redding:** My name is Annette Redding, and I am the Director of Peer Support here at Rimrock Foundation.

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**Coralee Schmitz:** Our facility is an inpatient and an outpatient for substance use and mental health. We do medical detox, Level 3.5 residential treatment—all the way down to Level 1, who have day treatment, intensive outpatient, and individual counseling. We have an outreach team. Our PACT program is for community outreach and then we do a lot of mental health services.

Our peer support services are integrated throughout our community, and pretty much everywhere that people who would need them are, our peer support integrate. That's really how we jumped into and saw an opportunity with the COSSAP grant is utilization of peer support within the different community areas.

**Katie Basu:** That's fantastic. Had you had peers prior to the COSSAP grant?

**Annette Redding:** Yes. We started our peer support program back around November of 2017.

**Katie Basu:** Oh, wow. So, you guys are rock-and-rolling, and you've been integrating for quite some time. That's really exciting to hear. Tell me a little bit about how many peers you guys have. I know there's a lot of programs that you have within your facility. On average, how many peers would you say you have working for you?

**Annette Redding:** We currently have 14 peer specialists working for us, and they touch every part of our programming and out into our community.

**Katie Basu:** That is very exciting—very much so. Bigger-picture question here: what is the overall goal or vision that you all have for your COSSAP grant?

**Coralee Schmitz:** Go ahead.

**Annette Redding:** Well, certainly to decrease barriers to treatment and to decrease incarceration. We've really set out, in our . . . We have a big problem with homelessness in our downtown area. We've developed a homeless outreach team that works directly with our police department to reduce and decrease homelessness, as well.

**Katie Basu:** Talk to me a little bit about your interaction with the police department, because I think we've seen with some other grantees that corresponding model is something that people are very interested in either working towards or are working on it right now. How does that relationship look for you guys?

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- Coralee Schmitz:** We have two officers that are stationed and primarily service the downtown area and working with the homeless population in any minor crimes that happen down there. We have two peer supports and a case manager who is [sic] embedded with them. Offices are down there. They go out with them daily to walk around, talk to people. If there are substance use or mental health conditions that are interfering with someone being able to get housing or get services, we help them to connect and help get them into either healthcare or up here to Rimrock for services or get them some medications—that kind of thing.
- Katie Basu:** Fantastic. The relationship with the police department sounds very positive.
- Coralee Schmitz:** It is. Honestly, that was one of the challenges though, also. We had originally . . . In getting this grant, we had worked with the main police department, the police chief, and they were all on board and said, “Yes, we want to be able to have mobile crisis going out with our officers with telehealth iPads.”
- Then when the grant came, it had lost a little bit of that momentum and they had gone another direction because there was that gap between submitting and then receiving. They had gone another direction with the fire department and their mobile crisis.
- Then we had to pivot and go with, ah, and say, “Okay, we are going to prove that this” . . . because they still supported it, just in a different model. We said, “We need to show you that this can be successful.” We went to a smaller population and just focused on the downtown area to start it. They all carry iPads that can connect back to a clinician if the client is in a position to accept therapy at that time. If there’s a crisis that peer support is struggling to manage, they can connect with the clinician. It’s on a smaller scale, with the hope to expand it.
- Katie Basu:** That’s fantastic. You’ve mentioned a challenge. Are there any other challenges that you have experienced in the past or are currently experiencing with your grant?
- Annette Redding:** Just the need for help is there and so really trying to track down all the resources that we can for the clients that we serve.
- Katie Basu:** What do you think is the number one resource that is lacking?
- Annette Redding:** Housing. It’s always housing.

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**Katie Basu:** I don't know that you'll have an answer to this question, but how do you get creative with that? Because it is something that's being experienced nationwide, what are you guys doing to address and attack that problem head on?

**Annette Redding:** We are fortunate to have a lot of sober livings. Our sober livings have connections with other sober livings. We've gotten creative, and if there's a sober living that is out of state or out of our area, we've been able to send people to those sober livings and get them off of the streets. It's turned out to be a good deal.

I would've always said that a geographical change doesn't change who you are and what you have going on, but getting them out of the downtown area and maybe to a different state or a different city within Montana has been useful, and clients have been successful there.

**Katie Basu:** Sure. That sounds like you're figuring out a way to take a very significant challenge and do the best that you can with it. It sounds like not only are you building infrastructure locally and regionally, you're doing so across state lines, which is absolutely fantastic because you're opening doors for people to have a place to go, and that's so important.

I think it's interesting too. I don't think I would've thought, just coming from a clinical background, that a change of geographic scenery isn't necessarily going to change the way you think, but for some people it could be something that helps enhance motivation in some way, shape, or form. That's fantastic that you're building on that. Talk me through some of your other successes that you've got going on.

**Coralee Schmitz:** Well, with the HOT team, probably our biggest success is getting . . . We have a large Native American population downtown and a lot of homeless Native Americans. We were able to, Annette was able to hire a Native American peer support specialist. He has been able to connect with the clients in ways that the officers and our other peer support were not able to, and that has been incredible.

I think my best experience with this whole thing was doing a ride-along with the officers and Annette and watching the difference between how a peer supporter versus a clinician would interact with the clients that are on the street. It's a whole different relationship. It sold me on the whole idea of having peer supporters down there versus having a counselor down there. They can connect; they know everybody, and if they don't, they meet them very quickly, and they talk the same language.

It's just a different ballgame when we have our peer supporters down there, and they love it because it's filling their cup. The wins are small, and that was one thing that Annette coached her team on when they started down there is the wins are going to be very different down here than they are in our main facility of treatment, where you get to watch someone enter into recovery, and you have to do that differently.

A win might just be that they stayed sober till noon so that they could go to the noon meeting. That might be your win for today. Getting them through that and then watching the team feel that success was neat. Then we do get some into treatment. We got one in last week, or I think there's three in right now. When they complete and they go out into sober housing, those are big wins. All of that is seen as a success.

**Annette Redding:**

I think just one other success that I really love to celebrate is unintentionally our organizations in our area have been siloed. With this homeless outreach team, we've really gotten to bring people together and begin to work together, and to make those connections and to watch our city and our organizations come together for the greater purpose of the clients that we're serving has been absolutely amazing to see.

**Coralee Schmitz:**

That's a good point.

**Katie Basu:**

That's exactly how you build recovery capital within your community. I have to also give you a huge shout out and kudos on the supervision aspect of your peers. What I'm hearing you say, when you're talking about measurement of success, it's challenging because it's different for people, and it could be really challenging to see people continue to use and feel like maybe you're not effective in your position. That can be impactful to whatever your job title may be.

The fact that you're able to work with peers on looking at very tangible, small, short-term measurements, I think, is a fantastic component that you're adding to your supervision process. Great work for you guys. Shifting a little bit to talk about COVID and how COVID has potentially impacted what you've done throughout your grant period and if you've had to pivot at all and what that's looked like for you.

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**Coralee Schmitz:** We haven't had to pivot too much. I think what COVID really threw us into, which I'm sure a lot of other treatment centers feel the same, it's forced us to pull the trigger on telehealth for everything. We may have dabbled into it a bit prior to COVID, but we weren't doing it for everything until COVID hit. Like Annette was saying, when we send the client to an out-of-state sober housing, we can maintain therapeutic interventions here. It gives that sober housing organization a feeling of support that, okay, we're sending them to you. They're new in recovery. They can continue to do continuing care here with us over telehealth.

It's opened some doors to better opportunities for support. Can you think of any ways we've changed?

**Annette Redding:** No.

**Coralee Schmitz:** Okay. We didn't change too much. We had it set up in a way that could go either in-person or tele. It just gave us better opportunity on the tele.

**Katie Basu:** Has that been a positive experience? I want to use the word "positive" because I've worked with some other grantees who have shared it seems to be . . . it's either been great, or it's been awful. There hasn't been much in between for people—aside from maybe opening some doors to continue or enhancing an increased connection, especially for our rural populations. But then there's also struggle with internet connection for some. Just curious on feedback around how have your participants responded to that move to telehealth very quickly?

**Coralee Schmitz:** It's been hit or miss. Very similar to what you're hearing is some of the clients prefer it and have continued. Most of them are the ones that live out of town and can't get here every day. But it's really tough, especially, and you can speak for peer support how the connection is more difficult to make.

**Annette Redding:** I think when we were truly in lockdown and we didn't have any in-person stuff happening, we saw a lot of relapses, and just coming from the recovery community, that lack of face-to-face connection was really detrimental for people in all stages of recovery, not just early recovery. It can be kind of hard on some of our clients and hard on their recovery, but then also preferred by others. It's really hard to say either way.

**Katie Basu:** Do you plan on continuing to offer telehealth services or at least the hybrid type model?

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**Coralee Schmitz:** Yes. Everything we're doing is hybrid now—preferred in-person, unless they live out of town. We really try to encourage the in-person unless they live out of town, just so there's no controls. You don't know who else is in the room, all the things that I'm sure everybody experienced, going into Walmart while they're in group, those kinds of things.

**Katie Basu:** Those are hard things to be able to control and assess for when you're not in the same space. It's very hard to limit those types of distractions. Going into Walmart while being on group is not one that I've heard yet. I could see that being a challenge to monitor and to deal with. It's good to know, though, that you're still offering that option for people, especially those that live further away and have a bit more of a challenge getting there.

My final question to you would be, any advice that you would want to share with other grantees, anything at all, what would that look like? What would it be?

**Coralee Schmitz:** I would have two pieces. Be flexible with willing to change things, and do your research. I think one of the best things that we did was go down to Houston and learn about all the different types of crisis response teams that are out there. They have an incredible array of services. Then with our downtown police officers, so that when we came back, everybody had the same buy-in, and we have really kept that momentum going and maintained weekly meetings to just push this forward. It's actually moved quite quickly, and it's kind of fun.

**Katie Basu:** I think it's really neat that you guys were able to go together and get the same information at the same time and have that experience and the police. It sounds like you guys have some really interesting and exciting opportunities happening in real time there. Thank you so much for your time and sharing with us. I look forward to continue working with you.

**Coralee Schmitz:** Thank you for having us.

**Annette Redding:** Thank you.

**Katie Basu:** Take care. Have a good rest of your day.

**Coralee Schmitz:** You too.

**Annette Redding:** You too. Bye.

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**Mariah Black-Watson:**

Thank you, Katie. Thank you to our grantees for speaking with us, and thank you to all of our listeners. This episode was created by Altarum, an Ann Arbor-based nonprofit focused on improving health for vulnerable populations. This project is funded by the Bureau of Justice Assistance, Comprehensive Opioid, Stimulant, and Substance Abuse Program.

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**Announcer:**

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