



Peer Programming With First Responders: Frontline Collaboration

April 22, 2020

Welcome and Introductions



Welcome

- Timothy Jeffries, Senior Policy Advisor, BJA
- Elizabeth Burden, Technical Assistance Director, Altarum
- Erin Etwaroo, L.P.C., Analyst, Altarum
- Monica Greer, B.S., CSAC
- Tiffany Lombardo, M.A., LISW-S, LICDC-CS
- Sheila Armstrong, M.H.S.



Guest Presenter – Monica Greer

- Monica holds a bachelor of science degree in psychology and a certificate of substance abuse counseling from Ball State University, Indiana. Prior to her current position, she worked in the substance abuse treatment and criminal justice fields. She spent four years as a drug court case manager and probation officer in the Hamilton County Department of Probation Services.
- Monica is the Executive Director of the Hamilton County Council on Alcohol and Other Drugs. She coordinates drug and alcohol abuse prevention, as well as criminal justice and treatment efforts, throughout Hamilton County.



Guest Presenter – Tiffany Lombardo

- Tiffany obtained a master of arts degree in social service administration from the University of Chicago. She has experience in public, nonprofit, and for-profit organizations, focusing on developing partnerships and collaboration to improve behavioral health systems.
- Tiffany is Associate Executive Director of Addiction Services for the Butler County Ohio Mental Health and Addiction Recovery Services Board. She is a Licensed Independent Social Worker–Supervisor and a Licensed Independent Chemical Dependency Counselor–Clinical Supervisor in the state of Ohio. She has worked in the behavioral health field for more than 15 years.



Guest Presenter – Sheila Armstrong

- Sheila Armstrong has worked for more than 25 years as a human services professional. Starting as an intake counselor at a diagnostic and rehabilitation center, she then joined Women in Transition as a hotline coordinator/life management counselor. Sheila spent 13 years training and educating the community and professionals about intimate partner violence, providing counseling and advocacy to women affected by intimate partner violence and substance use disorder.
- After receiving a master of arts degree in human services from Lincoln University, Sheila directed child welfare programs at the Juvenile Justice Center of Philadelphia for 13 years. In November 2017, she joined the Council of Southeast Pennsylvania as Recovery Support Services supervisor, providing strengths-based supervision, training, and education to certified recovery specialists (CRS). In January 2019, Sheila became the Recovering Overdose Survivor Engagement (R.O.S.E.) program supervisor, assisting patients who overdose and/or struggle with substance use disorders. Sheila also continues to supervise the CRS team at the Philadelphia Recovery Community Center.

Learning Objectives

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This session will focus on how supervisors and administrative staff members can

- Set a programmatic context in which both peers and first responders are encouraged to build their personal knowledge and ability to provide support that is collaborative and responsive to participant needs
- Identify common challenges organizations face when providing peer support alongside first-response services
- Describe the steps necessary for building their organizations' capacity for providing peer support in collaboration with first-response services
- Explore how Hamilton County, Indiana; Butler County, Ohio; and the Council of Southeast Pennsylvania are implementing this collaboration within their programs and organizations among justice-involved populations

Hamilton County, Indiana



C.O.P.E.



April 2020

Presented by: Monica Greer



The Community Opioid Prevention Efforts (C.O.P.E.) coalition members aim to reduce opioid abuse and the number of overdose fatalities by expanding law enforcement, first-responder, and treatment/recovery partnerships

C.O.P.E. follows the Quick Response Team (QRT) diversion model, where the QRT serves the community through an immediate intervention

The QRT conducts a home visit with the patient within 72 hours of the overdose event



Team Members' Roles During the Home Visit

- The peer recovery specialist identifies the needs of the patient and provides recovery support and other community resources to individuals and their families
- The fire/EMS staff conducts a wellness check
- The law enforcement staff provides safety and security during the visit

**The goal of the program is to get
the overdose survivor into
treatment, reduce barriers to
treatment, and follow up with
treatment providers to monitor
progress**

Peer Recovery Specialist Home Visit Checklist/Protocol



QRT

1. Reiterate the reason for the visit and explain the QRT program
2. Ask the patient if he or she is willing to participate in the QRT program. If the patient accepts, explain the resident consent to enroll form

Peer Recovery Specialist Home Visit Checklist/Protocol

Answer Questions 1 and 2	In the Past Month	
	YES	NO
1) <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>		
2) <i>Have you actually had any thoughts about killing yourself?</i>		
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6		
3) <i>Have you thought about how you might do this?</i>		
4) <i>Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?</i>		
5) <i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i>		
Always Ask Question 6	In the Past 3 Months	
6) <i>Have you done anything, started to do anything, or prepared to do anything to end your life?</i>		

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.

Any YES must be taken seriously. Seek help from friends, family, co-workers, and inform them as soon as possible.
If the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency Personnel for care.



DON'T LEAVE THE PERSON ALONE.
STAY ENGAGED UNTIL YOU MAKE A WARM HAND OFF TO SOMEONE WHO CAN HELP.



3. Assess the risk level by using the Columbia Suicide Risk Assessment. If the patient scores high, law enforcement will intervene
4. Ask the patient about substance use history and prior treatment, and gauge the patient's interest and level of commitment to engage in treatment



Peer Recovery Specialist Home Visit Checklist/Protocol



5. Explain the resource folder and information to the patient; make appropriate social referrals for the patient and family members present (if applicable)
6. If the patient has decided to go to detox or treatment during the home visit, remind the patient to sign an ROI for information sharing with C.O.P.E. program at that facility
7. Schedule a follow-up with the patient and share contact information

Peer Recovery Specialist's Role After the Initial Home Visit

- Offer to attend recovery meetings with the patient. Introduce the patient to other persons in recovery and encourage him or her to obtain a sponsor
- Send regular text messages and make phone calls to offer encouragement and support
- Offer additional resources to help the patient and his or her family members. For example: food pantries, housing, employment, transportation, treatment, and health care
- Celebrate recovery milestones

Role of the Drug Court Peer Recovery Specialist

- Meets with clients in person, usually biweekly or weekly, depending on need; speaks via FaceTime, telephonically, and electronically on a regular basis; and meets with clients in local spots, at community corrections, or in their homes
- Performs skill-building exercises in all areas of life (most common area of concern with our clients is developing boundaries with unhealthy family members/friends, etc.)
- Facilitates 12-step sponsorships
- Recommends most beneficial 12-step support group meetings to attend
- Provides transportation to clients, as needed
- Assists with housing needs. Facilitates communications with outside agencies
- Provides Drug Court Team members with unique and invaluable insight into the lives of addicts. Speaks to the validity of their requests and attendance at specific community events. (In other words, if our peer recovery specialist recommends an event, the team trusts it.)
- Acts as a liaison for participants: becomes someone they can trust
- Crisis intervention in all areas
- Provides support to drug court case managers, allowing them to conduct comprehensive case management and planning

Butler County, Ohio



Butler County, Ohio

- 470 square miles in southwest Ohio
- Home to more than 382,000 people
- Home to Ohio's seventh largest city
- Largest Ohio county without a major city
- 4 cities, 4 villages, and 13 townships
- 10 public school districts and 5 community schools
- Age-adjusted unintentional drug overdose death rate (2013–2018) was 53.3 per 100,000, ranking Butler County third in Ohio
- Cincinnati metro area lies to the south, Dayton metro area to the north

Defining Peer Support

- Peer recovery specialist certification in Ohio
- Grassroots peer support advocates
- Coordinators impacted by the addiction crisis

First Responders Respond to Addiction Crisis

- The City of Middletown was the second jurisdiction to implement the Colerain Model Quick Response Team (QRT)
- The QRT began in 2016 and has now grown to five teams covering Butler County
- Care coordinators participate on every QRT in Butler County through the Butler County Hopeline, a partnership with One City for Recovery (a faith-based nonprofit) and Beckett Springs Hospital

Care Coordinators at Work



Where Else Do We Use Peer Supporters?

- Screening, brief intervention, and referral to treatment (SBIRT) at Mercy Hospital Emergency Department
- Engagements with inmates at Butler County Jail
- Mobile syringe exchange services contracted through Hamilton County Public Health (Cincinnati): two sites: Fairfield and Middletown
- Partnership with Project DAWN to provide naloxone training and access within the community

Challenges and Successes

- Conservative county with barriers to implementation of drug overdose prevention initiatives
- Different approaches to clients
- Attitudes change when value is demonstrated
- QRT outreach: 1,763 contacts with a 43 percent success rate in connecting individuals to treatment services
- Mercy Fairfield SBIRT: 65 percent of ED patients receive SBIRT (best practice target = 35 percent)
- Jail inmate engagement: recidivism rate for inmates who receive services within the Butler County Jail = 50 percent (traditional recidivism rate = 85 percent)

Where Are We Now?

- Unintentional drug overdose deaths have decreased by 35 percent from 2017 to 2019
- Methamphetamine is identified in 80 percent of drug emergency room visits, drug arrests, and overdose deaths
- Next steps: Engage community in expanding QRT efforts (addressing more than overdose), expand use of SBIRT to other areas (emergency departments and primary care settings), implement Handle With Care program

The Council of Southeast Pennsylvania





Recovery Overdose Survivor Engagement (R.O.S.E.) Warm Handoff Program



Ambassadors for Recovery

Sheila J. Armstrong, M.H.S.
R.O.S.E. Program Supervisor



Overview

- The Philadelphia R.O.S.E. Warm Handoff Project
- The role of a certified recovery specialist (CRS)
- What Philadelphia R.O.S.E. offers

What Is the Warm Handoff?

“Emergency departments are critical partners in the Commonwealth's response (to drug overdoses). Patients present in the ED for a range of reasons, including as a result of opioid overdose, voluntarily asking for substance use disorder treatment, and at times because they are engaging in drug-seeking behavior.”

“A warm handoff is an approach where a physical health provider does a face-to-face introduction to a certified recovery specialist who makes a direct referral to substance treatment. Similar to a heart attack patient who, once stable in the ED, would receive a facilitated referral to a cardiologist, opioid use disorder patients should receive similar treatment.”



A Brief History of the Philadelphia R.O.S.E. Warm Handoff Project

- Began in December 2017 as a response to the opioid crisis currently happening in Pennsylvania
- It has become state mandate that patients who present in the hospital emergency department (ED) as opioid overdose survivors receive warm handoff services
- The warm handoff model features a certified recovery specialist (CRS), who will work to connect with the patient and refer him or her to treatment directly from the ED if it is warranted and to community resources if it is not

Objective of the R.O.S.E. Warm Handoff Project:

- Help hospital staff members provide patients with best-practices treatment for opioid use disorder (OUD)
- Increase the number of OUD patients who are in active recovery
- Decrease the number of OUD-related deaths

Certified Recovery Specialist (CRS) Role in the Warm Handoff process

- The certified recovery specialist (CRS) works in partnership with hospitals to engage individuals who are at risk of or survived an opioid overdose and are interested in seeking clinical treatment or may benefit from recovery support services
- CRS services are supplemental services available to individuals before, during, after, and in lieu of formal clinical drug and alcohol treatment to achieve the fundamental goal of accessing and sustaining long-term recovery and achieving a meaningful life in the community
- A CRS must meet Pennsylvania Certification Board (PCB) requirements, which include a high school diploma or GED and successful completion of the 54-hour CRS training program

The Process

- When an OUD patient is medically cleared, hospital staff members ask the patient if he or she is interested in talking with a CRS
- If the patient agrees, hospital staff members notify the CRS team
- The CRS team deploys to the bedside and uses motivational interviewing to encourage the patient to seek recovery support
- A CRS collaborates with the patient to identify a referral site that provides the required level of care and support
- The CRS informs the clinical team of the patient's interest in next steps
- Once the clinical team is informed, the CRS can help make an appointment with a referral site that provides the appropriate level of care or can assist in other capacities related to linking patients to care ASAP

What Roles Does a CRS Take On?

A CRS serves as a mentor, a role model, an advocate, and an educator to a recovering individual and his or her family to help prevent relapse and promote long-term recovery

- A CRS “initializes” a patient into early recovery, positioning the patient for long-term success
- Works to facilitate seamless transitions in levels of care
- Assists with accessing community resources (education, housing, transportation, recovery supports, etc.)
- Gives guidance on the recovery process and recovery education
- Helps the individual develop a Personal Recovery Plan
- Provides ongoing recovery support services
- Introduces the patient to and engages him or her in the recovery community
- Provides outreach to individuals in early recovery
- Assists with recovery support groups
- Make referrals to case management services as needed
- Provides family support

The Process

CRS services are
voluntary

If the patient refuses
services, CRS will give the
patient an information
packet with resources
and their contact number

If the patient wants
ongoing CRS services,
the CRS follows up to
provide ongoing
services

Challenges

- Convincing someone who is not ready to seek treatment
- Transient population (difficult to provide follow-up)
- Transportation
- Severe medical conditions in addition to SUD
- Long process once patient agrees to treatment

Because the response to COVID-19 includes limited face-to face contact with hospital patients, we are currently providing telephonic services; this is very challenging

Questions?

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A logo consisting of a cluster of blue spheres of varying sizes, arranged in a roughly circular pattern.

BJA's

Comprehensive
Opioid, Stimulant,
and Substance Abuse
Program