



BJA's Comprehensive

**Opioid Abuse**  
Program

# Peer Supports

in Small Towns and Rural Communities

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# Welcome and Introductions



BJA's Comprehensive

**Opioid Abuse**  
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# Welcome

- Elizabeth Burden, Technical Assistance Director, Altarum

# Guest Speakers

- Scott Duff, Director  
Fairfield County (OH) Overdose Response Team
- Rich Jones, CEO/COO  
Faces and Voices of Recovery, Greenville (SC)
- Kevin Knowles, Recovery Services Coordinator  
Berkeley County (WV)



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## Scott Duff

### Director, Fairfield County Overdose Response Team

- Responsible for connecting many Fairfield County residents to treatment and recovery supports
- Prior positions
  - Agent Supervisor, Clandestine Drug Lab/ Cannabis Suppression Unit
  - Member, DEA task force working complex narcotics cases
  - Special Agent with the Ohio Bureau of Criminal Investigation Narcotics Division
  - Special Agent with the Ohio Attorney General's Division of Medicaid Fraud Control



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## Rich Jones

### CEO/COO, Faces and Voices of Recovery Greenville

- Focused on fundamentally changing the way that recovery support is provided
- Senior Health Care/Nonprofit Director
- Experienced strategist
- Creative catalyst for
  - Program and policy development
  - Human resources
  - Building partnerships
  - Exploring systems innovation to drive social impact



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## Kevin Knowles

### Recovery Services Coordinator, Berkeley County (WV)

- Plans, coordinates, and collaborates with agencies that offer substance use disorder treatment and recovery resources
  - Oversees the Berkeley County Recovery Resource Center
  - Serves on the Berkeley County Adult Drug Court Team
  - Peer recovery coach trainer
  - City of Martinsburg Ward 2 councilman (second term)
  - U.S. Attorneys Award recipient (2019) for work on the opioid crisis



## Fairfield Overdose Response Team (FORT)

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## Project FORT–Overview

- Collaborative initiative between the Fairfield/Logan/Athens Major Crimes Unit and community stakeholders to address overdose issues facing communities throughout Fairfield County
- Pre-Arrest Diversion/Quick Response Team Model, designed to meet with survivors of unintentional overdoses and their families within 24–48 hours of the event
- Goal—connect victims and their families to treatment and recovery services while providing support to their families

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## Project FORT–Overview

- Housed within the Major Crimes Unit
- Occurs in concert with law enforcement
- Holistic approach to dealing with drug issues impacting our communities

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## Project FORT–Partnerships and Funding

- More than 30 stakeholders and community partners within Fairfield County
- Funded through the Ohio Attorney General’s Office, the Ohio Department of Public Safety, the U.S. Department of Justice, and the Fairfield County Commissioners
- Started as a pilot in Violet Township; has grown to impact all of Fairfield County in the last year

FORT has connected many addicts and their families to resources throughout Fairfield County

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## Team

- Project director
- Community paramedics from Violet Township and the City of Lancaster
- Peer supporter

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## What Is It?

- We knew we had to try something different
- Outreach program designed to impact clients outside of the criminal justice system
- Major Crimes Unit detective, community paramedic, and peer supporter meet with survivors of drug poisonings with 24–28 hours of a drug poisoning or anyone who identifies as having a substance use disorder
- Operates independently of enforcement work but is now being called to enforcement scenes regularly
- Real-time data collection on drug poisonings

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## What Is It?

- Helping change cultural belief systems
- Identifying barriers to treatment and providing full case management
- Providing greater access to naloxone
- Community engagement

## Why Is It Working?

- A true partnership between law enforcement and more than 30 service providers and community partners
- Egos and agendas not invited to participate
- Able to secure state and federal dollars to fund the project
- Money used not only to benefit the TF but service providers as well
- Using the money where it really means something
- Because **WE** believe in it

## What Else Should We Be Doing?

- More MAT, but associated with treatment
- Better access to DA/MH screening and treatment and treat both
- Continue directing users to treatment and recovery outside of the criminal justice system; provide opportunities and exposure
- Enhance availability of substantive treatment through drug courts and in county jails
- There is no panacea
- We must become intolerant of this problem
  - ✓ Harm-reduction strategies
  - ✓ Eliminate the nebulous/gray middle
- We have to change the way we message
  - ✓ In some areas, we have forfeited our ability to change the trajectory
  - ✓ We refuse to believe it is too late

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## What Else Should We Be Doing?

- Narcan saves lives
- Opiate blocker, reverses effects of opiate overdose
- We have the unique opportunity to save lives
- Free training on how to use Narcan; in many instances, your local health department can provide Narcan
- Protect yourself as well as your fellow officers

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## Keys to Success

- Collaboration
- Empower your community
- Get people involved
- Get into your schools
- Utilize existing resources and services
- Utilize faith-based community
- Talk to your community leaders

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## Contact

**Scott Duff, Project FORT Director**

Fairfield/Logan/Athens Major Crimes Unit

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(740) 901-1598 (office)

## Faces and Voices of Recovery Greenville



## Independent Recovery Community Organization vs. Integrated Peer Support

### Independent RCO

- Not affiliated with or governed by any treatment or government organization
- Independent board: At least 75% of board members are people in recovery or family members (FAVOR Greenville=100%)
- Upside: Organic, entrepreneurial, different regulatory and boundary expectations
- Downside: Not sure how to keep the lights turned on. Less of track record. Must prove ourselves

### Integrated Peer Support

- Affiliated with an existing treatment organization. Add-on to the existing infrastructure
- Governed by existing board and adheres to existing regulations and policies and procedures
- Upside: More likely to be funded by existing systems and infrastructure. More sustainable. More predictable
- Downside: Risk repeating history. Peer staff can be marginalized. Must defer to regulations and policy of organization

# July 2013 to Present Service Delivery — Recovery Coaching

- 47,000 people enrolled
- 10,000 family members
- 23 locations/satellite groups across Greenville County
- Expansion: added centers in Anderson and Spartanburg Counties
- FORCE/health care partnerships: January 2018, 1 location
- July 2019, 7 locations | 8 programs
- Schools/criminal justice
- Rallies; awareness; education; etc.

## Milestones

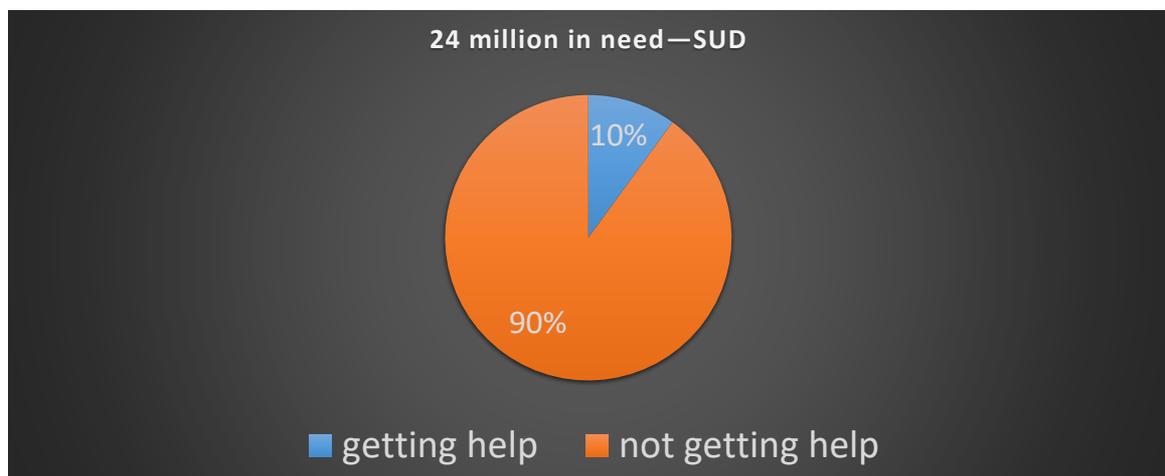


**BJA COAP  
Peer Recovery Support Services  
Mentoring Initiative**

# Specialized Programming

Nationally Recognized Health Care Partnerships  
and Model Programs

## We are experts at engaging the disengaged



## Engaging the 90%

- Identify/access: Find them
- Engage: Connect
- Serve: Be useful
- Retain: Stay connected
- Recruit: They become part of the solution
  
- Assertive Community Engagement Model(s)

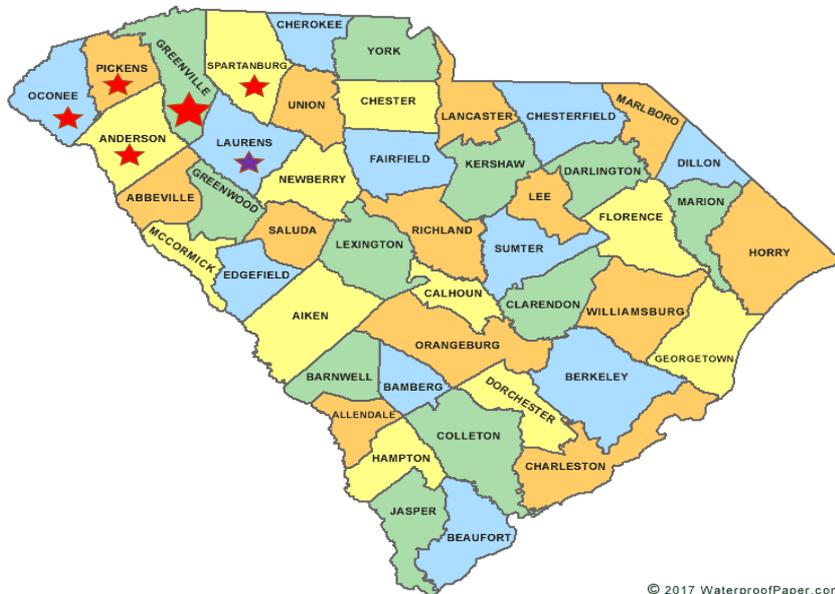
**Paradigm shift: Rather than waiting for a willing participant, the professional organization bears responsibility for participant engagement**

## University of South Carolina Medical School @ GHS—M-3 Recovery Coach Course: 3-Credit Elective—High-Value Care



## Our Assertive Community Engagement Model

- Uses a digital health coaching model
- 65%-75% of communication/outreach is done via phone, texting, asynchronous education/communication. Daily contact. Decreased in duration, increased in frequency
- At the other end: staff-intensive home visits/outreach to homeless encampments/strong family connections/partnerships and collaboration with other providers
- LOTS of supervision and oversight
- Every Tuesday at 10:30 a.m. and every other Wednesday at 6 p.m.





## FORCE Study

- 24-hour on-call model
- NOT a “warm handoff”
- 12-month follow-up
- We find them/maintain connection
- Multiple placements/ongoing support
- 1 hospital, January 2018 (GHS–PRISMA)
- 7 active emergency department programs: 500-plus patients across upstate, July 2019
- 8th proposed launch (Oconee) in fall 2019
- 1 linking inpatient SUD to recovery

- FAVOR Overdose Recovery Coaching Evaluation (FORCE) research/evaluation at GHS/PRISMA UPSTATE–Overdose Survivors
  - **Results since launch in January 2018**
    - 214 calls
    - 98% enrollment (participant has to sign in and agree to 12-month follow-up)
    - 61% retention (still engaged with coach)
    - 68% linkage to treatment/other support
    - Only **8 patients have returned to the hospital for any reason**
    - 3 patients (1.4%) have died from subsequent overdose. Compared with national averages: 15% of patients who overdose and are brought to ED die of another overdose within the next year

## FORCE has been expanded: now addressing all SUD issues. Other early results: from St. Francis—all SUD

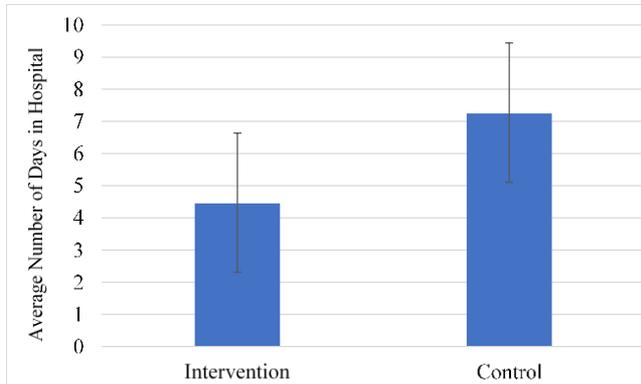
# Pre-FAVOR ED visits (including engagement visit)	# Pre-FAVOR 12-month ED visits (including engagement visit)	# Post-FAVOR engagement ED visits	# Pre-FAVOR engagement inpatient admission	# Post-FAVOR engagement inpatient admissions
576	202	63	80	8

## ACE applied to Inpatient SUD

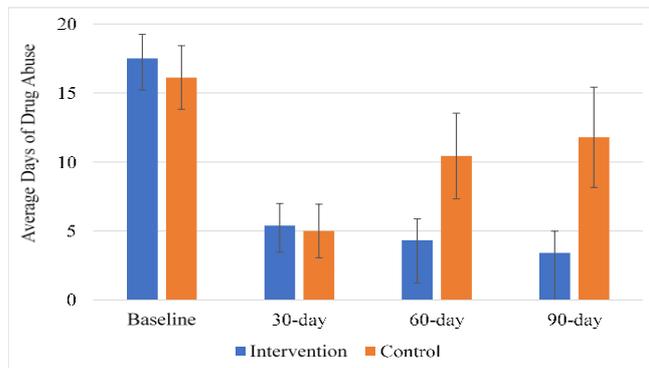
- Clinical research trial titled “Linking Inpatient Admissions to Addiction Recovery Support.” This study measures successful outreach and retention for working with hospitalized patients who have comorbid substance use disorders
- Patients with a long history of SUD who are inpatients for other health-related issues, such as infectious disease, pancreatitis, liver failure, etc.
- Random assignment
- In the intervention condition, a recovery coach is assigned (which involves assertive digital connection and outreach/engagement)
- Control equals treatment as usual (which involves referral with no assertive outreach)

# Early Results

Study Results as of 6/28/19

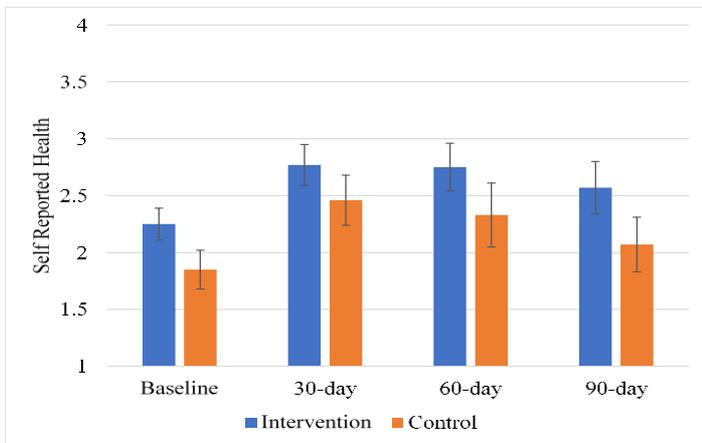


This graph shows that those in the intervention condition spend *fewer* days in the hospital in the six-months post-discharge, or after our initial baseline visit with them. This finding is preliminary and has not yet reached statistical significance.



This graph shows that those in the intervention condition (blue bars) are using drugs less at 60-day and 90-days post-discharge compared to the control condition,  $F(1, 33) = 5.694, p = .023, \eta^2 = .15$ . **Note that these results are statistically significant and the effect size is large.**

It is clear, that assertive engagement is a game changer and represents the future of recovery support. People get better when we find creative ways to connect. The days of waiting for a willing patient to hit bottom and come to the clinic for services have passed. We need to reach the patient and retain them in services/support.



\*Note that in the figure above, a value of 1 on the y-axis denotes “poor health” while a value of 5 denotes excellent health. Thus, higher scores = better health.

This graph shows that those in the intervention condition report better health at 90-days post-discharge compared to the control condition,  $F(1, 33) = 3.613, p = .066, \eta^2 = .10$ .

## Assertive Community Engagement

- Requires a paradigm shift
- ACE is a mind-set: “unwilling” and “in denial” are inaccurate labels in many cases
- High level of digital health coaching/telecoaching
- Staff can be trained. But ACE is not for everyone
- Trades on the protocols of other health care disciplines, especially behavioral health rehabilitation services on the MH side: intensive case management through Assertive Community Engagement

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## Moving Toward Full Digital Coaching Integration

- Partnered with content provider for online educational content
- Technology platform provides state-of-the-art online learning and support for families and individuals in need
- The basics . . . but delivered via a Netflix experience

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## Contact

**Rich Jones, CEO/COO**

Faces and Voices of Recovery (FAVOR) Greenville

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# Berkeley County, WV

## Recovery Services

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## Mission

- To serve as a leader for improving the health and safety of individuals by promoting strategic approaches and collaboration to reduce drug trafficking and related crime, while promoting prevention and treatment options for persons with SUDs

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## Coach and Recoveree Relationship

- The relationship between a coach and recoveree should start with mutual respect
- This lays a foundation that improves self-esteem and productivity
- Creating a culture in which people are viewed as resources versus objects is a worthy goal

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## Partnerships

- Berkeley County Schools
- Berkeley County Recovery Resource Center
- Prosecuting attorney
- Judges
- Corrections

## Outreach Programs

- **Harm Reduction Program**

- Opportunities to have one-on-one recovery coach sessions
- Linkage to local resources and detox/MAT

Number served:

- 2017: 0
- 2018: 300
- 2019 YTD: 190

- **Naloxone Training**

- Gives the opportunity for one-on-one while training that could lead to recovery coaching (planting a seed)

Number served:

- 2018: 120
- 2019 YTD: 77



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## Outreach Programs

- **Regional jail**

- Linkage to resources for reentry
- Opportunities for one-on-one peer recovery coaching while incarcerated

July 2018 – YTD:

- 48 RC sessions
- 42 treatment referrals
- 35 treatment placements

- **Public library**

- Planting a seed

YTD:

- 16 RC sessions
- 34 individual interactions



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## Outreach Programs

- **Berkeley Medical Behavioral Health Unit**

- Group setting to help individuals seek and learn about recovery
- Offers first introduction to recovery coach
- Provides resources within the community upon release

**Medical YTD:**

- 13 RC sessions

**BHU YTD:**

- 45 RC sessions

- **Recovery Resource Center**

- Offers peer support to those seeking recovery or already in recovery
- Linkage to local and state resources (e.g., detox/MAT/short- and long-term treatment)
- Provides support group literature and meeting information

**YTD:**

- 87 RC sessions
- 41 trained recovery coaches
- 22 certified in ED, professionalism, ethics



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## Outreach Programs

- **Adult drug court**

- Offers perspective from a peer recovery coach point of view
- Availability to provide one-on-one recovery coach sessions
- Provides resources within the community

- **Rescue mission**

- Currently supplying RC recovery packets
- Future plans to be able to offer one-on-one RC sessions

- **Eastridge health systems**

- Supplies individuals in recovery with recovery coaches to share their experiences during some of their programs

**YTD:**

- 102 recovery wellness plans



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## Outreach

- **Berkeley County Schools**

- Recovery coaches with Project Aware
- Sports Prevention Plus Wellness Program
- Life experiences shared
- Linkage to our 24/7 hotline

Number served:

- 2018: 2,049
- 2019 YTD: 1,135

## Opportunities

- Create diversion programs with law enforcement (LEAD)
- Opportunity to implement Quick Response Teams
- Create and utilize rural outreach teams
- Develop a collaboration to support transportation for those with SUD to help with recovery needs
- Expand awareness and education to state government officials regarding the need for policies and procedures for recovery coaching and recovery residences throughout the state

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## Challenges

- Lack of community support in certain areas
- Stigma
- Transportation
- Housing/sober living
- Insurance barriers
- Need for more treatment beds
- Lack of reciprocal agreements between surrounding states for Medicaid

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## Program Evaluations

- **Sports Prevention Plus Wellness Youth Feedback Survey**
  - Tool to assess students and their understanding of healthy lifestyle choices
- **Performance and engagement survey**
  - Used at Harm Reduction to define types of interventions used by coaches
- **Anti-stigma survey**
  - Helps to identify barriers associated with individuals who have SUD
- **Self-efficacy survey**
  - Used to evaluate recovery coach efficacy in general

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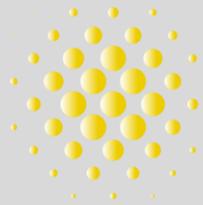
## Contact

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**Questions?**



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