

# Recovery *LIVE!*

## Active Engagement and Services for Crisis Outreach and Warm Handoffs

Moderated by Devin Reaves

Executive Director, Pennsylvania Harm Reduction Coalition

### Speakers:

Brandon George, Director, Indiana Addiction Issues Coalition

Mindy Harrison, Director, Peer Support Specialist Network of Maine

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**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Bringing Recovery Supports to Scale Technical Assistance Center Strategy

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# Presenters

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Executive Director, Pennsylvania Harm Reduction Coalition

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# Housekeeping Items

- Phone lines will be MUTED. Please participate using the “Questions and Comments” box.
- You can post questions at any time during the presentation.
- The session is scheduled for 60 minutes and is being recorded. The recording link, which reflects today’s chat, will be shared with all registrants.

# Integrating Services ▷ Improved Outcomes

“Effective integration of prevention, treatment, and recovery services across health care systems is key to addressing opioid misuse and its consequences, and it represents the most promising way to improve access to and quality of treatment.”

– [Facing Addiction in America: The Surgeon General’s Spotlight on Opioids](#)

“Regardless of their specific role, we have found that peer support staff can also vastly enhance organizational culture, adding a crucial element that complements, but in no circumstances replaces, clinical care: the element of hope. Through their lived experience, peer staff are a constant reminder that recovery is real and possible, regardless of one’s circumstances and the limitations imposed by one’s behavioral health condition.”

—Dr. Arthur Evans, [Philadelphia Peer Support Toolkit](#)

# Definitions

**Peer Support Specialist** – an individual with a lived experience and journey who is receiving mental health services and supports

**Peer Recovery Coach** – an individual who has lived experience in receiving services and/or supports for a substance use condition

Both types of peers provide connections in navigating recovery support systems and resources, including professional and non-professional services.



**“Warm handoff”** is a long standing strategy in the social service/medical world to transfer care from one support team to another, going beyond making a referral to an immediate, seamless connection to treatment and recovery supports.

**Source:** Michigan Department of Health and Human Services, [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4871\\_4877\\_48561-84396--,00.html#coach](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_4877_48561-84396--,00.html#coach)

# Recovery Coaches in Emergency Departments

- Recovery coaches help in times of substance use disorder crisis
  - Cities/Larger Towns: On location in emergency dept.
  - Rural areas: On call
- Contacted by clinical staff when patients present with signs of substance-related emergency
- Coverage Varies: 24/7? Mon–Fri? Virtual?
- Indiana currently has all of the above
  - [Project POINT](#) (Planned Outreach, Intervention, Naloxone and Treatment)
  - Indiana University Health Virtual Peer Support for ED
  - County hospitals in rural areas

# Recovery Coaches in Emergency Departments

- Bringing peers into health care environments
  - Contract with recovery-oriented community organizations; OR
  - Direct hire
- Ethical considerations
  - Peers provide the greatest benefit to patients when they can share information about ALL resources available for post-acute care, not only hospital-sponsored services, and stay connected with the patient until patient is engaging in next service (warm handoff).
- Hiring concerns
  - If a person with lived experience with substance use disorder has past criminal convictions, this may be in conflict with HR policies at some health care organizations.
  - Contracting helps overcome this hurdle





# Peer Support Specialists in Emergency Departments

- Seek to build an initial connection through conversation with people having extreme experiences
- Work with person in crisis to discover/create community connections and/or natural supports
- Often these connections support linkage to other things:
  - Clinical MH treatment resources
  - Health insurance
  - Housing
  - Direct access to a wide variety of group and individual supports
  - Alternatives to visiting the ER for people who often do not require that level of treatment



# Peer Support Specialists: Training and Funding

- [Amistad Inc.](#) has been a leader in peer services in Maine since the 1980s. Amistad operates several Recovery Centers and Street Outreach programs staffed with Certified International Peer Support Specialists (CIPS).
- Staff working as peer support specialists are certified in the Intentional Peer Support Model
  - 8-day training, which requires a written final exam; 4 quarterly supervisory-type meetings; 2 continuing education classes; and an annual review
- Programmatic funding is a mix of state grants, city block grants, and private funders
- Contracts with outside mental health agencies and programs to provide CIPS to work at agency locations as well as to provide supervision to the CIPS

# Peer Support Specialists: Amistad

- Mercy Hospital to provide CIPS in the Emergency Department
- Peer programs at one of Maine's state psychiatric hospitals: CIPS work on all units and provide bridging upon discharge to support successful community reintegration
- City of Portland to provide street outreach support for people experiencing homelessness as well as long-term stayers at the city shelter



## The Street Outreach program

- Works with local police officers and liaisons to support people experiencing challenges instead of arresting them
- Visits inmates as they approach the end of their stay to support resource connections and successful community integration

# Making Organizational Change (vs. Checking a Box)

- Implementation of peer supports in crisis care is critical
- Simply hiring a peer and putting them solo in an emergency department is not appropriate
- Other considerations:
  - Update departmental policies and procedures to reflect peer roles
  - Reach for the gold standard by creating a department or sub-department
  - Must educate ALL STAFF on role and confusion about scope of work
  - Provide recovery-oriented supervision of peers

# Supervision and Training for Peers in Crisis Care

- All supervisors should have in-depth knowledge of peer role
- Peers should have opportunities for ongoing learning/continuing ed
  - Basic peer training does not cover unique settings such as emergency departments or jails/prisons
- One hour per week of direct supervision
- Project ECHO (Extension for Community Healthcare Outcomes)



# Supporting Peers With Self-care and Wellness



- Working in emergency department setting is stressful
- Build teams to avoid isolation
- Promote self-care

# Building relationships to enable warm handoffs

- Peers build relationships with outside service providers:
  - Sober homes
  - Therapists
  - Residential treatment
  - Police depts
  - ACT teams
  - Medicaid/food assistance office
- Use these connections when making referrals
- Existing relationships = smoother handoffs





# For Further Reading

Rhode Island: AnchorED program

<https://providencecenter.org/services/crisis-emergency-care/anchored>

Georgia: CARES Program

<https://www.gasubstanceabuse.org/cares-in-emergency-departments>

Supporting Recovery in Acute Care and Emergency Settings

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/recovery\\_to\\_practice/supporting-recovery-in-acute-care-emergency-settings.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/recovery_to_practice/supporting-recovery-in-acute-care-emergency-settings.pdf)

Warm Handoff: Prevention PA Mid-Atlantic Training Center

[http://center4si.com/brsstacs/Prevention%20PA%20Mid%20Atl%20Training%20Center\\_Warm%20Handoff.pdf](http://center4si.com/brsstacs/Prevention%20PA%20Mid%20Atl%20Training%20Center_Warm%20Handoff.pdf)

Intentional Peer Support Model

<https://www.intentionalpeersupport.org>

# Contact BRSS TACS

To find out more about BRSS TACS or to ask a follow-up question of our presenters, please email [recoverylive@center4si.com](mailto:recoverylive@center4si.com)

To request technical assistance, please use the online request form at:

<https://www.samhsa.gov/brss-tacs/technical-assistance-form>

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