Peer Support in First Responder-Led Diversion and Deflection Programs: Necessary Tools in the Fight Against COVID-19

Catching Up With COSSAP, February 2021

During the COVID-19 pandemic, more than 40 states have reported increases in opioid-related deaths and ongoing concerns about individuals with mental illness or substance use disorder (SUD). Between March and May 2020, there was a 17 percent increase in drug overdoses reported during the first stay-at-home order period, with more than 60 percent of counties reporting an increase during that time (Alter & Yeager, 2020). Linking people who have recently overdosed or who are otherwise struggling with an opioid use disorder with treatment has been exceptionally challenging. The support system that people turned to before the pandemic is less accessible for such individuals, making the recurrence of substance use more likely. First responder-led diversion and deflection programs that incorporate peer supports into their work have found them to be an invaluable addition, providing connection and hope during this challenging time and offering innovative approaches to saving lives.

In Logan County, West Virginia, for example, the Quick Response Team (QRT) is a collaboration among the sheriff's department, emergency medical services, the Southwestern Regional Day Center (SRDC), treatment agencies, and churches. Peer support specialists integrated into the QRT serve an integral role in connecting individuals with critical SUD services following an overdose. According to John Kangas, SRDC program manager and peer recovery support specialist, amid the pandemic the program's peer recovery coaches created different avenues to connect with individuals by providing virtual talks on various topics such as early recovery, relapse recovery, and how to deal with isolation and disappointment. "Maintaining communication with clients during the beginning months of COVID was vital. We used every avenue possible to stay connected," he says. "We reached out either through social media or calling using Google Voice."



Since early March, the Community and Law Enforcement Assisted Recovery (CLEAR) Program in Winthrop, Massachusetts, has continued to tackle the opioid crisis while combating the spread of the coronavirus. An alliance between the Winthrop Department of Health and the Winthrop Police Department, CLEAR uses police data to identify people in the community with whom to connect. According to Sergeant Sarko Gergerian, peers play a vital role on the team by honestly sharing their stories and journey. "Having that perspective, understanding, and willingness to sit down with someone with their own experience and learning from them creates a unique personal connection," he said. As orders restricting movement challenged traditional service delivery practices, CLEAR's teams have kicked into high gear—reducing isolation, engaging clients, and modeling recovery. Its program and others have successfully adapted and continue to manage public health restrictions by using virtual services and engaging face-to-face while practicing physical distancing.

In the Tucson Police Department (TPD), Sergeant Ericka Stropka oversees the Substance Use Resource Team

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(SURT), which pairs officers and peer support specialists. The SURT team's primary mission is to reduce overdose deaths and help connect people who are suffering from SUDs to recovery resources. TPD relies on local treatment providers to provide physical and behavioral health care and related recovery services, such as housing assistance. Their leading partner for their deflection program is CODAC Health, Recovery & Wellness, Inc., which employs the peer specialists that are stationed at TPD headquarters in downtown Tucson. Officers and peer support specialists conduct community outreach, encouraging people to seek or reengage in SUD treatment. Prior to the launch of the SURT team in July 2018, peer specialist Brendan Bond partnered with TPD because he wanted to help others. "As peers, we can bridge the gap between officers and treatment and break down the walls and barriers," he said.

Before the pandemic, SURT peer specialists accompanied officers on door-to-door outreach. Over its first 18 months, the program provided successful interactions that helped 468 deflected individuals get needed health-related treatment.

COVID-related public health restrictions in Tucson subsequently required a change in how the SURT team interacted with individuals. The team immediately created a phone list for each officer and peer specialist to ensure ongoing connection with individuals virtually. Now, team

members ask whether individuals need naloxone kits and inquire about coronavirus symptoms, as well as whether the individuals would be comfortable with the team making contact at the door. When they go to a person's residence, team members engage face-to-face with individuals while maintaining physical distancing.

"Engaging face-to-face using positive motivational techniques is imperative for those struggling with SUD, especially for individuals who are isolated and have no human contact," Sergeant Stropka said. She credits the stable relationship between CODAC and TPD leadership as central to the deflection program's success, especially during the pandemic. "When creating a first responder-led program with peers and officers, it's important to share each other's stories and understand each other's strengths," she said, "to truly be able to provide the best support for their clients, which requires humility, team building, authenticity, and generosity."

The pandemic has not changed that.

Reference

Alter, A., & Yeager, C. (2020). COVID-19 Impact on U.S. National Overdose Crisis. Retrieved from http://www.odmap.org/Content/docs/news/2020/ODMAP-Report-June-2020.pdf.



