



August 26, 2020

Public Health Peer Supports

Welcome and Introductions



Welcome

- Erin Etwaroo, LPC, Analyst, Altarum
- Philip Campbell, CAPRC II, Project Coordinator, Project POINT
- Carl Highshaw, M.S.W., Chief Executive Officer, AMAAD Institute
- Cheryll Moore, Medical Care Administrator, Erie County Department of Health

Guest Presenter – Philip Campbell



- Philip Campbell graduated from the Indiana University Herron School of Art and spent most of his career as a creative consultant, creative problem solver, and entrepreneur
- While approaching ten years of sobriety in 2018, Philip accepted a position with Project POINT as a care coordinator and a liaison between the Eskenazi Emergency Department and the Sandra Eskenazi Mental Health Center
- Philip now serves as the Project POINT Project Coordinator and is a Level II Certified Peer Addiction Recovery Coach (CAPRC)



Guest Presenter – Carl Highshaw

- Founder, CEO, and executive social worker of Arming Minorities Against Addiction and Disease (AMAAD) Institute
- Master's of Social Work, Washington University
- Bachelor of Science in Psychology from Western Illinois University
- AMAAD:
 - Provides grassroots peer-led recovery support inclusive of African American lesbian, gay, bisexual, and transgender (LGBT) people
 - Provides peer-based behavioral health counseling and housing support services for those on parole and/or probation with a history of substance abuse and/or mental illness
 - SAMHSA CSAT Targeted Capacity Expansion Peer-to-Peer grant, SAMHSA CSAP Substance Abuse and HIV Prevention Navigator grant

Guest Presenter – Cheryll Moore



- Cheryll Moore obtained her bachelor of science degree in nursing and community health nursing from D'Youville College and her bachelor of science degree in social work and psychology from the State University of New York College at Geneseo
- For the past 20 years, Cheryll has worked with the Erie County, New York, Department of Health and is now the Medical Care Administrator
- Responsible for community health assessment, Article 6 reporting, grant writing, community facilitation, and advocacy activities
- Developed, and as Executive Director, manages the Erie County Opiate Epidemic Task Force. Developed and oversees multiple local, state, and federal grant-funded projects to address the opioid epidemic in Erie County

Learning Objectives

After this session you will be able to:

- Describe models of peer recovery support from community health and public health settings
- Explore the commonalities and differences between the philosophies, purposes, and tasks of community health workers and peer recovery support specialists
- Describe how programs can use the strengths of each model to better serve people who have been arrested, adjudicated, incarcerated, and/or released from incarceration

Definitions

Community Health Worker

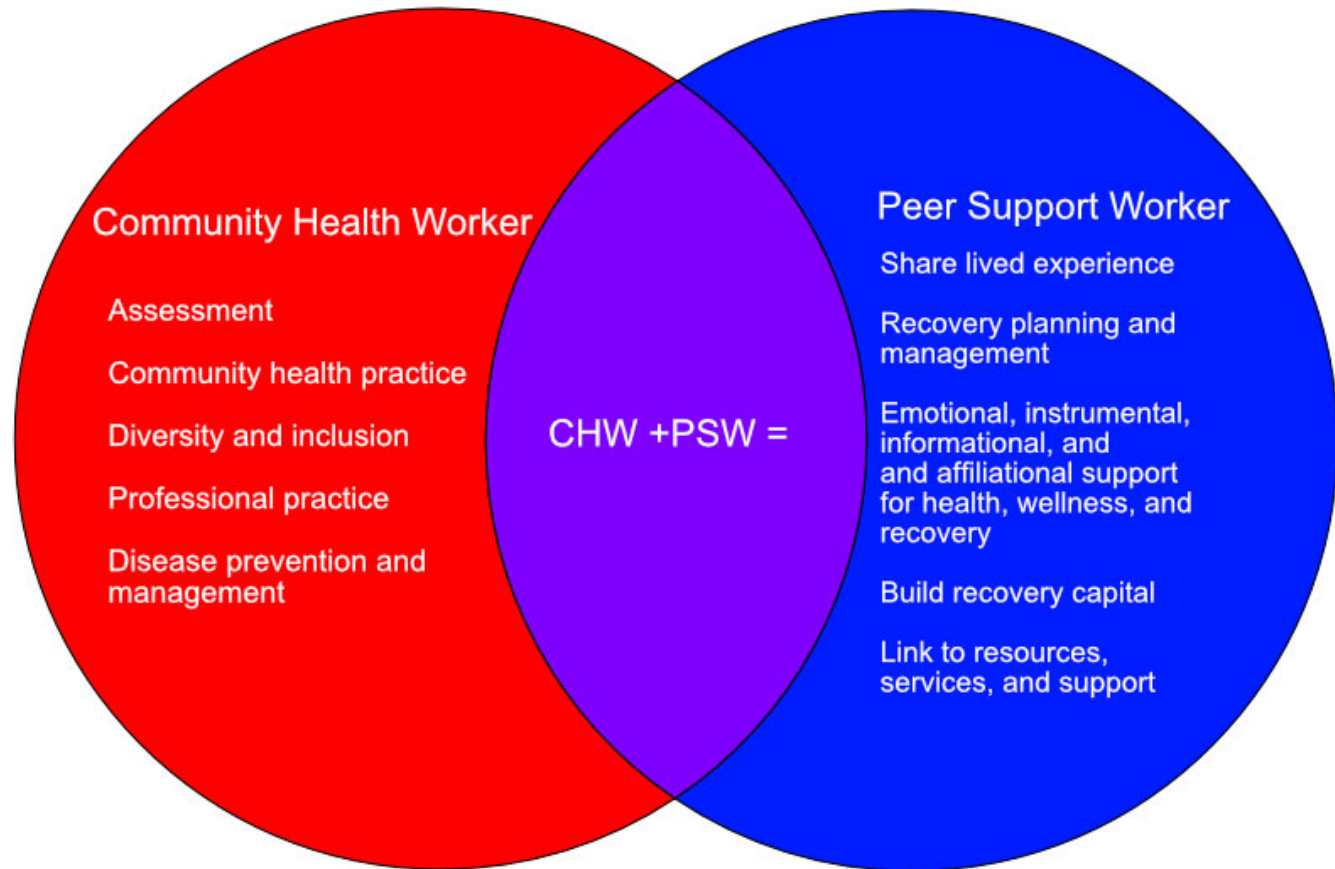
- Trusted member of community served
- Link between health/social services and community member
- Facilitate access to services
- Improve quality of service delivery
- Improve cultural competence

(APHA, n.d.)

Peer Recovery Support Specialist

- Lived experience of addiction and recovery
- Serve as a mentor, motivator, and advocate to others to promote long-term recovery
- Connect to recovery community
- Foster recovery-oriented systems of care

Core Competency Domains



Project POINT

Planned Outreach, Intervention, Naloxone, and Treatment



History

- Founded in 2015 by Dr. Dan O'Donnell with a small grant to allow emergency responders to carry naloxone
- Expanded in 2017 with a Fairbanks grant
 - Dr. Krista Brucker
 - Recovery coach
- The addition of DOJ and SAMHSA funding
 - Project coordinator
 - Two recovery coaches
 - Care coordinator
- Family and Social Services Administration (FSSA) and Health Care Initiatives (HCI) funding
 - Naloxone in the ED
 - Criteria expanded

Overview

- Project POINT is a team of recovery coaches who work in the ED at Eskenazi Hospital
- We see patients who present with a chief complaint of opioid overdose, opioid withdrawal, or OUD-related issues like abscesses from IV drug use
- These patients may be in high or low acuity, the trauma center, or holding
- If someone is arrested in Marion County and has to go to the hospital, he or she is admitted to Eskenazi holding. Approximately 60% of our patients are in holding
- We help patients with treatment referrals, medication-assisted treatment (MAT), recovery housing, food resources, clothing, transportation, insurance, and whatever else they may need

Our Process

- We identify patients through the ER's patient list, the Project POINT patient list, and the tracking board
- Once a patient is identified, a coach will meet him or her bedside and create a rapport
- Peer recovery coaches who have lived experience in addiction and recovery have the unique ability to connect with these patients on a more personal level
- A series of intake questions will be asked to determine where the patient is at in his or her recovery, if anywhere
- If the patient declines our services, he or she is offered fentanyl test strips, a naloxone kit, information on the syringe exchange program, a bus pass home, and POINT information

If a Patient Engages With POINT

- Naloxone kit
- Suboxone in ED
 - Pharmacy vouchers
- Referral to outpatient primary care provider (PCP) or substance use disorder (SUD) clinic
- Referral to methadone clinic
- Referral to detox and transport
- Referral to longer term treatment facility
- HIV and hepatitis C (HCV) testing
- Women are referred to WeCare and Care programs
- Felons are referred to Public Advocates in Community Re-Entry (PACE) for help finding employment
- Food cards, clothing, toiletries
- Recovery housing
 - First 4 weeks paid for
- Transportation to appointments
- Weekly outreach calls

If a Patient Is in Holding

- If a patient is in holding, our ability to help him or her is limited until he or she is released
 - A cup of water, a blueberry muffin
- Once the patient is released, all of our services are available to him or her
- If they are going to experience withdrawal, we send a referral to the jail
 - Patients are put in detox unit
 - Assessed by mental health team
 - Offered recovery housing
 - Offered outpatient treatment services once released

In Addition

- Once someone is a POINT patient, he or she is always a POINT patient
- We do not take outside referrals. We only work with patients who present to the emergency department
- At Eskenazi, we serve the city's most vulnerable population
- A large portion of our patients are homeless
- Most of our patients do not come to us looking for help. Many wake up in an ambulance on their way to the hospital
 - Fear
 - Confusion
 - Anger
 - Many have additional behavioral health issues

Being a Peer in a Public Hospital

- Being a peer recovery coach in the ED of a public hospital is a very special role, and it is definitely not for everyone
- It requires a great desire to help people with SUD, a tolerance for chaos, and a lot of self-care
- In our roles, we are seed-planters, and we are planting positive, hopeful seeds at a very low point for many people
- We work to remove immediate barriers that keep people from considering recovery and refer them to community services that can help with their long-term goals
- Our team of four is currently engaging with 140-plus patients a month
- As a fully granted project, we are able to work as a team to help all of our patients together rather than have a set client list and quota
- We are an integrated part of the hospital, and we collaborate with the doctors, nurses, Inpatient Transitional Care, Security, Patient Experience, Transport, Primary Care, Outpatient Clinics, etc.

Without the support of these departments, our ability to serve our patients would be minimal

As the leader of Project POINT, I attend the Substance Use Steering Committee and the Opioid and Pain Management Oversight Committee (OPOC) meetings in order to understand how our patients are being served in other areas of our organization

I truly believe that the most beneficial decision I made when I took this position was to knock on a lot of doors to introduce myself and the team to all of the other departments. I went to them for help, and it turns out they were extremely grateful to know we existed

Arming Minorities Against Addiction and Disease (AMAAD)



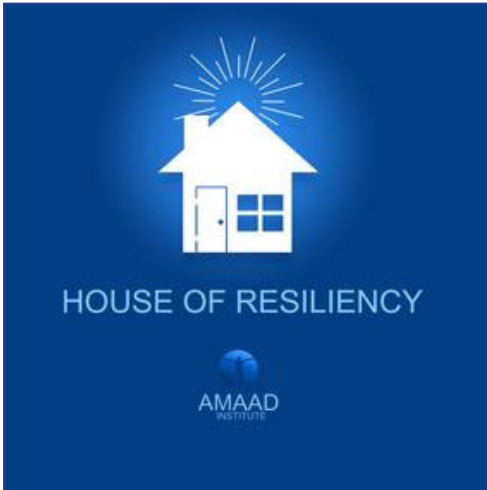
The AMAAD Institute
Arming Minorities Against Addiction & Disease

Grassroots Peer Support Community

- **AMAAD Institute** – South Los Angeles:
www.amaad.org
- AMAAD was founded and conceptualized to work on issues at the nexus of SUD and HIV
- Grown out of a local network of African-American LGBTQ recovery community members



Social Determinants of Health



Participant Segments

- Homeless and unstably housed
- House and ball community
- Individuals affected by the “justice system”
- Substance use/mental health challenges
- Disenfranchised and socially isolated individuals
- Other stakeholders:
 - Public health directors
 - HIV specialists and other medical providers
 - Mental health providers
 - Additional—civic organizations, housing service providers, employment program providers, reentry support programs, etc.





Peer-Based Themes

- Nontraditional on purpose
- Leadership development through AMAAD's Ambassadors Program
- Transitional-age youth and young adults
- Engagement of "peers" as staff
- Personal and professional relationship cloud
- Resiliency planning and support
- Recovery management
- Reentry counseling (Project imPACT and Reclaiming Innocence Project)
- House of Resiliency Transitional Living



AMAAD Staff Considerations

- Lived experience valued much like educational experience
- Homeless and unstably housed
- Individuals affected by the “justice system”
- Substance use/mental health challenges
- Disenfranchised and socially isolated individuals

AMAAD’s Interdisciplinary Team

- Community outreach specialists
- Certified addiction counselors
- Licensed mental health therapists
- Housing navigators
- Resident advisors
- Public policy organizers
- Youth engagement specialists
- Health education and HIV testing specialists
- Evaluation and program support



Erie County Opioid Overdose Outreach Enhancement Program





Erie County
Department of
Health

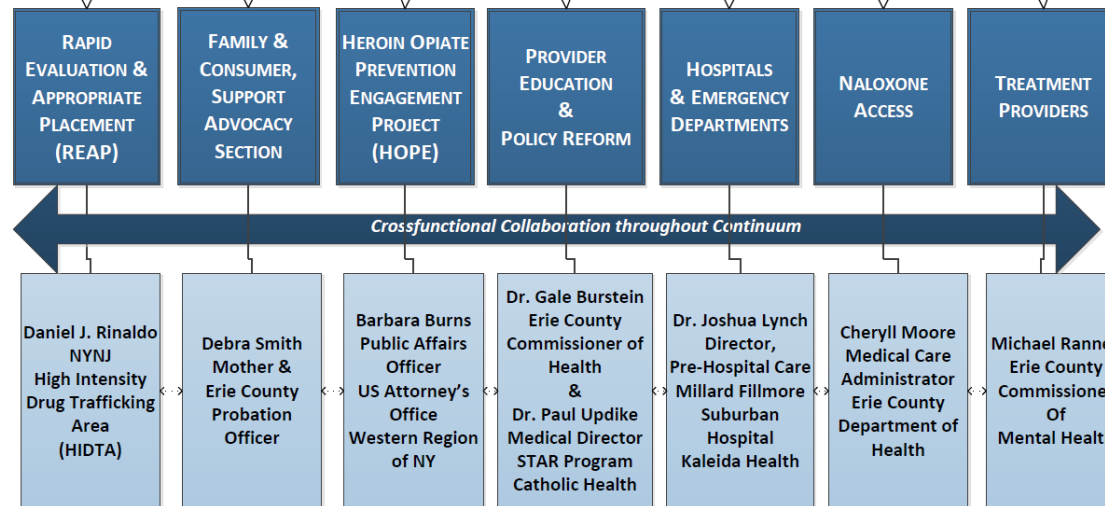


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Prevent. Promote. Protect.



Erie County
Opiate Epidemic
Task Force

Established February, 2016



Erie County
Opiate Epidemic Task Force:
Family & Consumer Support
and Advocacy Section



Catholic Health

Kaleida Health



Task Force Mission:

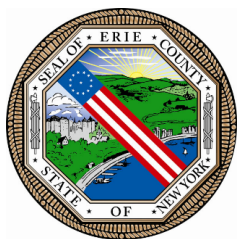
To provide a framework for organizations and individuals from across the opiate overdose continuum to collaborate, develop, and share best practices through timely sharing of information to assist individuals and their loved ones fighting the disease of addiction and to undertake prevention efforts that educate the community on the perils of addiction.

Peers in Recovery Roles and Responsibilities in the Public Health Arena

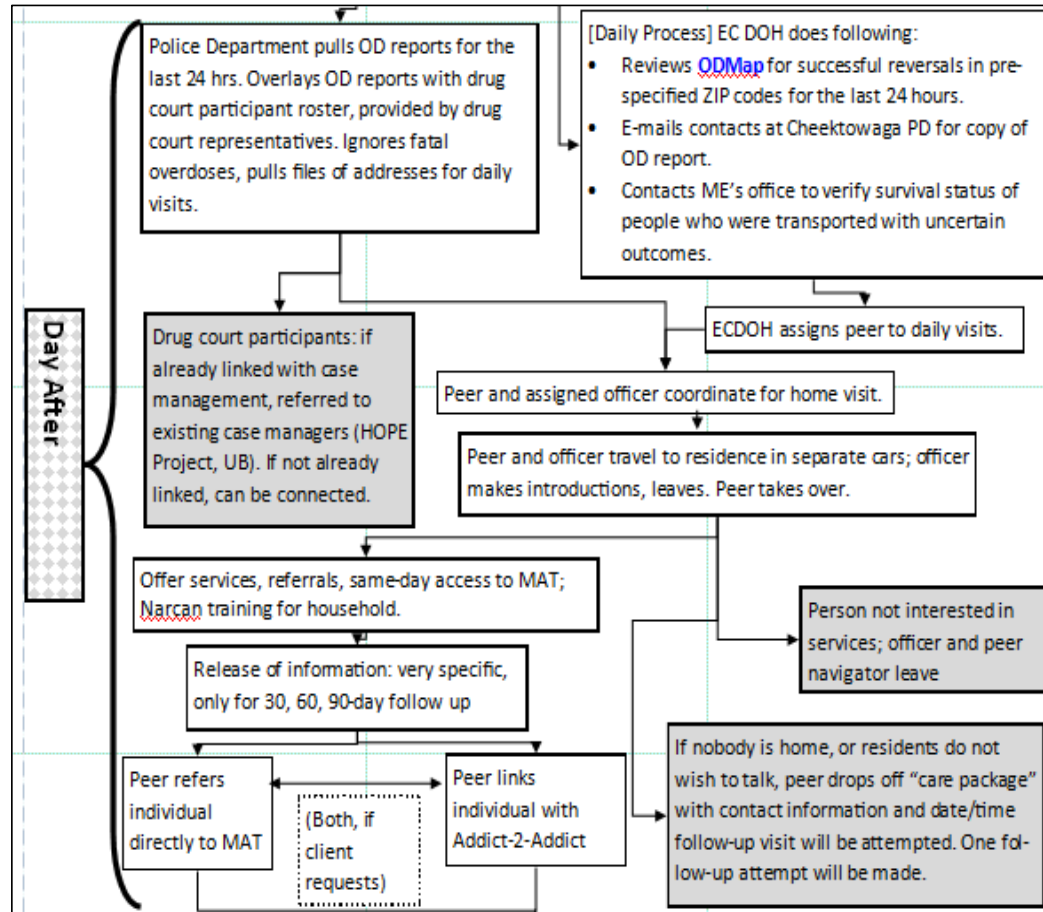
-
- **Idea: Peer work with police after OD response**
 - **Reality: Response after OD**
 - **Peer is employed by the local Public Health Department and assigned to work with local Police Departments to assist individuals to link to care when struggling with OUD**

Peer assigned to provide motivational interviewing/counseling

- Harm reduction
- MAT



Immediate Follow-up After Overdose



Long Term Follow-up

Follow-up

ECDOH does follow-up with client: 30 days, 60 days, 90 days. Reconnects to care if necessary and client is willing.

ECDOH creates monthly report with de-identified data and numbers of engagement to care





**Do you or someone
you know struggle
with Addiction?**

**Call our 24 Hour
Addiction Hotline**

716-831-7007

Serving Buffalo and Erie County



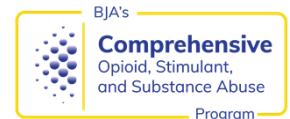
PHONE 716-858-7629
FAX 716-858-7964
E-MAIL antonio.estrada@erie.gov

Peer →

ANTONIO ESTRADA
PEER NAVIGATOR

COUNTY OF ÉRIE
DEPARTMENT OF HEALTH
BUREAU OF COMMUNITY WELLNESS

95 FRANKLIN STREET
ROOM # 975A
BUFFALO, NY 14202





Cheektowaga Police Department

3223 Union Road Cheektowaga, New York 14227
Phone (716) 686-3500 Fax (716) 686-3935

David J. Zack, Chief of Police

Application To Inspect Police Records Freedom of Information (FOIA) Request Form

Ongoing Request from Collaborating Agency/Organization

Application Information

Agency: Erie County Department of Health
Address: 95 Franklin Street Buffalo, NY 14202
Phone: 716-858-7690
Contact Person: Cheryll Moore

Description of Records Requested and Purpose for Request

The Erie County Department of Health is participating in a Response After Overdose Program. In order to provide timely assistance and direct those who overdose to treatment, the Erie County Department of Health is requesting a copy of all police reports filed by the Cheektowaga Police Department at the scenes of drug overdoses which are documented using ODMAP. This request will remain active until cancelled by either party of the agreement.

To be completed by Cheektowaga Police Department:

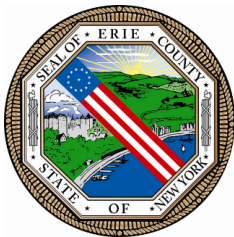
Approved Denied

Authorizing Officers: Lt. Patrick Chludzinski

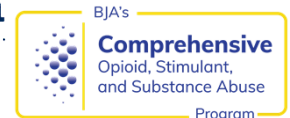
Date: May 14, 2019

Method of Record Sharing: Email to authorized representative of Erie County Health Dept.

-
- Peer initiates contact within 24 – 72 hours post OD event that is referred by local law enforcement departments
 - Provides written information
 - Asks permission to discuss harm reduction and recovery with MAT
 - Peer has own substance abuse treatment center contacts for direct referral

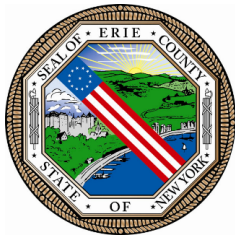


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Prevent. Promote. Protect.



Outcomes:

- ❑ Outcomes are from implementation in multiple local police departments, with strong internal leadership and support for the project
- ❑ Probation department has now hired peers in recovery to assist OUD clients. Each has a case load of 30 clients and are also assisting other officers with clients upon officer request



Public Health
Prevent. Promote. Protect.

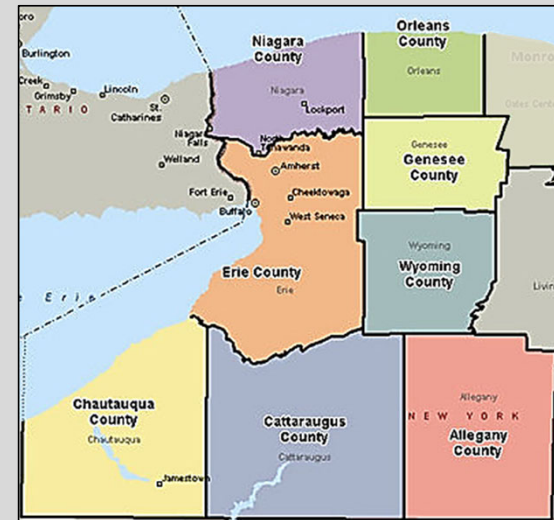




Erie County
Opiate Epidemic
Task Force

WNY Response After Overdose

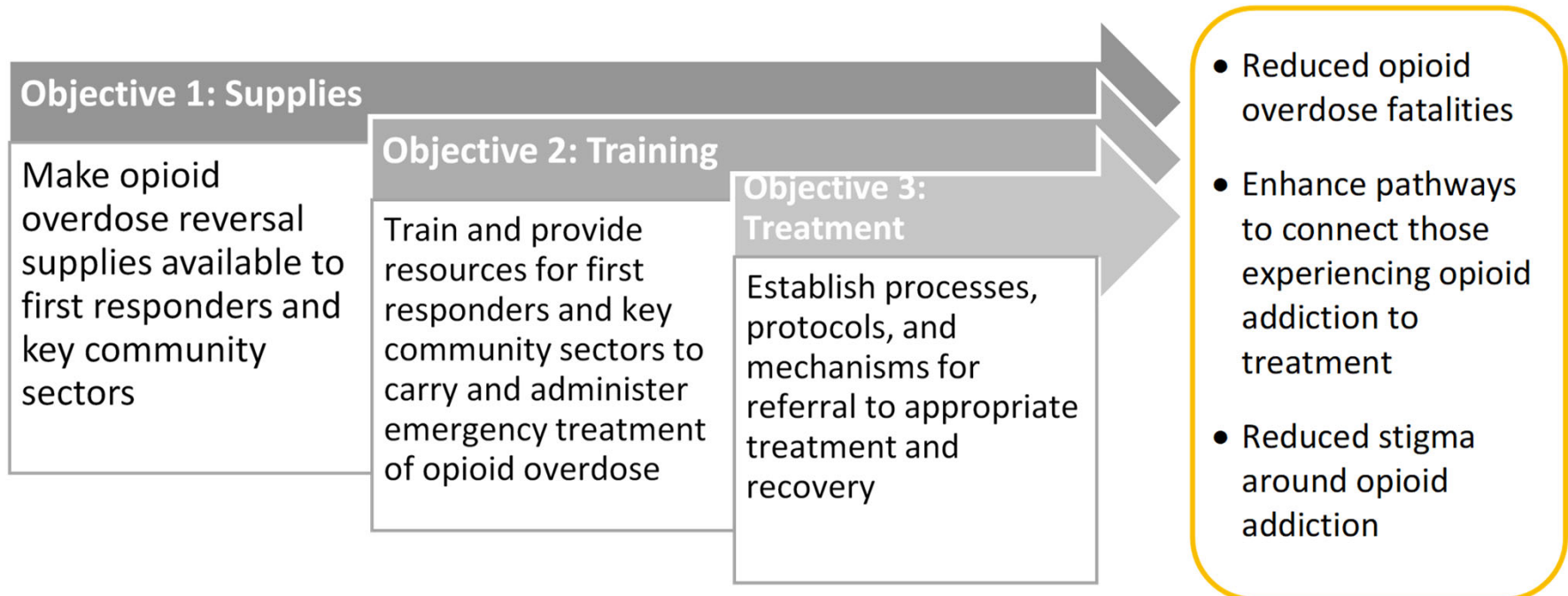
COPE of WNY (Community of Peer Enrichment)



Introductions



Goals



THIS IS WHY WE DO WHAT WE DO.....

**"RECOVERY FOR ME IS...
LIFE, FAMILY AND ME."**

Antonio

831-7007

24 Hour Hotline • You Can Do It!

Supported by grant 1 NU01CE002742, funded by the Centers for Disease Control and Prevention



**Erie County
Opiate Epidemic
Task Force**

Questions?

Contact Information

Philip Campbell

Project Coordinator, Project POINT

Philip.Campbell@eskenazihealth.edu

Carl Highshaw

CEO, Arming Minorities Against
Addiction and Disease (AMAAD)

Carl@amaad.org

Cheryll Moore

Medical Care Administrator, Erie
County Opioid Overdose Outreach
Enhancement Program

Cheryll.Moore@erie.gov

BJA COSSAP Peer Recovery Support Services Mentoring Initiative

- New and emerging programs are matched with an experienced program that provides mentorship, consultation, and support through virtual learning sessions and an on-site visit
- Diverse mentor sites with peer specialists working with first responders, in treatment and recovery courts, and in correctional settings

To apply, visit:

[https://cossapresources.org/
Learning/PeerToPeer](https://cossapresources.org/Learning/PeerToPeer)

For more information, contact
Sade Richardson:

sade.richardson@altarum.org

<https://cossapresources.org/Program/TTA>

The screenshot displays the website's navigation bar with the following elements:

- Logo: BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program
- Search: A search bar with the text "SEARCH".
- Menu Items: COSSAP GRANT PROGRAM, LEARNING OPPORTUNITIES, AREAS OF FOCUS, PUBLICATIONS & DIGITAL MEDIA, and a highlighted button for PDMP TTAC.

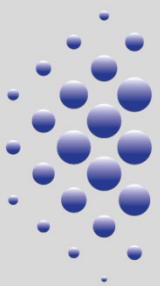
The main content area is titled "TRAINING AND TECHNICAL ASSISTANCE".

The primary text block states: "The COSSAP training and technical assistance program offers a variety of learning opportunities and assistance to support BJA COSSAP grantees and other local, tribal, and state stakeholders to build and sustain multidisciplinary criminal justice responses to illicit substance use and misuse." A "REQUEST TTA" button is positioned to the right of this text.

A secondary text block explains: "Training and technical assistance is provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources."

The section titled "The COSSAP TTA Program supports communities by:" includes the following bullet points:

- Facilitating peer-to-peer learning opportunities in which communities can learn from experienced programs through virtual consultations and on-site visits.
- Providing speakers for conferences and workshops or skilled subject-matter experts for training events to educate stakeholders and build capacity.
- Facilitating strategic and cross-system planning to identify community resources, establish priorities, and develop a road map to achieving goals.
- Identifying materials such as policies and procedures, guidelines, and data sharing agreements that support program activities.
- Supporting PDMPs by increasing PDMP efficiencies and facilitating coordination between PDMPs and state and national stakeholders.

A cluster of blue spheres of varying sizes, arranged in a roughly circular pattern, is located on the left side of the yellow-bordered box.

BJA's

Comprehensive
Opioid, Stimulant,
and Substance Abuse

Program