



Best Practices in Implementing Peer Recovery Support Services in Hospital Settings

June 22, 2022

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Welcome and Introductions



Welcome

- Erin Etwaroo, MA, LPC
- Philip Campbell, BFA, CAPRC II, CSPR-PR
- Traci Lundy, CRM, PWS
- Sean Mahoney, CRM, PWS



Philip Campbell, BFA, CAPRC II, CSPR-PR

- 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 10 years of sobriety in 2018, Philip accepted a position with Project POINT as a Care Coordinator and Liaison between the Eskenazi Emergency Department and Sandra Eskenazi Mental Health Center.
- Philip now serves as the Project POINT Supervisor and is a Level II Certified Addiction Peer Recovery Coach and Certified Supervisor of Peer Recovery.



Sean Mahoney, CRM, PWS

- Sean Mahoney is a Peer Support Specialist, Recovery Mentor, Program Manager and Peer Supervisor for the Mental Health and Addiction Association of Oregon.
- Sean has been sober since 2009.
- Sean also works as a writer, facilitator and advocate. He lives in Portland, Oregon with his cat Larry.



Traci Lundy, CRM, PWS

- Traci Lundy is a Peer Support Specialist with the Mental Health and Addiction Association of Oregon.
- Traci considers walking along side peers with her own lived experience to be an honor and a privilege!
- Traci aspires to help individuals experiencing alcohol or other substance use disorder find an ounce of hope.
- Traci's goal is to meet people where they are with no expectation and help those she serves navigate and feel safe in and out of the hospital setting.

Learning Objectives

After this session you will be able to:

- Identify best practices for implementing PRSS in hospital settings to include:
 - Obtaining hospital leadership, staff, and community buy-in
 - Reducing stigma
 - Securing key partnerships
 - Hiring and retaining appropriate peer providers
 - Certification and training of peer providers
 - Establishing an effective supervision structure
- Explore challenges around continuity of care
- Discuss considerations for special populations
- Identify funding options for program development and sustainability

Eskenazi Hospital

Philip Campbell

Planned Outreach Intervention Naloxone and Treatment (Project POINT)

June 2, 2022

History

- 2015—Dr. Dan O’Donnell obtained small grant from Drug Free Marion County to allow emergency responders to carry naloxone
- 2017—Expanded with a grant from the Richard M. Fairbanks Foundation
 - Dr. Krista Brucker
 - Recovery Coach
- Addition of a DOJ/SAMHSA funding
 - Project Coordinator
 - Three Recovery Coaches
- FSSA/HCI funding
 - Naloxone in the E.D.
 - Criteria expanded
- 2019—Moved program from Indianapolis Emergency Medical Services to the Emergency Department
 - Under new leadership the program has served more patients and expanded its criteria
- 2020—COSSAP funding
 - Two additional recovery coaches and a social worker
 - Project POINT available in the E.D. seven days a week

Overview

- Project POINT is a team of certified peer recovery coaches that work in the emergency department at Sidney & Lois Eskenazi Hospital.
- The coaches are present in the E.D. seven days a week.
- We see patients who present with a chief complaint of substance use disorder.
- These patients may be in high or low acuity, the trauma center or holding.
- We help patients with treatment referrals, medication-assisted treatment (MAT), recovery housing, food resources, clothing, transportation, insurance and whatever else they may need.

Process

- We identify patients through the emergency room's electronic medical records and the chief complaint listed.
- Once a patient is identified a peer recovery coach will meet with them 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 in their recovery, if at all.
- If the patient declines our services, they are offered fentanyl test strips, a naloxone kit, information on the syringe exchange program, a bus pass home and Project POINT information.

Engaging with Project POINT

- Naloxone kit
- Suboxone in E.D.
- Pharmacy vouchers
 - Referral to outpatient PCP or SUD clinic
 - Referral to methadone clinic
 - Referral to detox and transport
 - Referral to longer term treatment facility
 - HIV and HCV testing
 - Women are referred to WeCare and Care programs
 - Felons are referred to PACE for help finding employment
 - Foods cards, clothing, toiletries
 - Recovery housing
- First 4 weeks paid for
 - Transportation to appointments (LYFT, Ztrip or bus passes)
 - Weekly outreach calls

Patients in Holding

- Our ability to help them is limited until they are released
 - A cup of water, a blueberry muffin
- Once released, all of our services are available to them
- If they are going to experience withdrawal, we can 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 you are a Project POINT patient you are always a Project POINT patient.
- We do not take outside referrals. We only work with patients who present to the emergency department.
- At Eskenazi Health 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 in the emergency department of a public hospital is a very special role and it is not for everyone.
- It requires a great desire to help people with substance use disorder, 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 6 is currently engaging with over 250 patients per month.
- As a fully grant funded project we can help patients without charging for our services.
- 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.

Mental Health and Addiction Association of Oregon

Sean Mahoney

Traci Lundy

June 2, 2022



Meet Traci and Sean

- Our Lived Experiences
- Our Work History

Life As A Hospital Peer

- IMPACT at OHSU
- Daily Huddles
- Working as a Team Member
- Supporting Hospitalized Peers
- Advocacy and Reducing Stigma
- Supporting Peers in the Community

Challenges as a Hospital Peer

- The Hospital Culture
- The Stigma from Staff
- Navigating Stress in a High-Pressure Environment
- Death and Loss of People We Support
- Working Inside Broken Systems

Peer and Provider Collaboration

- How Peers and Medical Providers can work together
- Peers As Brokers
- Peers Lightening the Emotional Labor
- Jointly Advocating For Patients
- Real Life Provider-Peer Successes

Peers Supervising Peers

- Being Supervised by Someone Who Understands the Role
- Understanding Self Care and Burnout
- Capacity and Balance
- Staffing Difficult Cases
- Career and Personal Development

Principles of Peer Support

- Meeting People Where They're At
- Peer Directed Goals
- Compassion and Non-Judgement
- Mutual Respect
- Leading with Love and Curiosity

Questions?

Contact Information

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



COSSAP GRANT PROGRAM

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TRAINING AND TECHNICAL ASSISTANCE

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.

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.

REQUEST TTA

If you are interested in requesting training and technical assistance, please complete the form at <https://www.cossapresources.org/Program/TTA>



COSSAP Resources

Tailored Assistance—The COSSAP training and technical assistance (TTA) program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation’s substance abuse crisis. ***You do not need to be a COSSAP grantee to request support.*** TTAs are provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources. Request TTA to support your activities at <https://cossapresources.org/Program/TTA/Request>.

Funding Opportunities—Current COSSAP and complementary funding opportunities are shared at <https://www.cossapresources.org/Program/Applying>.

Join the COSSAP community! Send a note to COSSAP@iir.com with the subject line “Add Me” and include your contact information. We’ll be happy to ensure you receive the latest-and-greatest COSSAP opportunities, resources, and updates.

Bureau of Justice Assistance's
**Comprehensive Opioid, Stimulant, and
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BJA's



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