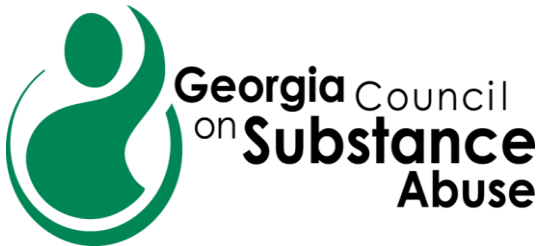


Northeast Georgia Community Connections: *The Value of Providing Peer Recovery Support Services in Emergency Department Settings*

Neil Campbell, Executive Director

Jacob Martin, CARES



Our Objectives Today

- ▶ Describe the process of collaborating and providing peer recovery support services in a setting unaccustomed to peer support.
- ▶ Describe a process for peer recovery coaches to work with individuals who are vulnerable and in crisis.
- ▶ Describe tools and techniques for staying connected with individuals once they have left the setting where the initial encounter takes place.

Georgia Council on Substance Abuse

- ▶ Administrator of Certified Addiction Recovery Empowerment Specialist (CARES) program - 565 Certified Peers across Georgia.
- ▶ Recovery Community Organization Development Project - Nurturing emerging RCOs across the state - currently working with 20 RCOs and ARSCs.
- ▶ SAMHSA Building Communities of Recovery Grant administrators - currently partnering with 4 RCOs.
- ▶ Conveners of Addiction Recovery Awareness Day at the Capital - Part of an influential coalition.
- ▶ Administrators of Recovery Month Mini-grants from Georgia's DBHDD - facilitating funding for 20 Recovery Month Mini-Grants to enhance recovery awareness across Georgia.

Who Are We?
We are the evidence!

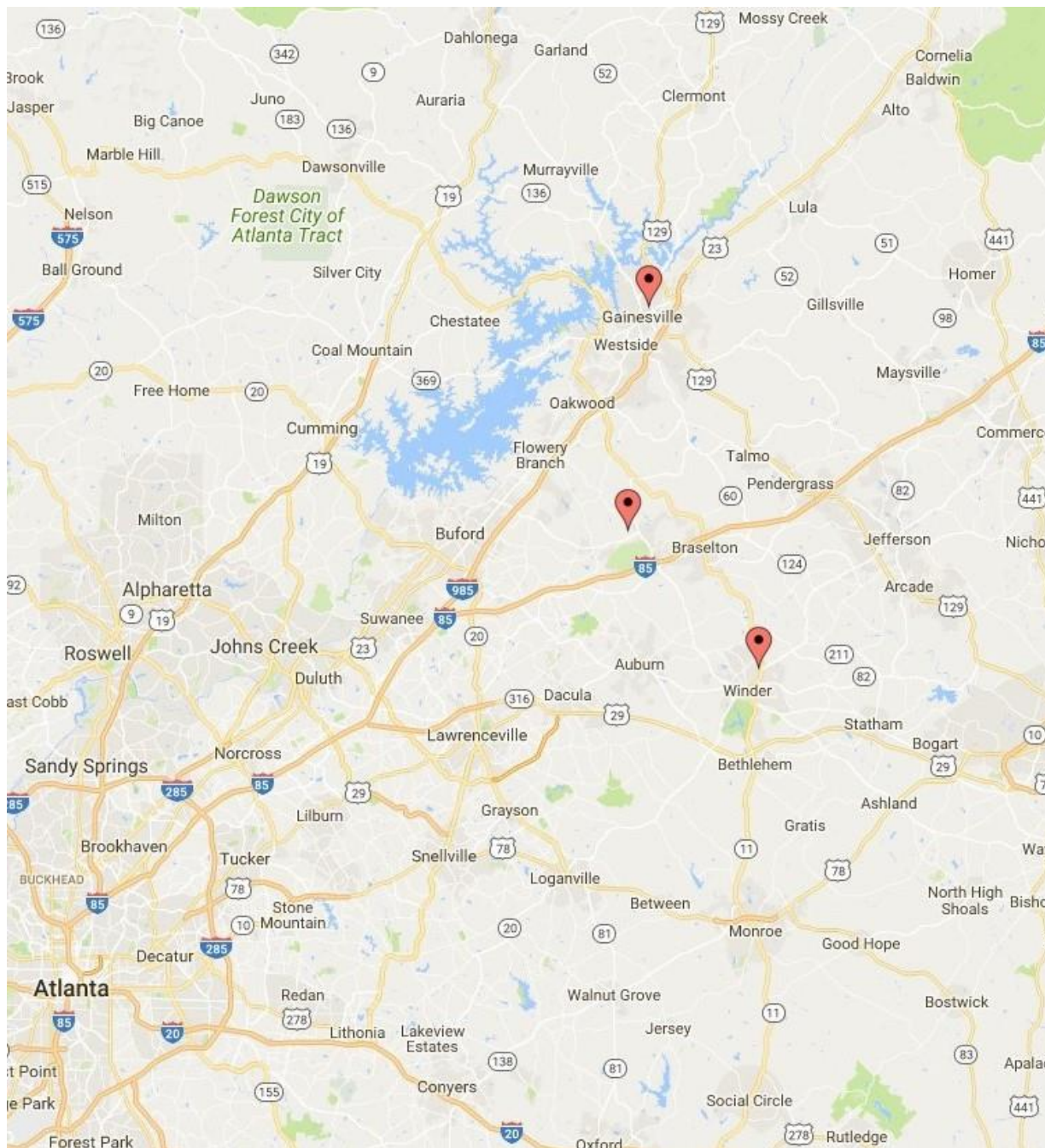


CARES
WARM LINE



Northeast Georgia Health System

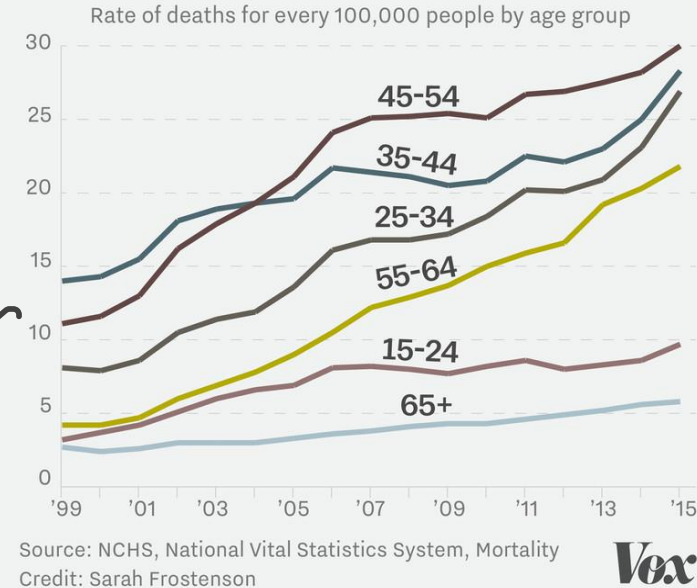
- ▶ Northeast Georgia Health System is a not-for-profit, multi-campus, community health system dedicated to improving the health and quality of life of the people of Northeast Georgia.
- ▶ The Health System is anchored by three hospitals in Gainesville, Braselton, and Winder.
- ▶ A total of 713 beds and over 700 medical staff.
- ▶ The Health System's mission is to improve the health of our community in all we do.
- ▶ The Health Systems values are - Respectful Compassion, Deep Interdependence, Responsible Stewardship, and Passion for Excellence.
- ▶ Annual Emergency Visits - 105,000 Gainesville, 47,000 Braselton, 19,000 Barrow (Winder).
- ▶ Annual Behavioral Health Assessments in Emergency Departments - 5107 Gainesville, 1182 Braselton, 520 Barrow.



The Problem - US & Georgia

- ▶ The number of opioid overdose deaths in the United States were five times higher in 2016 than 1999 (CDC).
- ▶ In Georgia between 2010 and 2016 alone, the overdose death rate rose from 10.7 to 13.3 deaths per 100,000 (CDC).
- ▶ In 2017, 1,534 people died from such overdoses in Georgia, up from 1,206 in 2014 before, a 21% increase in 3 years (CDC).
- ▶ Georgia ranks 11th in the number of overdose deaths in the nation.

It isn't just middle-aged Americans dying from drug overdoses



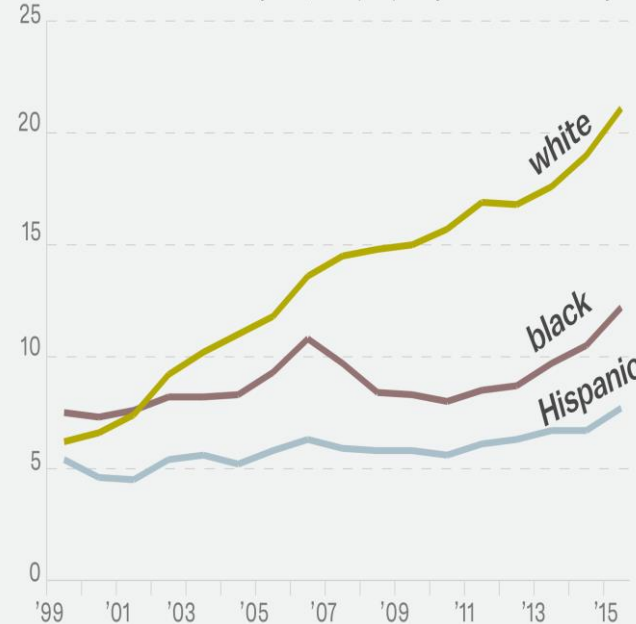
The Problem - Hall & Barrow Counties

- ▶ The age adjusted death rate for overdose drug poisoning rose from 4.1 - 6 to 18.1 - 20 per 100,000 in Hall County Georgia between 2000 and 2015.
- ▶ The age adjusted death rate for overdose drug poisoning rose from 6.1 - 8 to 16.1 - 18 per 100,000 in Barrow County Georgia between 2000 and 2015.

Data.cdc.gov - NCHS Drug Poisoning Mortality by County

White Americans die disproportionately from drugs, but that could be changing

Rate of deaths for every 100,000 people by race and ethnicity



Source: NCHS, National Vital Statistics System, Mortality
Credit: Sarah Frostenson

Vex

The Value of Our Program

- ▶ Promotes long-term recovery for individuals we encounter
- ▶ Provides connection to recovery supports after discharge
- ▶ Compassionate self-directed support
- ▶ Education about community resources
- ▶ Time
- ▶ Support for families and friends
- ▶ Fostering trust - peer, medical and clinical staff and community

How did this partnership happen?

“Kairos Moments”

- ▶ September 30, 2016 - State Senator Renee Unterman's Opioid Study Committee Community Meetings at NGMC in Gainesville.
- ▶ December 2016 - State Targeted Response to the Opioid Crisis grants announced by SAMHSA.
- ▶ January 17, 2017 - Neil Campbell and Owen Dougherty have lunch with Deb Bailey at the State Capitol.
- ▶ March 2017 - Proposal Submitted to DBHDD for both PRSS in Emergency Services and CARES Warm-Line.
- ▶ May 12, 2017 - Neil and Owen meet with Deb Bailey, Angela Gary, Director of Emergency Services, Dr. Mohak Dave, Medical Director of Emergency Services, Kevin Lloyd and Adam Raulerson of Laurelwood Behavioral Health

Community Connections

- ▶ Connecting in local recovery community -
 - ▶ Understand community strengths and needs;
 - ▶ Connections with staff;
 - ▶ Communication about pending program;
 - ▶ Identification of services, supports, and resources.
- ▶ Connecting in hospital community -
 - ▶ Engaging with partners (medical and behavioral health) to build the program;
 - ▶ Understanding the strengths and needs in the existing systems and processes.
- ▶ Connecting with community of others providing similar services
 - ▶ Learning what's working elsewhere;
 - ▶ Deciding how to adapt the processes and opportunities to Georgia.



Who have we seen?

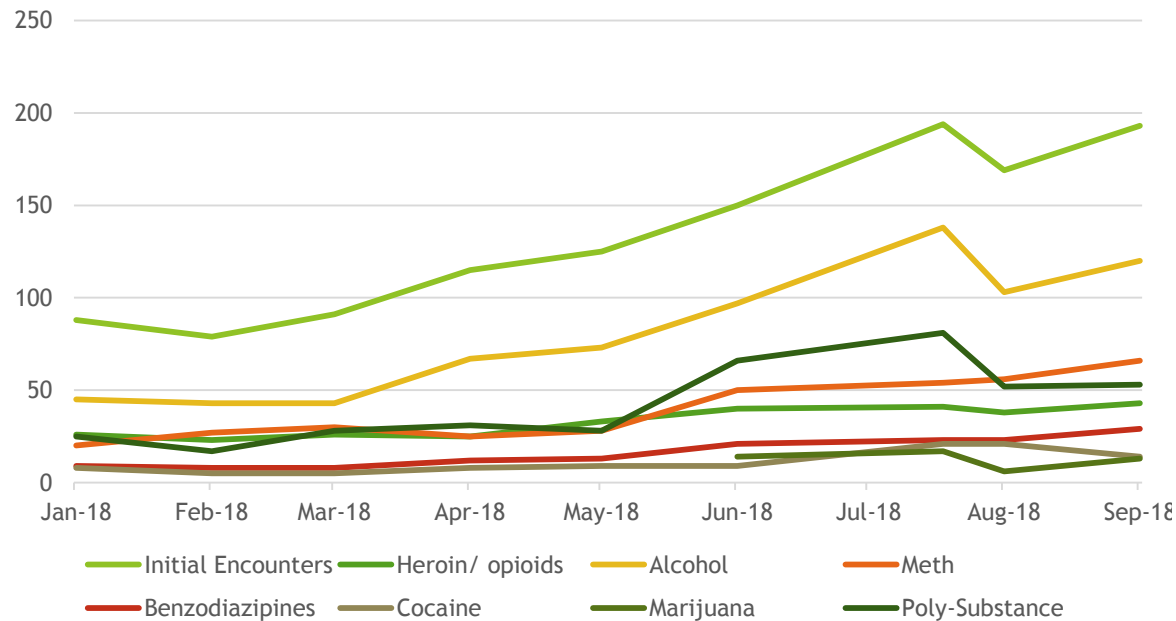
Total Individuals Seen - 1204

Individuals who have experienced overdose - 108

Patients who Overdose Seen by PRCs



Substances of Use by Peers Seen by PRCs



Male - 55%
Female - 45%
Average Age - 42 Years

Our Process

- ▶ Individual enters Emergency Services
- ▶ Referred to Laurelwood Intake by medical professionals
- ▶ All who present with Substance Use Challenges are referred to Peer Recovery Coach (PRC)
- ▶ Initial Encounter with PRC - focus on connection, using Intentional Peer Support and Motivational Interviewing approaches
- ▶ Continued pro-active follow-up
 - ▶ In person with those in hospital or those who request in-person meeting
 - ▶ By telephone with those who are available by phone
 - ▶ By text or through social media
- ▶ Follow-up as long and as often as individual wishes

commitment
diversity
HOPE
recovery
wellness
INTEGRITY

Program Adaptations

- ▶ Not all overdose and peers with substance use challenges who come in through the ED are seen by Laurelwood Intake when they are in the ED:
 - ▶ Building relationships with nurse managers and all nurses on the medical floors and inviting them to contact us directly or through Laurelwood.
 - ▶ Stopping by Intensive Care Unit (ICU) regularly to inquire for patients, especially those who have overdosed.
- ▶ Rarely an individual is released before we can see them:
 - ▶ We are working with Laurelwood Intake Specialists to provide these people with our contact information.

Staying Connected - How do we do it?

- ▶ Tailor to the expressed needs and preferences of the peer
- ▶ Always ask peer for most recent contact information
- ▶ Persistence in attempting to reach out to peers
- ▶ Focus on self-direction - "What do you want to do?"
- ▶ Follow-up with preferred coach when appropriate



NGCC Connectors on the ground in NE Georgia

Our Stories

Community Connections:

Who are we connecting our peers with?

- ▶ Meetings - Various Pathways
- ▶ Recovery Residences
- ▶ Individuals in the community - people in recovery
- ▶ Started All Recovery Meeting in local community
- ▶ Georgia Mental Health Consumer Network - Peer Recovery Wellness and Support Centers
- ▶ Detox
- ▶ IOP
- ▶ Counseling
- ▶ MAT
- ▶ Naloxone Hospital & Community Distributors
- ▶ CARES Warm Line
- ▶ Yoga, Exercise Programs

Connection is the opposite of addiction

Need someone to **talk** to?
We're here to **listen**.

CARES

WARM LINE

Call or Text
1-844-326-5400

The warm line is answered by people with lived experience of substance use recovery. We are here to listen, and to support you on your individual recovery path. *We Care.*

Hours of Operation
Every Day, 8:30am-11pm

Funding for the CARES Warm Line is provided by contract with GCSA from the Georgia Dept. of Behavioral Health and Developmental Disabilities.

Additional data being tracked

- ▶ Elements of Recovery Capital:
 - ▶ Housing, Access to Healthcare, Nutrition, Employment, General Health, Relationships
- ▶ Relationship Rating Scale - PCOMS
 - ▶ Relationship - Was I understood?
 - ▶ Goals and Topics - Did we work on/ talk about what I wanted to work on/ talk about?
 - ▶ Supportive and Encouraging Role - Was I supported and encouraged?
 - ▶ Overall - Overall, will this relationship¹⁹ support my change efforts?

Austin Brown, LMSW, Kennesaw State University

"We have been pulling data from other peer-based programs from across the country and there are three specific things which stand out for you:

1. The sheer volume of interventions is well above other data we have looked at, especially considering this is a new program operating for a very short time.
2. The fact that you guys are addressing all SUD patients and not just opiate-related cases, I cannot state how refreshing this is to see.
3. The use of existing community supports and the high degree of both interests from the clients (a testament to your peer specialists) and the degree to which you are trying to meet their needs; both²⁰ are exceedingly good to see. Your data is unique

Connection is the opposite of addiction

THANK YOU!



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GCSA