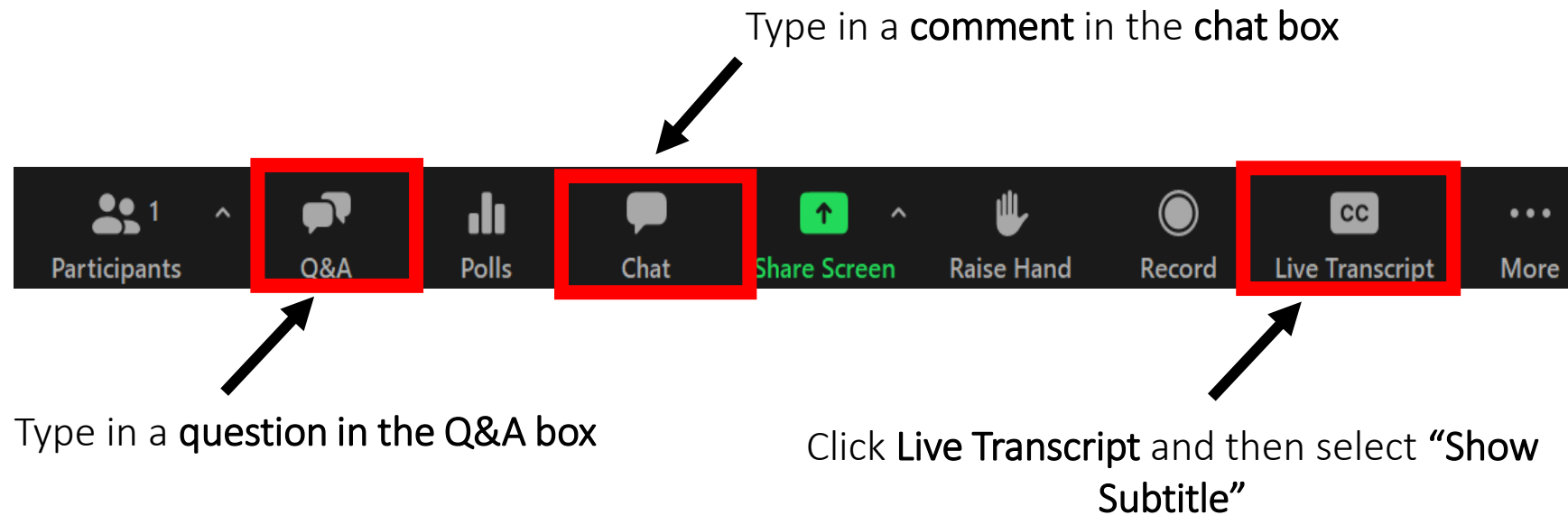


Integrating Peer Recovery Supports within Medical and Community Treatment Settings

Thursday, June 16th, 2-3pm EST

Questions, Comments & Closed Captioning



Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

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Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Recovery Support Staff
- Other (specify in chat box)



Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider
- Mental Health Provider
- Substance Use Treatment Provider
- Recovery Support Service Provider
- Other (specify in chat box)



Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)



Today's Presenters

from Massachusetts' Mom Do Care Program



Julia Ojeda

*Recovery Support Services Coordinator,
Massachusetts Department of Public
Health*



Laura Sternberger, LICSW

*Director, Pregnant & Parenting Women's
Services
Program Director, Mass. Moms Do Care
Project
Institute for Health & Recovery*



Latisha Goullaud

*Lead Peer Recovery Coach, Moms Do
Care Team
Lynn Community Health Center*



Sarah Ducie, CARC

*Recovery Coach Supervisor
Duffy Health Center*



Maura

McDonald Brown, LICSW

*Moms Do Care Trauma & Parenting
Trainer
Institute for Health & Recovery*



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Today's Presenters

from Maryland's Comprehensive Hospital Substance Use Response Program



Edward Soffe, MBA, LCSW-C
Program Coordinator
Office of Early Intervention and Wellness
Services
Behavioral Health Administration



Sadie Smith, MSW
Chief Program Officer,
Behavioral Health
Mosaic Group, Inc.



Learning Objectives

After this webinar, participants will be able to:

- Describe two state models that integrate peer recovery support as a promising practice for facilitating treatment and long-term recovery for individuals with substance use challenges.
- Identify approaches that support pregnant and parenting women and families impacted by substance use disorders through three multi-disciplinary services.
- Understand the importance of integrating peer recovery support and long-term recovery for individuals with substance use disorder (SUD) in clinical settings.
- Identify ways to tailor and implement these models and/or practices within their own organization.



Recovery Coaching in Massachusetts

June 2022

Julia Ojeda, Recovery Support Services
MA Department of Public Health
Bureau of Substance Addiction Services

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Recovery Coaching in Massachusetts

Started to create a
Recovery Coach
training in
Massachusetts

2013

2016

12 recovery trainers
12 new recovery trainings
RC Supervisor 3-day training
Certification for Addiction Recovery Coach CARC
Medicaid/MASSHealth reimbursing for RCs

Providing 87 trainings a year –
3500+ participants
COVID19 – Shut down until 2020
Provided CCAR RCA virtually

2019

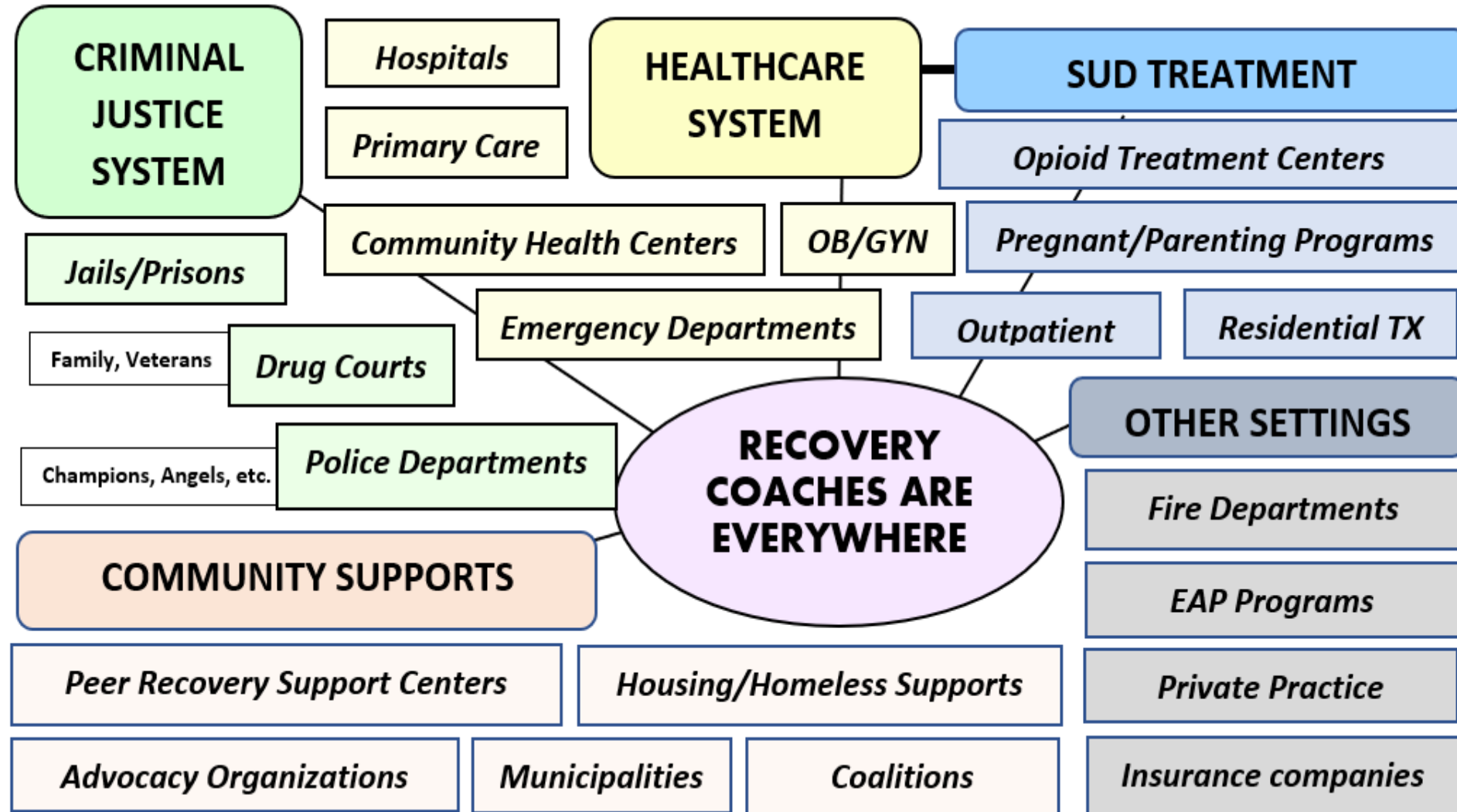
2022

2020 went virtual on all trainings
64 trainings yearly
5000+ participants trained
since 2013

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Recovery Coach Settings in Massachusetts





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BSAS/AdCare Recovery Support Trainings

Trainings designed for Recovery Coaches, other Peer Workers
and Recovery Support Service Providers

Addictions 101	Advocacy	All Things Recovery	Coaching Skills	Equity, Inclusion, and Diversity
Ethical Considerations for Recovery Coaching CCAR	Ethics for Recovery Coaches	Medication Supported Recovery (MSR)	Mental Wellness	Motivational Interviewing
Multiple Pathways	Recovery Capital	Recovery Coach Academy CCAR	Self-Care	Supervision of Recovery Coaches and other Peer Workers

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Recovery Coach Learning Communities

Statewide regional network of
Recovery Coaches and
Recovery Coach Supervisors

6 regions – 2 Recovery Coach
Facilitators per region

BSAS RECOVERY COACH

LEARNING COMMUNITY FACILITATORS



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Massachusetts
**RECOVERY
COACH HUB**

Coming soon

Español

Learning Community

About the Hub

Resources

Sign in / Create
account

Trainings

Save Certificate

A PLACE FOR RECOVERY COACHES AND RECOVERY COACH SUPERVISORS TO LEARN, ENGAGE, AND GROW

ENGAGE

with a Recovery
Coach Learning
Community

LEARN

about
resources to
support and
enhance
Recovery
Coaching

FIND

your next
Recovery Coach
or Recovery
Coach
Supervisor
training

SAVE

your Training
Certificates
from non-BSAS
trainings

JOIN HERE: Massachusetts Recovery Coach Hub | Massachusetts Recovery Coach Hub (massrchub.org)

Introductions...

Moms Do Care



Massachusetts Moms Do Care Program

An innovative, multi-disciplinary, multi-pronged, wrap around approach to supporting pregnant and parenting women and families impacted by substance use disorders.

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Program Overview



An innovative, multi-disciplinary, multi-pronged, wrap around approach to supporting pregnant and parenting women and families impacted by substance use disorders.

- Client-Level Services
- System-Level Services
- Sustainability Activities

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Multipronged Approach

Client-Level Services

- Provide access to fully integrated clinical care (seamless continuum of care) including Medications for Opioid Use Disorder (MOUD), behavioral, obstetrical, pediatric, and primary health providers; early intervention; regional community providers; recovery and parenting support
- Build on client strengths

System-Level Services

- Decrease stigma, increase access to care, develop and share best-practice resources, sustain the workforce

Sustainability Activities

- Replicate the Moms Do Care (MDC) Project
- Reimbursement
- Ongoing integrated care



Implementation Approach

- Monthly (or more) site-based implementation team meetings
- Recurring system wide trainings in SUD, principles of recovery, trauma-informed care, and parenting
- Peer workforce development support
- Quarterly statewide forums
- Flexible Staffing Models



Moms Do Care Recovery Coaches

- Provide recovery and wellness coaching
- Perform outreach and engagement
- Implement screening and referrals
- Participate in data collection
- Provide care navigation and support
- Provide formal and informal education, reduce stigma, and act as examples of hope to providers, participants, and families
- Act as recovery experts, leaders and trainers on multi-disciplinary treatment teams, organizational change initiatives and development of statewide policy



In Participants' Own Voices (1/2)

Peer Moms

"She has been through what I was going through. I could trust her and talk to her."

Referral to Treatment

"Them reaching out to other resources for you (calling for counseling, consulting with primary care). They really do the foot work for you."

Wraparound Services

"She helped me with housing ... mailed housing apps, motivation, called for me."



In Participants' Own Voices (2/2)

Groups/Connecting to Others in Similar Situation

"Hearing how people got through pregnancy and postpartum ... knowing I was not the only one going through it."

Help with DCF, the Courts, General Advocacy

"...She went to court with me and supported me. This is my first baby and it really helped to have someone who knows the system well and can advocate for you."



Latisha Goullaud

Perinatal Recovery Coach (RC) (1/2)

How to prepare medical organizations to recruit, employ and advance recovery coaches:

Prepare for stigma and bias

- Provide system wide ant-stigma/ant-bias trainings, trainings in addiction and recovery

What is a Recovery Coach

- System needs to be trained on the roles and responsibilities of a Recovery Coach (RC)
- Massachusetts Recovery Coach Academy Training
- Manage expectations of the system-what does the RC do (and not do)
- Recovery Coaches as leaders-challenge medical model hierarchy



Latisha Goullaud

Perinatal Recovery Coach (RC) (2/2)

How to prepare medical organizations to recruit, employ and advance recovery coaches:

- If possible, have more than 1 Recovery Coach (RC) on the team
- HR policies: Provide flexible schedule/hours to support RC self-care, recovery and well-being; modify traditional HR policies regarding criminal justice involvement, driving records etc.
- Hire/train supervisors in advance of hiring RC (see next slide)
- Provide a safe and trauma informed work culture for the RC (and all providers working with this population)
- Provide pathways for RC leadership and advancement



Sarah Ducie

Recovery Coach Supervisor (1/2)

Recovery Coach Supervisor Competencies:

- Supervisor embedded in host agency, able to provide consistent and scheduled supervision
- RC Supervisor attends state RC training, additional competency trainings, and completes RC Supervisor training
- Organization must provide 24-hour access to a clinician (to address potential need for emergent clinical assessment)



Sarah Ducie

Recovery Coach Supervisor (2/2)

Recovery Coach Supervisor Competencies:

- Supervisory knowledge and expertise in state certification requirements, models of harm reduction/multiple pathways of recovery, reflective practice, trauma informed care
- Be available to RC when challenging situations arise, “open door policy”
- Encourage and advocate for RC leadership and advancement



Maura McDonald Brown

Trauma & Parenting Trainer (1/2)

Moving Towards a Recovery-Centered System Benefits Patients and Providers

- Recovery Coaches as mentors and as leaders
- Innovative and informed approach to medicine and healing
- addiction treatment historically lacking
- Paradox of Recovery: prioritize self and service to others
- Characteristics of teams with successful implementation of peer model:
- HOW: Humility, Open-mindedness, and Willingness



Maura McDonald Brown

Trauma & Parenting Trainer (2/2)

Moving Towards a Recovery-Centered System Benefits Patients and Providers

- Interdisciplinary team; flattened hierarchy
- Strong focus on collaboration
- Recovery Coach's perspective and vision is not merely supplementary, but central
- Commitment to individual and team reflection
- Making and dedicating space to this
- Adopting the long view of recovery, rather than the crisis view of addiction, and championing this message to all partners



Questions & Contact Information

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Maryland's Response to the Opioid Epidemic Reverse the Cycle

Ed Soffe, MBA, MSW, LCSW-C

Sadie Smith, MSW

June 16, 2022

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History of Reverse the Cycle in Maryland

5 Year SAMHSA SBIRT Grant

Started with Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT grew into SBIRT + OSOP + HBBI

Sites included Hospital ED's, Detention Centers

State Opioid Response Grant (SOR 1)

Expanded the number of Hospital ED's

Expanded into Hospital Mother-Baby Units, College Health Centers, and Primary Care Practices

Provided SBIRT training to Nurses, Social Workers, and Peer Recovery Specialists.

Expanded SBIRT Activities in Primary Care Practices (MDPCP)

Current Reverse the Cycle Work

State Opioid Response Grant (SOR 2)

Fidelity and Quality Assurance Project

- Addressed Drift and Retraining Needs in 21 Hospital Emergency Departments that had previously implemented Reverse the Cycle.
- Significant Demand for Program

Maryland Primary Care Program (MDPCP) and SBIRT

Statewide Training for Social Workers, Nurses, and Peer Recovery Specialists

Hospital Prescribing Pilot



Plans for the Future of Reverse the Cycle

Anticipate obtaining funding to move Reverse the Cycle into the Crisis Response System in Maryland (Maybe SFY 2024?)

- Mental Health Walk-in Sites, 23-hour Stabilization Units since we are targeting the diversion of those in Mental Health Crisis away from the Emergency Department(s)
- OSOP Coordination with Mobile Crisis Teams to Prevent Repeat Overdose Events
- Target Buprenorphine Induction and Fast Track Referrals to Community Providers

Anticipate providing Fidelity and Quality Assurance Program at Additional Hospital ED's

Expand SBIRT into Additional Primary Care Practices

Train Additional Social Workers, Nurses, and Peer Recovery Specialists

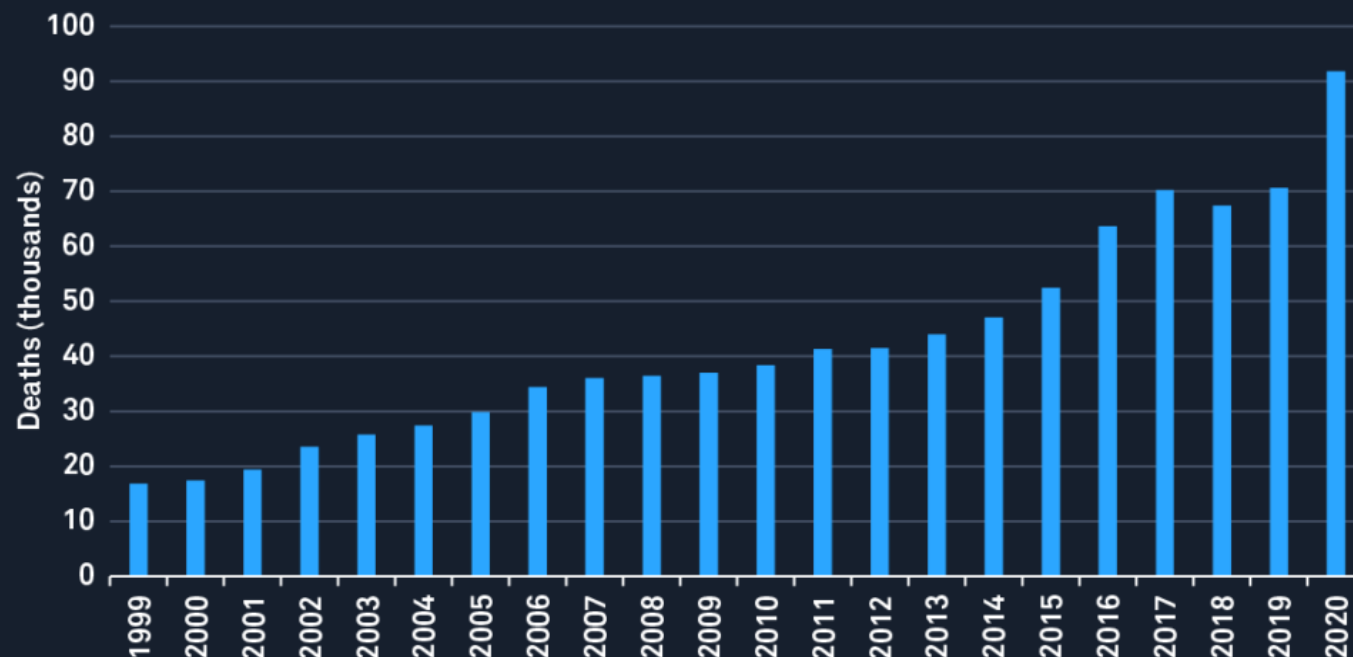
Drug Overdose Deaths

**Drug Overdoses
Soar Over 100,000
since COVID**

Rise of drug overdose deaths in 2020



U.S. drug overdose deaths by year



Source: National Center for Health Statistics, National Vital Statistics System, Mortality

Source: National Center for Health Statistics, National Vital Statistics System, Mortality



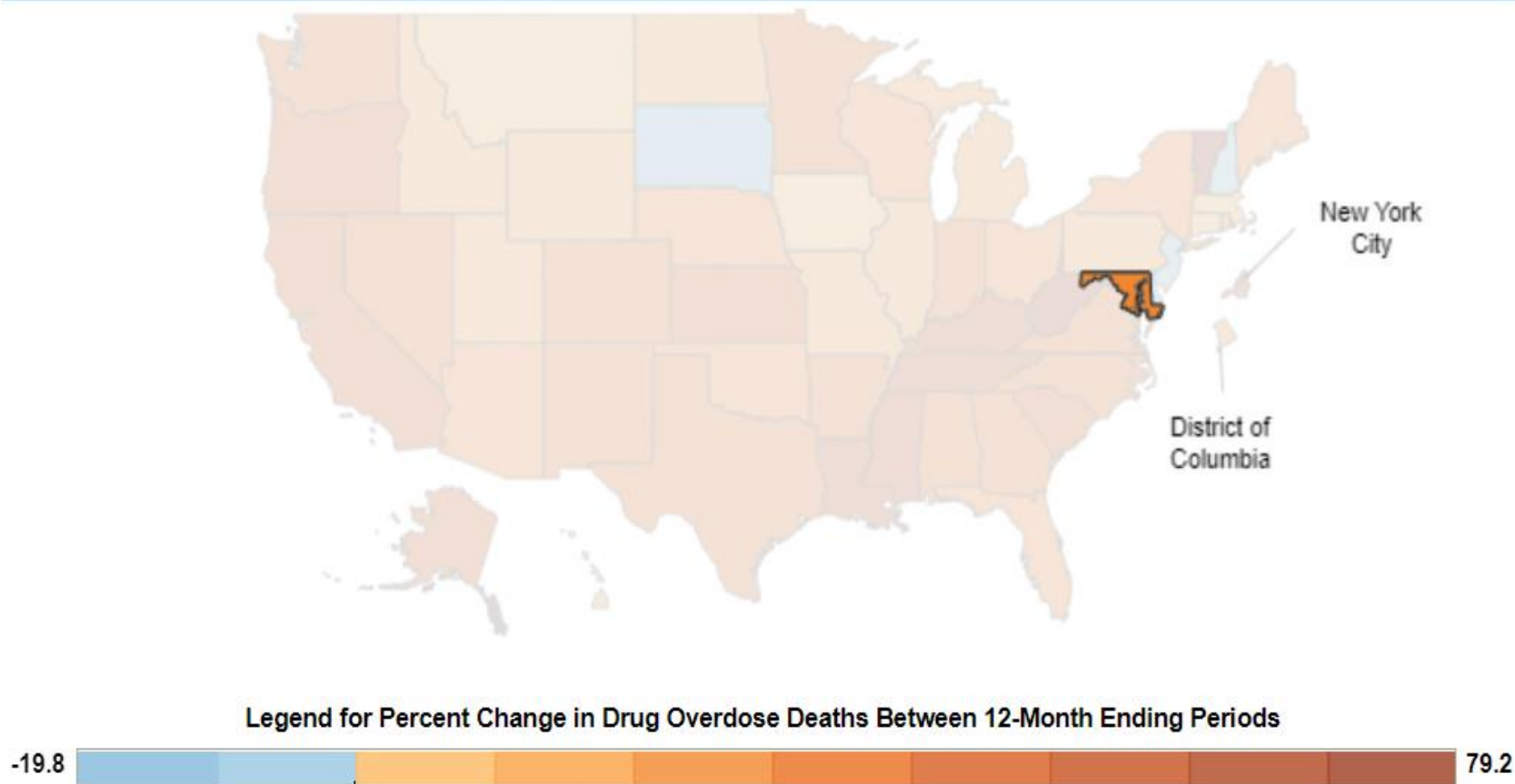
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Drug Overdose Deaths 2020-2021

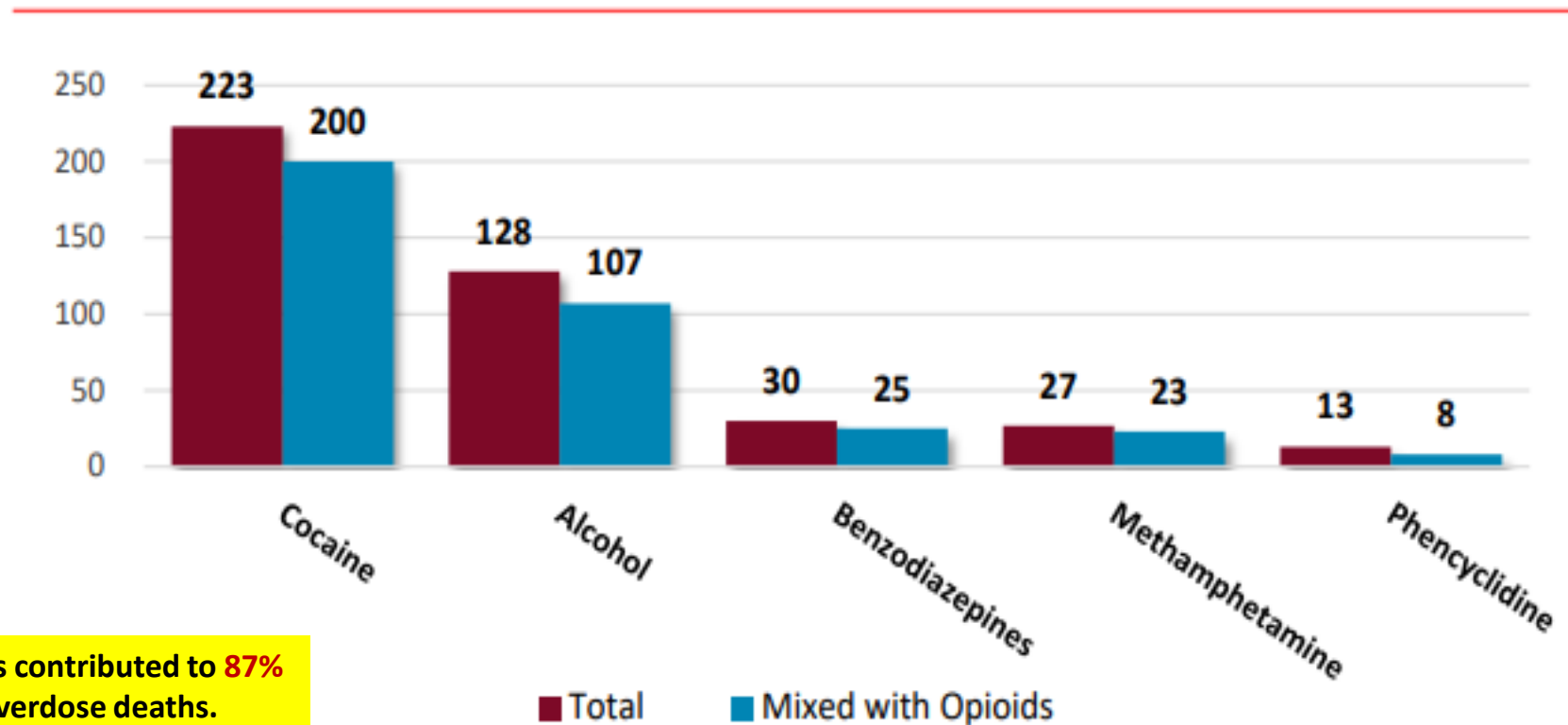
Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction:
April 2020 to April 2021



Source: CDC Vital Statistics Rapid Release
Provisional Drug Overdose Death Counts as of November 2021.

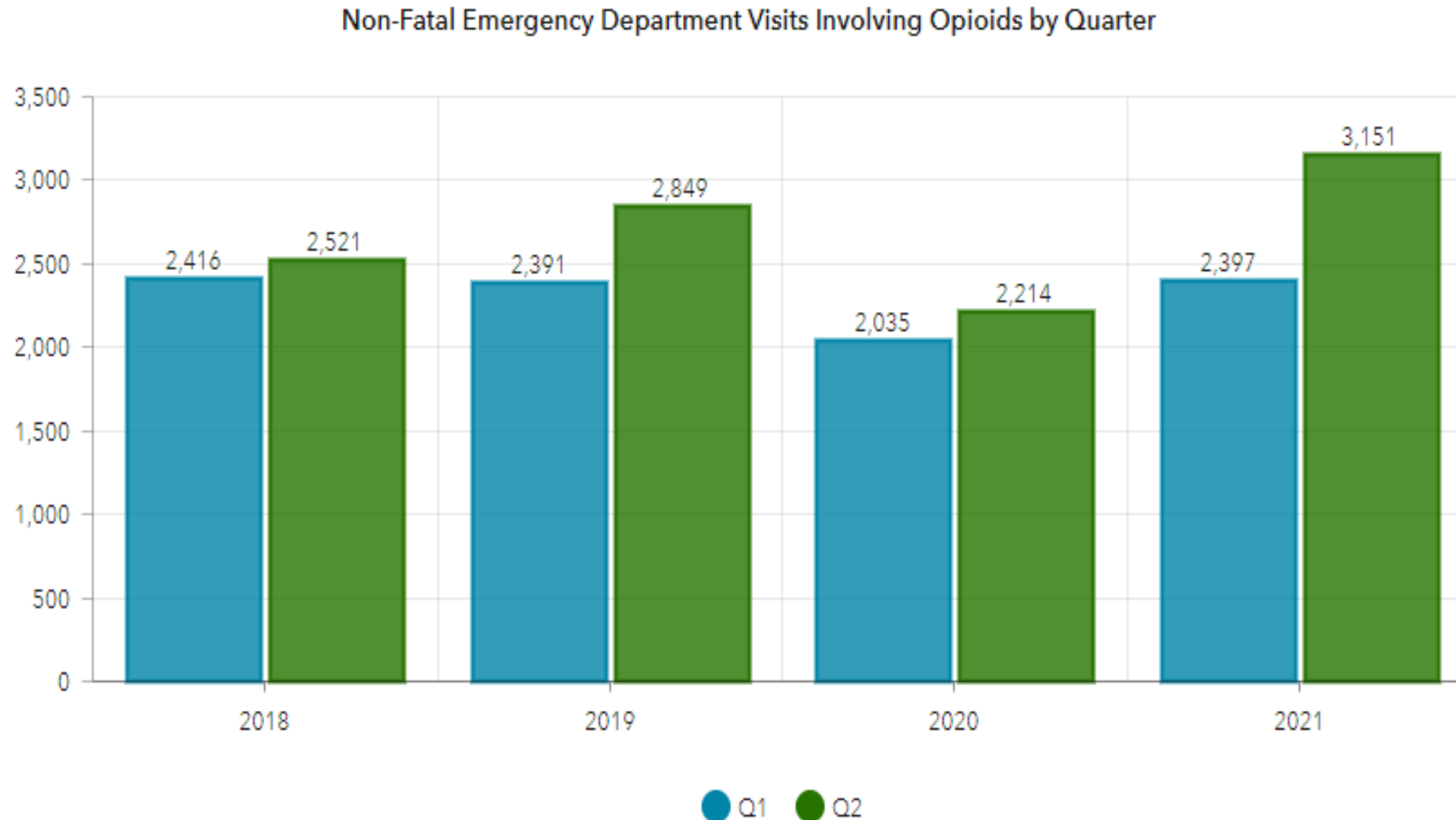
Maryland Overdose Deaths-Substances Mixed with Opioids

Figure 4. Deaths Involving Substances Mixed with Opioids
*First Calendar Quarter, 2021**



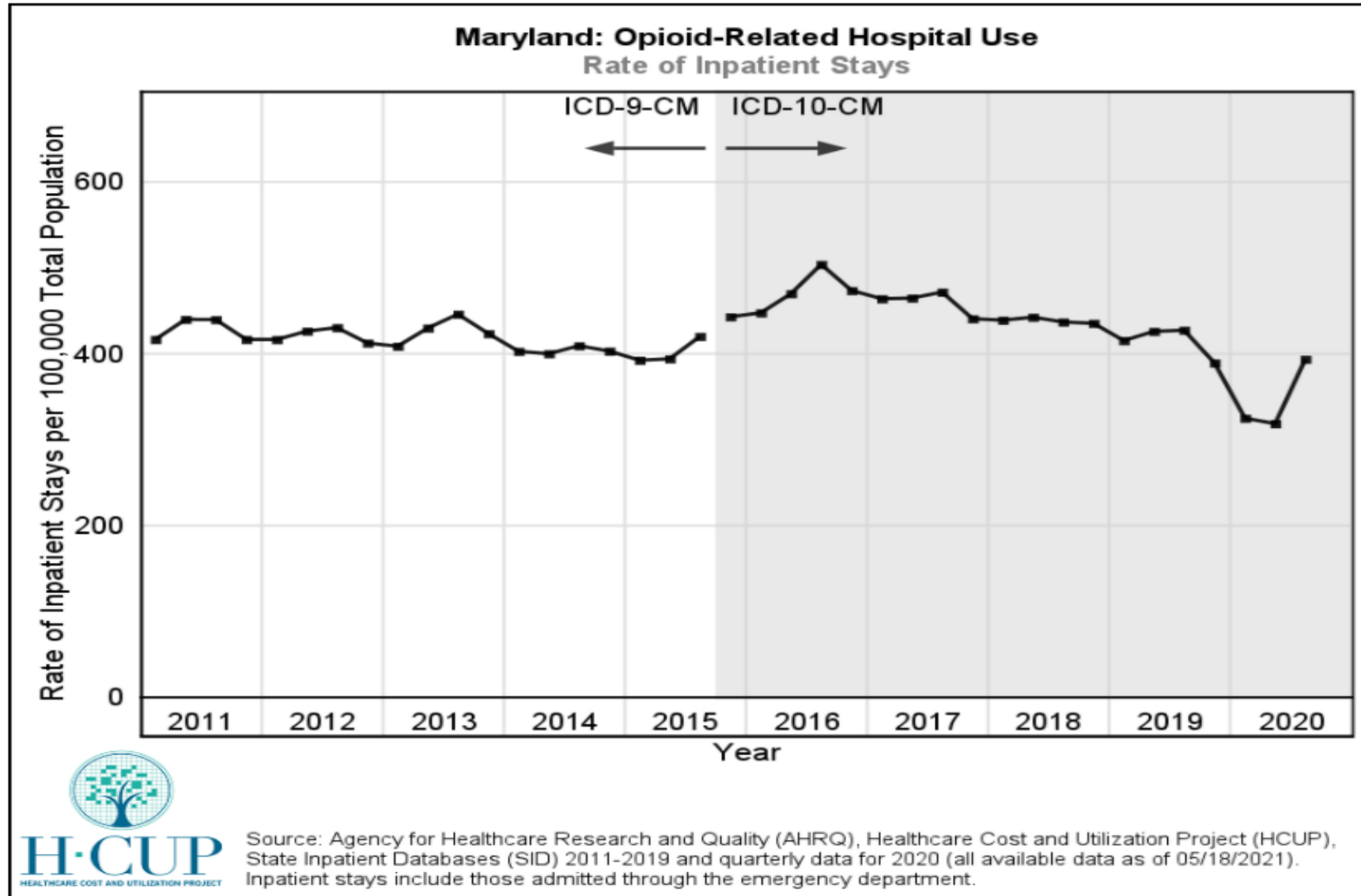
Opioids contributed to 87% of all overdose deaths.

Non-Fatal, Opioid Related ED Visits in Maryland



Source: Maryland Opioid Operational Command Center Dashboard

Opioid Related Inpatient Stays in Maryland



State Integrated Health Improvement Strategy (SIHIS)

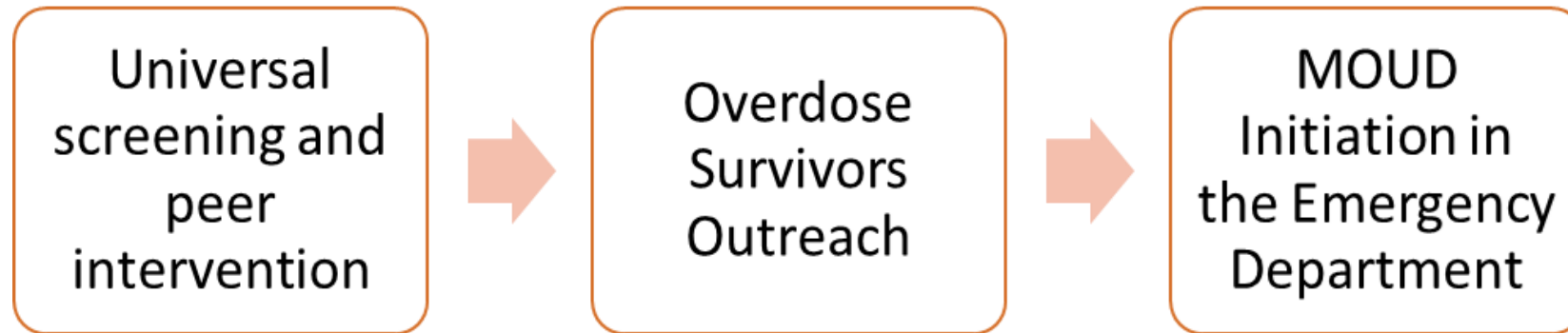
- The SIHIS agreement includes addressing three population health priorities, one of which is opioids and the overdose crisis.
- Through consultation with an advisory group of public and private partners, the State identified the overarching goal of ***addressing overdose mortality***.
- Maryland Department of Health Behavioral Health Administration identified Mosaic Group's *Reverse the Cycle program* as a critical component to achieve this SIHIS goal.



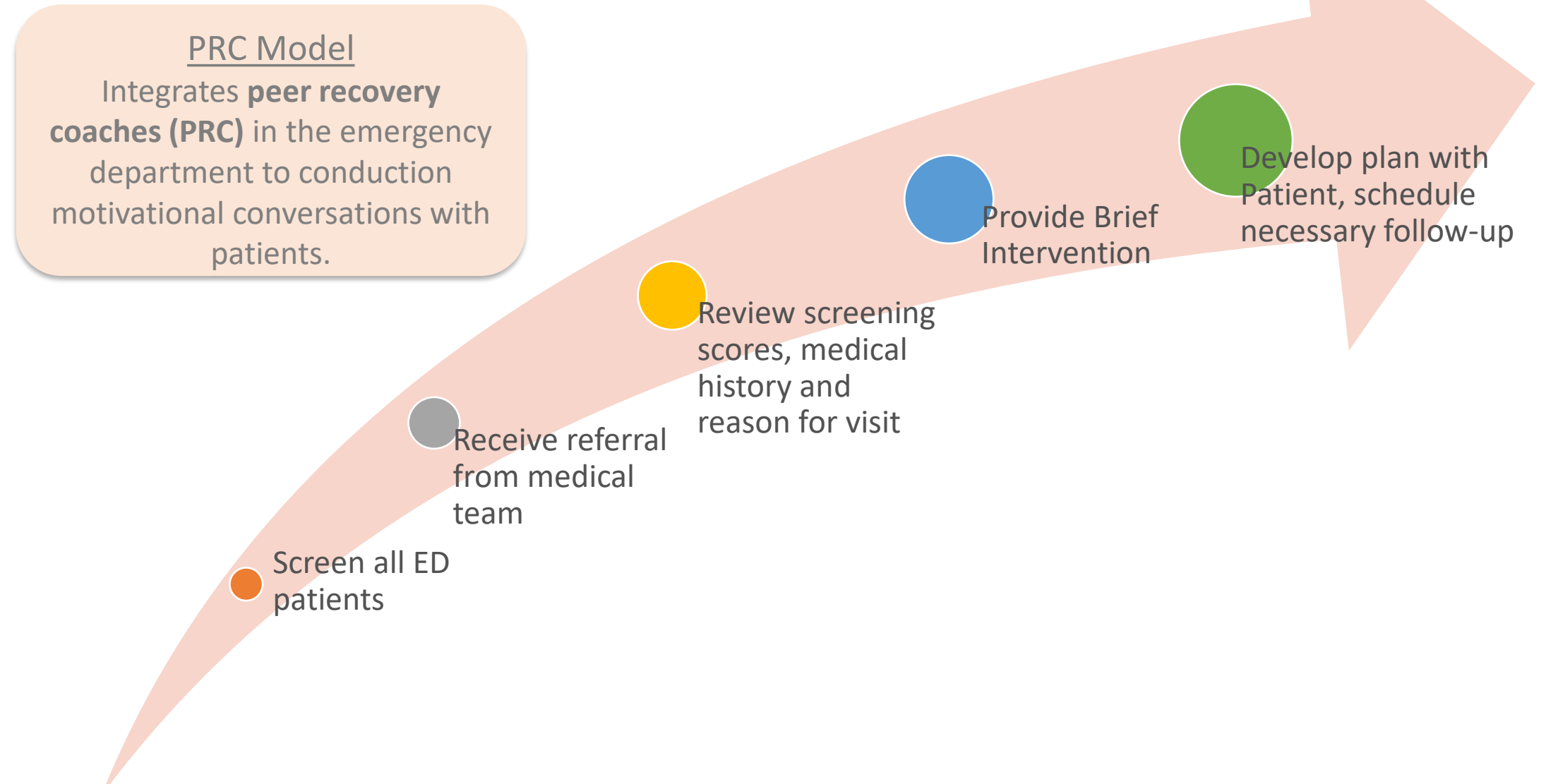
Reverse the Cycle

RTC is a comprehensive hospital substance use response program

The program includes:



Universal Screening & Peer Intervention



Overdose Survivor's Outreach Program (OSOP)

Patient in ED
following overdose is
seen by a Peer
Recovery Coach

Peer Recovery Coach
works quickly with
patient to provide
overdose prevention
education, discuss risks
of use after naloxone
administration and
introduce OSOP Peer
Recovery Coach

OSOP PRC connects with
patient within 24 hours
to:

- Coordinate care/services to prevent subsequent overdoses
- Connect with recovery support services and treatment



MOUD Initiation in the ED and “Fast Track” Referrals

Step 1: Identify Patient

- Patient is opioid dependent and motivated for treatment upon release from hospital.

Step 2: Induction

- Patient is assessed by medical team and receives a dose of buprenorphine in the ED.

Step 3: Maintenance

- Patient is fast-tracked to outpatient provider for continued induction and maintenance.



Key Elements of the Mosaic Group Model

Top to bottom
organizational
buy-in

Standardized
protocols

Modifications to
Electronic Health
Records

Trainings and
boosters for all
staff

Technical
assistance and
on-site support

Continuous focus
on quality
improvement and
sustainability

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12-Month Planning Timeline

Months 1-3

Planning

- Organize and engage planning team
- Develop protocols
- EHR modifications
- Hire and train peer recovery coaches
- Train ED staff
- Go Live

Months 4-12

Implementation

- Go Live
- Provide technical assistance
- Report and monitor data for QI
- Adjust protocols as needed

Snapshot of Data Across all Hospitals*

In the first 9 months of implementation, 29 hospitals achieved the following:

Screened 80% of patients who presented to the Emergency Department
(Total: 2,379,605)

Engaged 62% of overdose patients presenting to the ED with intensive community peer support
(Total: 3,469)

Initiated medication assisted treatment for 63% of opioid using patients presenting to the ED
(Total: 1,529)

Linked close to 1 out of 3 overdose patients to treatment after community peer engagement
(Total: 936)

Linked 12,917 patients from the ED to treatment
(Total: 12,917)

Linked 66% of patients after MOUD initiation in the ED to MOUD treatment same or next day after discharge
(Total: 816)

* The impact of the program is greater than the snapshot represented. Data includes the available set of metrics reported to Mosaic Group during a 9-month technical assistance period and does not represent the ongoing period of program implementation, which is five years or more for some sites. ***Linked to treatment is defined as the patient successfully attended the intake appointment with the referred treatment program.***

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Questions & Comments?

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Tools & Resources

- [Moms Do Care](#)
- [Maryland Department of Health, Early Intervention Program](#)
- [Peer Recovery Center of Excellence](#)
- [Establishing Peer Support Services for Overdose Response: A Toolkit for Health Departments](#)
- [Overdose Response and Linkage to Care: A Roadmap for Health Departments](#)
- [Training and Educating Public Safety to Prevent Overdose Among Black, Indigenous, and People of Color Communities: An Environmental Scan](#)
- [Deflection and Pre-arrest Diversion to Prevent Opioid Overdose Resource & Tools](#)
- [Adult Screening, Brief Intervention, and Referral to Treatment Change Package](#)
- [Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide](#)
- [COVID-19 Pandemic Impact on Harm Reduction Services: An Environmental Scan](#)
- [Providing Harm Reduction Services in Native Communities: Key Considerations from a Facilitated Discussion](#)



Tools & Resources

- Centers for Medicare and Medicaid Services – [Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children’s Health Insurance Program \(CHIP\)](#)
- [Fetal Alcohol Spectrum Disorders Research Briefs](#)
- [Integrating Substance Use Disorder and OB/GYN Care Brief](#)
- [Maternal, Infant, and Child Health – Healthy People 2020](#)
- [Perinatal Mental Health Alliance for People of color](#)
- [Perinatal Depression: Preventive Interventions](#)
- [WNY Postpartum Connection Inc: Directory of Mental Health and Support Services for Pregnant and Post Partum People of Color](#)
- [American Hospital Association – Better Health for Mothers and Babies](#)
- [National Partnerships for Women and Families](#)
- [Mental Health Association of Maryland](#)
- HRSA Maternal & Child Health - [Maternal and Child Health Bureau](#)
- [California Maternal Quality Care Collaborative \(CMQCC\) - Toolkits](#)
- [Alliance for Innovation on Maternal Health](#)
- [American Academy of Pediatrics](#)
- [American Hospital Association – Better Health for Mothers and Babies](#)
- [Women’s Health Journal Article: Improving Latinas’ Perinatal Mental Health During COVID-19 Crisis](#)



Upcoming CoE Events:

CoE-IHS Webinar: Perinatal Health Part 3: Integrating Services for Pregnant and Postpartum People in High Need Settings

[Register for the Webinar](#) on Thursday, June 23, 2-3pm ET

CoE-IHS Webinar: Comprehensive Health Integration Part 3: Measuring Integration and Choosing Metrics

[Register for the Webinar](#) on Tuesday, June 28, 2-3pm ET

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Questions?

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