

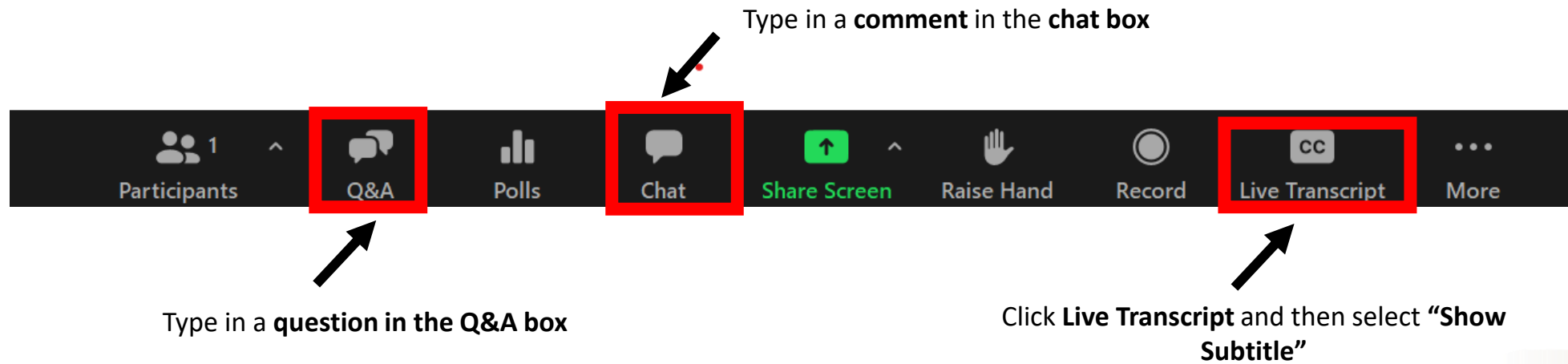
CoE-IHS Webinar: Integrating Peer Recovery Services and Substance Use Crisis Care Across State Lines

September 12, 2023
2-3pm E.T.

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

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).

www.samhsa.gov



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Poll #1: What best describes your role?

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



Poll #2: Where is your organization in the process of integration?

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



Learning Objectives



After this webinar, participants will be able to:

- **Understand** the role of Peer Recovery Support Services (PRSS) and their impact on substance use-related crisis care
- **Describe** how an integrated system of care, including PRSS, primary care, crisis care, and behavioral health, plays a vital role in ensuring individuals with behavioral health needs can access the comprehensive and unique services needed to live a full life in their home communities
- **Describe** the unique integration of PRSS across crisis systems in two states, Maryland and Kentucky, and the impact of PRSS on individuals needing substance use related care
- **Describe** Maryland's evolution from housing consumers in state hospitals to today, recognizing the value of integrating peer services throughout all levels of behavioral health services, and identify where peer services are located throughout Maryland
- **Describe** Kentucky's funding and development of Quick Response Teams (QRTs) and the impact of integrating PRSS across the state system of care

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Today's Speakers from Maryland



Brendan Welsh
Director, Community
Based Access &
Support, Maryland
Department of Health



Darren McGregor
Director, Crisis and
Criminal Justice
Services, Maryland
Department of Health



Maryland Peer Recovery Specialists

From Grassroots to Vital Supports

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Maryland Peer Services

From Grassroots Comes Vital Supports

As of Jan. 2023

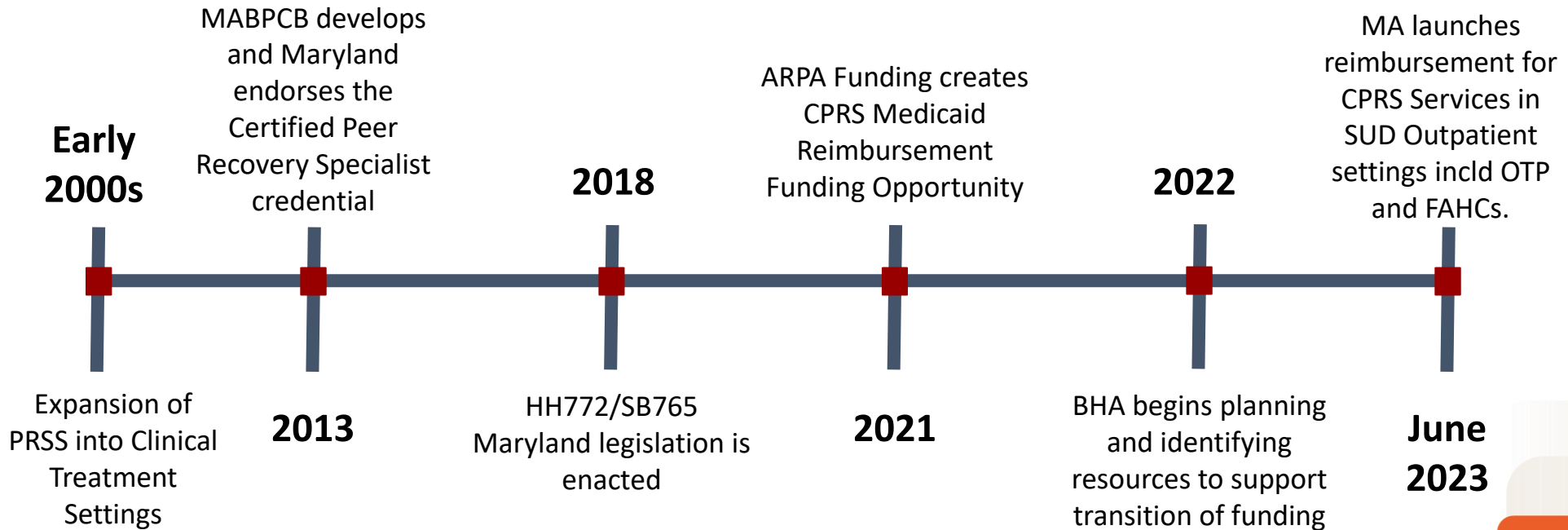
COUNTY	Total # Certified	Total # Non-Certified	TOTAL Peer Positions
Allegany	4	6	10
Anne Arundel*	16	11	27
Baltimore City	56	49	105
Baltimore County	16	7	23
Calvert	4	8	12
Caroline	2	1	3
Carroll	14	18	32
Cecil*	6	3	9
Charles	0	2	2
Dorchester	3	2	5
Frederick	6	7	13
Garrett	2	2	4
Harford*	2	7	9
Howard	16	0	16
Kent	3	0	3
Mid Shore (CSA)	10	18	28
Montgomery	9	6	15
Prince George's	7	1	8
Queen Anne's	1	1	2
Somerset	3	0	3
St. Mary's	3	14	17
Talbot	2	2	4
Washington	15	1	16
Wicomico	1	2.5	3.5
Worcester	4	13	17
TOTAL	205	181.5	386.5

A Brief History of Peer Recovery Support Services (PRSS) in Maryland

Progress Over Time

Acronym Key:

- ARPA- American Rescue Plan Act
- BHA- Behavioral Health Administrator
- CPRS- Certified Peer Recovery Specialist
- MABPCB- Maryland Addiction & Behavioral-Health Professionals Certification Board
- PRSS- Peer Recovery Support Services



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Peer Specialist Career Track

Changes in Certification

Historic Classification	Historic Grade	Historic Salary Range
CPRS I	8	\$35,041 - \$54,973
CPRS II	9	\$37,112 - \$58,513
CPRS Supervisor	10	\$39,421 - \$62,297
Classification as of 07/2023	Grade as of 07/2023	Salary Range as of 07/2023
CPRS I	9	\$37,112 - \$58,513
CPRS II	10	\$39,421 - \$62,297
CPRS III	11	\$41,890 - \$66,354
CPRS Adv Lead	12	\$44,534 - \$70,751
CPRS Supervisor	13	\$47,367 - \$75,478

*CRPS- Certified Peer Recovery Specialist





Maryland Peer Recovery Specialists

Recovery Support in Crisis Services



TheNationalCouncil.org/program/Center-of-Excellence

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Maryland Behavioral Health Crisis System Continuum

Someone to Call

(Crisis Call Center)

Someone to Respond

(Mobile Crisis
& Stabilization Response Teams)

Somewhere to Go

(Crisis Hub: Safe Stations/Walk-In/
Urgent Care, Stabilization and Residential Crisis
Beds)



Crisis Services & MOUD* Detention Center Programs

CRISIS SERVICES & MOUD DETENTION CENTERS

07

Crisis Stabilization/ Mobile Crisis

Up to 24 hrs; 24-48hrs stay with provider assessment, MOUD induction, & peer support

04

Safe Stations

Emergency walk in crisis services at participating Police or Fire Stations

05

Crisis Beds

Over 48hrs and up to 4 days with provider assessment, MOUD induction, & peer support

04

MOUD in Detention Centers

Providing FDA approved medication for OUD to incarcerated individuals in participating jurisdictions

*MOUD:
Medication
for Opioid
Use Disorder

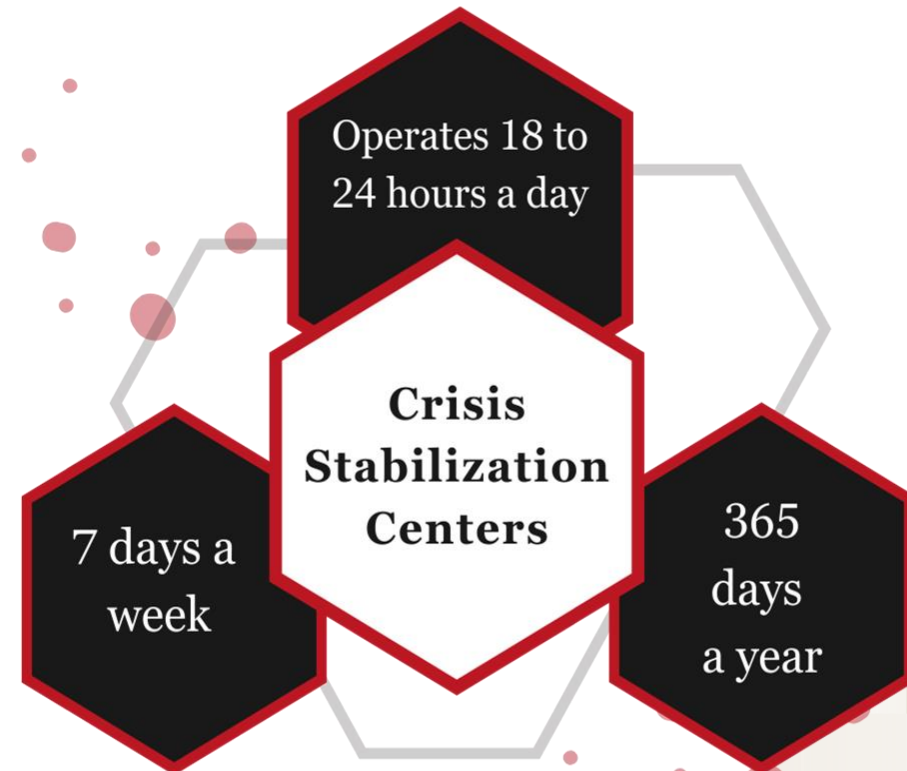
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State Opioid Response (SOR) III

Crisis Stabilization Centers

- Screening, monitoring, crisis stabilization (including linkages to crisis beds), care coordination to treatment and peer recovery services, MAT services, and transportation assistance to ensure a warm handoff to the appropriate level of care.
- Staff includes Licensed Behavioral Health Professionals, Registered Nurses (RN), and Peer Recovery Specialists (PRS)



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Crisis Stabilization Centers		
Jurisdiction	# of Individuals Connecting with Peers	# of Peer Encounters
AA County - Guadenzia (WARMS Center)	1335	1427
BHSB	2901	9708
Calvert County	140	192
Carroll County (Access Carroll)	747	1347
Cecil County	699	1585
Howard County	33	67
Washington County	120	594
Total	5975	14920

State Opioid Respond (SOR) III

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State Opioid Response (SOR) III

Crisis Beds

- The expansion of short term-crisis services embedded in ASAM Level 3.7 Substance Use Disorder (SUD) residential treatment facilities to provide crisis stabilization services including access to Medication Assisted Treatment (MAT).
- Peer Recovery Specialists are utilized in this initiative to provide assistance with care coordination and peer recovery support services.

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Crisis Beds		
Jurisdiction	# of Individuals Connecting with Peers	# of Peer Encounters
Allegany	70	198
AA County - Guadenzia	47	70
AA County - Harbor House	0	0
AA County - Pascal	638	1276
AA County - Uplift (started March 2023)	3	5
BHSB	658	2408
Carroll County	9	10
Mid Shore - Whitsitt Center	119	385
Total	1544	4352

State Opioid Response (SOR) III

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State Opioid Response (SOR) III

Safe Stations



- Safe Stations allow people with substance use disorders, who are looking for treatment, to walk into a police or fire station and request assistance.
- Once at the station, the individual will be given a medical assessment by emergency medical services (EMS) personnel.
- If they do not need immediate medical attention, a Crisis Response team is contacted to provide further access to substance use treatment and follow-up care.

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Safe Stations

The **Safe Station model** uses warm handoffs from Safe Stations to addiction treatment, patient-centered approaches to treatment entry, aggressive resolution of barriers to care, and continuity of contact with the patient.

If the individual does require immediate medical attention, they are transported to the emergency department (ED) by EMS and a MCT will meet the individual in the ED. Safe Stations utilize:



- Warm handoffs from Safe Stations to addiction treatment
- Person-centered approaches to treatment entry
- Aggressive resolution of barriers to care, and;
- Continuity of contact with the individual.

Safe Stations		
Jurisdiction	# of Individuals Connecting with Peers	# of Peer Encounters
AA County	0	0
Caroline County	9	38
Wicomico County	168	309
Worcestor County	45	145
Total	222	492

State Opioid Response (SOR) III

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Peer Success Stories



Allegany Crisis Services

- For the in-patient crisis bed patients, a Peer meets with them daily, conducts the assessments, works with the patient to set up post-discharge plans/ providers, makes referrals and schedules appointments/ transportation, and follows up with the patient for 30 days after their discharge.
- Peers work closely with the clinical team to ensure all needs are met (medical/ medication, housing, food, etc.)

Cecil County CSC

- CATCH (Cecil Addiction Treatment Coordination Hotline)
- Full Peer Specialist Support
- Program highlighted by SAMHSA through their Regional Outreach Blog
- Program serves 80 individuals per month
- Projected to exceed goal of 500 individuals served

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Peer Success Stories



Anne Arundel County Health Department

- Peers are employed by the Department of Health and provide support services for participants in the Crisis Stabilization Beds. Peers stay connected to participants beyond the crisis stay and subsequent treatment stay.
- For care coordination, peers offer support and encouragement to continue on the recovery path helping individuals engaged by providing coaching and assistance with navigating.
- In addition to facilitating groups, youth peer visit schools and promote recovery and peer support and promote the Adolescent Youth Clubhouses.
- Peers act as mentors, motivators, support, and linkage to additional services. Peers facilitate groups to educate clients on a variety of skills that apply to the client's journey to recovery.
- The Health Department is in the process of certifying 30 peer staff

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Peer Success Stories



Howard County Crisis Stabilization Center

- Peers have worked at the Center since 2019.
- Peers are often the first person that clients see when discussing program services, substance misuse, and readiness towards treatment.
- Peers remove barriers to treatment, provide warm handoffs to treatment providers, and provide follow-up services to ensure that clients connect to treatment.
- Peers provide harm reduction counseling and materials to our clients, and outreach
- Peers offer unique experience and expertise and can often connect with clients in a way that clinical or medical staff are unable
- Almost half (47.2%) of all enrollees this last fiscal year received contact from a peer, with an average of 44 minutes time with a peer per client.
- Barriers: Staffing Shortages

Peer Success Stories



Mid Shore Region Safe Stations

Positives

- Increased their outreach efforts
- Working with court system and improved working relationship with law enforcement.
- Collaborating with Parole & Probation in one county
- Marketing Safe Station resources
- Increase utilization of mobile crisis assisted by peer services
- Present at conferences
- Add content to Facebook
- Service as key stakeholders at meetings.

Challenges

- Not enough certified peers
- Location - safe station at the Sheriff's Department requires additional trust building

Peer Success Stories



Wicomico County Health Department Safe Station

- Peers are on call 24/7 to ensure that late night calls hours can respond to the Safe Station location
- Peers work with individuals entering the Safe Station and provide support & linkages to the treatment and/or recovery service of their choice
- Peers have an office inside the Safe Station where they remain onsite until 9 or 10 pm Mon-Friday
- Collaborate with local and non-local treatment providers to ensure that they are abreast of available beds and services offered at the various treatment providers
- Provide local transportation or arrange transportation for the individuals utilizing our contracted transportation services
- Attend meetings which include the Harm Reduction Advisory Board meetings
- Ensure seamless and timely transitions into treatment as possible

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Maryland Peer Recovery Specialists

Peers Working in Innovative Settings





Harm Reduction and Naloxone Distribution

- **218 Overdose Response Programs (ORP)** throughout Maryland.
- 48 grantees across 26 jurisdictions with 1 grantee servicing all of Maryland by mail.
- 200,430 total encounters within FY23 to a total of **93,224 unique individuals**

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Peer Encounters

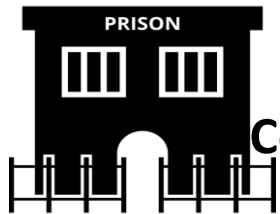
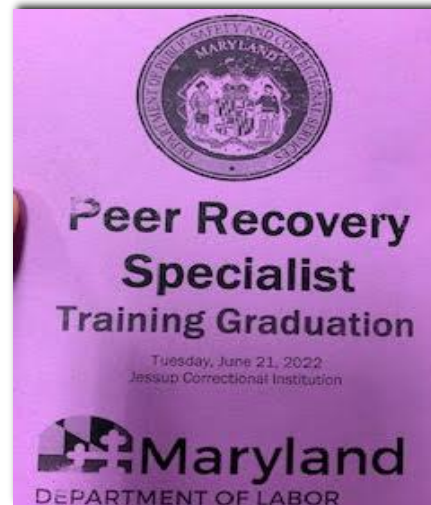


- **127,091** peer encounters to 52,511 unique individuals
- Peer encounters make up **63.4%** of our harm reduction total encounters.

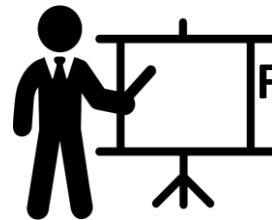
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Behind the Fence Peer Training



**Implemented in 5
Correctional Settings**



**Facilitated 11 Training
Cohorts**



**Trained 150
Incarcerated Citizens**

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Recovery Friendly Workplaces



Funds to hire 3 CPRS:

- Western Maryland Consortium
- Susquehanna Workforce Center
- St. Mary's Co. Health Department

Anticipated outcomes:

- 75 individuals will be served
- 25 business will be onboarded



Maryland State Opioid Response Crisis Team

Brendan Welsh, CPRS – Director
Community Based Access and Support
brendan.welsh@maryland.gov

Darren McGregor
Director of Crisis and Criminal Justice Services
darren.mcgregor@maryland.gov

Thank You!

Quick Response Team – Peer Integration in Kentucky

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Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Today's Speakers from Kentucky



CABINET FOR HEALTH
AND FAMILY SERVICES



Adam Trosper, MSW,
State Opioid Coordinator,
Kentucky Opioid
Response Effort (KORE)



Brandon Fitch,
Program Director,
Turning Point



Nathan Brockett,
Lead/Veteran Peer
Support Specialist, Turning
Point

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Statement of Purpose

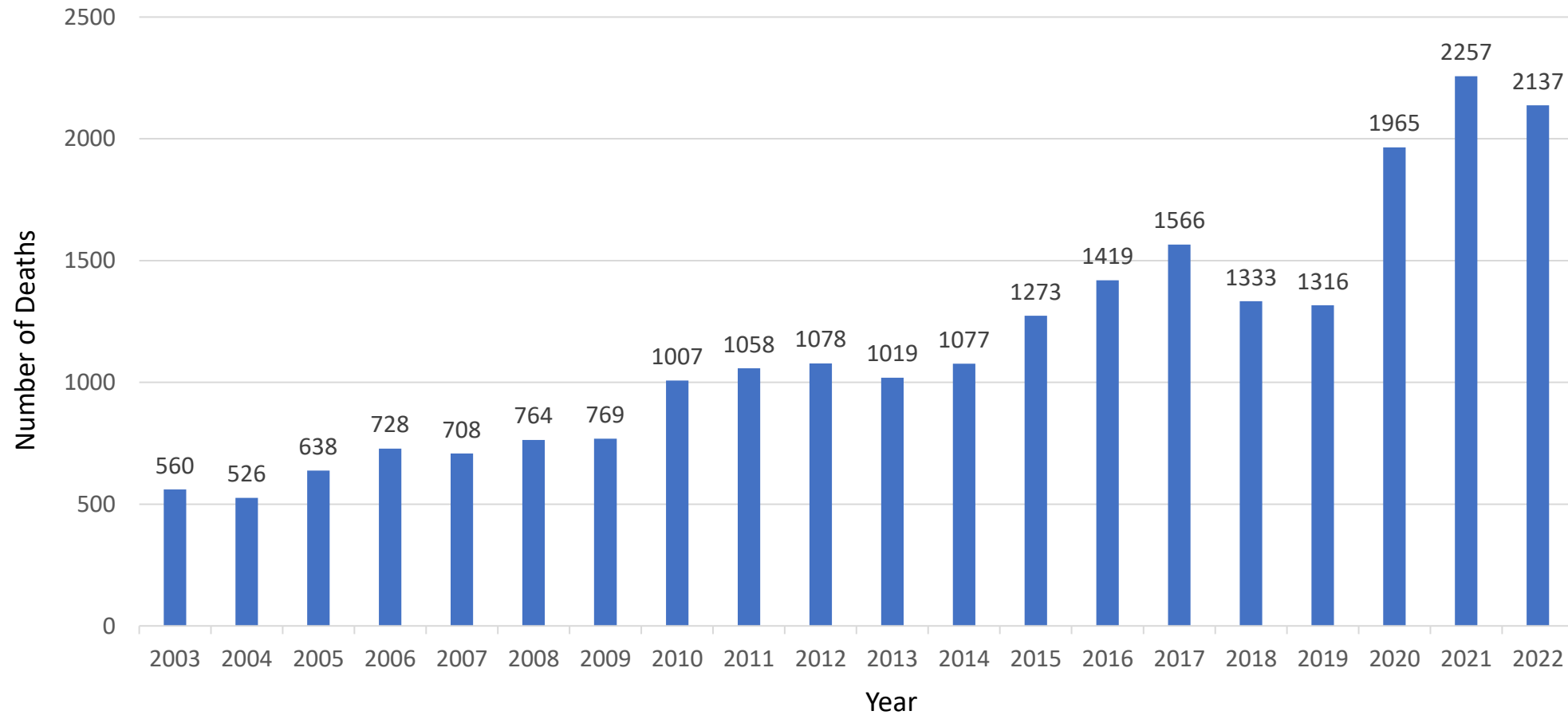
Guided by the Recovery-Oriented System of Care Framework, the purpose of the Kentucky Opioid Response Effort (KORE) is to implement a targeted response to Kentucky's opioid crisis by expanding equitable access to a full continuum of high quality, evidence-based overdose prevention, harm reduction, treatment, and recovery supports.



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Fatal Drug Overdose Count in KY, 2003 - 2022



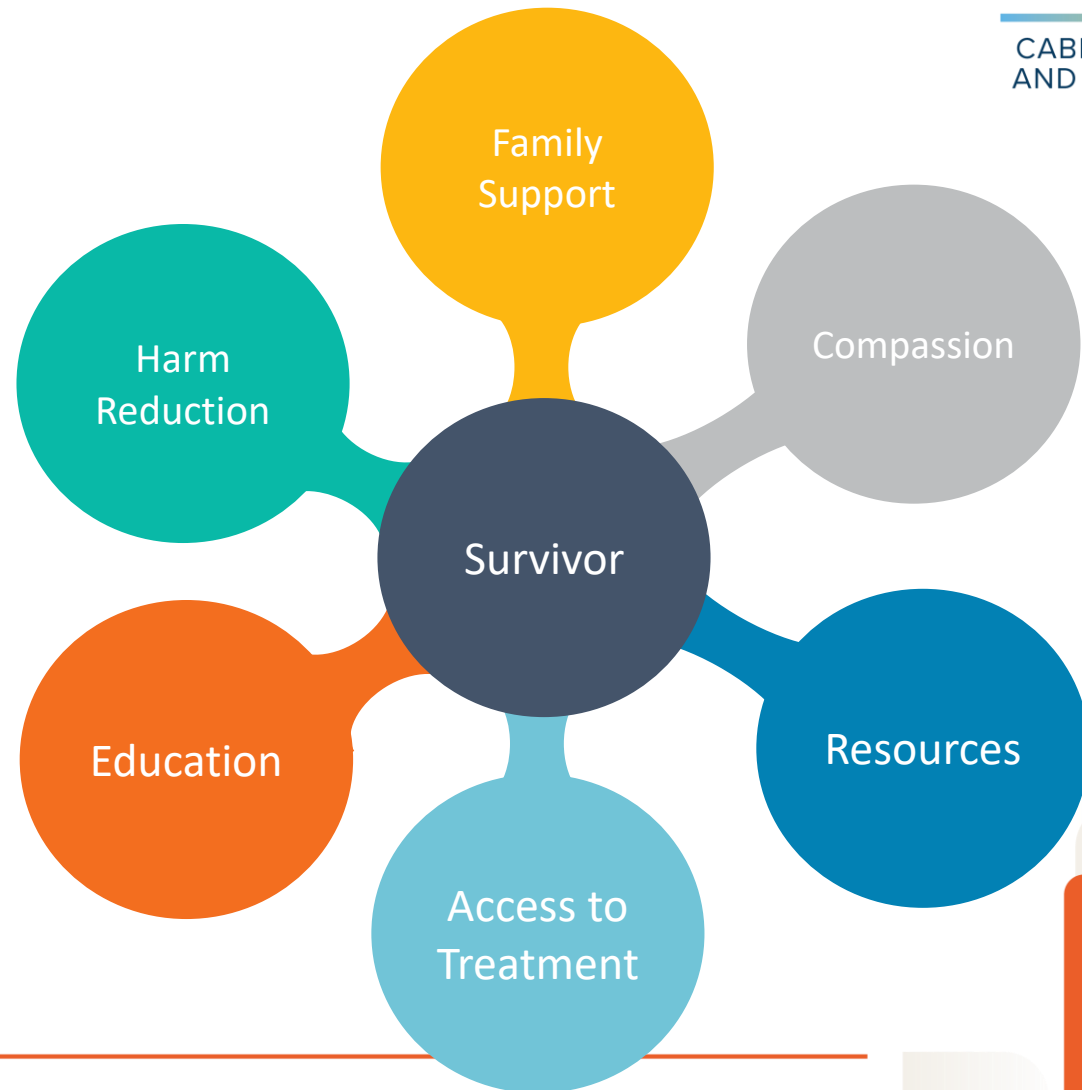
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Quick Response Teams (QRT)

Provide assertive outreach to overdose survivors

- Rapid visit with survivor
- Treatment & harm reduction linkage
- Follow-up phone calls
- Community engagement



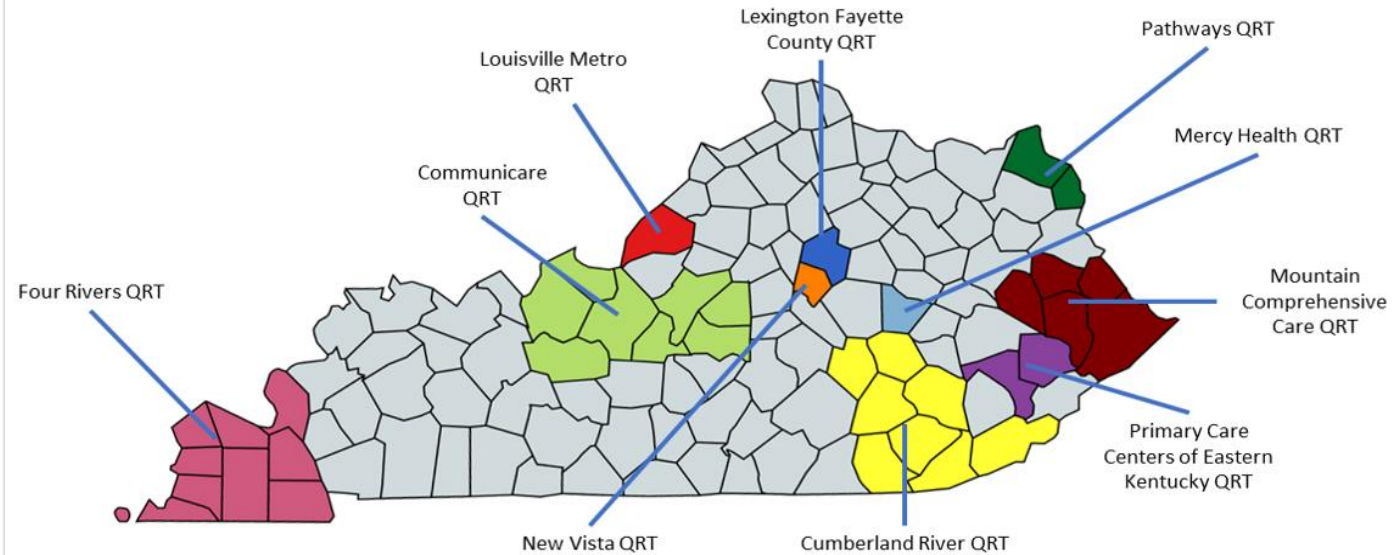
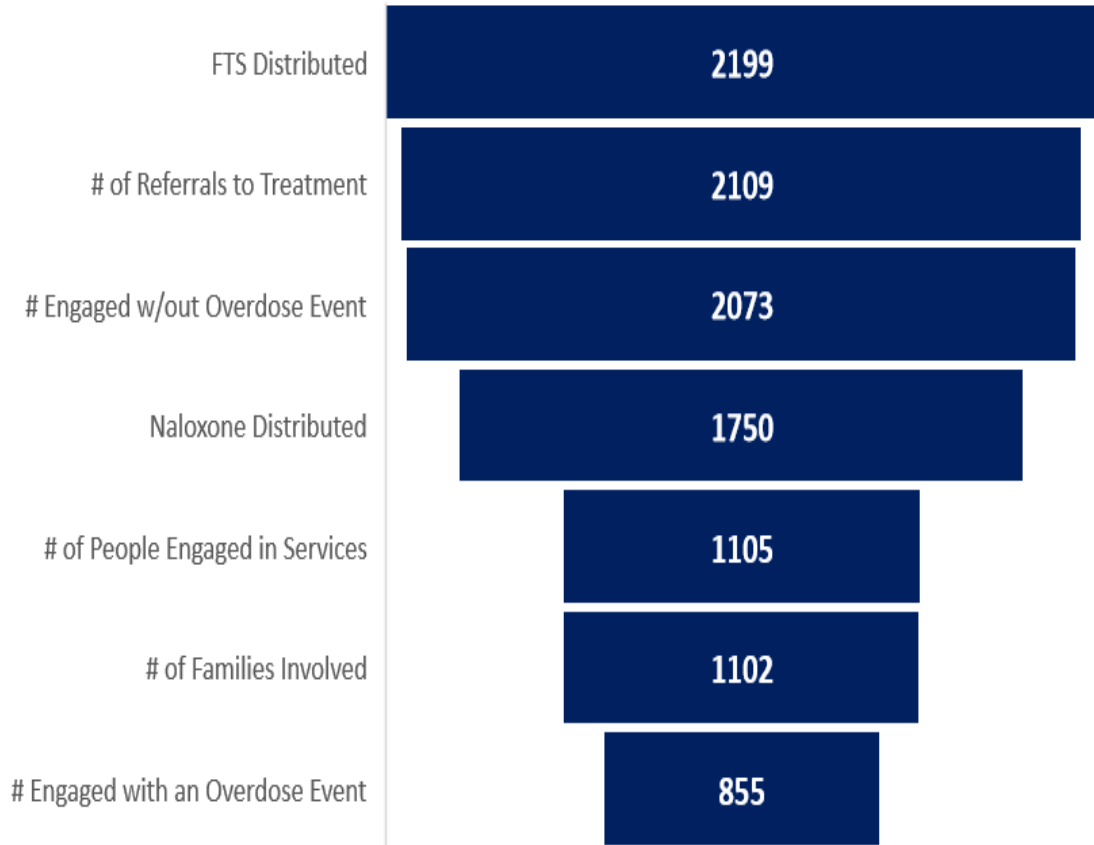
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Quick Response Teams (QRT)

Community Impact: June 30, 2022 – July 1, 2023

Total Number Served: 2004



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Meet the Team



Brandon Fitch
Program Director



Nathan Brockett
Lead/Veteran
Peer Support Specialist



Michelle Fondaw
Adult Peer Support
Specialist



Amanda Wiersma
Adult Peer Support Specialist



Ashley Yates
Adult Peer Support Specialist



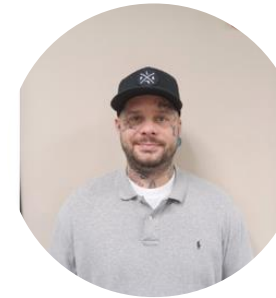
Sam Peterson
MATR
Program Coordinator



Daphne Troyer
Adult Peer Support Specialist



Matt Lewis
Adult Peer Support Specialist



Joey Colson
Adult Peer Support
Specialist



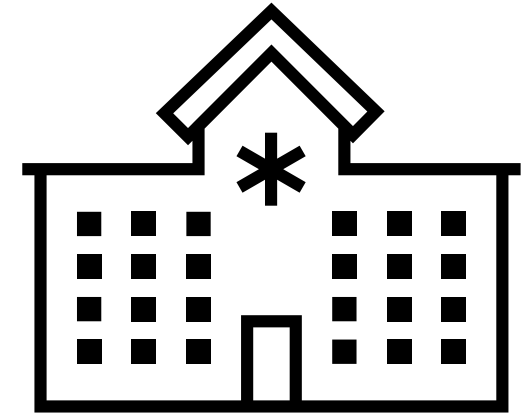
Evan Pitman
Adult Peer Support
Specialist



History



- Initiated in 2019 to combat overdose and substance use crisis in our community
- Started in the FRBH (Four Rivers Behavioral Health) Service Region by Turning Point Recovery Community Center



Expansion



YEAR 1

- Graves County eXchange
- Mayfield Police Department

YEAR 2

- McCracken County Sheriff's Office
- Mercy EMS
- Marshall County Sheriff's Department

YEAR 3

- Benton Police Department
- Ballard County Sheriff's Office
- Ballard County EMS

YEAR 4

- Fulton City Police Department
- Fulton County Sheriff's Office
- Hickman County Sheriff's Office
- Carlisle County Sheriff's Office

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Services History

OUTREACH



Assertive outreach to overdose survivors and families. QRTs also take self-referral and referrals by community partners such as first responders.

FOLLOW UP



Follow-up phone calls and home visits within 24-72 hours of crisis. QRTs can include peer support, first responders, treatment providers, law enforcement, and other community partners.

COMPASSION



Centered on the survivor's needs, the message is: "We care and we are here for you." QRTs meet people where they are.

SERVICES



Provide linkage to treatment, harm reduction, recovery, or needed community services.



Integration of Peer Support



Relational: Utilizing lived experience and training to assist individuals from a "been there, done that" perspective.

Reciprocity: Mutually beneficial for the APSS (Adult Peer Support Specialist) and the individual being assisted by Recovery Support.



Achievements



- More community awareness of the dangers of substance use and the necessity of Narcan.
- Engaged with 50+ Overdose Survivors and connected to various types of services.
- Distributed hundreds of units of Narcan and Fentanyl Testing Strips, raising accessibility of harm reduction materials in our area.
- Amassed a growing network of community partners, increasing our areas of service and ability to reach more people.



Moving Forward



Will continue engagement with survivors of overdose, improving our services with professional development and education of current trends.

Continue building partnerships with other agencies, strengthening our ability to assist the community that is struggling with SUD.

Raise greater awareness about Recovery Support and Harm Reduction within our community.

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New Resource!

Integrating Peer Recovery Support Services into Substance Related Crisis Care: An Information Brief for States

*Thank you to our partners at the National Association of State Alcohol and Drug
Abuse Directors (NASADAD) for their development of this new resource!*



Tools and Resources

Resources for Peer Professionals

- [Maryland Behavioral Health Administration Website](#)
- [BHA's Office of Consumer Affairs Website](#)
- [BHA's Peer Role Clarity Presentation](#)
- [BHA Funded Recovery Community Centers](#)
- [BHA Funding Wellness Recovery Centers](#)
- [Maryland Addiction and Behavioral-health Professionals Website](#)
- [Process and Requirements for Maryland CPRS](#)
- [Recovery Friendly Workplaces Website](#)



Upcoming Events & Helpful Links



Sept.
26

from 11-12pm ET

CoE-IHS Webinar:
Integration with
Schools: the Key to
the Youth Mental
Health Crisis

[Register Here](#)

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[Subscribe Here](#)

Relias On-Demand Training

[Learn More](#)

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Thank You

Questions?

Email integration@thenationalcouncil.org

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1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)

