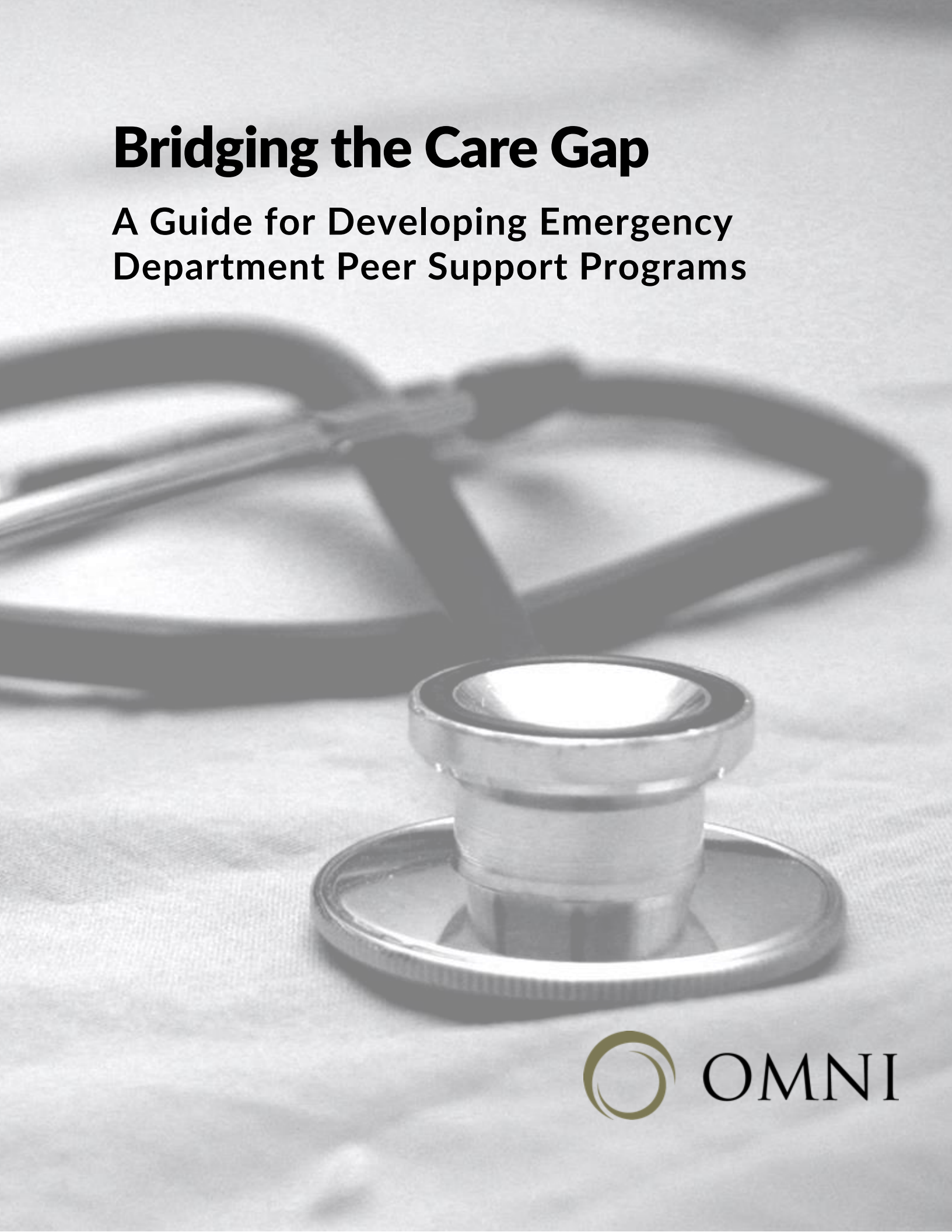
Bridging the Care Gap

A Guide for Developing Emergency Department Peer Support Programs



OMNI

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A Guide for Developing Emergency Department Peer Support Programs

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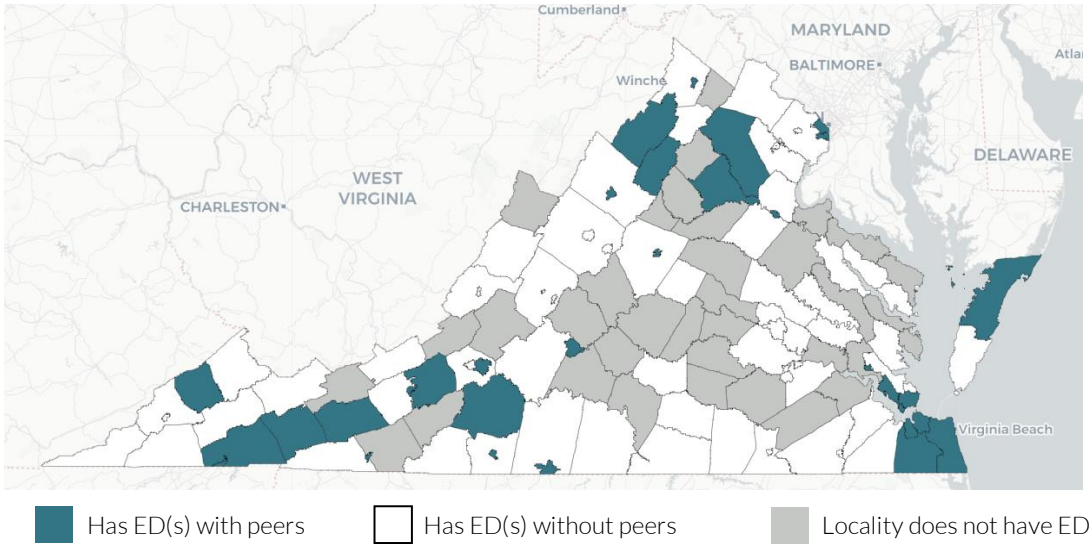
Welcome to Bridging the Care Gap: A Guide for Developing Emergency Department Peer Support Programs

The purpose of this guide is to centralize and share information that will support the development of emergency department (ED) peer support programs. Definitions of ED peer support programs vary widely and include a broad range of features and structures explored in more detail. For this guide, ED peer support programs connect peer supporters with individuals receiving services for substance use or mental health-related crisis in an ED setting. Ideally, this connection begins while the individual is still at the ED to maximize the potential for an ongoing relationship between the individual receiving services and the peer, though this is not always feasible.

ED peer support programs have increased in popularity as information about their impact on clients, agencies, and hospitals becomes more widely available. The map below depicting where EDs have peer services across the state provides insight into the opportunities that exist for implementing peer services within hospital settings. As indicated in white on the map, there are many hospital EDs that do not yet have a peer program. CSBs are uniquely positioned to partner with hospitals to provide peer services in EDs, and this guide can help you navigate ED peer program development and implementation.

Emergency Departments Offering Peer Services for Patients in Substance Use-Related Crisis*



**Programs included on this map may or may not offer peer services to patients in mental health-related crisis. This map is not inclusive of all EDs offering mental health-focused peer services. Map updated July 2020.*

However, many agencies report complex challenges in developing and implementing these peer support programs. The information provided in this document comes from administrators' first-hand experiences to support those just beginning or looking for advice on where to start. In any type of peer support program, there are rarely "one size fits all" solutions. Therefore, this guide is flexible and adaptable to various agencies, EDs, and community needs. Please take from this document only what is useful to your specific needs.

Who is this guide for?

Anyone interested in learning more about ED peer support programs will benefit from this information. This document supports administrators at community services boards (CSBs) or similar agencies interested in building ED peer support programs in partnership with local hospitals.

How was this guide developed?

OMNI and SOR grant staff completed key-informant interviews with five CSBs and one hospital administrator. Interviews focused on program development and implementation, including successes, challenges, and lessons learned. Additionally, OMNI and SOR grant staff participated in working meetings supporting partnerships between a sixth CSB and two partner hospitals. OMNI has also integrated information from a previously completed literature review on recovery and peer support programs,[1] to support the perspectives shared.

What is covered in this guide?

- How to develop new partnerships with hospitals
- Strategies to identify and leverage existing relationships
- ED peer support program development
- Program sustainability and program funding
- Experiences and lessons learned from CSBs and hospitals
- Sample tools for education and business development

What do clients have to say about ED Peer Programs?

"In April I found myself at [the] hospital for the third time in a week due to heroin overdose. That night a Peer Recovery Specialist came and sat with me while I was waiting to be discharged. I found it comforting to talk "real talk" with someone that could relate. While I continued to use after being released that night, I stayed connected because I was encouraged by the support I received. One night, after I had been on a serious run, I called the warmline around midnight. I was surprised that someone answered because it was so late. The conversation turned into a 3-way call to a rehab center. On June 22nd I entered the [treatment] program with very little hope feeling beat down. I continued to reach out to the peers while I was at the treatment center for resources and guidance. August 3rd, I walked out of that center with a successful completion certificate in hand and a passionate desire to continue my recovery process. I now live in a recovery residential program and work full time to support myself. The holidays are coming, and my family has made plans to celebrate that include me for the first time in many years. I could not have gotten through all of this by myself. If that peer had not sat with me in the ER that night, I would probably be dead. Words cannot express my appreciation for the connection I experienced on a night that could easily be described as one of the worst nights of my life. She shared more than just her story that night. I am truly grateful for the nonjudgmental assistance I have received in my journey."

– CSB Client Testimony

[1] The OMNI Institute (2020). Measuring Outcomes of Peer Recovery Support Services. Submitted to Virginia Department of Behavioral Health and Developmental Services, Richmond, VA. https://omni.org/peer-recovery-lit-review

Steps to Support Successful ED Peer Programs

These steps will guide the conceptualization and development of ED peer programs. See the following sections of this guide for details on each step.

To support agency/hospital partnerships:

- ✓ Reach out to key hospital personnel
- ✓ Identify a program champion
- ✓ Build strategic buy-in for the partnership
- ✓ Establish formal agreements and workflow logistics

To support ED peer support program development:

- ✓ Review standard components of ED peer support programs
- ✓ Design a program based on CSB and hospital characteristics
- ✓ Facilitate integration of the program into the hospital to maximize success

To support ED peer support program sustainability:

- ✓ Plan a sustainable program from the start
- ✓ Provide ongoing training and education for peer supporters
- ✓ Mitigate the impact of peer supporter burnout
- ✓ Maintain an active partnership with the hospital

CSB/Hospital Partnerships

Steps to Support CSB/Hospital Partnerships:

- ✓ Reach out to key hospital personnel
- ✓ Identify a program champion
- ✓ Build strategic buy-in for the partnership
- ✓ Establish formal agreements and workflow logistics

What is the first step to starting an ED peer support program?

Across all interviews with CSB and hospital administration, relationships surfaced as a critical predictor of any ED peer program's success. Thus, the first step of program development is to connect with leaders at the local hospital. Using existing relationships or networks to provide introductions proved to be a good strategy in initiating this process. CSB leadership also noted that connecting with other area hospitals or CSBs with existing programs and forging new partnerships at the partner hospital helped provide context, legitimacy, and buy-in from hospital executive leadership. The more time spent building these relationships before planning an ED peer support program, the more support the program received.

PROGRAM SPOTLIGHT: PAGE MEMORIAL HOSPITAL

Page Memorial Hospital successfully launched their ED peer support program by embracing it through all levels of staff from the top down. Executive hospital administration provides leadership and direction to hospital staff, increasing their commitment to the program. The ED physician leaders remind staff of the peer supporter resources, including providing information cards to patients and posting fliers with the peer supporter's photo in the ED. Staff actively engage patients in the program and often support that first connection with the peer supporter. According to program leaders, "It has been working really well and is a highlight for us."

Administrators highlighted the importance of CSB leadership involvement, particularly in the early stages of relationship-building. Though peers can occasionally be included in these processes, administrators reflected that, in most cases, asking a peer to manage initial contact with hospital staff or leadership is not enough to initiate a long-term partnership.

It is essential to identify a variety of individuals who should be included in the development of a peer support program. Some common hospital representatives identified by the hospital administrators include:


Service Administrators


Hospital Directors


Clinical Directors


ER Supervisors


Crisis Team Staff/ Administrators

What is a program champion?

A program champion's primary role is to build enthusiasm and buy-in for a program to move the development process forward. CSB leaders agree that identifying a champion early in the development process is key. Research also indicates the importance of this role in facilitating successful and consistent program development and implementation.[2, 3, 4] Ideally, programs will have an identified program champion in hospital administration and one in CSB administration, which allows for the program's ongoing support on both sides of the partnership.

Note that this champion may or may not be the person who eventually leads the program. For this reason, when identifying a program champion, it is important to be clear about your hopes or expectations for their role while also acknowledging that this will likely be an extra job role for them. It is critical for the champion to be a consistent force who is willing to carry the program and is committed to moving the process forward. Program champions may emerge within both the CSB and hospital administration naturally during the first step of development, when relationships are explored and developed between the CSB and hospital. Alternatively, administrators may find they need to identify specific individuals at each location to spearhead the program.

What strategies are effective for partnering with hospital administration?

It Is imperative to partner with the program champion to develop partnerships with hospital administration. Fostering strategic relationships that lead to a network of support will help establish buy-in for the program across all levels of hospitals and the CSBs. When creating an ED peer program, building buy-in on the program's value and efficacy is essential. Research also supports educating all involved parties about the role of peer supporters to garner the support, buy-in, and administration guidance as early in the process as possible.[5]

One of the biggest hurdles discussed by CSB leadership in partnering with hospitals is finding ways to effectively communicate information about the value of peer support services for the hospital. Some hospital administrators will be open to what peer supporters have to offer, while others may not initially see their value. To address this challenge, CSB leaders offered the following ideas.

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[2] Collins, D., Alla, J., Nicolaidis, C., Gregg, J., Gullickson, D. J., Patten, A., & Englander, H. (2019). "If It Wasn't for Him, I Wouldn't Have Talked to Them": Qualitative Study of Addiction Peer Mentorship in the Hospital. *Journal of General Internal Medicine*, 1-8.

[3] Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry*, *11*(2), 123-128.

[4] Englander, H., Gregg, J., Gullickson, J., Cochran-Dumas, O., Colasurdo, C., Alla, J., ... & Nicolaidis, C. (2019). Recommendations for integrating peer mentors in hospital-based addiction care. *Substance Abuse*, 1-6.

[5] Cos, T. A., LaPollo, A. B., Aussendorf, M., Williams, J. M., Malayter, K., & Festinger, D. S. (2019). Do Peer Recovery Specialists Improve Outcomes for Individuals with Substance Use Disorder in an Integrative Primary Care Setting? A Program Evaluation. *Journal of Clinical Psychology in Medical Settings*, 1-12.

Highlight the purpose and effectiveness of peer supporters in EDs. Educate administrators about the role and purpose of peer supporters, along with how those specifically apply in the ED. Show the hospital staff the impact that peer supports have. Using outcomes data from other hospitals or programs can be useful to bolster the case for peer effectiveness.

Share program-specific handouts or brochures. Use clear and visual materials about peer supporters and their benefits to sell the program to hospital staff. Hospital staff are a key audience for program materials in addition to the individuals who will eventually receive peer services (See Appendix B: Sample Program Brochure for an example.)

Resource: Share Information Easily!

See Appendix A for a short document that answers the questions:

- What is a peer supporter?
- What is a peer supporter NOT?
- What are the benefits of peer support services?
- Why should we bring peer support services into our ED?
- How do I find out more about peer support services?

Feel free to share this handout directly with hospital administrators!

Connect with other agencies and hospitals with established ED peer support programs. Share their experiences, successes, and challenges with hospital administrators to demonstrate the efficacy of similar programs and advocate for the current partnership and program.

Engage stakeholders. CSB leaders also suggested connecting with community members and staff of other agencies or programs who have a shared interest in or may benefit from the ED peer support program. One useful approach is to include all key stakeholders (e.g., community, hospital leaders, peer supporters, hospital staff, CSB leadership, etc.) throughout the program planning process. The program champion can be a great resource for this engagement.

Be persistent, patient, and genuine. All interviewees noted that staying persistent is critical; even when the process becomes frustrating, try not to get discouraged. If the process slows down, it can help to ask partners for details about where any sticking points are and how the CSB can help move things forward. Try to remember to "play the long game." If now is not the right time for the hospital, it's okay to pause and come back to the table in a few months or next year.

Have a plan to track outcomes. CSB leaders found success identifying potential sources for outcome data as they planned their programs. When they could eventually show hospital staff that patients who received peer support had fewer ED visits, there was more buy-in from the hospital staff. While admittedly challenging, leaders recommend collecting data and using the outcomes to generate shareable reports, factsheets, or presentations whenever possible.

Ready to learn more about peer-specific outcomes?

This literature review can help!
Click here for access.

What logistics should I consider when developing a partnership with a hospital?

There are many logistical aspects to partnerships between hospitals and CSBs or similar agencies. Several CSB leaders discussed the importance of addressing the following topics early in the partnership.

Address liability concerns upfront. Liability is a key concern for hospital leaders, so CSB leadership suggests addressing this at the start to support the longevity of the partnership and program development and implementation. Reassuring hospital administration and staff of the professionalism of peer supporters and their obligation to adhere to ethical guidelines may help ease liability concerns. CSB leaders also suggest providing information on Virginia's Peer Recovery Specialist (PRS) training and certification process.

Establish a shared understanding of confidentiality in this context. Navigating confidentiality concerns was a common hurdle partnerships needed to pass. In successful cases, the CSB's confidentiality guidelines were often a good starting point for developing confidentiality policies for the ED peer support program. Hospital staff often did not understand that peer supporters are held to the same expectations as other CSB staff. Understanding this will help hospital administration, CSB administration, and peer supporters feel more confident in ensuring patients' confidentiality.

> "Confidentiality is still a barrier. It came up in the MOU, too. [The] patient has to sign a release of information for the peer and patient to connect. So, we can lose people in that process. If [the peers] were hospital employees, that would be a work around. [But it would require] a formal contract with [the hospital and] it would be a several-year process that might not resolve the release issue."
>
> - CSB Administrator

Develop a Memorandum of Understanding (MOU) and contract. MOUs and contracts are established between hospitals and CSBs to lay out mutual agreements that support collaboration, communication, and service delivery. Policies related to liability and confidentiality are often addressed in these documents. This part of the program development process can be the most tedious and time-consuming element. Leadership recommended starting this process as soon as possible.

CSB and hospital administrators recommend that the CSB create a standard MOU modified for the specific hospital involved. (See Appendix C: Sample MOU for an example.) The hospital legal team will likely have to review the document, so try to share the MOU with leadership from the start. One site which was interviewed found success in creating a working group with leadership staff from the CSB and hospital dedicated to the MOU specifically. Note that it is imperative to have staff who can make decisions on behalf of the CSB and hospital in this group.

Common MOU Topics

- Responsibilities of the CSB and the hospital
- Patient consent to connect with a peer supporter
- Confidentiality and HIPAA compliance (including 42 CFR specifications)
- Data sharing agreements (including information that will support outcomes)

Establishing peer support program workflows at the hospital. Leaders stated that proactively creating processes and defining workflows helped streamline program development and eventually led to better outcomes. Beyond creating these processes, leaders agreed that educating all stakeholders, namely hospital and CSB staff, about these policies was also crucial. Offering hospital staff education on peer supporter roles, liability, and consent processes created a seamless work environment. Similarly, training peer supporters in the processes and workflows of hospital emergency delivery services increased their confidence to provide active support. Research recommends peer training in confidentiality protocols, role expectations, and managing professional boundaries with colleagues and individuals served[6]. Leadership also encourage peer supporters to be included in processes and trainings similarly to ED staff.

Some examples of how CSBs and hospitals establish workflow agreements and programmatic processes include:

- Frequent meetings with ED staff and physicians to build relationships and highlight the value peer supporters bring.
- Peer supporter participation in volunteer and non-employed hospital staff training programs (this can also allow peers to qualify for hospital badges).
- Peer supporter involvement in ED staff tasks, such as completion of intakes or general assessments.

Streamlining the referral process is another important aspect of streamlining workflows. One option suggested is to create a process for patient verbal consent that allows hospital navigators and social workers to connect the client to the peer supporter without complex forms that may discourage patients from engaging. Processes such as these streamline the workflow while also addressing liability concerns.

> "Getting referrals to the peer supporter in real time and getting the peer to the hospital to connect with the patient is critical logistical planning."
> - CSB Administrator

[6] Salzer, M. S. (2002). Best practice guidelines for consumer-delivered services. Unpublished Document, Behavioral Health Recovery Management Project, Bloomington, IL. Retrieved from: https://allchicago.org/sites/default/files/archive_files/Consumer%20Deliverd%20Services%20as%20a%20Best%20Practice.pdf

ED Peer Support Program Development

Steps to Support ED Peer Support Program Development:

- ✓ Review standard components of ED peer support programs
- ✓ Design a program based on CSB and hospital characteristics
- ✓ Facilitate integration of the program into the hospital to maximize success

What are the standard components of ED peer support programs?

Leaders agree that having a vision for the program is crucial to program development. While no two ED peer programs are exactly alike, many include similar features and components. Some common features are:

On-call peer supporters. In some programs, ED staff contact peer supporters directly via phone when a patient has arrived and needs support. Then, the peer supporter is dispatched to the ED.

ED-based peer supporters. Some CSBs staff peer supporters on site at the emergency department during busier times. Though logistic and capacity concerns often make this option challenging, it allows for immediate and seamless support for patients and their families during ED treatment and beyond. Leadership feedback indicates that onsite peer supporters are an excellent resource. However, the ED environment can be "feast or famine"; there are times that are extremely busy and others that are quiet, which can result in inconsistent workloads for peer supporters.

Warmlines. Traditionally, peer supporters monitor warmlines and support patients who call in with various recovery needs. Some CSBs utilize a new or existing warmline to connect ED patients with peer supporters. The warmline number is provided to patients and staff in the ED for easy access to peer support, or as a way to request peers come into the ED to provide support in-person.

Hospital electronic health record (EHR) flags. Some programs use the flagging feature of the hospital's EHR to share referral information. This process can alert hospital staff to reach out to peer supporters or in some cases contact the peer directly based on certain criteria about the patient's visit.

> "At our local hospital, the ED staff contact our CSB peers via phone to be dispatched to the ED regarding overdoses. Our peer supporters provide on-call assistance to anyone that comes into the ED that could benefit from their support."
> - CSB Administrator

> "Our peer supporter is available during the busier times for the ED and is able to give support to patients and families, and they give out their phone number for follow-up support."
> - CSB Administrator

> "Our CSB has a warmline that serves as access for the patients at the ED. The patients get our warmline phone number from ED staff and can call and connect with our peer for support." - CSB Administrator

COVID-19 Impact

As a result of the 2020 pandemic, EDs moved to limited physical contact, transitioning peers to telehealth or phone support. Some EDs provide iPads to connect the patient and peer supporter, helping patients put a face with a name and allowing peers to provide support via video chat throughout the patient's time in the ED.

How do I design the best program for our CSB and hospital?

Each ED peer support program has its own nuances and needs, and a program that works at one location may not work as well at another. Because of this, program development is a crucial process with many considerations. CSB leadership described tailoring their ED peer program based on CSB capacity, hospital size, common needs of hospital patients, and barriers to treatment in their area. When making programmatic decisions, the following topics and questions, suggested by interviewed leadership, may be helpful to consider.

On-site vs. On-call

- Does the CSB or hospital have capacity to support an on-site peer supporter?
- Do patient needs warrant an on-site peer supporter?
- How will schedules be determined?
- During slower times, are there other ways that a peer supporter's time could be used to support ED needs?
- How quickly would an on-call peer supporter be able to get to the hospital?
- How might ED staff respond to needing to make an extra call to bring in a peer supporter?

Location

- Whether on-call or on-site, where will peer supporters be housed (CSB, ED, crisis stabilization unit, other hospital unit, etc.)?
- How can the peer supporter's access to patients be streamlined?
- What impact will different options have on peer supporters' abilities to build relationships with hospital staff?
- Where will the peer supporter talk with patients?
- Will they have access to an office or other private space?
- How close or far is this space from the hospital and CSB?
- How might this impact service provision?
- If providing virtual support, where is the peer supporter located for work?

Phone Lines

- How will phone lines be used to provide support to the ED patient?
- Will the CSB provide the peer supporter with a cell phone or use a CSB phone line that can be transferred to the peer supporter's cell phone?
- Is there a general "warmline" number that be used?

Referrals

- How will ED staff connect with peer supporters to make referrals?
- What is the simplest, most streamlined way to build this process? (Prioritizing this will help increase the frequency and consistency of referrals.)

Common Challenge: Hours of operation for the peer might be a challenge. According to a CSB administrator: "It is our largest [challenge] because we have coverage but not 24 hours a day - it's 4-8 hours a day. That's hard from the ED side to know when we are or are not available. Even when you try to target busy times, it is still not entirely predictable."

What steps should I take to facilitate successful program implementation?

Define the peer supporter's role in the ED.
The peer supporter role in the ED is a crucial one, though many in the hospital setting are unfamiliar with its power and nuance.[7] Unlike conventional therapeutic relationships in primary or acute care settings, peer supporter relationships rely on the principles of mutuality and reciprocity of two equals who share similar experiences.[8] Stakeholders at all levels (e.g., hospital administration, CSB administration, peer supporters, ED staff, etc.) will benefit from a clear understanding of the peer supporter role.

The following are important to consider in ensuring the peer supporter's role is established and defined at the hospital:

- Consult ED staff to identify needs or gaps in services that peer supporters can fill.
- Create a "work role" document for the peer supporter that provides an outline of expectations and work guidelines. Consider including what the peer supporter work is limited to and how the peer supporter will work with patients.
- Rely on navigators and social workers that work with the peer supporters and provide referrals and resources to patients.
- Have peers help with discharge plans or communicate follow-up plans with patients to effectively engage the peer supporter in ED processes.

Integrate peer supporters with hospital staff.
CSB leadership agree that thoughtfully and consistently integrating peer supporters into hospital and ED community is key is to building trust and connection in the CSB and hospital relationship. Contrasts between peer supporter practices and the traditional medical provider model create challenges when integrating peer supporters into hospital settings, as indicated by research[9] and CSB leadership experience.

Administration and staff of existing ED peer support programs have overcome such challenges by finding novel ways to integrate peer supporters with hospital staff. Though the time commitment to this work can be significant, CSB leadership assert that an ED peer support program can only be effective if the hospital staff is supportive and open to utilizing the services.

The following suggestions from CSB leadership can help build these relationships and facilitate peer and hospital connectivity.

- Introduce peer supporters and other involved CSB staff to ED staff in an ongoing and integrated way that supports their constant visibility

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[7] Englander, H., Gregg, J., Gullickson, J., Cochran-Dumas, O., Colasurdo, C., Alla, J., ... & Nicolaidis, C. (2019). Recommendations for integrating peer mentors in hospital-based addiction care. *Substance Abuse*, 1-6.
[8] Blash, L., Chan, K., & Chapman, S. (2015). The peer provider workforce in behavioral health: A landscape analysis. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care.
[9] Zemore, S. E., & Kaskutas, L. A. (2008). 12-step involvement and peer helping in day hospital and residential programs. *Substance use & Misuse*, 43(12-13), 1882-1903.

- Offer in-service trainings or educational presentations for the hospital staff
- Include peers in ED staff meetings
- Be available to ED staff during non-busy ED times
- Describe peer support activities and share success stories
- Create flyers to promote the peer supporter and their role
- Explain how peer supporters can reduce ED staff workload
- Utilize a shift change "huddle" at the hospital to connect with the ED staff
- As turnover occurs, meet with new staff or leadership about current initiatives

> "The peer supporter came to a leadership meeting to introduce the program and meet; we heard their personal story (helped build that connection). The peer was embraced into the team, greeted as one of the team, given a visitor badge."
>
> - Hospital Administrator

Find the right peer supporter.

Leaders recommend working with the hospital to determine what gaps peer supporters can fill and seek peer supporters with related skills. For example, some leaders noted that distinguishing the lived experience of the peer supporter between mental health or SUD was not seen as critical, but their ability to articulate their lived experience was crucial. Other leaders viewed lived substance use experience as critical, while others preferred the peer supporter to have dual-diagnosis experience.

It may also be important to consider whether the peer supporter has lived experience that is likely to be relevant to patients, and if so, whether the peer supporter is able to and comfortable with sharing this experience for the purpose of recovery support. It will likely also be important to assess what support, resources, or qualities the peer supporter might need to be successful (e.g., transportation, connections to support groups, comfort talking to family members about SUD and mental health, comfort working in the hospital environment, professionalism). These needs are often influenced by unique factors (e.g., size of the hospital, amount of resources already available, etc.) that should be considered when finding the right peer for the program.

Choose peer supporters who can build relationships in the community and with hospital staff. Some CSBs have onboarded a Peer Support Coordinator to lead these efforts. Peer Support Coordinators can also help to resolve issues, miscommunication, myths, and stigmas through transparency, ownership, and education.

Ensure peer supporters meet any relevant hospital requirements. Many hospitals have requirements related to Peer Recovery Specialist certification, past or current criminal justice involvement, medical conditions/testing, and others. For many hospitals, these requirements may be "dealbreakers," so it is helpful to discuss any relevant requirements, as well as any potential exceptions or workarounds, before hiring a peer supporter.

Program Sustainability

Steps to Support ED Peer Support Program Sustainability:

- ✓ Plan a sustainable program from the start
- ✓ Provide ongoing training and education for peer supporters
- ✓ Mitigate the impact of peer supporter burnout
- ✓ Maintain an active partnership with the hospital

What do I need to consider when planning for program funding?

When putting so much time and intention into developing the ideal program, it is essential to consider sustainability as early as possible. All CSB leadership interviewed reported that the CSB secured and managed funding for the program and the peer supporters were employed through the CSB. Clearly, maintaining consistent funding is crucial to support the sustainability of any program. A challenging yet important aspect of funding sustainability is seeking Medicaid reimbursement for peer support services. Despite low reimbursement rates at this time, engaging with Medicaid to begin this process is an important first step that will support eventual increases in rates. Some CSB leadership noted that Medicaid will need to acknowledge that peer support work is just as valuable as other mental health and SUD services before the rate will increase.

> "We figured out how to do Medicaid billing thanks to a nearby CSB's help. The State Opioid Response grant funds have helped us by supplementing because the billing reimbursement is not sufficient."
>
> - CSB Administrator

In the meantime, tracking outcomes can make securing other sustainable funding easier. When possible, consider also following program costs over time and tracking how much money peer support services save the CSB and the hospital. Though challenging, all efforts in this area will help make peer support more accessible and promote the field as a whole.

What about training and education for peer supporters?

In addition to funding, training was determined a critical factor for sustaining ED peer support programs. The initial 72-hour Peer Recovery Specialist (PRS) training available in Virginia is a good start, according to CSB leaders, but in the ED, peer supporters are frequently working in situations that many clinicians would struggle in. Leaders say that peer supporters typically need additional training and support, such as supervision and on the job training to promote career and professional development. Though often the peer supporter is left to rely on their critical thinking skills to "find a way," more structured training will increase program sustainability.

Resource

DBHDS's Office of Recovery Services (ORS) offers training for peer supporters. Contact Mary McQuown, Peer Recovery Specialist Liaison, at Mary.McQuown@dbhds.virginia.gov to be added to ORS's Recovery Blast email list.

Should I be concerned about peer supporter burnout?

Peer burnout is common and leads to turnover, which impacts program sustainability.

Because the peer role is based on relationships, they are typically placed in complex situations where they must navigate patients experiencing illness in addition to mental health and/or substance use disorder, distressed family members, and conflicts between staff. This can exacerbate the stress, burnout, and risk of relapse that peers can experience in their work.[10] There is also potential for re-traumatization for peer supporters due to their own lived experience. The hospital, CSB, and peer supporter themselves all play vital roles in helping peer supporters promote self-care and prevent burnout. Some ideas to achieve this are described below.

Hospital Administration & Staff

- Treat peer supporters as professionals
- Integrate peer supporters into staff and hospital systems
- Provide opportunities for the peer supporter to offer input

CSB Administration & Staff

- Provide supervision, continuing education, and growth opportunities (e.g., increased responsibility, pay, etc.)
- Encourage and support peer self-care by providing time off and respecting peers' boundaries

Peer Supporters

- Integrate self-care into daily routine
- Prioritize personal recovery
- Establish work-life balance and healthy boundaries
- Establish sources of support and ask for help when needed

How can I actively maintain partnership with the hospital?

Administrators agreed on the importance of maintaining an active, ongoing partnership with the hospital staff and administration throughout the duration of the program. Partnerships can be maintained by fostering program champions within both the CSB and the hospital and, if possible, designating this role to staff on both sides. It is also important to maintain the peer supporter relationships with the hospital staff, often by maintaining consistent, ideally face-to-face, contact. The more that the peer supporter can talk with staff at the hospital, even if informal, the easier it will be for them to maintain engagement and referrals. Lastly, continuing to promote the program within the hospital and CSB through advertising the resources available may support consistent referrals and, in turn, program sustainability.

[10] Collins, D., Alla, J., Nicolaidis, C., Gregg, J., Gullickson, D. J., Patten, A., & Englander, H. (2019). "If It Wasn't for Him, I Wouldn't Have Talked to Them": Qualitative Study of Addiction Peer Mentorship in the Hospital. *Journal of General Internal Medicine*, 1-8.

The Future of ED Peer Support Programs

Peer support services is an evolving field with new research and program innovations emerging rapidly. Below are just some of the ideas and goals that CSB leaders shared about their vision for the future:

- "Focus on a regional perspective. We used resources from several CSBs to collaborate and work with the area hospitals in the same format as we did with forensic discharge planners in the jails. For us, that was a seamless experience and we think it could be applied to this work."
- "One day it would be good to have the peer services field broadly acknowledged at state and national levels so that we can easily get reimbursement from insurance and Medicaid."
- "Integrating policies and procedures for peer supports into electronic health records."
- "In two to five years, it would be wonderful to have consistent referrals all the time for peer supporters. And over the following 5 to 10 years, having the peer supporter living in the emergency department and around the clock, 24 hours a day."

Thank you for reading Bridging the Care Gap!

We hope you found this material helpful and inspiring as you join the effort to bring peer support to ED patients. If you would like additional support developing or implementing your ED peer program, we encourage you to reach out to other CSBs with existing programs or those near you for support. Leaders from across the state want you to know they are doing this work, here to help, and hope that you feel motivated to implement an ED peer program in your area.

For more information on any content in this guide, contact the OMNI team who compiled this document at SORSupport@omni.org, or Angela Weight, Recovery Services Coordinator for Virginia's State Opioid Grant, which sponsored the creation of this guide, at angela.weight@dbhds.virginia.gov.

What do CSB leaders want you to know?

CSB leadership offered many pieces of advice for CSBs considering implementing a program:

- "Do it! Embrace it!"
- "How can we not embrace a model that works and has trained professionals?"
- "In the SUD world there is a mentality that 'this is how we always did it', so be prepared to fight against this and put the effort in toward changing this thinking."
- "Be flexible and open-minded. Be different from the rest."
- "Talk to each other – CSBs that have done it can provide guidance for those who are looking to set these programs up."
- "Remember that building a program also means constantly working out kinks."
- "Hospitals need to partner with CSBs to help identify the gaps and work together."
- "Find the time – it's hard to find it and change itself is a roadblock."

Appendices

Appendix A: Emergency Department Peer Recovery Services Two-Pager Handout

This two-page document is a useful tool that outlines the peer supporter role and why it is beneficial in emergency departments. A copy of the document can also be found and downloaded at virginiasorsupport.org/peers.

Emergency Department Peer Recovery Services

What is a peer supporter?

Peer supporters, also referred to as peers or Peer Recovery Specialists (PRS), are **trained individuals** who provide recovery support based on their own **lived experienced of substance use and/or mental health disorder and recovery**. Peer supporters…

- **Engage** individuals in collaborative and caring relationships
- Provide **information about skills** related to health, wellness, and recovery
- **Share lived experiences** of recovery
- Help individuals **manage crises**
- Support **recovery planning**
- Support **collaboration** and teamwork
- **Link to resources**, services, and supports
- Promote leadership and **advocacy**

What is a peer supporter NOT?

Peer supporters offer a very specific service, so it is important to know what they can offer and what is **outside the scope of their role**. Common misconceptions incorrectly equate a peer supporter with a:

Untrained Volunteer

Counselor or Therapist

12-Step Program Sponsor

What are the levels of peer supporters?

Based on **experience, education, and training** peer supporters can achieve different title designations. Below are the three levels of peer support in Virginia and requirements to obtain them.

Peer Supporter or Peer Recovery Specialist	Certified Peer Recovery Specialist	Registered Peer Recovery Specialist
• **Successfully completed the Department of Behavioral Health and Developmental Services (DBHDS) 72-hour Peer Recovery Specialist (PRS) Training** • May be working toward requirements for certification and registration	• **Certified by the Virginia Certification Board** • Completed DBHDS 72-hour PRS Training • Completed 500 hours of supervised peer support work • Passed the IC & RC PRS Certification Exam	• **Registered with the Virginia Board of Counseling** • Must be a Certified PRS or have similar certification approved by DBHDS • **Eligible to bill services to Medicaid**

Emergency Department Peer Recovery Services

What are the benefits of peer support services?

Most published studies indicate that the implementation of peers promotes **positive outcomes for consumers of mental health and substance use recovery services**[1]. Peer support is associated with:

- Reduced inpatient service use
- Improved relationships with providers
- Increased engagement with healthcare and other services
- Higher levels of empowerment
- Reduced stigma associated with seeking and providing care
- Higher levels of hopefulness for recovery

Why should we bring peer support services into our ED?

Peer supporters **offer uniquely specialized contributions** for those in mental health or substance related crisis, including:

- **Rapport Building:** Because peers come with their own lived experiences, they can help build trust with patients that encourages engagement in other support services.
- **Bridging Treatment Gaps:** Peers can serve as a connection between hospitals and continued recovery care at a CSB by setting patients up with appointments and supports.
- **Reducing Stigma:** Peer supports can help educate hospital staff about recovery by sharing their experiences, offering trainings, and developing relationships with staff.
- **Trauma-Informed, Patient-Centered Support:** Peers are a particularly valuable resource for patients who feel judged, discriminated against, or unwelcome in medical settings.
- **Additional ED Supports:** Peers can assist case managers and social workers with discharge planning and provide warm hand-offs to CSB and community services.

How do I find out more about peer support services?

There are several documents that **share information about peer support and their contributions** in various setting. To access these resources or learn more, visit virginiasorsupport.org/peers or email SORSupport@omni.org.

Measuring Outcomes of Peer Recovery Support Services Literature Review

Peer Support Services Implementation Guides

Bridging the Care Gap: A Toolkit for Developing ED Peer Support Programs

[1] The OMNI Institute (2020). Measuring Outcomes of Peer Recovery Support Services. Submitted to Virginia Department of Behavioral Health and Developmental Services, Richmond, VA.

Appendix B: Sample Program Brochure

The following two pages are a sample program brochure from the PACE to Recovery program that Piedmont Community Services has established with Carilion Franklin Memorial Hospital and Sovah Health - Martinsville. The brochure was created by the Virginia Tech Virginia Tech Institute for Policy and Governance with funding support from the Virginia Higher Education Opioid Consortium. Thank you to these partners for sharing this example brochure.

WHAT IS PACE TO RECOVERY?

PACE to Recovery helps people who want to stop using substances. The program offers treatment, peer supports, and counseling for recovery from addiction.

PACE to Recovery is a program of Piedmont Community Services (PCS), Carilion Franklin Memorial Hospital, and Sovah Health - Martinsville.

FREQUENTLY ASKED QUESTIONS

Who does PCS serve?

Residents of the localities of Franklin County, Henry County, Patrick County, and the City of Martinsville at any of our three office locations.

What do I need to bring for my first visit?

- Health Insurance Card
- Verification of Income (current pay stubs, most recent W-2 form, assistance or retirement checks)
- Court Documentation (court orders for treatment, guardianship, Legal Custody Agreements)
- Current Medications or Medication List

What if I don't have insurance?

It is the policy of Piedmont Community Services to serve all local residents in need of assistance. We are obligated to collect the cost of treatment provided from third party payers and from individuals and families who are able to pay. No one will be denied services due to an inability to pay. Every effort will be made to set fees fairly and an appeals process is available if the assessed fees create a financial hardship.

PIEDMONT COMMUNITY SERVICES

Franklin County:
540-493-1535
Martinsville:
276-638-PEER (7337)

24 Clay Street
Martinsville, VA

30 Technology Drive
Rocky Mount, VA

22280 Jeb Stuart Hwy.
Stuart, VA

Monday - Friday
8:00 a.m. - 3:00 p.m.
(except holidays)

http://www.piedmontcsb.org/

A Program of Piedmont Community Services, Carilion Franklin Memorial Hospital, & Sovah Health - Martinsville

PACE TO RECOVERY

Connecting individuals with addiction to long-term treatment and recovery

PACE
PARTNERSHIP • ACCESS • CARE • EMPOWERMENT
to Recovery

HOW DO I START THE PACE TO RECOVERY PROCESS?

If you are seeking help for an addiction, you can begin the program **at any of these** points:

Hospital

Peer Navigator

Piedmont CSB

TREATMENT OPTIONS

Following screening and assessment, you may be eligible for:

- **Medication Assisted Treatment (MAT)**
- **Counseling**
  - Motivational Services
  - Assessment & Evaluation
  - Outpatient Therapy
- **Intensive Outpatient Treatment (IOP)**
  - Education about interrupting the cycle of addiction, strengthening recovery skills, preventing relapse
  - Group counseling
- **Office-Based Opioid Treatment (OBOT)**
  - MAT
  - Intensive Outpatient
  - Individual or group outpatient counseling
  - SUD Case Management Services
  - Peer Recovery Services: Patients can continue to work with Peer Navigators from PACE to Recovery

WHAT IS A PEER NAVIGATOR?

Peer navigators are trained to use their lived experience with recovery to help others recover from addiction.

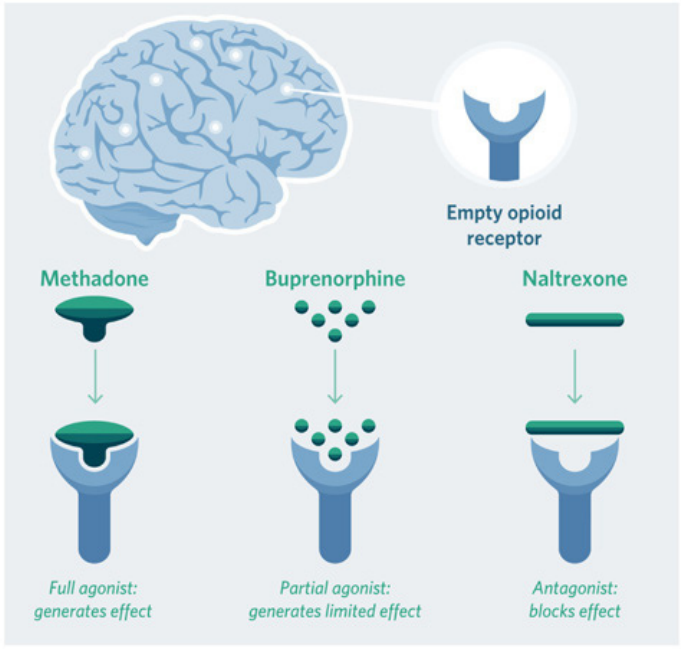
Peer navigators help patients to complete treatment, improve their mental health, and avoid future hospitalizations.

PCS Peer Navigators can also help you to fill MAT prescriptions and get enrolled in treatment.

Please call a PCS Peer Navigator today!

MEDICATION ASSISTED TREATMENT (MAT)

How OUD Medications Work in the Brain



Source: PCT, 2016

WHAT IS MAT?

Medication-assisted treatment (MAT) is an effective treatment for opioid abuse. Opioids are drugs like heroin or opiate prescription pain killers.

MAT involves the use of medications to prevent cravings and reduce the physical effects of quitting substances.

MAT can stabilize the path to recovery when combined with counseling and social supports.

Patients who use MAT have been able to:

- Increase their treatment and survival rates
- Decrease their illicit drug use and criminal activity
- Improve their employment outcomes
- Improve birth outcomes (for pregnant women)

Appendix C: Sample Memorandum of Understanding (MOU)

Please note that MOUs should include details specific to your partnership and program, so it is possible that the areas below will not apply. Thank you to Piedmont Community Services and Virginia Tech Institute for Policy and Governance for sharing this resource.

MEMORANDUM OF UNDERSTANDING –

THIS MEMORANDUM OF UNDERSTANDING (this "MOU") is by and between XXX and XXX (individually, each a "Party," or collectively, the "Parties"). This MOU shall be effective as of XXX 2020 (the "Effective Date").

Purpose:

The XXX Program is a partnership between XXX CSB and the hospitals operating in XXX CSB's service region, XXX Hospital. The program has been established in response to the ongoing opioid and addiction crisis, which continues to disproportionately impact the XXX region with high rates of overdose and addiction-related health conditions. Community engagement processes enabled through XXX have identified connecting detox services to ongoing opioid use disorder ("OUD") and substance use disorder ("SUD") treatments as a top priority for regional capacity building.

The XXX Program is based on an innovative and successful program, XXX developed and operated at XXX in coordination with XXX hospital and XXX office-based treatment programs. Funding to support implementation and operation of the program is provided through the XXX agency through XXX grant funds.

Pursuant to the stated purposes of this MOU, the Parties entering into this MOU agree to fulfill the responsibilities herein.

Responsibilities of Hospital:

1. Establish and maintain this MOU for coordination of services.

2. Provide trained/waivered/certified provider staff consisting of ED physicians and advanced care practitioners.

3. Provide education and training for XXX Hospital Nursing staff.

4. Provide necessary access and training in the use of XXX's electronic medical record for XXX CSB staff directly providing services under this MOU.

5. Work collaboratively with XXX CSB leadership to provide and facilitate a safe and less traumatic experience for persons utilizing the services offered in this MOU.

6. All patients presenting to XXX ED will be registered as XXX ED patients. All patients will be medically screened and stabilized in accordance with the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA).

    a. XXX Hospital will maintain all responsibility for providing medical screening exams, stabilizing treatment and transfer and discharge planning for XXX Hospital ED patients as required by law, including but not limited to, EMTALA.

    b. Once registered as a XXX Hospital patient, assessed, and treated as necessary, the patient will be discharged according to XXX Hospital discharge policy.

7. Maintain commercially reasonable general liability insurance coverage for its employees, agents, and/or representatives.

    a. Notwithstanding anything to the contrary in this MOU, all Parties hereto are liable for the actions of their own employees, agents, and/or representatives, and all Parties shall maintain appropriate general liability insurance coverage, as well as other applicable insurance coverage, for their employees, agents and/or representatives.

    b. Nothing in this MOU shifts responsibility to XXX Hospital for the actions of any other Party's employees, agents and/or representatives.

Responsibilities of XXX CSB:

1. Receive and administer state and other funds related to the XXX Program.

2. Oversee all administrative duties related to disbursing the necessary funds to properly operate the XXX Program.

3. Provide XXX CSB clinical staff (peer navigators and counselors) during its hours of operation.

4. Provide professional liability insurance for all XXX CSB employees covering all mental health services rendered by any XXX employee, with coverage amounts not less than the maximum amount recoverable from a health care provider for any injury to, or death of, a patient resulting from a malpractice action as specified under Section 8.01-581.15 of the Code of Virginia, as amended, or any successor statute thereto per occurrence and three (3) times the maximum amount set forth above in the aggregate.

5. Provide worker's compensation insurance covering all XXX CSB employees who provide services at XXX in an amount not less than that required by the Commonwealth of Virginia.

6. Provide general liability insurance for all XXX CSB employees providing services at XXX CSB in not less than the following amounts, on an occurrence basis (or such higher coverage as may be required by law): $1 million per occurrence/$2 million annual aggregate.

7. Work collaboratively with XXX Hospital to help facilitate a more comfortable and less traumatic experience for persons requiring a TDO assessment.

8. Identify training needs and arrange for experts and materials for patients and XXX Hospital emergency department staff.

9. Hire a coordinator to oversee the XXX Program.

10. Hire peer recovery specialists to provide counseling services.

11. Provide outreach and awareness for patients, providers, hospital staff and the community.

12. Provide general XXX Program support as necessary.

13. Implement reasonable systems to provide data management for the XXX Program.

Term, Modification, and Termination:

This MOU will become effective upon the latest signature date set forth below, and will be reviewed annually by the Parties and modified as required upon their mutual agreement. This MOU shall remain in effect for two (2) years and shall automatically renew for up to two (2) additional, successive one (1) year terms, unless earlier terminated as provided in this MOU.

This MOU shall not be modified without unanimous agreement of all the Parties hereto and with ninety (90) days' written notice prior to such modification taking effect, unless otherwise mutually agreed to by the Parties.

Any Party to this MOU may terminate its participation without cause by providing thirty (30) days' prior written notice of termination to all other signatories.

If a Party to this MOU determines that any provision of this MOU conflicts with any applicable state or federal law or regulation, that Party shall provide written notification of such conflict to all other Parties to this MOU. Upon receiving such written notification, all Parties agree to cooperatively discuss potential modifications to the MOU that will resolve such conflict with state or federal law or regulation. The Parties will put any such agreed upon modification into writing, and such modification will become effective immediately. If the Parties are unable to reach agreement on an acceptable modification within fifteen (15) business days of receiving such notice or, if during such discussions, they determine that no modification can resolve the conflict, this MOU shall automatically terminate at the end of the fifteen (15) business day period, unless otherwise agreed to by the Parties.

Compliance with Applicable Laws:

The Parties to this MOU shall comply with all federal, state, and local statutes, ordinances, regulations, and guidelines now in effect or hereafter adopted, in the performance of the description of services set forth herein.

Protected Health Information & HIPAA Requirements:

The Parties agree that, during the provision of services under this MOU, the Parties may have access to information which constitutes Protected Health Information (as defined below). Accordingly, to the extent applicable, the Parties and their employees, officers and directors agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. g 1320d (HIPAA) and the American Recovery and Reinvestment Act of 2009 (ARRA), Title XIII of ARRA, the Health information Technology for Economic and Clinical Health Act (HITECH Act) Subtitle D, and any current and future regulations promulgated thereunder, including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the Federal Privacy Regulations), the federal security standards contained in 45 C.F.R. Part 142 (the Federal Security Regulations), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements." The Parties agree not to use or further disclose any Protected Health Information (as defined in 45 C.F.R. Section 164.501) or Individually Identifiable Health Information (as defined in 42 U.S.C. Section I320d), other than as permitted by the HIPAA Requirements. The Parties will make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

Confidential Information:

a. In connection with this MOU, each Party may access or encounter certain confidential, proprietary or non-public information of the other Party or its Affiliates, which may include without limitation trade secrets, customer or patient lists, business and marketing plans, financial information and projections, pricing or costs of products or services, business partners, product handling strategies, agreements and business terms with suppliers, customers, providers of services and other contracted entities, medical records and other patient related information, technology plans and designs, trademarks and logo designs, software or computer applications, and research (collectively referred to herein as the "Confidential Information"). Confidential Information also includes all reports, copies, analyses, notes, or other information based on, containing, or reflecting any Confidential Information, and any information described above disclosed by or related to each Party's Affiliates. For the purpose of this Agreement, "Affiliate" shall mean a Party controlling, controlled by or under common control with either Party hereto.

b. The Parties agree that they (i) shall not use each other's Confidential Information for any purpose other than the performance of this MOU, (ii) shall keep the

Confidential Information confidential, and (iii) shall not use each other's Confidential Information in any way detrimental to the other Party. Without limiting the foregoing, the Parties agree not to use each other's Confidential Information to engage in any business or activity in competition with the other (or in determining whether to do so).

c. The Parties agree not to disclose Confidential Information of any other Party to any third-party, except that each Party may disclose Confidential Information to its officers, directors, employees, and agents, and such officers, directors, employees and agents of its Affiliates (collectively, "Representatives") to the extent necessary to permit them to provide the services described in this MOU, provided that each such Representative is informed as to the confidential nature of such information and required to be bound by the terms of this section to the same extent as the Parties hereto. Each Party shall be responsible for any breach of this Agreement by any of its Representatives.

d. The Party receiving Confidential Information shall not be required to maintain the confidentiality of those portions of the Confidential Information that:

    i. become generally available to the public, other than as a result of a disclosure by, or any other action or inaction by the receiving Party or any of its Representatives,

    ii. was in the possession of the receiving Party prior to receiving it from the disclosing Party or any of its Representatives (as can be demonstrated by files and records in existence prior to such date), or

    iii. becomes available to the receiving Party on a non-confidential basis from a source other than the disclosing Party or any of its Representatives.

e. The Parties agree to take all reasonable measures to protect the secrecy of and avoid disclosure or use of each other's Confidential Information in order to prevent said Confidential Information from falling into the public domain or the possession of persons not authorized by this Agreement to have the Confidential Information. The Parties agree to provide prompt notification in writing of any misuse or misappropriation of any Confidential Information of which a Party becomes aware.

Independent Contractors:

It is of the essence of this MOU that each Party will be acting and performing services hereunder at all times and for all purposes only pursuant to this MOU and not as an employee or agent of the other. Except as expressly stated to the contrary in this MOU, no Party will have nor exercise any specific control or direction over the particular manner or methods by which another Party

will perform its obligations according to the terms and conditions of this MOU. It is expressly understood that each Party will be responsible for and have control over its own employees, agents, representatives, and subcontractors.

Miscellaneous Provisions:

1. **Entire Agreement**. This MOU contains the entire agreement of the Parties hereto and supersedes all prior agreements, whether written or otherwise, between the Parties relating to the subject matter hereof. This MOU may not be amended or modified except by a writing signed by both Parties and identified as an amendment to this MOU.

2. **Governing Law**. This MOU shall be interpreted and construed pursuant to and in accordance with the laws of the Commonwealth of Virginia.

3. **Counterparts; Facsimile**. This MOU may be executed in several counterparts, and all counterparts so executed shall constitute one MOU, notwithstanding the fact that all Parties have not signed the original or the same counterpart. The facsimile signature of any Party to this MOU or a PDF copy of the signature of any Party to this MOU, whether delivered by e-mail, mail, or personal delivery, for purposes of execution, is to be considered to have the same effect as the delivery of an original signature on an original document.

4. **Assignment**. No Party may assign its responsibilities under this MOU without the specific written consent of all other Parties.

No Third-Party Beneficiaries:

The Parties hereto specifically acknowledge and agree that this MOU governs and applies only to the relationship between the Parties. Except as otherwise specifically provided, this MOU is not intended and shall not be construed to confer upon or to give any person, other than the Parties hereto, any rights or remedies.

Agreement:

The signatories to this MOU represent that they are duly authorized to execute this MOU on behalf of the Party for whom they sign, that they have read this MOU in its entirety, understand its contents, and agree to the terms herein in their entirety as of the date set forth below:

XXX HOSPITAL:
Signature: _____ Date: _____
Name
Title

XXX CSB:
Signature: _____ Date: _____
Name
Title