INNOVATIVE PRE-ARREST DIVERSION STRATEGIES:

USING HOSPITALS AS SERVICE ENTRY POINTS FOR PEOPLE WITH ADDICTION

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INTRODUCTION

Many communities are switching gears in how they respond to people at risk of arrest related to drug use or mental illness. These communities are establishing initiatives that divert people away from arrest and incarceration and instead to comprehensive health and social services. There is no "one-size-fits-all" program that will best serve this population in varying localities across the country. Communities have been innovative in their approaches to pre-arrest diversion, some using law enforcement as the point of entry, while others have used clinicians and outreach workers trained in crisis management.

Individuals with problematic drug and alcohol use and/or mental illness experience high rates of arrest and incarceration, often cycling in and out of jails and emergency departments (EDs). Various types of interventions that address their health issues will likely see a reduction in jail and ED admission rates. This case study focuses on hospital EDs, as alternatives to police contact, as the point of entry for individuals to access substance use, mental health, and other services and supports along the continuum essential to effective diversion. These programs were selected because they can exist as stand-alone entities or be incorporated into larger, comprehensive diversion programs. They successfully embody the "meet people where they are" approach, opening new doors to accessing services and ensuring that no door is the wrong one. The models discussed may be best suited to different communities, based on factors such as geographic location, interested stakeholders, budget and service capacity.

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Project ASSERT

At Boston Medical Center (BMC), a large urban hospital with a history of innovation, a team of peer educators called Project ASSERT (Alcohol & Substance Abuse Services, Education, and Referral to Treatment) performs "in-reach" services to individuals in the emergency department. Formally known as "health promotion advocates" (HPAs), the peer educators who are state-licensed alcohol and drug counselors collaborate and consult with hospital staff to offer screening/assessments, brief intervention and referrals to treatment (SBIRT), as well as information and health resources to individuals receiving care.

Patients are referred to Project ASSERT by ED staff members including nurses, physicians, midlevel practitioners, security personnel and social workers based on their reason for arriving at the ED or a medical condition related to unhealthy alcohol or drug use. Sometimes individuals come to the ED after being released from incarceration and are concerned about overdose, given the elevated level of risk for overdose post-release. Often patients drop by the Project ASSERT office for help in getting placed in treatment or access to medication for addiction treatment.

The intervention provides comprehensive care by putting substance use disorders in the context of patients' other health and safety needs. This model stands out because of its capacity to handle a high volume of patients coming in with problematic substance use, which can make it particularly attractive for hospitals in urban communities.

KEY ELEMENTS:

- ✓ ED staff members refer patients to Project ASSERT
- ✓ Peer educators conduct assessments and referrals to services
- ✓ Substance use disorders are put in the context of patients' other health and safety needs
- ✓ Follows a non-judgmental harm reduction approach
- ✓ Evaluated as evidenced-based
- ✓ Can handle high patient volume

HPAs pride themselves on affirming the dignity of patients, as well as their cultural backgrounds, beliefs and values by establishing a relationship based on emotional support and advocacy. Some, but not all, HPAs are individuals in recovery. Through a nonjudgmental conversation, HPAs offer patients an opportunity to discuss making changes in their lives and connecting to health and social services. For individuals with risky alcohol or drug use, this motivational interviewing conversation, called a Brief Negotiated Interview (BNI), helps them explore how ready they are and reasons to make changes. HPAs assist them in developing a behavior change action plan and navigating the treatment system and other aspects of the continuum of services, such as selecting a primary care doctor, finding a suitable detoxification program, connecting to syringe access programs, obtaining shelter and providing care to prevent opioid overdose including distribution of naloxone rescue kits to patients. From 2010 to 2016, Project ASSERT staff and ED physicians distributed 1,215 naloxone rescue kits to patients and their social networks.

"WE PROVIDE UNCONDITIONAL SERVICE, WE ARE HERE TO SERVE AND ARE IN THE LIFE-SAVING BUSINESS."

The mantra of HPAs is, "We provide unconditional service, we are here to serve and are in the life-saving business."

On average, the face-to-face component of Project ASSERT is delivered in 15 minutes, although more time may be needed

depending on the severity of the individual's substance use disorder and associated referral needs. The conversation is typically completed during the course of medical care while the patient is waiting for the doctor, laboratory results or medications. The conversation may be continued in the HPAs' office if more time is needed for referral and placement in acute care/detoxification program or medication therapy.

From 1993 to 1997, Project ASSERT was funded through a SAMHSA Critical Populations Demonstration grant of $1,400,000. Since 1998, it has been funded by BMC as part of the nursing budget at approximately $300,000 per year.

PROVEN EFFECTIVE IN REDUCING SEVERITY AND FREQUENCY OF SUBSTANCE MISUSE, CONNECTING INDIVIDUALS WITH TREATMENT SERVICES AND RECEIVING POSITIVE PARTICIPANT FEEDBACK.

Project ASSERT at BMC has served more than 80,000 patients since its initiation. In 1999, the intervention was adopted and implemented at Yale-New Haven Hospital and has since spread to more than 30 sites in Connecticut, Massachusetts, Michigan, Alaska, Alabama, California and New York. Across the sites, more than 500,000 individuals have been screened for alcohol and drug use, and approximately 125,000 participants have received the brief motivational intervention, with at least 25,000 individuals being referred to treatment through Project ASSERT. It has been rigorously evaluated and proven effective in reducing severity and frequency of substance misuse, connecting individuals with treatment services and receiving positive participant feedback. Project ASSERT's successes secured the intervention recognition in SAMHSA's National Registry of Evidence-Based Programs and Practices and, since 1998, program leaders have provided consulting services in dissemination of the program.

The Rosenthal Family Foundation recognized Project ASSERT through a 2018 Richard and Hinda Rosenthal Award, given to organizations whose "original approach in the delivery of health care …will increase its clinical and/or economic effectiveness."

According to staff at the BNI-ART Institute, which provides training and technical assistance on the Project ASSERT model, BMC nurses and physicians have often stated that they could not do their jobs without the program due to the incredibly high numbers of individuals who come into the ED with substance use disorders. The greatest strength of the program lies in the HPAs who are from the area, know the resources and are able to establish rapport with individuals seeking help. Taking a nonjudgmental harm reduction approach — such as telling individuals it is understandable if they relapse and come back for additional services — sets the tone for this trusting relationship. Project ASSERT pays particular attention to a number of social determinants of health, particularly providing transportation, referrals to the hospital food pantry and housing access. However, there is a significant start-up cost in hiring and training HPAs. Essential to the success of the program is a champion and team supported by the hospital administration who lead the effort and coordinate the multiple components, including documentation, evaluation and training.

AnchorED

AnchorED operates in Rhode Island emergency departments (ED), connecting people who have survived an overdose to recovery and treatment services delivered by certified peer recovery specialists. This program was built on the foundation of Anchor Recovery Community Centers, under the greater umbrella of The Providence Center. Anchor Recovery Centers, well known in Rhode Island, serve individuals living in recovery from substance use disorders by emphasizing peer recovery support models that help participants succeed in discovering and maintaining recovery in their own way. AnchorED staff believe it is critical to enhance the existing recovery support and treatment network, to enable overdose survivors to get the help they need to develop recovery capital. Recovery specialists also demonstrate the living example that recovery works, promoting hope that recovery is possible for overdose survivors they meet.

KEY ELEMENTS:

- ✓ Recovery specialists on call to EDs connect overdose survivors to treatment and recovery services
- ✓ Peer recovery support model, working with individuals to identify goals and barriers, guiding them in making their own decisions about treatment and recovery
- ✓ Continuing connection to Anchor recovery centers and other peer specialist models

The AnchorED program started in June 2014 on weekends with recovery specialists in two hospitals. Since September 2015, the program has run 24/7 in the state's 12 hospital emergency departments. Currently, AnchorED employs 26 recovery specialists or recovery coaches. While in the ED, overdose survivors are asked if they would be willing to meet with a recovery coach and may accept or decline the offer. Sometimes, recovery specialists are called and then declined on-site. Although AnchorED was designed as a response to opioid overdoses, many hospitals call the program to respond to individuals who are experiencing crises due to other substances.

Anchor recovery specialists employ a peer recovery support model, working with individuals to identify their goals and barriers, and helping guide them in decision making about treatment and recovery options. Recovery specialists offer links to inpatient and outpatient substance use disorder treatment, including detoxification, medication assisted treatment (MAT) and residential treatment. Other referrals include recovery support services, crisis stabilization, 12-step meetings and community-led support groups (e.g. LGBTQ groups, grief counseling). Recovery specialists connect individuals with health insurance (although the majority are already insured), primary care and integrated health home teams. Understanding that recovery is frequently a long and winding pathway, recovery specialists provide education on overdose prevention and naloxone administration to survivors and their families.

Recovery specialists also connect individuals to housing, homeless assistance programs, employment assistance programs and job training. Recovery specialists can offer connections to legal services; however the program is not connected with law enforcement.

Recovery specialists and other staff at Anchor follow up regularly with individuals who have accepted coaching, acting as "resource brokers" who facilitate connections to desired services. In this way, the Anchor Recovery Community Center acts as a home base or hub for people seeking services. For stability, AnchorED tries to keep each individual with the recovery specialist they met in the ED, unless the person prefers someone else (e.g. bilingual, different gender).

PARTICIPANTS AND HOSPITAL STAFF SAID AnchorED HAS SPARKED A CULTURE SHIFT WITHIN THE STATE'S EMERGENCY DEPARTMENTS.

AnchorED is funded by the RI Department of Behavioral Health, Developmental Disabilities, and Hospitals (BHDDH). The larger Anchor Recovery Community Center program receives support from BHDDH, the RI Department of Health and private donors. A number of the major Rhode Island insurers reimburse Anchor for recovery coaching services provided. The AnchorED program, which deploys the 26 recovery specialists to RI's 12 emergency departments, costs approximately $600,000 a year.

In 2016, AnchorED responded to 1392 calls with an average response time of 28 minutes to reach the hospital. Of survivors engaged, 86.8% of them accepted referrals to treatment and recovery providers. During the first three fiscal quarters (2016-17), 68% of the survivors met were men and 31% were women, and ages ranged from 17 – 81 years of age. Of the people met, 67% were not already engaged in treatment for substance addiction, demonstrating AnchorED's extended reach to those in need of services in RI communities.

Prior to AnchorED, overdose survivors were medically stabilized and discharged from the ED and not routinely referred to treatment or recovery support services. AnchorED recognized this gap as a missed opportunity for intervention and mobilized to fill the gap.

Participants and hospital staff said AnchorED has sparked a culture shift within the state's emergency departments. They point to the acceptance of addiction as a public health issue and the reduction of stigma associated with substance addiction. AnchorED's model can be tailored to the needs and budget of a particular jurisdiction. One of AnchorED's particular strengths lies in its ability to dispatch recovery specialists to every hospital in the state, due to the small size of Rhode Island. Other states are experimenting with ways to dispatch peer coaches to their EDs, among them New York, New Jersey, Wisconsin, Maryland, Pennsylvania, Massachusetts, Delaware, New Hampshire, and Connecticut; these programs vary in size and scope. The National Governors Association has also come out in favor of expanding the use of recovery coaches in hospital emergency departments.

CONCLUSION

There is a growing body of evidence for using hospital emergency departments as an intervention point for people with substance use disorders. Recognizing the missed opportunity of discharging someone from the hospital without offering referrals to treatment or other wrap-around services, these programs are sorely needed. These programs move away from approaches that consider recurrence of addiction symptoms to be a failure, instead aiming to reduce harm and always keeping their doors open for individuals to return as often as they need.

RECOMMENDATIONS:

- ✓ Use a "meeting people where they're at" approach
- ✓ Consider non-law enforcement points of entry, such as hospitals, particularly in areas where there is tension between police and the local community
- ✓ Build community partnerships to increase networks of services
- ✓ Employ a peer-to-peer support model of recovery

CONTACTS

The programs discussed in this resource are open to sharing lessons learned from development and implementation; they can be reached through the contacts below.

- AnchorED — George O'Toole, Gotoole@provctr.org
- Providence Center — Holly Fitting, hfitting@provctr.org
- Project ASSERT — Edward Bernstein ebernste@bu.edu

RESOURCES

- FY 2016/2017 – Rhode Island state behavioral health assessment and plan. [Includes information on AnchorED and the 'RESPECT" contract]
- Project ASSERT Case Study from the American Hospital Association [Released October 2017 in Hospitals & Health Networks Magazine]
- NREPP — Project ASSERT. [Contains information on formal evaluation, readiness for dissemination, cost, replication, etc.]