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Peer Recovery Services in Hospital Emergency Departments Cuyahoga County, Ohio September 1, 2019-August 31, 2021

Data Brief on Peer Recovery Services in Hospital Emergency Departments in Cuyahoga County, Ohio

Background

Thrive Peer Recovery Services (Thrive) and The Woodrow Project (Woodrow) provide evidence-based peer recovery services to individuals presenting with overdose, opioid use disorder (OUD), or substance use disorder (SUD) in many Cuyahoga County emergency departments (ED). Peer recovery supporters (PRS) are individuals with lived experience of substance use, who use that knowledge to help people in need to engage and connect with treatment and other medical/social services. To become a PRS in Ohio, individuals complete the integrated PRS training and certification program coordinated by the Ohio Mental Health and Addiction Services.¹

As part of the Cuyahoga County Overdose Data to Action (OD2A) Initiative (#5-NU17CE925005), the Begun Center for Violence Prevention Research and Education (Begun Center) evaluates the current efforts of these two agencies as well as efforts to expand their services to assist more individuals in need of treatment services and link them to care. To examine how partner agencies facilitate linkage to treatment, the Begun Center collects data on the number of individuals the agencies *encounter*, how many *engage* in discussions about treatment, the number of *referrals* for treatment, and the number of individuals *linked* to treatment. For Peer Recovery Services, the evaluation examines how the expansion of PRS in local hospital EDs increases the ability to engage and link clients to treatment. It is important to note that not all individuals encountered will be referred or linked to treatment due to a variety of reasons. When possible, partner agencies gather additional data regarding reasons and/or barriers for not linking with treatment.

Originally, the OD2A Initiative supported Thrive peer recovery services in St. Vincent Charity Medical Center, and in subsequent years provided additional funding for services in two outpatient settings at MetroHealth Parma and MetroHealth Broadway. Thrive PRS connect directly with individuals (or their family/ friends) who present in the ED with a behavioral health diagnosis (particularly OUD) to ensure awareness of and connection to treatment and other medical and/or social services in the community. When peer support is required, Thrive on-call staff is notified and arrives at the ED within 30 minutes to meet with the client.

¹ Information on the certification process is available at <https://mha.ohio.gov/community-partners/peer-supporters/40-hour-peer-recovery-supporter-training/certification-of-peer-recovery-supporter>

Woodrow uses a PRS on-call model called Project SOAR (Supporting Opiate Addiction and Recovery), providing services in the Cleveland Clinic Lakewood and Lutheran Hospital EDs. Individuals presenting to these EDs are connected directly with PRS once they agree to speak to Woodrow staff.

Key Data Points

- Thrive and Woodrow, from September 2019-August 2021, engaged 1206 clients presenting at the EDs regarding peer recovery services.
- The majority of the clients were non-Hispanic (89%), white (69%), and male (68%), with an average age of 39 years.
- 85% of the clients engaged with PRS were referred to treatment services.
- 76% of the clients referred to treatment were linked to treatment services.
- The most common treatment services utilized were detoxification, inpatient treatment, and outpatient treatment.
- The most common reason for not linking with treatment services was the client's reluctance to participate at the time of encounter at the ED.

Demographics of the Clients

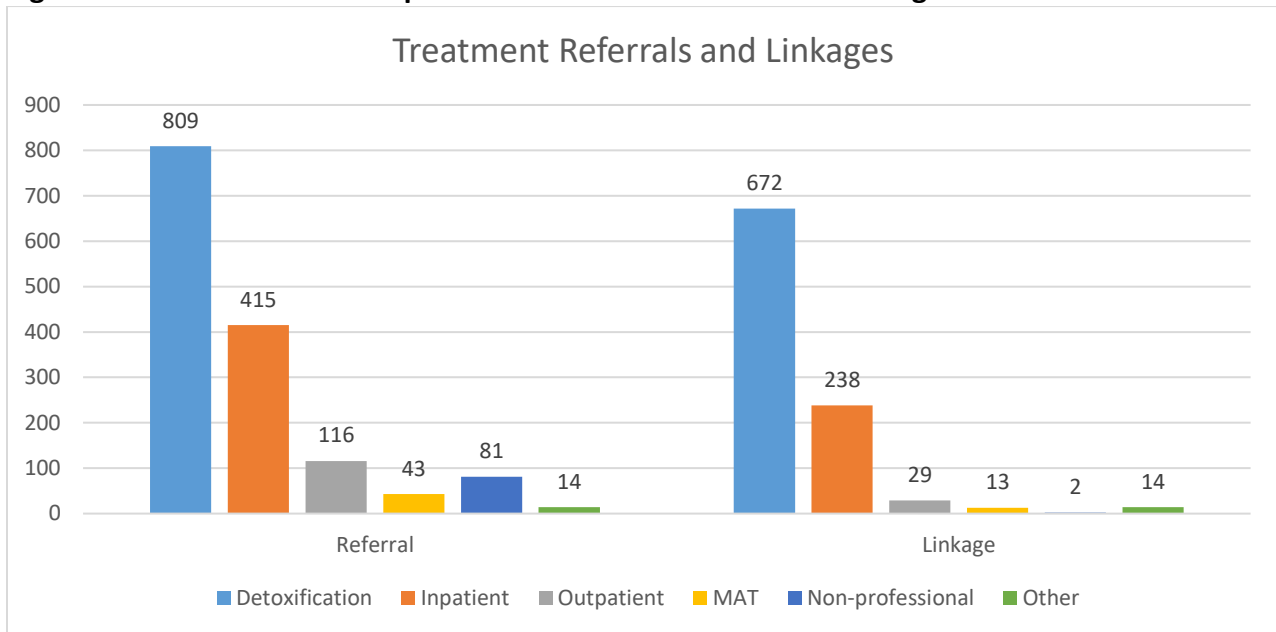
The available demographic information of those individuals who agreed to speak with a PRS revealed the average age of the clients to be 39 years. The majority of the clients were males (68%) and 32% were females. A small percentage of the clients identified as Hispanic (11%). Most clients' self-identified race was white, comprising 69% of the total clients followed by 30% Black/African American and 1% identifying as other races. Homelessness was reported by 16% of the clients at the time of their encounter at the ED.

Referrals and Linkage to Care

Of the 1206 clients engaged by the PRS in the EDs, 1029 (85%) clients were referred to treatment services, and 787 were linked to treatment, an overall success rate of 76%. Many clients were referred to more than one service. Detoxification was by far the most referred treatment service (55%), followed by inpatient treatment (28%) and outpatient treatment (8%). Similarly, most clients were linked with detoxification services (69%), followed by inpatient (24%) and outpatient treatment (3%) (Figure1).

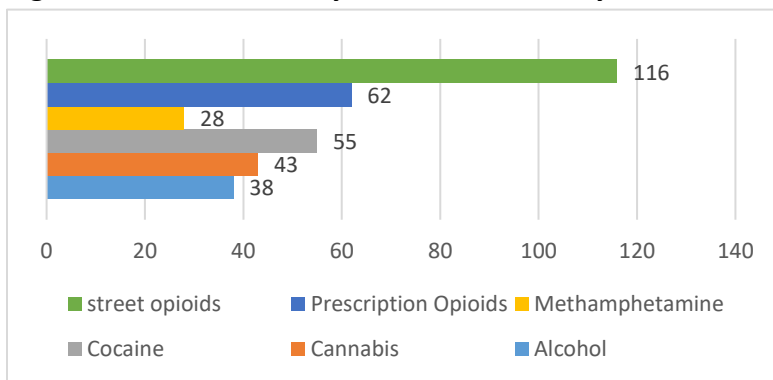
In addition to treatment services, Thrive recorded referrals for clients engaged with their PRS (n=871) to other services. The most frequently referred other services were community peer support (n=791, 92%), housing/shelter (n=33, 4%), and Electronic Benefit Transfer cards (EBT) / Temporary Assistance for Needy Families (TANF) for recipients of public assistance (n=24, 3%).

Figure 1: Treatment Referrals provided to the Clients and their Linkage to Care



Woodrow also collected additional information from clients, including their past substance use and overdose experience in Year Two of the evaluation. Over 99% of Woodrow clients (157 out of 158) reported using alcohol and/or drugs (either prescription or non-prescription) in the past 30 days (Figure 2).

Figure 2: Most commonly used substances by Woodrow Year2 Clients in the past 30 Days



Commonly misused prescription opioids were fentanyl (58%, n= 36), oxycodone (32%, n=20), buprenorphine (23%, n=14), and hydrocodone (5%, n=3).² Of the 158 clients encountered by Woodrow PRS, 40% (n=64) reported that they had never

experienced an overdose and 53% (n=84) never visited the ED to treat an overdose.³ The most commonly reported locations where clients experienced an overdose were someone else's house or a public place. About half of the clients (49%, n=78) did not receive naloxone for overdose.

² Clients could give multiple responses to this question.

³ The agencies provide peer support to clients presenting at the ED with overdose, OUD, or SUD.

Barriers to treatment

For those clients who were unable to link with services, information was gathered regarding barriers. From the available data, reluctance to participate at the time of encounter was the most commonly identified barrier (33%), followed by unavailability of beds (11%), health insurance or ID-related issues (6%), and inability to link because of other health-related hospitalizations (5%).

Ongoing Efforts

In Year Three of the OD2A Initiative, Thrive and Woodrow will be providing additional harm reduction services.

1. Woodrow will be expanding Project SOAR with the addition of a Patient Navigator to assist clients with activities that promote recovery and independence.
2. Thrive is developing a workforce program to support individuals who are interested in becoming PRS.
3. Thrive will also be providing peer support to first responders and frontline workers (ED staff, social workers, treatment providers) through the creation of a warm line. Through the warm line, first responders and workers will receive assistance in identifying coping mechanisms and tools that can help alleviate signs and symptoms of stress, vicarious trauma, and Post Traumatic Stress Disorder (PTSD).

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