

No Wrong Door: Expanding OUD/SUD/COD Treatment Access via Peer Support in the St. Peter's Health ED

2024 Montana Opioid Abatement Trust Grants - 3rd Quarter

St. Peter's Health Foundation

Stephen Mason
2475 E Broadway Street
Helena, MT 59405

nesmith@sphealth.org
O: 406-444-2370
M: 406-461-3983

Nova Smith

2475 E Broadway Street
Helena, MT 59405

nesmith@sphealth.org
O: 406-457-4167

Application Form

Region Selection

To collaborate with someone else on this request, click the blue "Collaborate" button in the top-right corner.

Project Name*

No Wrong Door: Expanding OUD/SUD/COD Treatment Access via Peer Support in the St. Peter's Health ED

Select Abatement Region and/or Metro Region*

Select the Multi-County Abatement Region **and/or** the Metro Region you are requesting grant funds from. Select all regions that apply, for example if you are collaborating with multiple Counties **and/or** Abatement Regions select each region the program/project will serve. Click [HERE](#) for a detailed map of Multi-County Abatement Regions and Metro Abatement Regions

Lewis & Clark County

Application Overview

About the Organization/Program*

Give a brief description of the Organization/Program/Project. Include the mission statement and the services provided.

St. Peter's Health (SPH) is an independent, rural health system in Helena serving Lewis and Clark, Broadwater, Jefferson, Meagher, and Powell counties with general, speciality, and emergency health care services. SPH's mission is to improve the health, wellness, and quality of life for the people and communities we serve and our vision is to be the Gold Standard for healthcare in Montana. SPH leads many community-based programs serving individuals with OUD, SUD, and CODs. Our Frequent Users Systems Engagement (FUSE) program has resulted in tremendous results as it provides community-based interventions led by Community Health Workers (CHWs) to those experiencing housing insecurity and/or homelessness who are high utilizers of emergency services (medical, justice), and often have a OUD, SUD, or COD. The proposed "No Wrong Door" program is a community-based initiative aimed at expanding access to treatment for OUD, SUD, and COD in Lewis and Clark County through peer support specialist coverage in the SPH emergency department (ED) and access to peer support vehicles. Peer support isn't new to our community, but it is to SPH and the ED where many individuals seek help for these conditions, with 1,687 visits related to OUD/SUD/COD in FY 2024. By positioning peer supports in the ED, we ensure patients have access to immediate help when they are most ready for it. The program mirrors the success of the CHW model in the FUSE program, ensuring patients receive the right resources at the right time, ultimately benefiting both individuals and the community. The grant funding would provide the seed money to launch this program and allow us to achieve sustainability through billing for peer support once the program is established.

What category does the program fit into*

Check the category/categories the program fits into. You may select more than one option.

Click [HERE](#) for a list of approved opioid remediation uses

Prevention
Treatment
Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

A. NALOXENE/OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

B. SUPPORT PEOPLE IN TREATMENT & RECOVERY
C. CONNECTIONS TO CARE
K. TRAINING

How does the program meet the Opioid Remediation Guidelines*

In detail, describe how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

Please be specific

Schedule A (A): We will distribute Narcan kits to patients being discharged from the ED who are at risk for opioid overdose, and SPH EMS will leave behind kits at the scene of opioid-related incidents to increase distribution of naloxone to individuals at risk of overdose. This proactive approach ensures patients and their families have immediate access to life-saving interventions.

(E): Peer specialists will be available during peak times in the ED to provide warm hand-offs to addiction medicine and recovery services. They will facilitate smooth transitions for patients into ongoing care by providing navigation and support post-discharge, expanding warm hand-off services to recovery services, ensuring continuity of care.

Schedule B (B): Peer specialists will assist in connecting patients to ongoing treatment and recovery services, including transportation to appointments, follow-up care, and ensuring comprehensive recovery plans are in place. This approach provides full continuum of care, including peer support, counseling, and access to recovery housing and other supportive services.

C: The program ensures that patients leaving the ED are connected to care, including MAT and behavioral health (BH) services, by utilizing peer specialists. These connections help bridge the gap between emergency intervention and long-term recovery services, ensuring that providers screen for OUD and connect patients to appropriate treatment services.

K: All master-level BH clinicians will receive training in conducting chemical dependency (CD) evaluations, ensuring we are eliminating barriers to obtaining these critical assessments, which in turn removes obstacles

to accessing necessary treatment. Patients can receive CD evaluations directly within SPH, ensuring streamlined care and faster access to treatment, limiting need for external referrals. This integration helps patients connect with care they need more efficiently, supporting their recovery journey without delays.

New Program or Existing*

Is the funding intended for a new program or to expand an existing program?

A new program for your region.

Fiscal Information

Requested Amount*

\$250,051.00

Program Budget*

How will the funds be allocated? Attach a detailed line item budget breakdown for the program. If the funds are intended for a multi-year program please specify the amount budgeted for each year.

Program Budget.pdf

Multi-Region funding

If funding is being requested from multiple abatement regions attach a detailed breakdown of amount requested from each region.

Multi-Region approval/denial

Does the application need to be approved by all regions to effectively accomplish it's goals?

No

Source of Funding*

Does the program currently receive funding from another source? If yes, please explain in detail. (i.e. amount, funding source, etc.)

Grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. The money is **NOT** meant to replace or supplant existing funding.

The program does not currently receive funding from another source.

Do you have a Fiscal Agent*

No

Multi-Region request funding additional information

Regional Funding

Please explain in detail the effectiveness of the program, for each region, if not every region approves the application.

N/A

Program Abstract

Program Description*

Describe the objectives of this project. Provide a detailed overview of the program, including its purpose, priorities & objectives, and intended results.

The "No Wrong Door" program is a community-based initiative expanding access to treatment for OUD, SUD, and COD in Lewis & Clark County. By providing peer support specialists in the SPH ED, it ensures patients are immediately connected to addiction medicine and recovery services at a critical moment. While peer support is not new to the community, it is new to the SPH ED, which saw 1,687 visits related to these conditions in FY 2024. Modeled after the success of the CHW approach in the FUSE program, this timely intervention aims to reduce overdose deaths and improve recovery outcomes for individuals and the community.

Priorities:

1. Warm Hand-Offs: Peer support specialists will guide patients from the ED to addiction medicine or recovery services, ensuring seamless transitions to ongoing care, & eliminating barriers to care.
2. Naloxone Distribution: Narcan kits will be provided to patients discharged from the ED and left behind by EMS at opioid overdose scenes to prevent future deaths.
3. Peer Support Vehicles: Transportation assistance via 2 peer support vehicles will help patients attend follow-up appointments & treatment ensuring continuity of care. The need for peer support vehicles is based on the success of a similar CHW program, which provided 63 rides in just 3 months, demonstrating the critical role transportation plays in patient access to care.
4. Training: Master-level BH clinicians will be trained to conduct CD evaluations, eliminating barriers to treatment & enabling timely access.

Objectives:

1. Increase Access to Treatment: Peer support specialists will be available during peak hours (Monday-Friday 09:00-02:00, and Saturday-Sunday 12:00-00:00).
2. Reduce Overdose Deaths: The distribution of Narcan kits will reduce overdose fatalities by providing patients and their families with life-saving tools.
3. Facilitate Recovery Transitions: Warm hand-offs from the ED will connect patients to appropriate addiction medicine, recovery housing, and mental health services, ensuring continued care.
4. Eliminate Barriers to CD Evaluations and Treatment: Training clinicians to conduct CD evaluations within SPH will increase workforce skill and remove external referral barriers, ensuring faster access to care.
5. Support Long-Term Recovery: Peer support services, transportation, and follow-up care will help individuals stay engaged in their recovery, reducing the likelihood of relapse.

The No Wrong Door program will:

- Increase access to addiction treatment by ensuring patients who present at the ED are connected to care and wrap around supports.
- Reduce repeat ED visits by providing ongoing recovery support and follow-up.
- Lower overdose deaths through Narcan distribution and immediate access to peer support specialists.
- Remove barriers to treatment by conducting CD evaluations in-house and offering transportation to appointments.
- Improve health outcomes by providing comprehensive support services to address the full continuum of care.

Program Reach

If you are requesting funds from multiple Abatement Regions please specify how your program serves each region.

Be specific.

N/A

Specific Goals*

What are the specific goals of the program? List several goals the program hopes to accomplish and how the program intends to meet these goals.

1. Increase Access to OUD/SUD/COD Treatment:

Goal: Ensure that patients presenting to the SPH ED with OUD, SUD, or COD are immediately connected to appropriate treatment and recovery services.

How: Peer support specialists will be available during peak hours (M-F 09:00-02:00, S-S 12:00-00:00) to facilitate warm hand-offs from the ED to addiction medicine and recovery programs. Peer specialists will engage patients at the point of crisis, ensuring they have the necessary support to transition into ongoing recovery-oriented care.

2. Reduce Opioid Overdose Deaths:

Goal: Decrease the number of opioid-related overdose deaths in Lewis and Clark County.

How: Narcan kits will be distributed to patients discharging from the ED who are at risk for opioid overdose, and EMS teams will leave behind Narcan kits at opioid-related emergency scenes. This will provide immediate access to life-saving tools for patients, their families, and community members.

3. Eliminate Barriers to CD Evaluations:

Goal: Streamline the process for patients to receive CD evaluations, removing barriers to treatment.

How: All master-level behavioral health clinicians within SPH will be trained to conduct CD evaluations, allowing patients to receive these assessments directly within SPH services, rather than relying on external referrals. This reduces delays in the treatment process and ensures quicker access to necessary care.

4. Improve Long-Term Recovery Outcomes:

Goal: Support long-term recovery by providing comprehensive wrap-around services that help individuals stay engaged in treatment and reduce the likelihood of relapse.

How: Peer support specialists will follow up with patients post-discharge from the ED, ensuring they stay connected to addiction medicine, mental health services, and other recovery resources. Additionally, transportation services will be available to ensure patients can attend appointments and recovery programs without transportation barriers.

5. Reduce Repeat ED Visits for OUD/SUD/COD:

Goal: Lower the number of repeat visits to the ED for OUD/SUD/COD-related issues by ensuring patients are effectively transitioned into long-term recovery services.

How: The peer support team will work closely with patients, addiction medicine specialists, and community partners to ensure that patients have a clear recovery plan in place upon discharge. Follow-up services, transportation assistance, and warm hand-offs will all contribute to reducing the need for repeat emergency care.

Evaluation Method*

Describe how you plan to evaluate the effectiveness of the program and what the method for evaluation will be.

Evaluation will focus on both quantitative and qualitative metrics to assess the program's impact on improving access to treatment, reducing opioid overdoses, and supporting long-term recovery outcomes. The following methods will be used:

1. Data Collection and Tracking:

-Patient Encounters: The number of patients who receive peer support services in the SPH ED and the number of warm hand-offs to addiction medicine and recovery programs. This data will be collected through the hospital's EHR system.

-Naloxone Distribution: The number of Narcan kits distributed to patients and left behind by EMS will be tracked.

2. Outcome-Based Metrics:

-Reduction in ED Visits: A key evaluation metric will be the reduction in repeat ED visits for patients with OUD, SUD, and COD. By analyzing hospital records before and after the implementation of peer support services, we will track how effective the program is in reducing the need for emergency care by transitioning patients to long-term treatment.

-Treatment Engagement: We will measure the percentage of patients who successfully engage in ongoing addiction medicine or recovery services after being discharged from the ED. This includes tracking whether patients attended follow-up appointments, engaged in MAT programs, completed treatment, or utilized recovery housing or counseling services.

-CD Evaluation Access: We will track the number of CD evaluations completed within SPH services and assess whether the increased access led to faster patient entry into treatment programs, reducing delays in care.

3. Patient and Peer Support Feedback:

-Patient Surveys: Patients who receive peer support services will be asked to complete a brief survey regarding their experience. The survey will assess patient satisfaction, perceived effectiveness of the warm hand-off, and whether they felt adequately supported during their transition to recovery services.

-Peer Support Specialist Feedback: Peer support specialists will provide feedback on the challenges and successes of the program through regular team meetings and debrief sessions. This qualitative data will inform adjustments and improvements to ensure the program remains responsive to patient needs.

By using a combination of quantitative data, patient feedback, and outcome-based metrics, the program will ensure continuous improvement and accountability, helping to meet its objectives of increasing access to care, reducing overdose deaths, and supporting long-term recovery.

Data Source*

What information are you going to collect or use to demonstrate you have accomplished your goals?

To demonstrate that the program has successfully accomplished its goals, we will collect and analyze a variety of data points from different sources. This data will be used to measure the program's impact on access to treatment, overdose prevention, and patient recovery outcomes. The following are the key data sources:

1. EHR:

- ED Patient Encounters: Total number of patients who presented to the ED with an OUD/SUD/COD and:
 - Had a peer support interaction
 - Had a warm hand-off to addiction medicine, recovery services, or behavioral health care.
 - Received a CD eval
- Follow-Up and Recovery Engagement: Total number of patients engaged in SPH follow-up care
- Naloxone Distribution Records:
 - Number of Narcan kits distributed to patients discharged from the ED
 - Number of kits left behind by EMS teams at overdose scenes.

2. Patient Surveys:

- Patient Experience and Satisfaction: Patients who receive peer support services in the ED will be asked to complete a brief survey. The survey will collect qualitative data on their experience with the peer support specialist, their satisfaction with the support received, and whether they feel adequately connected to recovery services. This feedback will provide insight into how well the program is meeting patients' needs.
- Recovery Engagement: We will also survey patients to determine if they have remained engaged in their recovery process after receiving support from the program. This will help us track long-term outcomes and patient success in continuing treatment.

3. Peer Support Specialist Records:

- Peer Support Encounters: Peer support specialists will maintain records of every patient interaction, including the type of support provided and the outcome of the interaction.
- Rides provided to the patient by the Peer Support Specialist as indicated in their documentation

4. Hospital Utilization Data:

- Reduction in ED Visits
- Treatment and Recovery Rates

5. Chemical Dependency (CD) Evaluation Data:

- Total number of CD evaluations conducted system wide

Awareness*

How do you plan to create awareness of this program? Briefly describe what action the program plans to take to create awareness in the community.

To ensure the community is aware of the No Wrong Door program and its resources, we will implement a multi-pronged approach focused on outreach, education, and collaboration. The goal is to inform the public, healthcare providers, and community partners about the availability of peer support in the ED, as well as the comprehensive services aimed at treating OUD, SUD, and COD.

1. Community Outreach and Education:

- We will collaborate with local media outlets, such as radio stations, newspapers, and social media platforms, to raise awareness about the availability of peer support services in the ED, highlight the program's focus on providing immediate access to treatment and recovery resources for individuals with OUD, SUD, or COD.
- Informational materials about the program will be distributed to high-traffic public areas.

2. Partnering with Community Organizations:

- We will build strong partnerships with local organizations that frequently interact with individuals affected by OUD/SUD/COD to help spread awareness of the program and refer individuals in need of support to the SPH ED.

3. Provider and Clinician Engagement:

-Educational materials will be distributed to healthcare providers across Lewis and Clark County, informing them about the availability of peer support specialists in the ED and the comprehensive care offered through the program

-We will raise awareness of the program internally at St. Peter's Health, ensuring that all departments, especially those in primary care are familiar with the program and the services available.

4. Social Media and Digital Campaigns:

-We will utilize the SPH social media channels to reach the community, providing information on the program and how individuals can access peer support and recovery services through the ED.

-Information about the No Wrong Door program will be prominently displayed on the SPH website, with clear instructions on how individuals can access support, receive Narcan kits, and connect with peer specialists for ongoing care.

5. Community Events and Presentations:

-We will present the program at local events, and community meetings, engaging directly with residents and stakeholders to explain the importance of peer support services and how to access them.

By implementing these strategies, we will ensure that the community, healthcare providers, and local organizations are fully aware of the resources offered by the No Wrong Door program and how to access them.

Additional Documents

Use this section to upload or explain any additional information regarding the program/organization. ie. a detailed budget projection, program/organization history, etc.

Upload #1

ED Visit by SUD or Mental Health Time Slots.pdf

Upload #2

Upload #3

Additional Information

File Attachment Summary

Applicant File Uploads

- Program Budget.pdf
- ED Visit by SUD or Mental Health Time Slots.pdf

St. Peter's Health Foundation

***No Wrong Door: Expanding OUD/SUD/COD Treatment Access to Peer Support in
the St. Peter's Health ED
One Year Budget Request***

Budget Category	Grant Request
Personnel	
Certified Peer Support Specialists (2.75 FTE): \$24/hourly rate. (\$24/hr x 40 hours a week x 52 weeks for one year*2.75 FTE)	\$137,280
SPH Behavioral Health Clinicians: To receive training on chemical dependency evaluations (Average \$46.64/hour x 3 hours x 7 current Master-Level BH Clinicians (ER and outpatient)	\$1,119
TOTAL PERSONNEL	\$138,399
Fringe Benefits (Based on SPH 25% FB Rate)	
Fringe Benefits for 2.75 FTE Peer Support Specialists	\$34,320
TOTAL FRINGE BENEFITS	\$34,320
Equipment	
2 Vehicles for Peer Support Specialists to help patients attend follow-up appointments and treatment: Requesting the purchase of (2) 4WD vehicles quoted at \$35,000 each)	\$70,000
TOTAL EQUIPMENT	\$70,000
Supplies	
Narcan Kits (\$44.99/Nasal Spray + Instructional Bag at \$8.33/bag x 100)	\$5,332
Community Outreach and Education: Program Material Development and Dissemination	\$2,000
TOTAL SUPPLIES	\$7,332
TOTAL: Grant Request to the Montana Opioid Abatement Trust	\$250,051



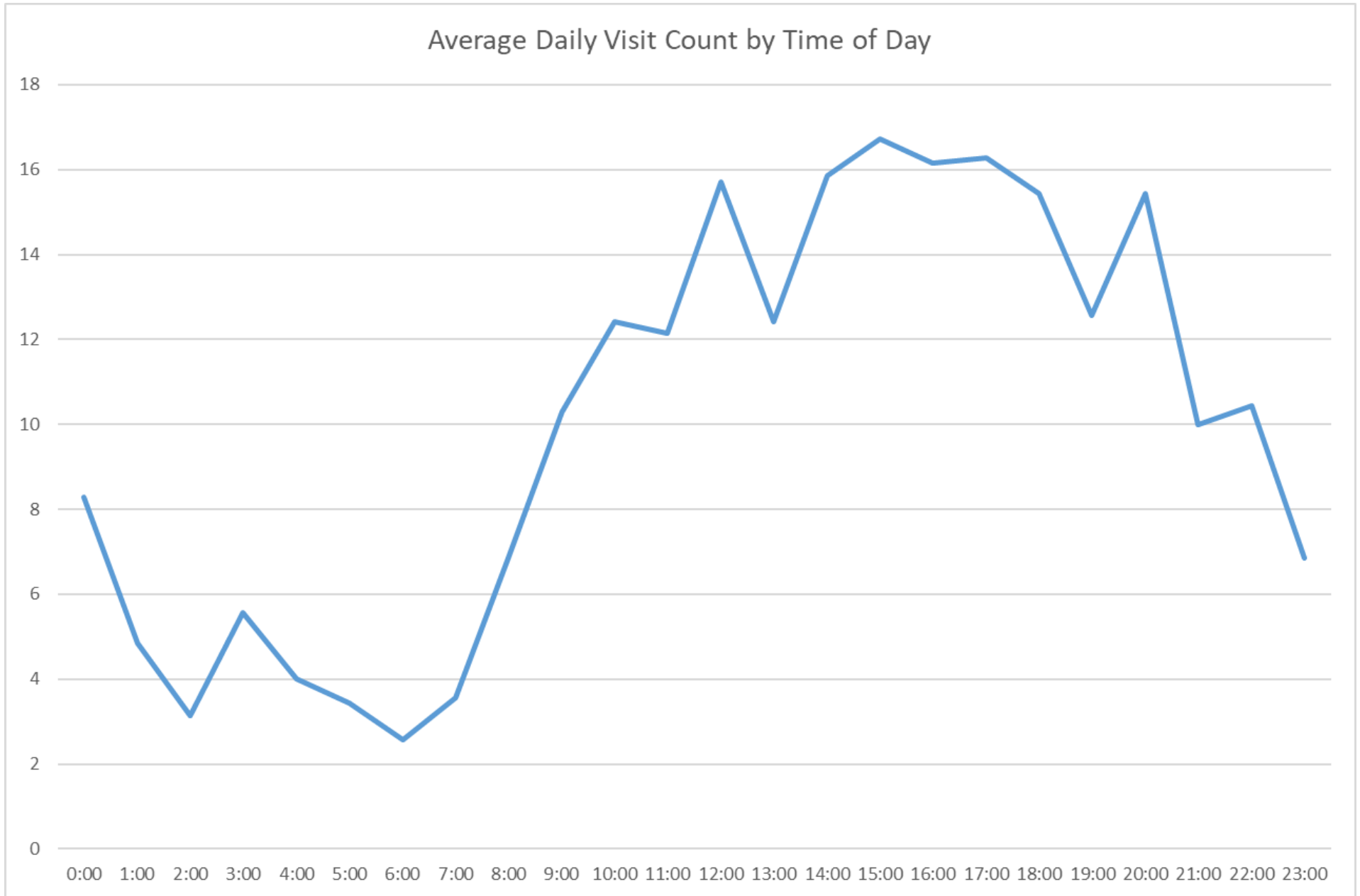
SPH ED Visits for SUD and Mental Health 07/01/2023-06/30/2024

Daily Time Ranges	Annual Visit Count
12:00 PM-3:00 PM	308
3:00 PM-5:00 PM	344
5:00 PM-9:00 PM	304
9:00 PM-12:00 AM	191
12:00 AM-3:00 AM	114
3:00 AM-6:00 AM	91
6:00 AM-9:00 AM	91
9:00 AM-12:00 PM	244
GRAND TOTAL	1687



Average SPH ED Visits for SUD and Mental Health by Admit Time

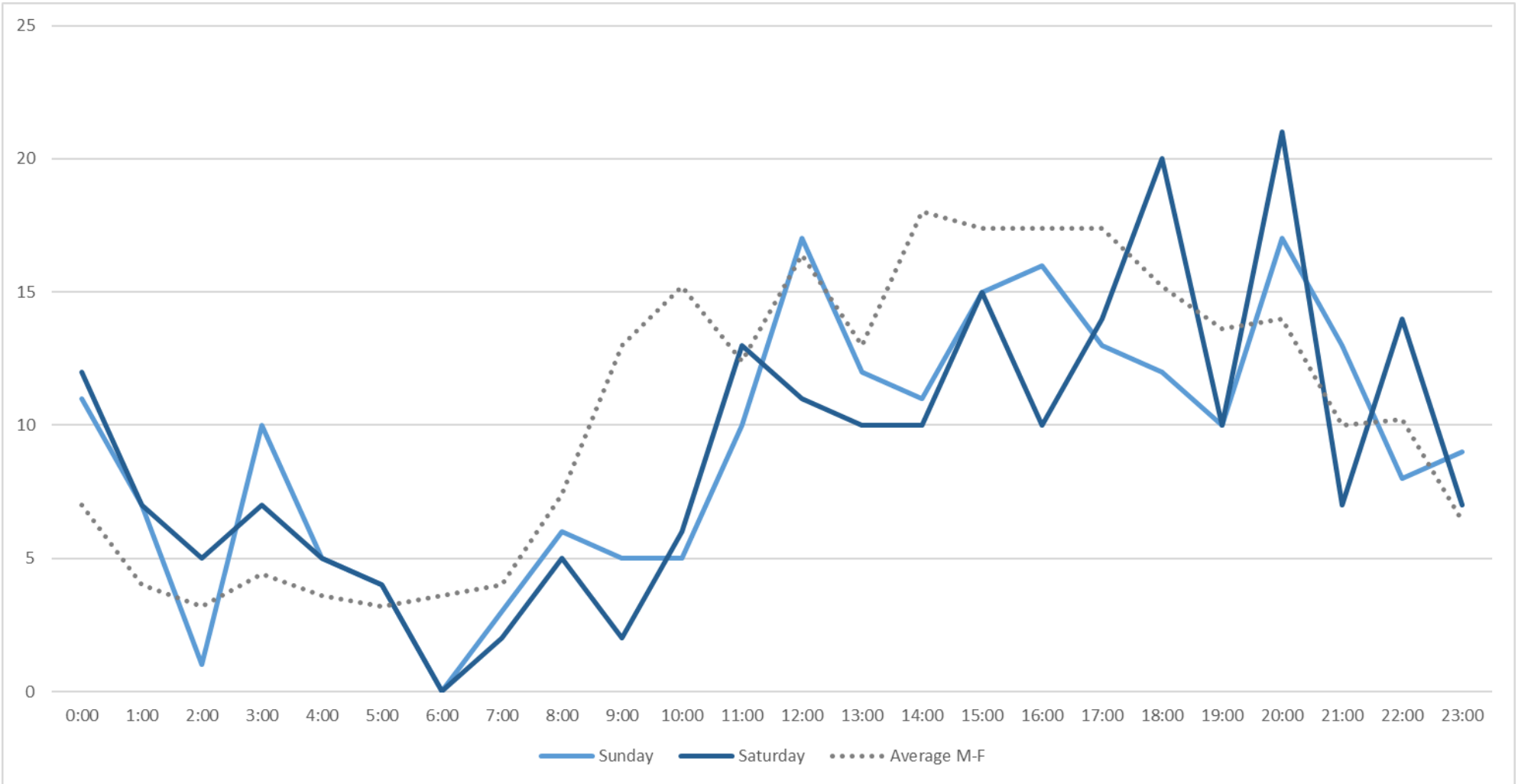
07/01/2023-06/30/2024





Average SPH ED Visits for SUD and Mental Health by Admit Time Weekend vs M-F

07/01/2023-06/30/2024



ADDENDUM TO NO WRONG DOOR GRANT APPLICATION

SMART GOALS FOR PEER SUPPORT PROGRAM UTILIZATION AND OUTCOMES

The proposed Peer Support Program in the St. Peter's Health Emergency Department (ED) is designed to improve outcomes for patients presenting with Opioid Use Disorder (OUD), Substance Use Disorder (SUD), or Co-Occurring Disorders (COD). Below are SMART goals to supplement the grant application, focusing on utilization patterns and changes anticipated through the program's implementation:

Hospital Utilization SMART Goals

- 1.Reduction in Emergency Department (ED) Visits:
 - Specific: Decrease ED visits for individuals engaged with peer support services by 25%.
 - Measurable: Track the number of ED visits pre- and post-program implementation using hospital records.
 - Achievable: Current data shows 1,687 visits in the ED, with 961 unique patients. 187 patients account for multiple visits, including 29 with four or more visits.
 - Relevant: Targeting high utilizers supports continuity of care and reduces ED strain.
 - Time-Bound: Achieve a 25% reduction in ED visits by the end of the grant year.
- 2.Reduction in Hospitalizations:
 - Specific: Reduce hospital admissions for individuals receiving peer support by 30-35%.
 - Measurable: Compare hospitalization rates pre- and post-program using patient records.
 - Achievable: Build on the success of similar interventions demonstrating reduced inpatient stays.
 - Relevant: Aligns with reducing healthcare system burdens and improving patient health outcomes.
 - Time-Bound: Accomplish a 30-35% reduction in hospitalizations by the end of the grant year.

Addiction Medicine Treatment SMART Goals

- 1.Increase Referrals to Addiction Medicine:
 - Specific: Increase referrals from inpatient units and the ED to addiction medicine services by 50%.
 - Measurable: Current baseline is 99 referrals; aim to reach 150 referrals from these units.
 - Achievable: Strengthen the warm hand-off process facilitated by peer support specialists.
 - Relevant: Improved referral pathways address critical gaps in care for OUD/SUD patients.
 - Time-Bound: Achieve this increase by the end of the grant year.
- 2.Increase Appointment Scheduling from Referrals:
 - Specific: Increase scheduled addiction medicine appointments by 50%.
 - Measurable: Baseline data shows 124 appointments scheduled from 264 referrals; target 186 scheduled appointments.
 - Achievable: Implement follow-up protocols and peer-assisted scheduling.
 - Relevant: Scheduling improvements directly support continuity of care.
 - Time-Bound: Reach this goal by the end of the grant year.
- 3.Increase Attendance at Addiction Medicine Appointments:
 - Specific: Increase attendance at scheduled addiction medicine appointments by 30%.
 - Measurable: Current attendance is 93 patients; target 121 attendees.
 - Achievable: Peer support specialists will address barriers such as transportation and patient readiness.
 - Relevant: Improving attendance rates ensures treatment engagement and positive outcomes.
 - Time-Bound: Achieve this increase by the end of the grant year.

These SMART goals align with the overarching mission of the No Wrong Door program to reduce ED visits, hospitalizations, and gaps in treatment for individuals with OUD/SUD/COD. By establishing measurable and time-bound targets, the program will demonstrate its effectiveness in improving patient outcomes and contributing to community health.