

No Wrong Door: Expanding OUD/SUD/COD Treatment Access via Peer Support

*2025 Montana Opioid Abatement Trust
Grants-second half of 2025*

St. Peter's Health Foundation

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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

You may only select one Abatement Region, if you are applying for funding from more than one region you will need to fill out and submit a separate application for each region.

Select Multi County Abatement Region OR Metro Region*

Select the Multi-County Abatement Region **OR** the Metro Region you are requesting grant funds from. Click [HERE](#) for a detailed map of Multi-County Regions and Metro Regions.

Lewis & Clark County Metro Region

Regional Funding Request*

If you are applying to multiple regions, please select all the regions to which you are submitting applications.

Application Overview

About the Organization/Program*

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

SPH is an independent, rural health system in Helena serving Lewis and Clark, Broadwater, Jefferson, Meagher, and Powell counties with general, specialty, and emergency services. SPH's mission is to improve the health, wellness, and quality of life for the people and communities we serve. 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 recently launched No Wrong Door program is a community-based initiative aimed at expanding access to treatment for OUD, SUD, and COD in Lewis & Clark County through peer support specialist coverage in the SPH emergency department (ED), Addiction Clinic, and our inpatient Behavioral Health Unit (BHU), and access to peer support vehicles. Peer support isn't new to our community, but it is to SPH 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, Addiction Clinic, and BHU, 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 continuation grant funding will allow us to enhance our program through expanded community awareness, service coordination with our partners, and continued sustainability efforts through

partner and infrastructure building to ensure we are ready to bill for peer support if legislation is passed and strong processes in place to track and disseminate program-related cost savings for our organization and the community at large.

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

How does the program meet the Opioid Remediation Guidelines*

Provide a detailed explanation of how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

Please be specific

Schedule A (A): We will continue to 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 are available during peak times in the ED to provide warm hand-offs to addiction medicine and recovery services. They 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 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.

New Program or Existing*

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

A proposed supplement or expansion to a program.

Fiscal Information

Requested Amount*

\$174,835.00

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.

MOAT Continuation Budget 2026.pdf

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 received funding from the Montana Mental Health Trust of \$30,000 to help support Peer Support Specialists salaries that we will expend in entirety by December 31 2025. The BHU peer support is currently funded through the SAMHSA Zero Suicide grant, and thus we are not requesting FTE support through this opportunity for that FTE.

Do you have a Fiscal Agent*

No

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.

SPH is requesting funding for an additional year of support for the recently launched No Wrong Door program. When this initiative was first launched, it was anticipated that only one year of MOAT funding would be needed, as proposed changes to Montana Medicaid policy were expected to enable hospitals to bill for peer support services. Unfortunately, these legislative changes did not occur. Without a sustainable reimbursement mechanism, coupled with anticipated federal healthcare budget reductions, continued grant funding is essential to maintain this vital program.

The No Wrong Door program is a recently launched 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, BHU, and Addiction Medicine Clinic, it ensures patients are immediately connected to addiction medicine and recovery services at a critical moment, and remain successfully engaged.

With generous support from MOAT, we launched this program with incredible speed and organization, hiring three (two funded through MOAT) peer supports within two months of recruitment. The fourth peer support is one of our CHW who received his Peer Support Certificate and works the evening shift and weekend shift in the ER, which we had a difficult time recruiting a qualified candidate for, in addition to his CHW day position. Each peer support was comprehensively onboarded, trained, and certified before providing direct services to ensure program integrity and patient safety. The first peer support, hired on February 23, 2025, played a key role in developing program workflows, protocols, and materials prior to launching ED services on April 1. The program then launched peer support coverage in the Addiction Medicine Clinic in May and the BHU in June. From April 1 to June 25, 2025, the team provided 257 peer support encounters, serving 143 unique patients across all three settings.

The No Wrong Door program will:

- Increase access to addiction treatment by ensuring patients who present at the ED, BHU, and Addiction Med Clinic 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 supports.
- 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.

Priorities include warm hand-offs to ensure seamless transitions of ongoing care, naloxone distribution, transportation assistance via the peer vehicle, and continued and expanded outreach activities. See Additional Info section.

Objectives include:

1. Increasing access to treatment.
2. Reducing overdose deaths.
3. Facilitating recovery transitions.
4. Eliminating barriers to CD evaluations and treatment.
5. Supporting Long-Term Recovery.

Specific Goals*

Describe the primary goals your program seeks to achieve. For each goal, explain how the program intends to accomplish it.

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

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

How: Peer support specialists will facilitate warm hand-offs from the ED/BHU to addiction medicine and recovery programs. Peer support 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 by peer supports to patients 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. 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, 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.

4. 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*

Please explain in detail how you will gauge the effectiveness and overall impact of the program. What specific evaluation methods, tools, or metrics will you use to measure success.

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, BHU, and Addiction Med Clinic 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 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:

-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, and outcome-based metrics, the No Wrong Door 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 data or evidence will you collect to show you are meeting your program goals? What specific information, metrics and documentation will you provide to demonstrate the program objectives have been achieved.

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.
- 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.

2. Patient Surveys:

-Recovery Engagement: We will survey patients at the end of peer support engagement 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:

-Informational materials about the program will be distributed to high-traffic public areas.

2. Partnering with Community Organizations:

-We maintain 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. Peer Supports attend weekly outreach events.

3. Provider and Clinician Engagement:

-ED, inpatient, and addiction medicine providers are aware of peer support services and have welcomed their collaboration as a valuable part of patient care. Peer supports are in a unique position to help providers deepen their understanding of SUD, OUD, and COD, thus fostering more informed and compassionate treatment. Educational materials are shared regularly with healthcare teams to support consistent awareness, referrals, and integration of the program.

4. Social Media and Digital Campaigns:

-We have planned a peer support–led social media campaign for Red Ribbon Week to raise awareness about substance use prevention and promote available recovery resources.

-We are in the process of creating dedicated content for the SPH website that will clearly explain how individuals can access support, request 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

Tax Exempt Organization*

By clicking this box you are confirming the applying organization is a tax exempt organization.

Yes

Tax Exempt Determination Letter*

Please upload a copy of the Organization 501(C)(3) Tax Exempt Determination Letter.

IRS 501c3 Determination Letter dated 6.27.22.pdf

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

Program Data and Success Stories.docx

Upload #2

Upload #3

Additional Information

Program Priorities (in more detail):

1. Warm Hand-Offs: Peer supports meet with patients in the ED, or admitted to the inpatient or behavioral health units and guide patients to addiction medicine or recovery services), ensuring seamless transitions to ongoing care, & eliminating barriers to care. The addiction medicine peer support assists with warm hand offs from community partners to SPH addiction medicine.
2. Naloxone Distribution: The peer supports are trained to administer Narcan, and have ample supplies of Narcan to provide to patients in need. Narcan kits will be provided to patients discharged from the ED and we are working with EMS leadership to initiate a Narcan leave-behind process, providing kits at opioid overdose scenes to help prevent future deaths.
3. Peer Support Vehicles: Transportation assistance via the peer support vehicle purchased with Year 1 MOAT funds continues to play a critical role in ensuring patients can attend follow-up appointments and treatment, improving continuity of care. Since launch, the vehicle has:
 - a. Transported 28 patients on 34 rides, including 6 patients taken out of the Helena area to access inpatient treatment.
 - b. Logged over 1,200 miles (and counting).
 - c. Helped prevent 15 no-shows for addiction medicine follow-up appointments.

While early data suggests there may be a need for a second vehicle, given frequent scheduling conflicts and last-minute transportation requests, it is still early in the program's full implementation, with only one month of all three peer supports operating concurrently. We plan to continue monitoring utilization over a longer period to better assess whether an additional vehicle is warranted. For this grant period, we are requesting funding to support fuel and maintenance costs to keep the existing vehicle safe and operational.

4. The addiction medicine peer support participates in weekly outreach events, rotating between community sites including Our Place, God's Love, the Lewis & Clark Detention Center, Treatment Court, and the Shower Program. These activities aim to engage individuals struggling with substance use and co-occurring disorders, inspire hope for recovery, and connect potential patients with addiction medicine services and other supportive care. Additionally, peer supports are Train-the-Trainer certified in QPR (Question, Persuade, Refer) suicide prevention and lead QPR training sessions for all new SPH employees. Peer supports also actively participate in local coalitions focused on SUD, OUD, and COD to strengthen partnerships and align community efforts.

Program 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). Due to hiring challenges and fluctuating patient demand, coverage was adjusted to meet needs effectively. Patients presenting to the ED outside of coverage hours receive a follow-up phone call the next business day to provide support and referrals. Current hours are:

a. ED:

i. M, W, F: 8:30 AM-5:00 PM

ii. Tuesday, Thursday: 8:30 AM- 9:00 PM

iii. Saturday: 9:00 AM- 7:30 PM

b. BHU and Addiction Medicine Clinic:

i. Monday-Friday: 8:30 AM- 5:00 PM

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 peer supports will connect patients to appropriate addiction medicine, recovery housing, and mental health services, ensuring continued care.

4. 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.

File Attachment Summary

Applicant File Uploads

- MOAT Continuation Budget 2026.pdf
- IRS 501c3 Determination Letter dated 6.27.22.pdf
- Program Data and Success Stories.docx

St. Peter's Health Foundation
No Wrong Door: Expanding OUD/SUD/COD Treatment Access to Peer Support
One Year Continuation Budget Request
02/01/2026-1/31/2027

Budget Category	Grant Request
Personnel	
Certified Peer Support (James Howland 1 FTE). \$24.69/hr x 40 hrs a week x 52 weeks	\$51,355
Certified Peer Support (Scotty Howard 1 FTE). \$21.13/hr x 40 hrs a week x 52 weeks	\$43,950
Certified Peer Support (Mark Nay .5 FTE). Overtime Rate for evening and weekend shifts at \$41.46/hr x 20 hrs a week	\$43,118
TOTAL PERSONNEL	\$138,424
Fringe Benefits (25% FB Rate)	
Fringe Benefits for 2.5 FTE Peer Support	\$34,606
TOTAL FRINGE BENEFITS	\$34,606
Supplies	
Community outreach flyers to promote program enrollment-printing costs	\$150
TOTAL SUPPLIES	\$150
Travel	
Fuel for current 1 Peer Support vehicle (\$60/fill up x twice a month x 12 months)	\$1,440
TOTAL TRAVEL	\$1,440
Other	
Vehicle Maintenance on current Peer Support vehicle (Annual tire rotation at \$65 and (2) oil changes at \$75/each)	\$215
TOTAL OTHER	\$215
TOTAL: Grant Request	\$174,835

Request from the Montana Opioid Abatement Trust **\$174,835**



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
PO Box 2508
Cincinnati, OH 45201

ST PETERS HEALTH FOUNDATION
% STEPHEN MASON
2500 E BROADWAY ST
HELENA, MT 59601

Date:
June 27, 2022
Employer ID number:
81-0392270
Form 990 required:
990, YES
Person to contact:
Name: E Kramer
ID number: 1002988929

Dear Sir or Madam:

We're responding to your request dated August 27, 2021, about your tax-exempt status.

We issued you a determination letter in July 1981, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

No Wrong Door Peer Support Program Data: Time Period: April 1, 2025-June 25, 2025

<i>Location</i>	<i>Go-Live</i>	<i>Unique Pts (Per location)</i>	<i>Total Encounters</i>
ED	April 2025	52	80
Addiction Medicine	May 2025	83	142
Behavioral Health Unit	June 2025	20	35

Sampling of Program Success Stories To-Date

- Multiple patient stories from our Addiction Medicine Team on how Peer Supports have been able to build a connection with patients that they have never been able to connect with, and the patients are now successful in their recovery care.
- Our Addiction Medicine Physician credited one of our Peer Supports in saving a patient's life through the support the Peer Support provided this patient in a critical time.
- One of the Peer Supports had a patient's child approach him at a gas station in our community and thanked him for supporting his dad and that this was the first holiday (Father's Day) his dad didn't drink and it was a 'happy event'.
- A patient working with one of our Peer Supports set a goal to get established with identification, get a job, and find a place to live, and he accomplished all those goals with the support of our Peer. The patient was previously living in Basin without a vehicle and getting a ride to and from town was unreasonable so having the peer vehicle to transport him allowed him to navigate getting all his identifications to gain employment as well as a safe place to sleep at night.
- Peer Supports engaged with a patient who was at St. Peter's Health on withdrawals from alcohol and wanted help. The Peer Support team collectively got this patient engaged with a Licensed Addiction Counselor within the community and got this patient involved with Our Place, a peer-ran support program in Helena. Peer support was able to follow up with this patient daily at Our Place and was able to help the patient navigate different inpatient detox centers. With the help of the collective peer support team as well as the rest of his care team at St. Peter's, we were able to get this patient into MCDC and take him there via our peer vehicle purchased with MOAT funds! Peer support will follow up with different sober living houses and get this patient established within one of the houses.
- A Peer Support assisted a family who had been sleeping in their car in the Walmart parking lot, making contact and acquired shelter with Family Promise who provided them shelter until they enter their own housing.
- The Behavioral Health Unit had a patient recently come in from the streets after a personal crisis that led her to unemployment and an extended period of relapse without housing. Once she was discharged Peer Supports were able to obtain a housing voucher from the Helena Housing Authority and get her into an apartment that same week. As things go with addiction she ended up relapsing that weekend and landing in the ED. Fast forward a few weeks of stability and sobriety, a new apartment has become available from the same potential landlord, inspection passed, and we are hoping to sign

the lease (as of the afternoon of 6/30/2025). Finding housing recovery is a difficult and messy process but once someone's basic needs are met it makes the goal much more achievable.

- We had a patient come in to the BHU self-admitting for Suicidal Ideation and alcohol abuse. After a couple weeks of stabilization we were able to get him into Rimrock treatment center for a 30-day stay to continue his journey toward recovery.
- Peer support has been working with a gentleman in the treatment court program who has struggled within that program as well as using for over a year. Peer support was able to share lived experience through that program to help the patient trust the treatment court team as well as staying engaged within the clinic here at St. Peter's. This patient is now staying clean, engaging in recovery in the community, and will be phasing up in the treatment court program soon.
- We have a patient with severe mental and physical health issues that frequents the ED and BHU often. He was recently evicted from his place of stay and went missing for a week without a working phone. A Peer Support dropped off a business card with the patient's wellness doctor that he sees on a regular basis, requesting the staff to have him call the Peer Support the next time the patient comes in. The Peer Support received a voicemail from an unfamiliar number with a message from the patient telling them about his new job at Taco Treat where he is now working part-time. Next step is to schedule a meeting with the SDMI waiver program in attempts to get him in a group home.
- Peer support has been able to engage with the Helena treatment court program, the Hannon House Sober Living, and Our Place Drop In Center to start establishing some connections and bridging the gap with peers either currently or recently struggling with addictions/mental health to get the help needed to start their recovery journey. They have been able to express to peers that we are here for them and believe in them when they felt forsaken and looked down on. Our Peers connect in a way that breaks stigma and lets individuals know that they have a story to tell and that their story has purpose and value.
- Peer support has been coordinating with Alexia at the Helena jail to hopefully bridge the gap between peers getting out of jail and engaging them with the care they need, such as Addiction services at SPH. Peer supports plan to visit peers in jail one day a week to establish connections as well as setting up WRAP plans for when they are released.