

RUTGERS HEALTH

Telephone Recovery Support
TRS

At Rutgers UBHC

*In collaboration with the New Jersey Division of
Mental Health and Addiction Services (DMHAS)*

What is Telephone Recovery Support?

The TRS program provides confidential telephone support, encouragement, and information to New Jersey residents age 18 and older.

TRS is intended for individuals discharged from substance use disorder treatment with opioid use disorder, as well as those who are trying to maintain recovery from opioid use disorder.

TRS Funding

TRS at Rutgers UBHC is funded by two sources through the **New Jersey Division of Mental Health and Addiction Services (DMHAS)**:

1. **State Targeted Opioid Response Initiative (STORI)**, a federally funded initiative for substance use disorder treatment and recovery supports for individuals with an opioid use disorder (OUD).
2. **State Opioid Response Grant (SOR)**, an initiative designed to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of OUD, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD.

AD, a construction worker and father, was away from home working in South Carolina for several months performing intense reconstruction work. He returned to New Jersey, his fiancée and child, and relapsed.

He attended treatment and had a reoccurrence a short time later. During our first few weeks of calls, AD had not picked up his “drug of choice,” but was using daily, unsure of what he may be taking.

On Week 6, I called at our scheduled time unaware he had just arrived at his drug dealer’s “to cop.” AD asked me to “hold on” and put the phone down so I wouldn’t hear the exchange.

He used that day and the following three days, but the next day we made a plan for him to reach out to his 12 Step network. During another call, the client put me on speaker phone so he could text a sober friend and ask for additional support.

We spoke every day for a week and a half and he remained substance free for over a week and returned to 12 step meetings. He stated that our initial phone call saved his life.

Why?

- According to the 2016 NJSAMS, treatment data indicated that of 53,511 unique individuals 14,680 individuals experienced two or more episodes of care during the year.
- Through STORI and SOR funding, NJ sought to enhance & support the provision of peer & other recovery support services designed to improve treatment access, retention, & to support long-term recovery.

Why?

- The TRS program aims to address the opioid crisis through the provision of recovery support activities to individuals with an OUD by:
 - Reduce relapse and prevent future overdoses
 - Promote hope that individuals can recover from an OUD and regain meaningful relationships in the community
 - Promote improved recovery, wellness, and healthy lifestyles
 - Enhance knowledge about the continuum of care that includes medication assisted treatment (MAT)

Why?

- TRS provides post-treatment support for clients after discharge from the NJ addiction treatment system.
- It provides support for those trying to maintain recovery.
- The use of telephone-based support has been demonstrated to be just as effective as traditional face to face contacts.

(Kurtz and White, 2007)

How?

“Knowledge drawn on to provide peer based recovery services is acquired through life experience rather than education.

It is first hand rather than second hand. It means that peer support specialists understand long-term recovery as a ‘lived experience’ and can offer guidance on the nuances of this experience as it unfolds over time.”

William White

Trained TRS peer staff call individuals to “check in” and inquire how participants are managing their recovery and to provide recovery support.

How?

- **833-TALKTRS** is a confidential toll free number.
- Through a person-centered approach, TRS supports individuals as they move through all stages of recovery.
- Outgoing weekly calls are made over a minimum of 16 weeks or until the recoveree along with the TRS specialist feels support is no longer needed to maintain his or her recovery.

How?

- **833-TALKTRS** accepts incoming calls with voicemail available.
- Warm transfers can be made between IME Addictions Access Center, Care Coordinators, & NJ Hopeline.
- TRS staff provide information on local recovery support services & mutual aid groups, resources for housing, transportation, training and employment, and navigating systems of care.

AD continues to receive weekly calls to talk about his journey in recovery. There have been weeks of abstinence followed by reoccurrences of use. He is reluctant to attend 12 step meetings while actively using.

At week 18, I reintroduce medication assisted treatment and ask AD if he would consider trying MAT. During many of our conversations, he has discussed buying Suboxone “on the street” to “taper off.”

Previously, AD has been reluctant to try MAT because he feels he will have “failed getting sober.” After discussing his concerns, we begin to talk about the possible benefits of trying MAT. He decides to ask his doctor for more information.

AD discovers that his doctor can administer the MAT and we discuss the pros and cons of starting treatment. He is still reluctant, but shares that his fiancée may have an unexpected opportunity to buy a home. AD is excited and nervous about the prospect. We consider what this life-step would be like with or without MAT support.

The next week, AD begins MAT and goes to see the house.

Who?

A TRS Peer Support Specialist is a person in recovery, who has lived experience of addiction and recovery.

Anticipated 2019 staffing:

- One (1) FTE TRS Program **Supervisor**
- Two (2) FTE **Peer Specialists**
- Two Peer Volunteers
- One (1) Part Time **Marketing Specialist**
- One (1) .5 FTE TRS Program **Secretary**
- With IME Staff oversight

Current TRS Data

- Individuals served YTD= 618
- Total calls made YTD = 3,536
- Total incoming calls YTD = 356
- Average talk time OUTGOING calls = 3 min
- Average talk time INCOMING calls = 13 min
- Type of Interaction-Check-in phone calls
- Time of Interaction-Day/Night/Evening

Month	Initial Unique Client	Current YTD + Previous Month Unique clients	Outgoing Calls	Incoming Calls
July 2018	122	122	150	2
August 2018	77	199	201	14
September 2018	62	261	75	10
October 2018	66	327	340	35
November 2018	37	364	337	23
December 2018	28	392	320	42
January 2019	86	478	507	48
February 2019	55	55	454	51
March 2019	82	82	681	84
April 2019	3	85	471	47
Year to Date	618	2,365	3,536	356

What's next?

- Additional staffing to meet projected call goals
- New text messaging capabilities through Salesforce CRM
- New social media features and web presence
- Promotional materials and advertising
- Collaboration with other NJ State Agencies that come into contact with individuals with an OUD, such as OORP, STAR, OOPP, and IRTS

What's next?

- Increased outreach to and collaboration with staff at NJ Residential SUD Treatment Providers, discharge planning staff at county jails, and hospital emergency departments
- Continued work with UBHC IME in our Care Coordination and Access Center units
- Develop volunteer opportunities modeled after CCAR

AD and his fiancée began the process of getting approved for a mortgage. There were many emotional ups and downs and “a lot of paperwork.” He blew off steam during our calls and discussed new ways to manage stress.

After an initial period of adjustment, AD has consistently followed through with seeing his doctor and taking the MAT as prescribed. His dosage needed to be adjusted and there was a desire to seek out a former drug dealer. After considering these options and possible outcomes, AD decided to speak with his doctor directly about his concerns and needs.

AD’s fiancée was approved for the mortgage and we had many brief conversations during which he was moving a fridge, or buying a chainsaw, or covered in poison ivy after using said chainsaw.

At week 26, AD answers the phone from his backyard. He talks about his childhood and painful memories of change. He shares about the first time he used drugs.

He states that having his own home makes him “feel complete again somehow.”

There is a brook behind his new home and he has placed bricks in the water to make it babble. During the call, AD placed his phone near the brook and shouted, “Can you hear it?”

RUTGERS HEALTH

TELEPHONE RECOVERY SUPPORT (TRS)

Peers provide weekly telephone recovery support calls to people seeking recovery from opioid addiction



TELEPHONE RECOVERY SUPPORT

- Confidential, Free
- Peer Staff in Recovery
- Information & Support

Toll Free: **833-825-5877**
833-TALKTRS

Thank you!

Questions?