
INNOVATION SPOTLIGHT:

AnchorED Rhode Island

AnchorED connects people who have been admitted to emergency rooms for an opioid-related overdose with trained peer recovery coaches. These recovery coaches play an important role in helping people avoid another overdose and encouraging them to seek treatment. This program was created in response to Rhode Island's increasing number of overdose fatalities, and seeks to curtail that trend by better connecting people at high-risk with community supports and services.

How AnchorED Works

When a person is brought to a hospital emergency department with an opioid overdose, a member of the hospital staff calls the AnchorED hotline, which is available 24 hours a day, 7 days a week. The hotline connects the caller with a peer recovery coach, who is then dispatched to the hospital. Prior to the patient's release from the hospital, the recovery coach meets with the patient to discuss available recovery supports and resources in the community. Coaches can also provide education on overdose prevention, including information on how to obtain Narcan or Naloxone, a medication used to reverse an opioid overdose, and may provide additional resources and support to family members with the patient's approval. Upon the patient's release from the hospital, AnchorED staff follow-up with the patient for the next 10 days, encouraging him or her to engage in recovery support services.

Peer recovery coaches receive 30 hours of training at the Recovery Coach Academy, coordinated by Anchor Recovery Community Centers (ARCC). In order to participate in AnchorED, coaches receive 6 additional hours of specialized training, which provides more in-depth guidance on topics that are particularly critical in the emergency department context, such as motivational interviewing and self-care. Most of the coaches are volunteers, although some are paid ARCC staff members, and all are in long-term recovery for a substance use disorder.

"The coach will utilize peer supports to empower the individual to seek treatment. The patient does not always want treatment that day, and many times they are not interested in recovery. It's our job to light that fire, give them that spark, and provide them the resources they need."

George O'Toole,
Recovery Support Specialist

Building AnchorED

AnchorED started in one hospital in 2014 with availability only from Friday evenings to Monday mornings, but the hospital soon began calling during the week. Since an overdose can occur at any time any day of the week, program coordinators worked with the hospital staff in order to expand this program to 24 hours a day, 7 days a week. Within two years, each hospital in Rhode Island saw the value in AnchorED and requested the program be available to them as well. Today, AnchorED's peer recovery coaches are available to all 12 hospitals in the state of Rhode Island.

AnchorED Eligibility Criteria

Any person who comes to a hospital emergency department in Rhode Island due to an opioid-related overdose is provided the opportunity to meet with a peer recovery coach before leaving the hospital.

Demonstrating Success

In the first 29 months of the program, over 1,400 people have met with a peer recovery coach in the emergency department through AnchorED, and of

those, more than 80 percent engaged in recovery support services upon discharge. These results suggest that AnchorED may be an effective way to encourage people to seek treatment and begin recovery.

Stakeholders & Partners

AnchorED was developed by The Providence Center, the Rhode Island Department of Health, the Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals, and Anchor Recovery Community Centers. AnchorED has established Memoranda of Understanding (MOUs) with hospital administrators in order to implement the program.

The Future of AnchorED

AnchorED has recently started to engage Emergency Medical Services (EMS) programs throughout Rhode Island. EMS personnel may also call the AnchorED hotline so that a coach can be made aware of any incoming overdose and be available to the patient as soon as possible.

“It is very possible to replicate the AnchorED model if communities understand that the recovery community is the source of the model’s strength and if they can partner with funding agencies that are willing to be creative and flexible.”

Michelle Harter,
Manager of Operations
Anchor Recovery
Community Centers



Resources & References

AnchorED Website: <https://providencecenter.org/services/crisis-emergency-care/anchored>.

AnchorED: A Care and Treatment Approach to Opioid Addiction, State Issues Forum Meeting, American Hospital Association (April 2016), www.aha.org/SIF/content/16aprilmtg-rhodeislandrecoverycoaches.pdf.

Association of Recovery Community Organizations (ARCO) at Faces & Voices of Recovery
<http://facesandvoicesofrecovery.org/arco/about-arco.html>

Richard Asinof, *Recovery intervention at emergency rooms, by the numbers*, Convergence RI Newsletter (February 9, 2015), <http://newsletter.convergenceri.com/stories/Recovery-intervention-at-emergency-rooms-by-the-numbers,1251>.

Kristin Gourlay, *Recovery Coaches Help ER Respond to Overdose Crisis*, Rhode Island Public Radio (March 24, 2016), <http://ripr.org/post/recovery-coaches-help-er-respond-overdose-crisis>.

Thomas F. Joyce and Bryan Bailey, *Supporting recovery in acute care and emergency settings*, Presentation hosted by the Substance Abuse and Mental Health Services Administration (SAMHSA), www.samhsa.gov/sites/default/files/programs_campaigns/recovery_to_practice/supporting-recovery-in-acute-care-emergency-settings.pdf.

Rhode Island’s Strategic Plan on Addiction and Overdose: Four Strategies to Alter the Course of an Epidemic, Rhode Island Governor’s Overdose Prevention and Intervention Task Force (November 4, 2015), www.health.ri.gov/news/temp/RhodeIslandsStrategicPlanOnAddictionAndOverdose.pdf.

Elizabeth Samuels, *Emergency Department Naloxone Distribution: A Rhode Island Department of Health, Recovery Community, and Emergency Department Partnership to Reduce Opioid Overdose Deaths*, Rhode Island Medical Journal, October 2014: 38-39.