



CCB: Tell us about Bridge Back to Life. Who does it serve and how have those services evolved?

Butchen: Bridge Back to Life started 30 years ago and has grown into a network of outpatient chemical dependency programs with offices throughout the Boroughs and Long Island. We've evolved very fluidly, monitoring the trends in chemical dependency services and developing programming to reach as many community members as we possibly can. There was a time where we did sober housing to help people that were homeless enter treatment more effectively. There was a time where we actually had a partnership with The New York City Board of Education and ran an alternative high school for at-risk youth, helping them complete high school, enter college, and deal with behavioral health and chemical dependency issues. We were one of the very early adopters of using medication-assisted treatments like Suboxone and Vivitrol in the outpatient system, long before the state issued it as a guidance document. Bridge has been able to see the issues that impact each community that we're in and move in the direction that would be most helpful to the most people in those areas.



CCB: What makes Bridge the right organization to manage the effort to partner peers with health care provider sites?

Butchen: Bridge has had strategic partnerships with a variety of health care practices over the decades. While a lot of providers seemed nervous in the face of DSRIP's ambitious goals at first, we looked at it as a momentum shift in health care, because we had already been working on a lot of the projects in a way through de facto relationships with private practices. We agreed to partner with the Maimonides PPS (CCB) because we had already been working with Maimonides for the better part of 30 years. Bridge has longstanding relationships—not just with detox and rehab programs—but with large medical practices, with FQHCs, with adult homes, the shelter system—wherever people tend to congregate and end up having issues of chemical dependency.

CCB: Tell us more about what the peers do. How is their contribution unique?

Butchen: When someone enters the Maimonides ED and has a SUD problem, either the ED doctor, the triage nurse, or the social work department will coordinate to have a peer come meet with the individual to talk to them about appropriate chemical dependency treatment—not at Bridge Back to Life, necessarily, but at any OASAS-certified program. The goal is

to get the patient the appropriate treatment for their needs and in turn, stop using the ED for routine or behavioral health services. The peers have been able to contribute in a unique manner because they have been through these life experiences themselves. For the most part, they have all been through long-term recovery. They're all familiar with the pros and cons of the healthcare system, so they can talk to these individuals in the hospital on a real person-to-person basis. They're not hospital administrators or physicians or nurses. They are a warm handoff to a detox, rehab, or community based outpatient facility. They make sure that the patient gets an appointment at one of those facilities that day, so they're not waiting around, potentially changing their minds or forgetting, and coming back into the ED.

We're excited to begin our work with peers at Wyckoff Heights Medical Center and Interfaith Medical Center in the coming months. The peers at Maimonides have really been woven into the fabric of the facility quickly and seamlessly. We've only been there four months, but it seems that we've been there for years, because the entire team at Maimonides has bought into this process. When we put the peers in the ED on August 15, almost 10 patients were referred to them right away. In the first two weeks they met with about 20 people. At the four-month mark this month, the peers have worked with over 225. Unfortunately not all of those individuals accepted services or referrals, but a vast majority of them did, and preliminary data we're collecting suggests that the peers may be impacting the reduction of readmission rates in the Maimonides ED.

CCB: Can you share any success stories related to the work with the peers so far?

Butchen: We've already had dozens of cases where patients have accepted referrals to detox, successfully transitioned to inpatient rehab, and then reengaged into community mental health facilities (including Bridge Back to Life) where they still attend treatment. There are a number of people that we're working with who are in a good place to find employment and stable housing, and we're coordinating with the Brooklyn Health Home on wrap-around social services. We follow up with every patient that the peers see—even if they did not engage in a program at the time—just to see if they need or want services, and we've had a number of individuals who initially refused all interventions call later and agree to meet with a peer. So, a peer will go to their home and meet with them and their family and try to encourage them to seek treatment—and they've been remarkably successful just because it's a more humane way of encouraging people to access care and reduce the stigma of chemical dependency.