

## Recovery Response Center Site Visit Report

### Summary:

On Friday, March 31, 2023, a delegation of 11 people from Montgomery County visited a crisis stabilization facility located in Newark, DE. The goal of the trip was to observe an established crisis stabilization facility to inform Montgomery County's plans for its own Restoration Center. The trip enabled participants to ask questions related to facility policies and operations, as well as address concerns regarding safety and security.

### Participants:

- Rockville Councilmember Beryl L. Feinberg
- Rockville City Police Chief Victor Britto
- Deputy City Manager Barack Matite
- Steven Polinger of the Seven Locks Alliance
- Dr. Marissa Leslie, Adventist Hospital, Shady Grove
- Avital Graves, MCFRS
- Sergeant Chad Matthews, MCPD
- Laura Mitchell, Chair of the Alcohol and Other Drug Addiction Advisory Council (AODAAC)
- DHHS staff: Dorné Hill, Monir Khanjani, and Dr. Rolando Santiago.

### Background:

The [Recovery Response Center \(RRC\)](#), located at 659 E Chestnut Hill Rd, Newark, DE 19713, offers a 23 hour crisis assessment and engagement program and is operated by RI International. The facility serves individuals in crisis age 18 and over with "significant mental health and/or substance use challenges." The RRC aims to prevent hospitalization and higher levels of care whenever possible by rapidly assessing the needs of each "guest," engaging in a voluntary recovery opportunity, and linking guests to community services and support.

The facility is open 24 hours, is staffed by peers, social workers, a psychiatrist, and a psychiatric nurse, and provides evaluation, <23-hour crisis stabilization, and first doses of buprenorphine. Medications for all conditions are filled/prescribed for the short term and guests are connected with a physician for continued care. The psychiatrist is on site Monday-Friday, 8am-5pm; a psychiatric nurse is on site at other times with another psychiatrist on call to prescribe medications if needed. The RRC has a self-contained medication storage area and dispensary equipment; staff can start/restart medication for addiction treatment immediately following assessment. The clinical staff use telehealth to conduct assessments on nights and weekends.

The RRC has a welcoming, therapeutic environment, and includes several semi-private rooms with two recliners. The staff pair female guests together and male guests together in the 2-recliner rooms; guests who identify as LGBTQ+ receive a recliner in the common area with other guests. The semi-private rooms can be used to isolate one person if a guest tests positive for Covid.

Discharge planning begins the moment the guest arrives. The RRC is flexible with guests' length of stay depending on the guest's next steps (for example, a guest may arrive on a Friday night and the residential facility they need may not open until Monday morning). Once they are discharged, guests are welcome to return anytime they need assistance.

The RRC is bounded on the east by a major arterial with two lanes in either direction and a median, a K-12 school for the deaf, and is nearby to two middle schools and a Christian school. It is flanked by a church and a shopping center. A residential community is buffered with forestation on two sides plus the church before reaching the RRC (See Appendix). RRC site selection factors included land availability; proximity to major roadways and transportation options; hospital services; the need for services in the surrounding community.

The RRC was established in 2016 and is funded by the Delaware Health and Social Services department. The facility also accepts insurance but does not turn guests away if they are uninsured.

<b>Key Differences between RRC and Montgomery County Restoration Center</b>		
	<b>RRC</b>	<b>Montgomery County Restoration Center</b>
<b>Services Offered</b>	<23-hour crisis stabilization only	<23-hour sobering station and crisis stabilization + option for <72-hour stay in crisis beds
<b>Population Served</b>	<p>"Walk-in" patients without a referral are permitted</p> <p>Must be a US citizen and legal resident of Delaware</p>	<p>No walk-ins permitted; referral from DHHS, DOCR, MCFRS, MCPD and hospitals only</p> <p>Must be a resident of Montgomery County; proof of citizenship not required</p>
<b>Security and Transportation</b>	<p>Constables are present at the facility at all times. Constables receive CIT, de-escalation, and other training at the academy, but are not armed.</p> <p>Guests being transported away from the RRC are escorted by staff, constables, a contracted company, or family/friend picking up. The only depart once a destination has been determined and there is no diversion.</p>	<p>The County will seek community input on facility security.</p> <p>Currently, the County intends for the facility to be staffed 24/7 by security guards who would not be responsible for patient transport.</p> <p>The County currently plans to arrange for Lyft/Uber pick up to the patient's next destination if pick-up from a friend or family member is not possible.</p>

**DHHS Key Takeaways:**

- The facility is secure. No one has walked out of the facility on their own since it opened in 2016.
- Transportation to the next destination for the “guests” is done very intentionally.
- Law enforcement brings individuals to the facility quite frequently. “Constables” who do not carry weapons provide transport to the facility from the hospital.
- The facility is well received in the community, to the point that a church just yards away from the facility has used the facility when some church members have experienced a crisis. Relationships with neighbors is good. New construction is happening in the area, apparently bringing property values up. There is also a K-12 school for the deaf across the street. On one side there is a small shopping center. There is no indication that there were any concerns from any of the entities surrounding the facility. This was made clear during the tour and Q&As.

**MCFRS and MCPD Takeaways:**

- First responder/public safety personnel are able to do efficient, 3–5-minute drop-offs at the RRC. To do this in Montgomery County, first responders will need access to EMS EHR, CRISP, Crisis Center EHR, etc.
- There were limited calls from the RRC to 911.
- No vagrancy or litter was observed outside the RRC.
- Facility staff will call for ambulance if a patient is medically unstable and needs hospital services; Montgomery County will need to explore different options for non-emergent hospital needs vs. critically unstable patients.
- Upon discharge, facility staff provide escorted transportation to patients, or patients are transported by a contracted service or family. Destinations are agreed upon (typically a patient’s home address). Montgomery County may need to examine these options in addition to Uber/Lyft.
- The facility takes a “no wrong door” approach. We discussed having a system to divert ambulances/police from the facility should they be at capacity, but Montgomery County should stick with the “No Wrong Door” approach from RI. We don’t want to discourage public safety from dropping off. This means we need strong support from other BH/SUD organizations around the area (internal and external to the county) so that patients can be transferred quickly when necessary.
- Buprenorphine induction: the facility provide the first dose of buprenorphine. If this is replicated in Montgomery County, MCFRS can manage the first dose—but a plan would need to be in place for the patient’s follow-up treatment after the first dose is administered.
- Like the RRC, Montgomery County needs a COVID isolation plan that will not affect the rest of census.
- Montgomery County’s RC design and operations should keep the unique needs of the IDD/ASD population in mind
- Discharge planning begins the moment the person walks in the door

- Locked unit with ability for people to decide they want to leave but inability for them to walk out the door

#### **AODAAC Takeaways:**

- The environment was warm and welcoming, not “institutional.” It was clean, but not “sterile.” There were murals on the walls with handwritten goals incorporated.
- The hallway was filled with loud “white noise” machines for privacy. However, that noise is very distracting to persons with ADHD and can be detrimental to persons with sensory issues. We should find a way to make the rooms sound dampening – especially the doors where most sound escapes from – to eliminate the need for white noise.

#### **Nexus Montgomery Hospital Partnership Takeaways:**

- Engaging the community early on in the planning and launching of the Restoration Center may help overcome community resistance as it did in Newark, Delaware. The community appreciated great transparency even when they didn't want the center in their location.
- Patrons of the Restoration Center are called “guests,” which may allow viewing those in crisis as having more agency. It may also communicate more respect.
- Customer service principles from Disney may be helpful in launch.
- Being able to easily transfer RC “guests” back to hospitals and vice versa will be important to the success of the RC.

#### **Proposed Next Steps:**

- Solicit community input on facility and neighborhood safety and security.
- Commit to ongoing, transparent engagement with the community and the City of Rockville.
- Solicit community input on client post-discharge transportation; Consider additional patient transportation options beyond Uber/Lyft.
- Identify how first responders could access the EMS EHR, CRISP, Crisis Center EHR, and any other critical sources of data.
- Determine different workflows for non-emergent hospital needs vs. critically unstable patients.
- Design plan to administer first dose of buprenorphine with guaranteed follow-up treatment
- Explore “no wrong door” approach; determine how to manage patient overflow so as not to discourage first responder drop-offs.
- Design Covid isolation plan that will not interfere with care for other patients
- Update operations vendor RFP to include accommodation for individuals with ASD/IDD

# Appendix



