

Implementing Peer Supports to Maximize Treatment Outcomes



Foundation *for*
Opioid Response
Efforts

UNIVERSITY
OF MIAMI



SAVIDA

ASAM Annual Conference 2024

April 6, 2024



Implementing Peer Supports to Maximize Treatment Outcomes

🌟 April 6, 2024, 10:30 AM – 11:45 AM



**Karen A Scott, MD,
MPH**
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Disclosure Information

Supporting the Peer Workforce: Key Findings from the FORE 2023 Survey of Peer Recovery Coaches

Karen A Scott, MD, MPH
FORE President

✦ Nothing to Disclose



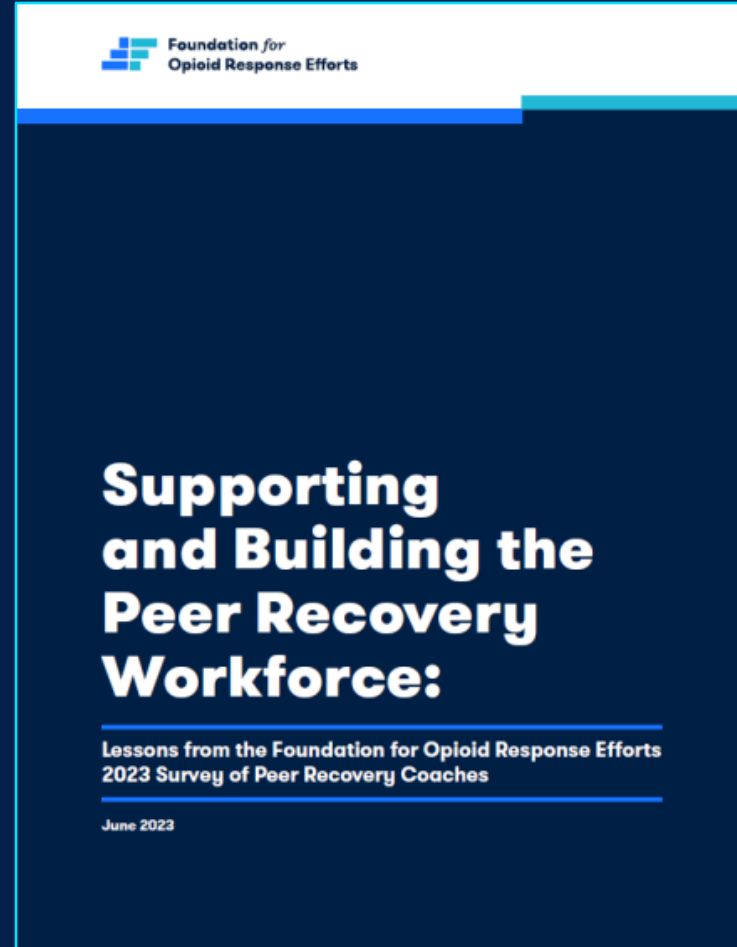
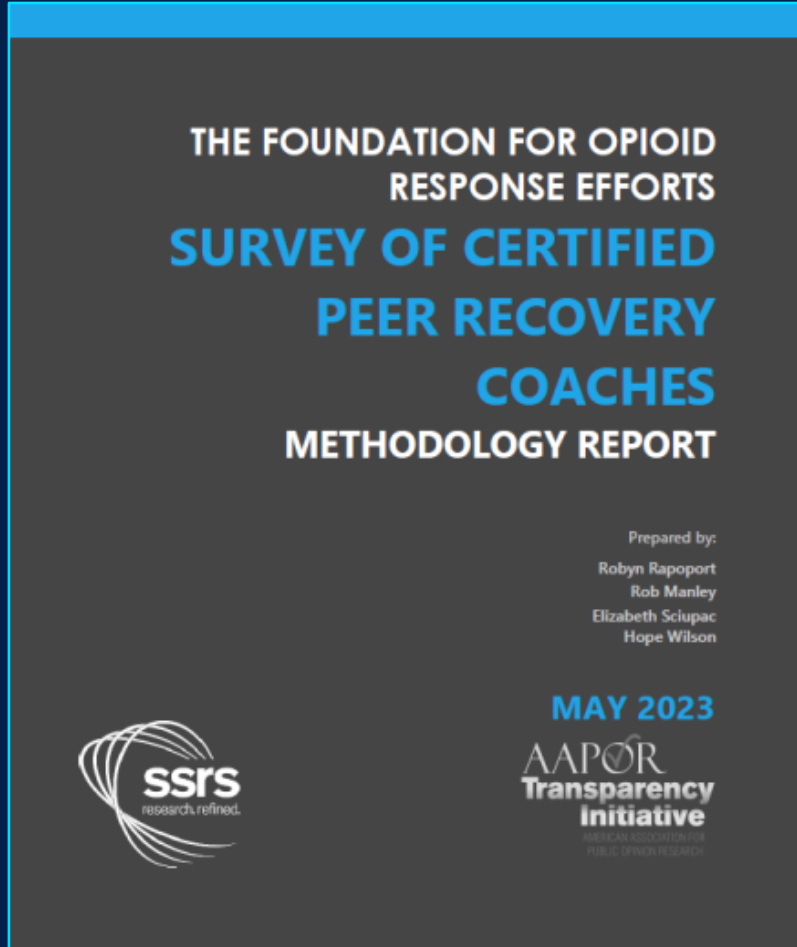
Methodology – Overview

- ✦ With this survey, FORE hoped to better understand the experiences, needs, and challenges faced by certified Peer Recovery Coaches across the country.
 - ✦ Informed by qualitative research conducted in 2021 and in collaboration with the FORE Team and FORE's Advisory Group
- ✦ **Conducted as self administered, web survey from October 2023 –January 2024**
- ✦ **Key Challenge** - Developing a Representative Sample
- ✦ In lieu of a national sample source, FORE collaborated with SSRS to gain support from individual states/certification boards
 - ✦ DE, PA, RI, VA – International Credentialing and Reciprocity Consortium (IC&RC)
 - ✦ Oregon - Mental Health & Addiction Certification Board of Oregon (MHACBO).
 - ✦ Maine - Portland Recovery Community Center (PRCC)
 - ✦ Nevada - Center for the Application of Substance Use Technologies (CASAT)
 - ✦ New York – Office of Addiction Services and Supports (OASA)
 - ✦ Arkansas – Department of Human Services
 - ✦ Ohio and Idaho – publicly available data

Methodology – Sample

State	Available Sample	Total Invited	Total Completed Interviews	Response Rates
Delaware	150	150	73	50%
Pennsylvania	1565	398	154	46%
Rhode Island	173	173	76	47%
Virginia	927	456	171	42%
Oregon	1565	250	85	37%
Maine	104	104	57	69%
Nevada	228	228	84	53%
New York	3053	339	207	NA
Arkansas	166	166	43	34%
Ohio	834	834	198	26%
Idaho	653	653	26	11%
TOTAL	9,418	3,751	1,174	

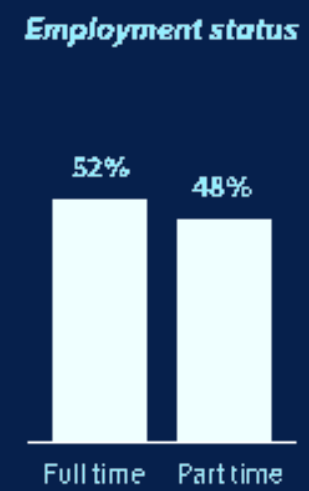
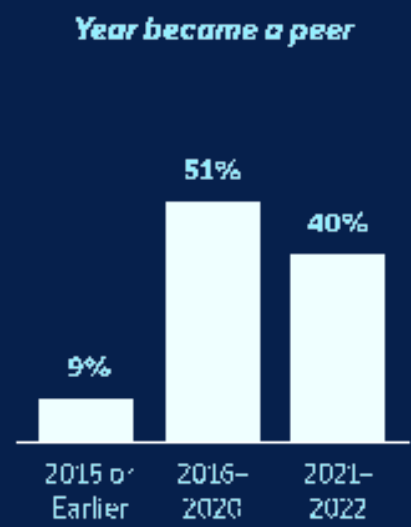
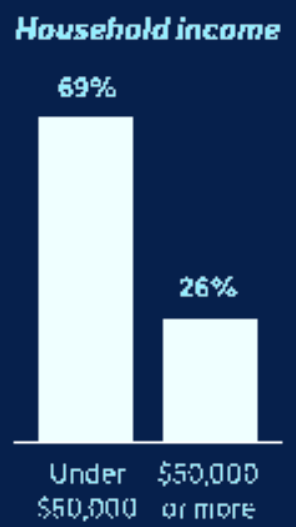
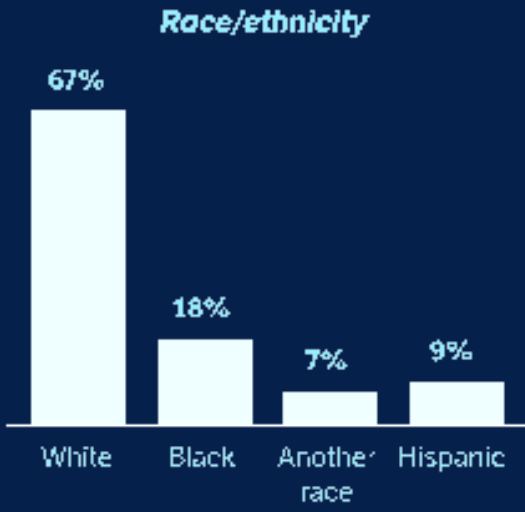
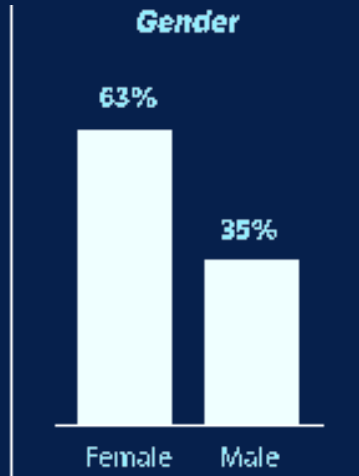
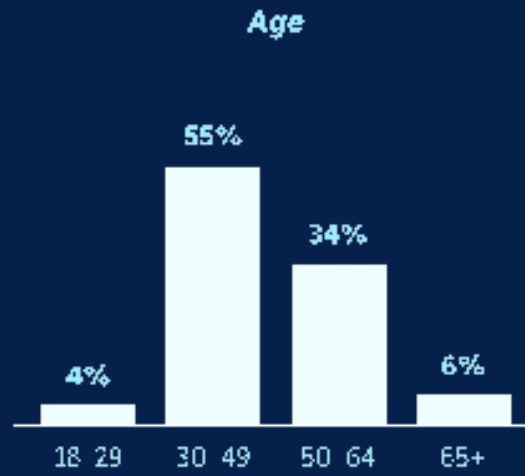
National Peer Survey Results



See Full Report:
www.ForeFdn.org

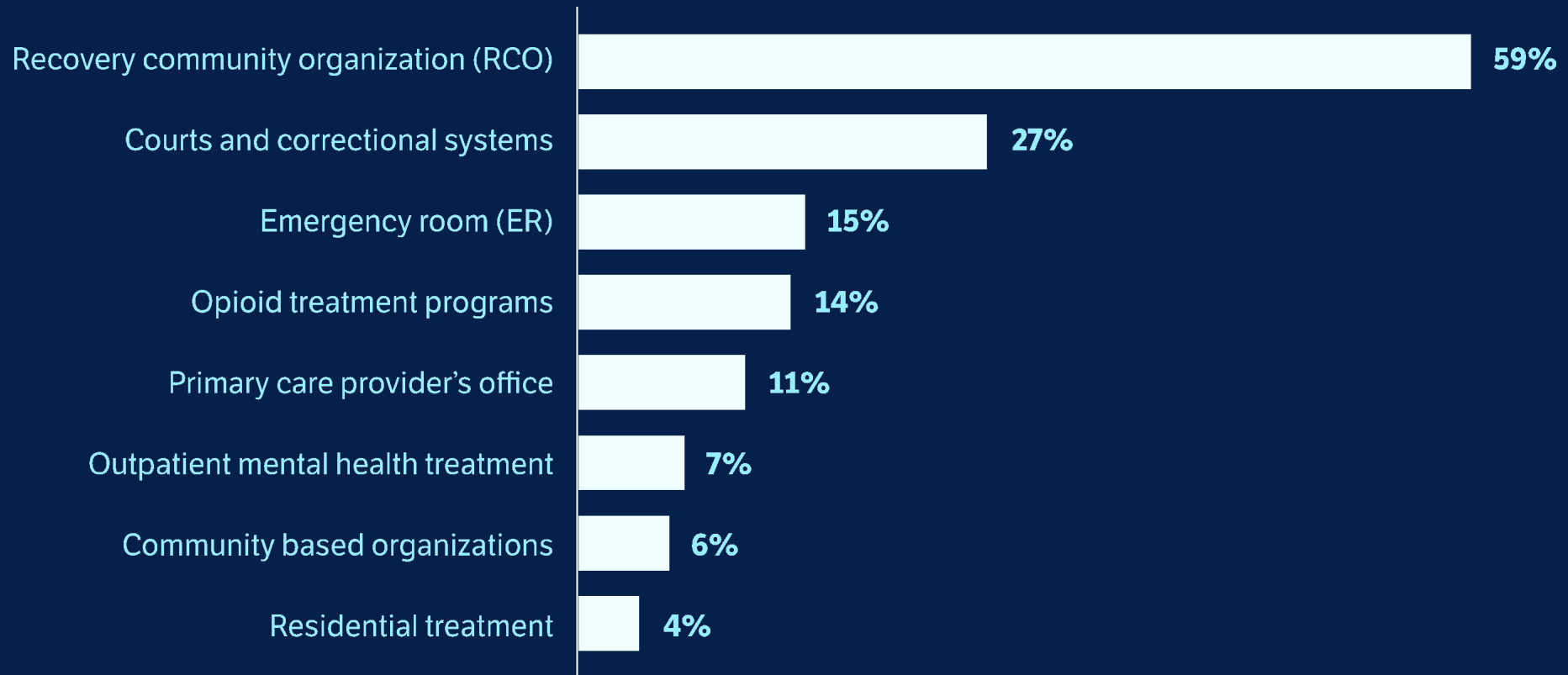


Demographics of PRC Survey Respondents

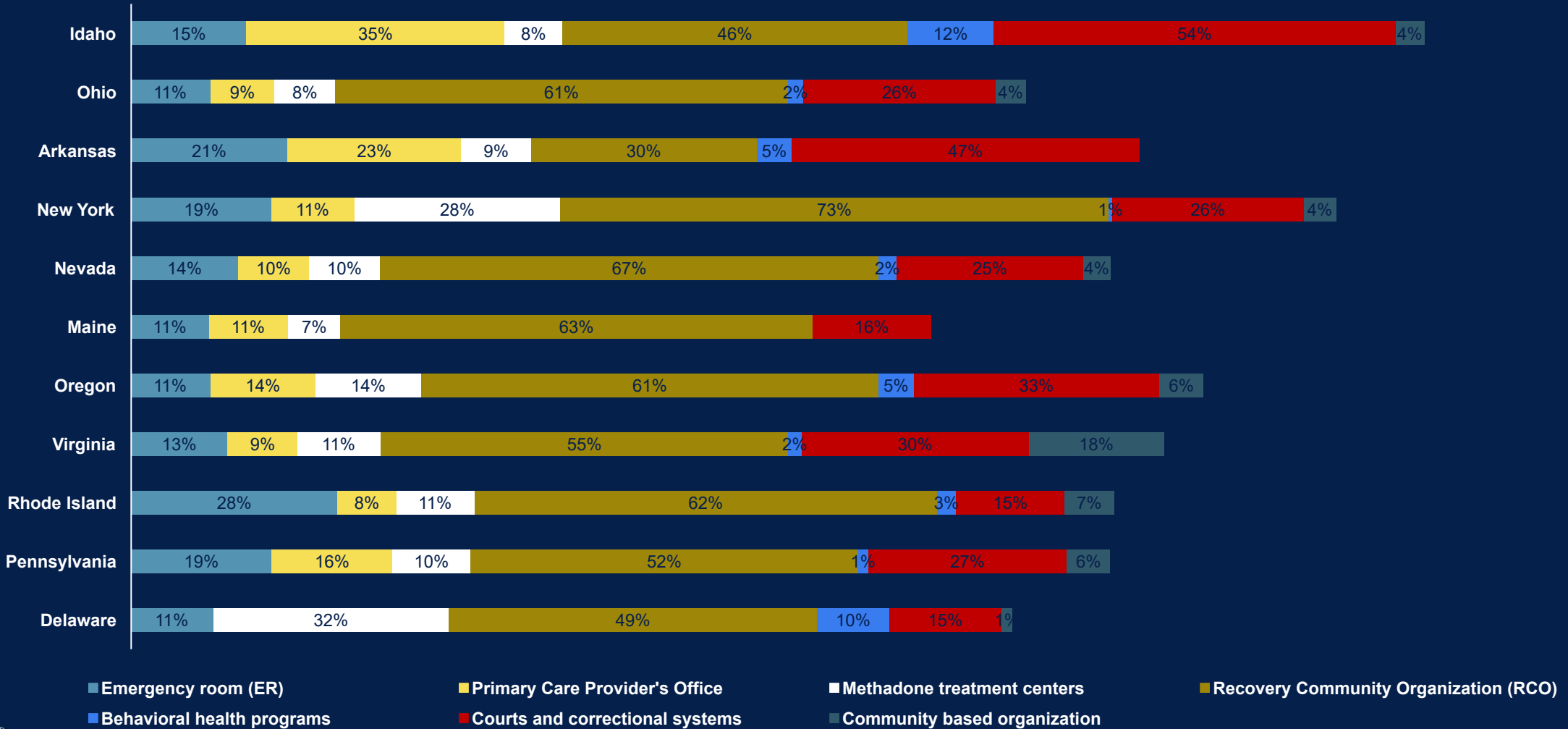


PRC Respondents Work Settings

Q: In which of the following settings do you currently support clients?

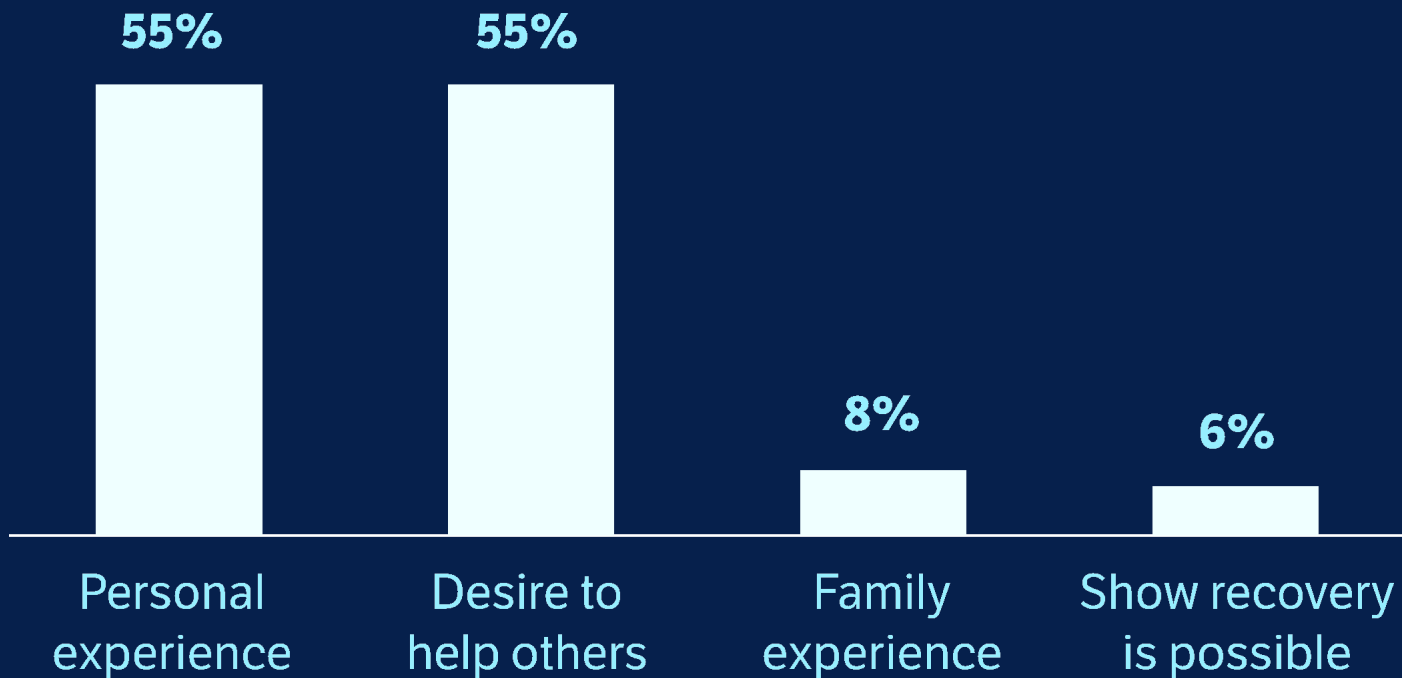


PRC Respondents Work Settings By State



Motivation for Becoming a PRC

Q: Thinking back to before you started working as a peer, what was the main reason you wanted to support people experiencing OUD?

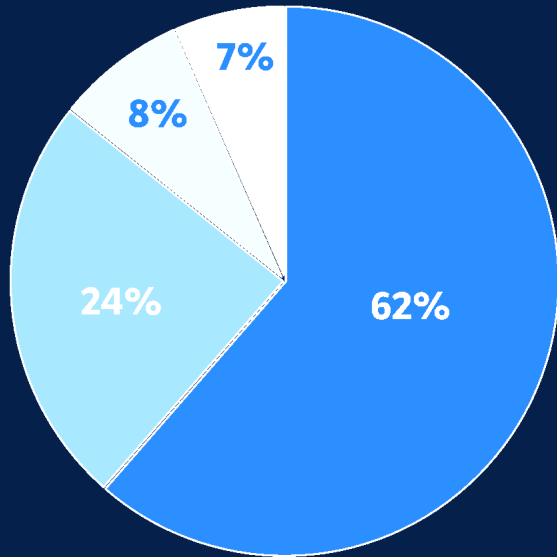


Interview with Peer Recovery Coach

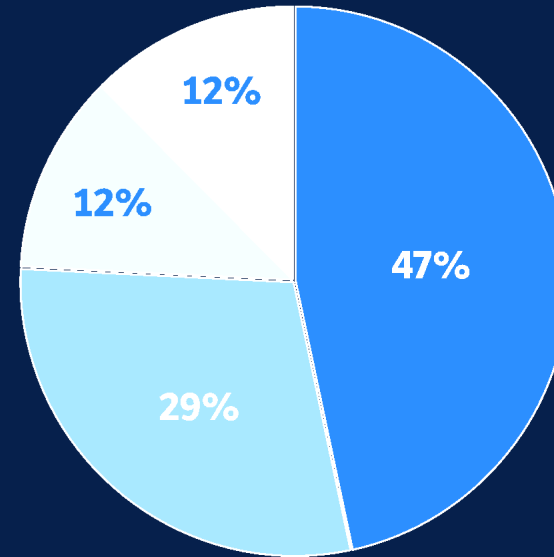


Likelihood of Remaining a PRC

Q: Thinking ahead two years, how likely is it that you will still be a PRC in 2024?



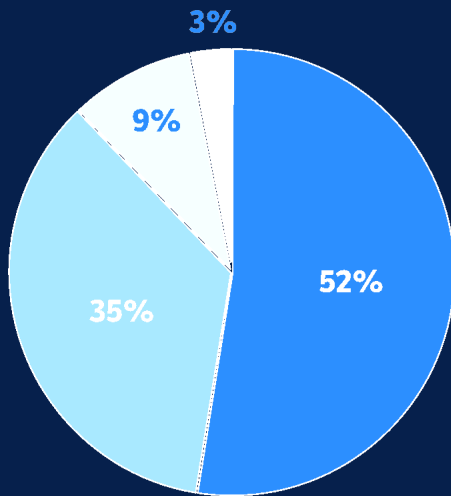
Q: Thinking ahead five years, how likely is it that you will still be a PRC in 2027?



- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

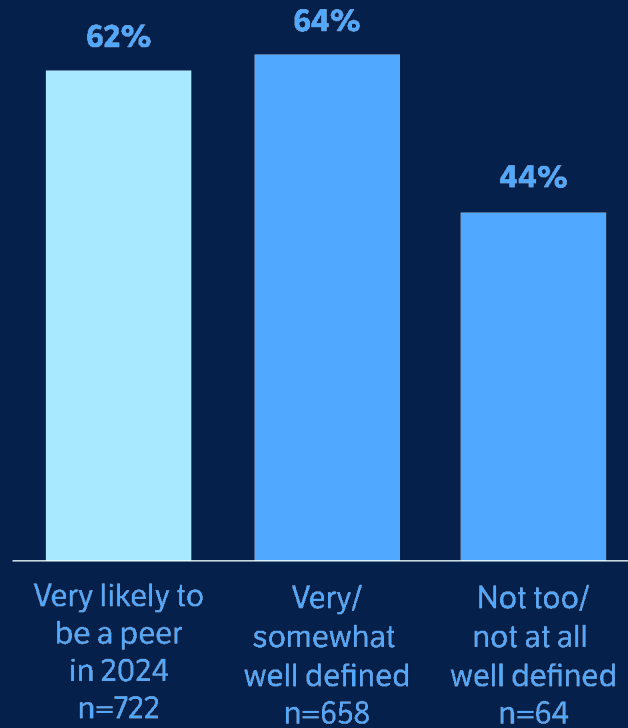
Defining Responsibilities

% of PRC respondents who say their role is...

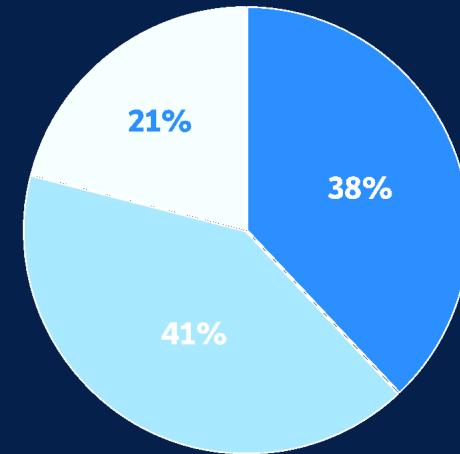


- Very well defined
- Somewhat well defined
- Not too well defined
- Not at all well defined

% of PRC respondents who are very likely to still be a peer in 2024, by how well they feel their role is defined



% of PRC respondents who say their coworkers understand their role as a PRC...



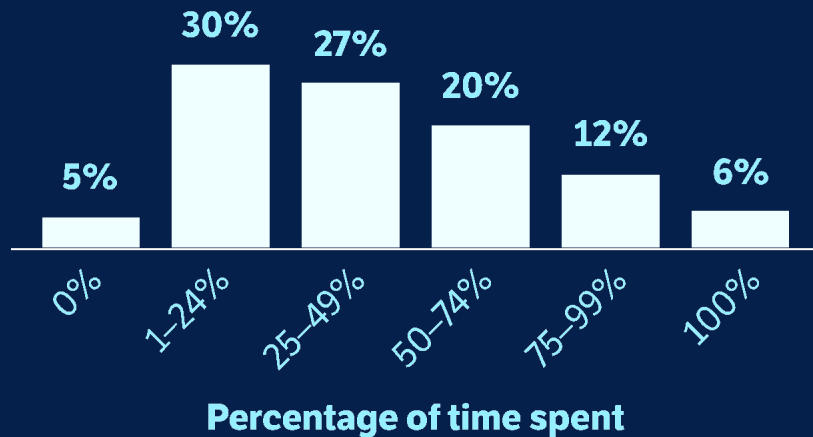
- Very well
- Somewhat well
- Not well

Time Spent Supporting Recoverees

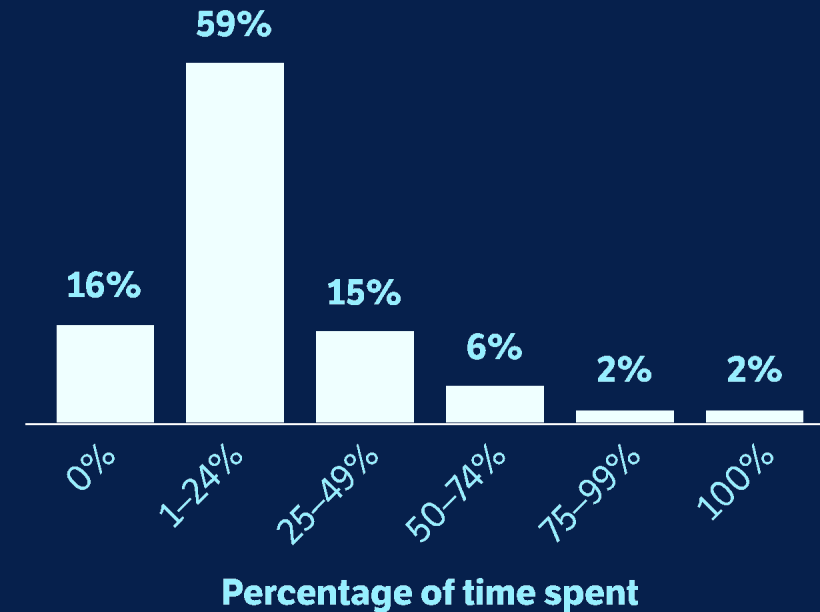
Q: What portion of your time, on average, is spent supporting recoverees in the following ways?

% of PRC respondents

Assisting with social needs such as housing, food, employment



Connecting with legal services/ assisting with legal issues

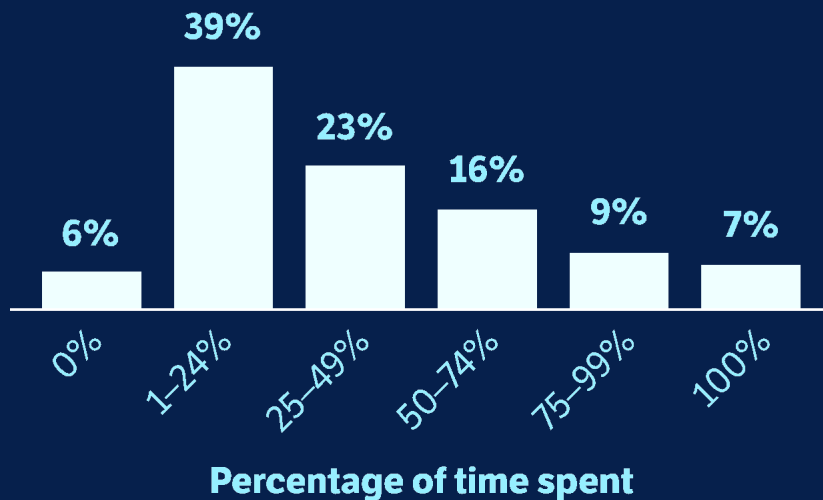


Time Spent Supporting Recoverees

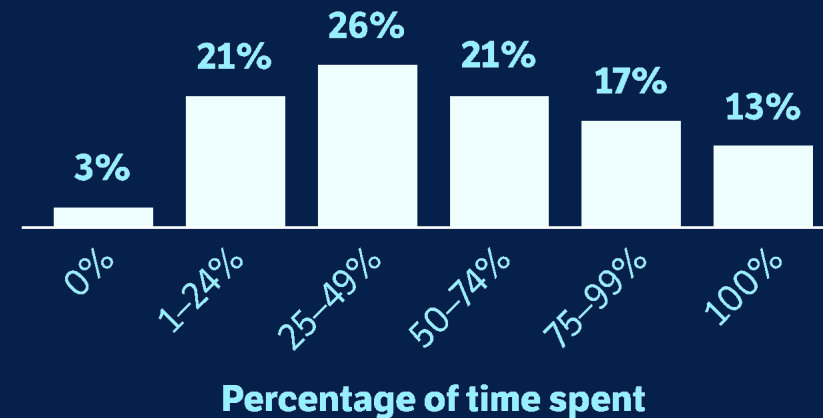
Q: What portion of your time, on average, is spent supporting recoverees in the following ways?

% of PRC respondents

Providing support to help recoveree stay on their medications/in treatment

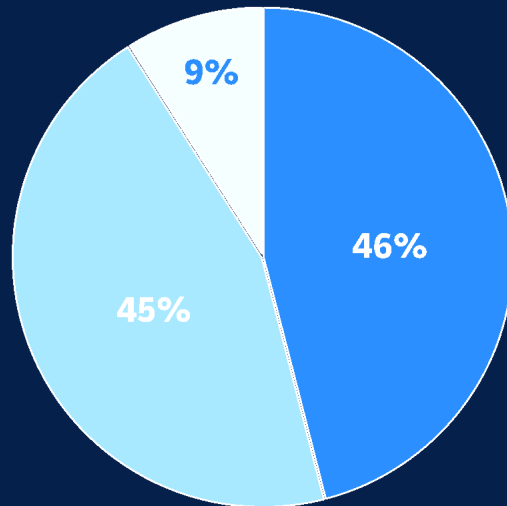


Providing specific counseling supports such as motivational interviewing



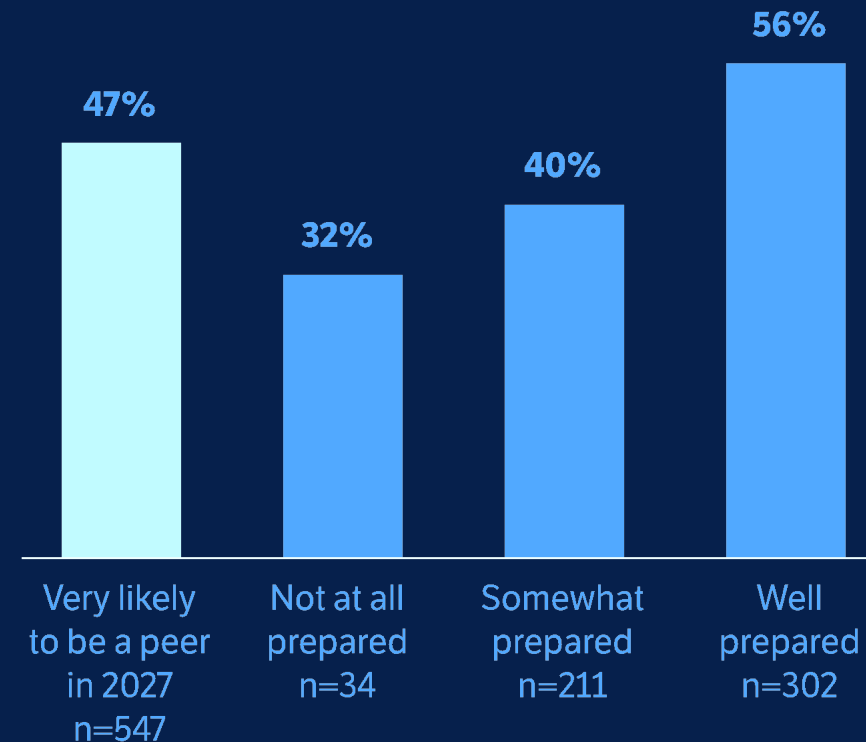
Preparation for the Role

Q: Upon entering the workforce, how prepared did you feel for your role as a PRC?



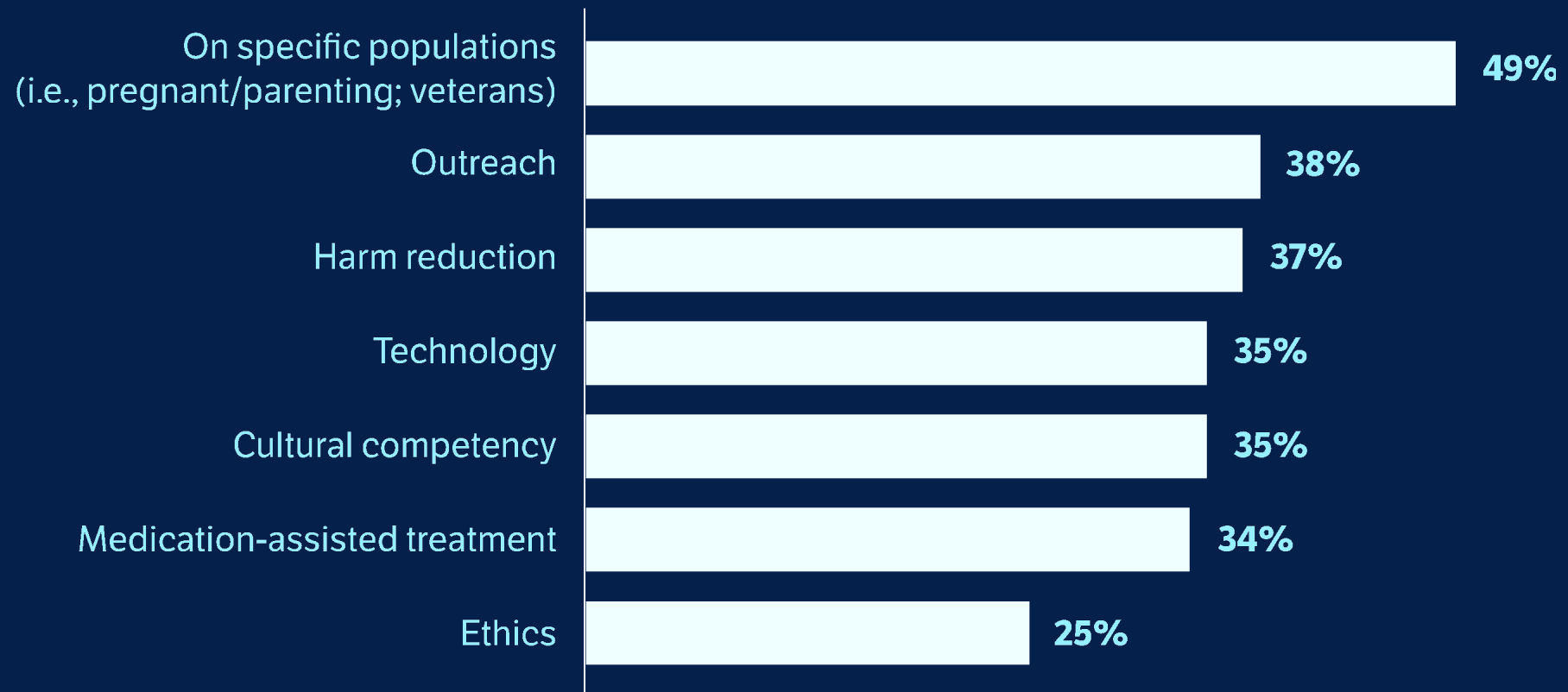
- Well prepared
- Somewhat prepared
- Not at all prepared

% of PRC respondents who are very likely to still be a peer in 2027, by how prepared they felt for their role



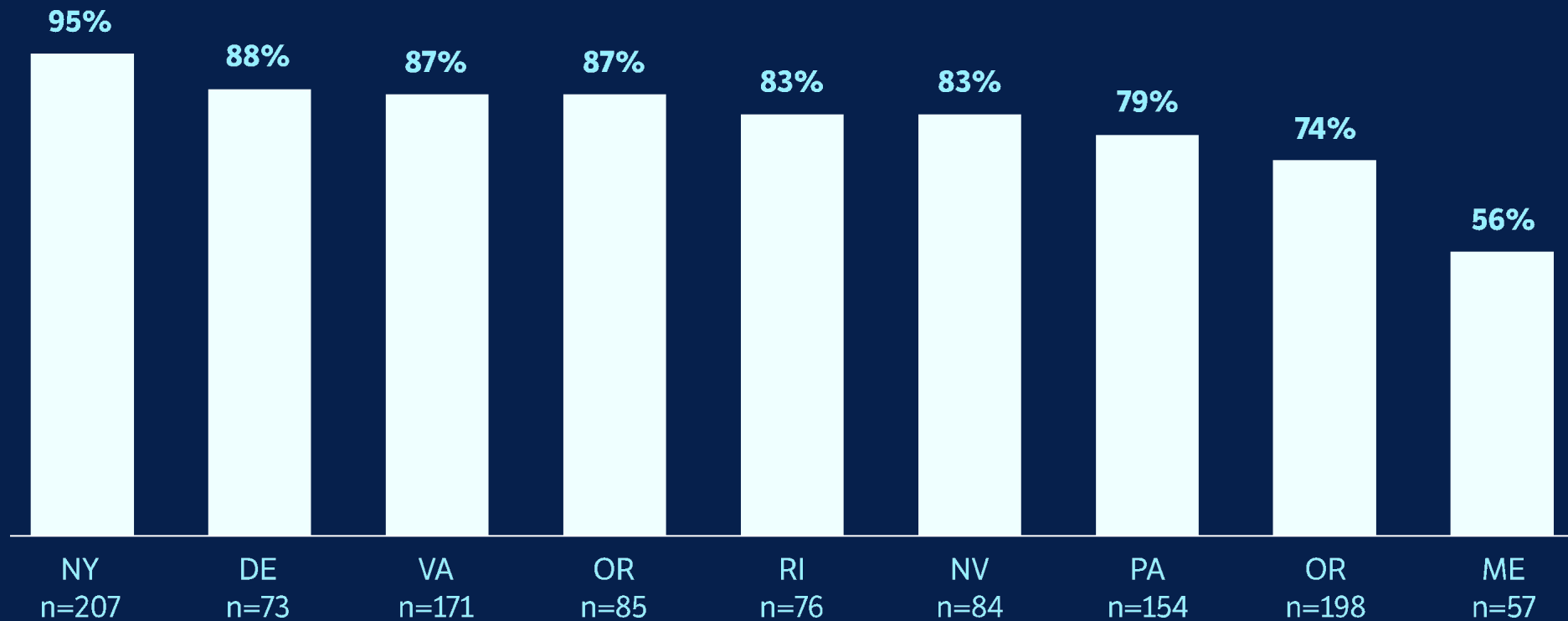
Training Needed

Q: In which of the following areas, if at all, do you feel you need (additional) training?



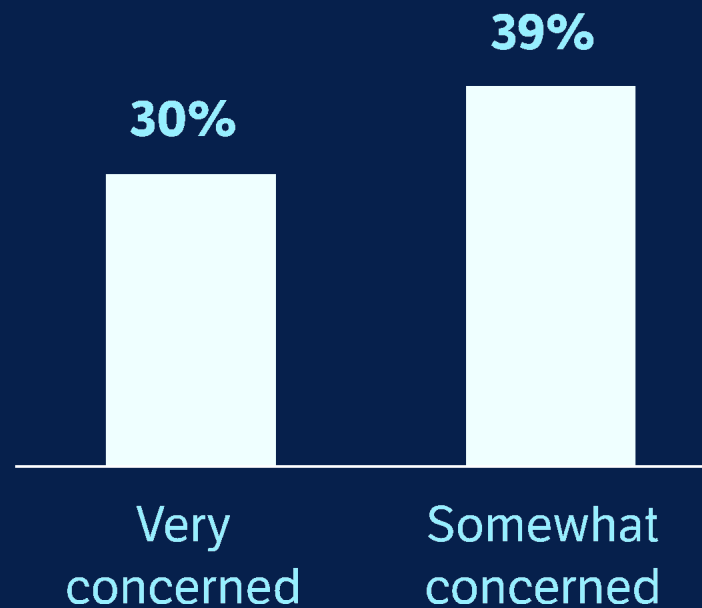
Financial Compensation

% of PRC respondents who receive financial compensation for the work they do as a PRC



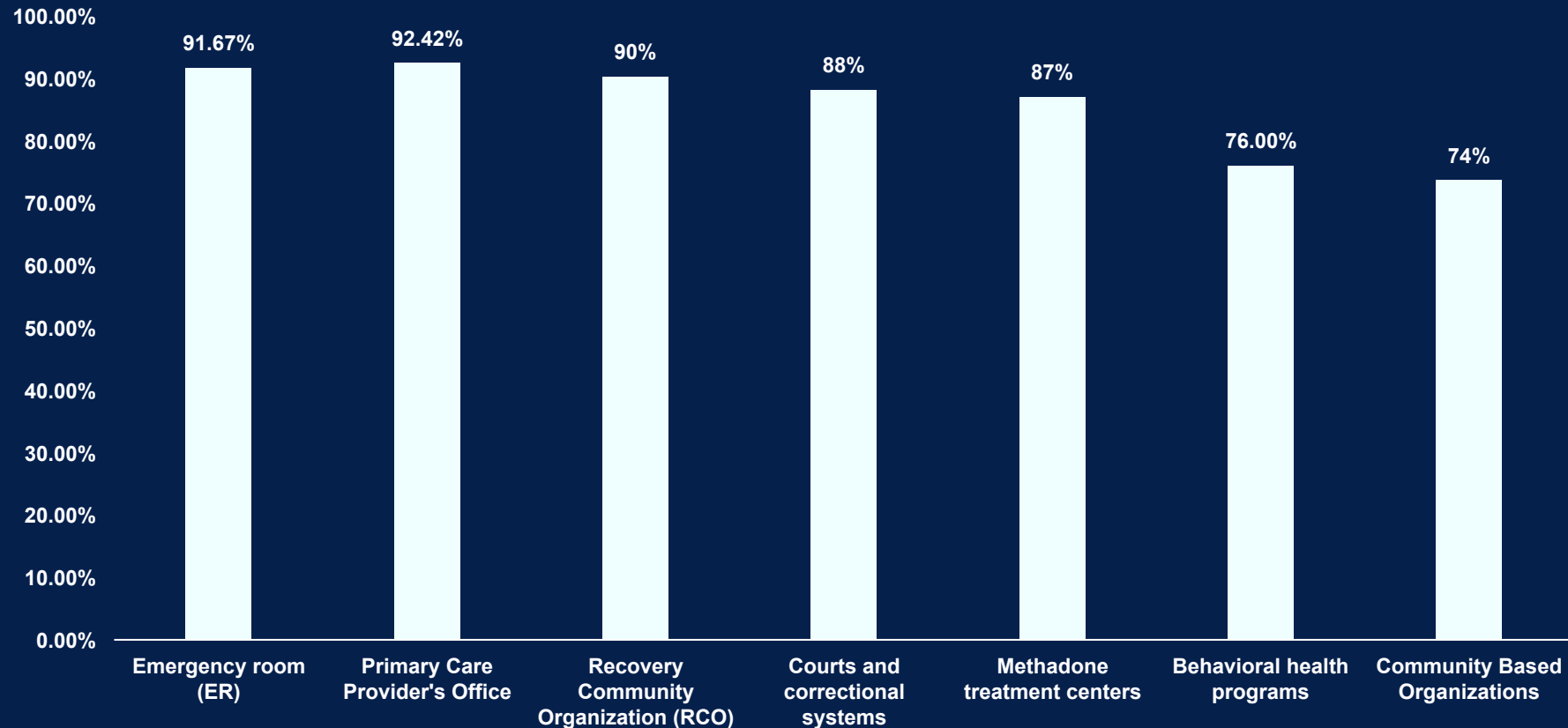
Financial Compensation

% of PRC respondents who are very/somewhat concerned about potential budget cuts/loss of funding to support the PRC position within the next two years



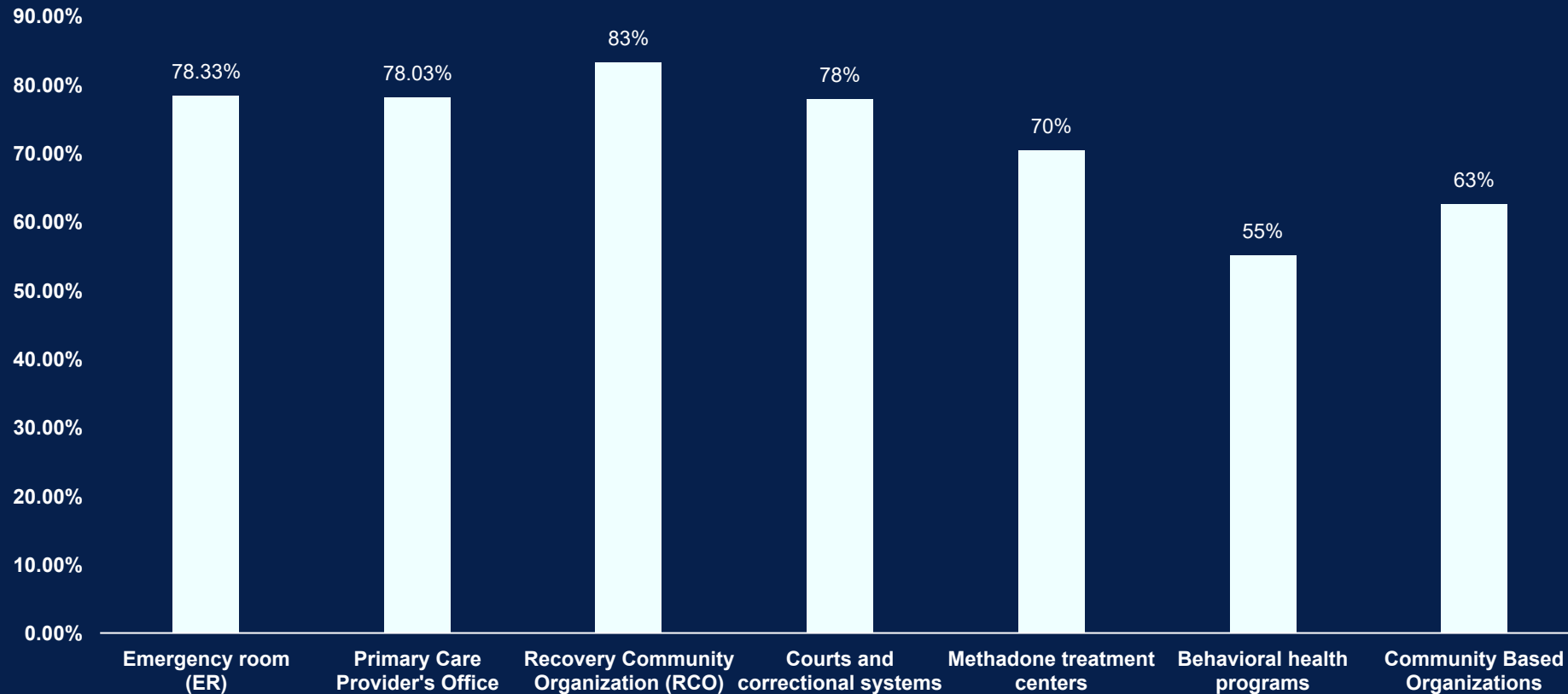
Role Definition and Work Setting

*% of PRC respondents say their role is very well/somewhat well defined,
By Setting*



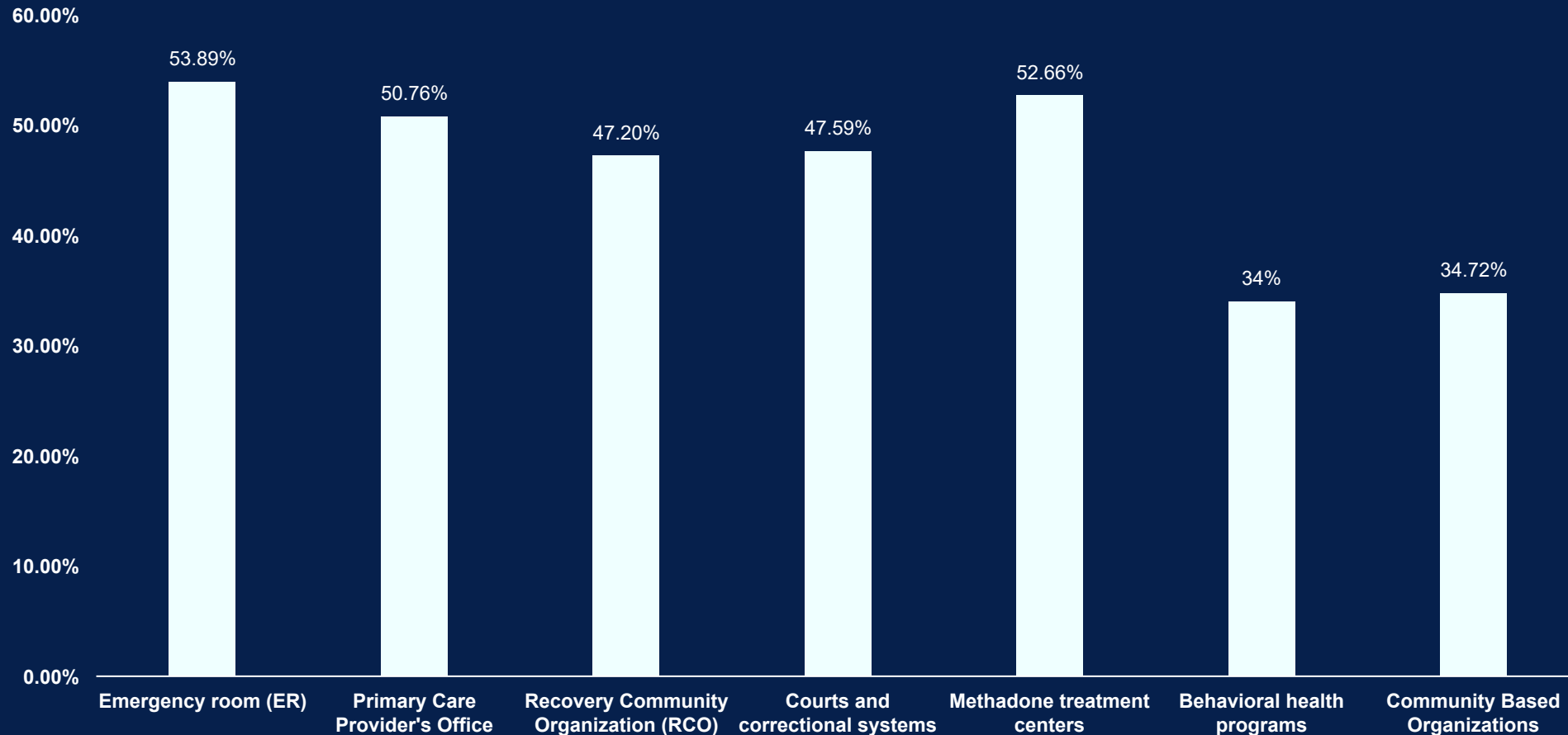
Coworkers Understanding Role and Work Setting

% of PRC respondents say coworkers understand their role very well/somewhat well, By Setting



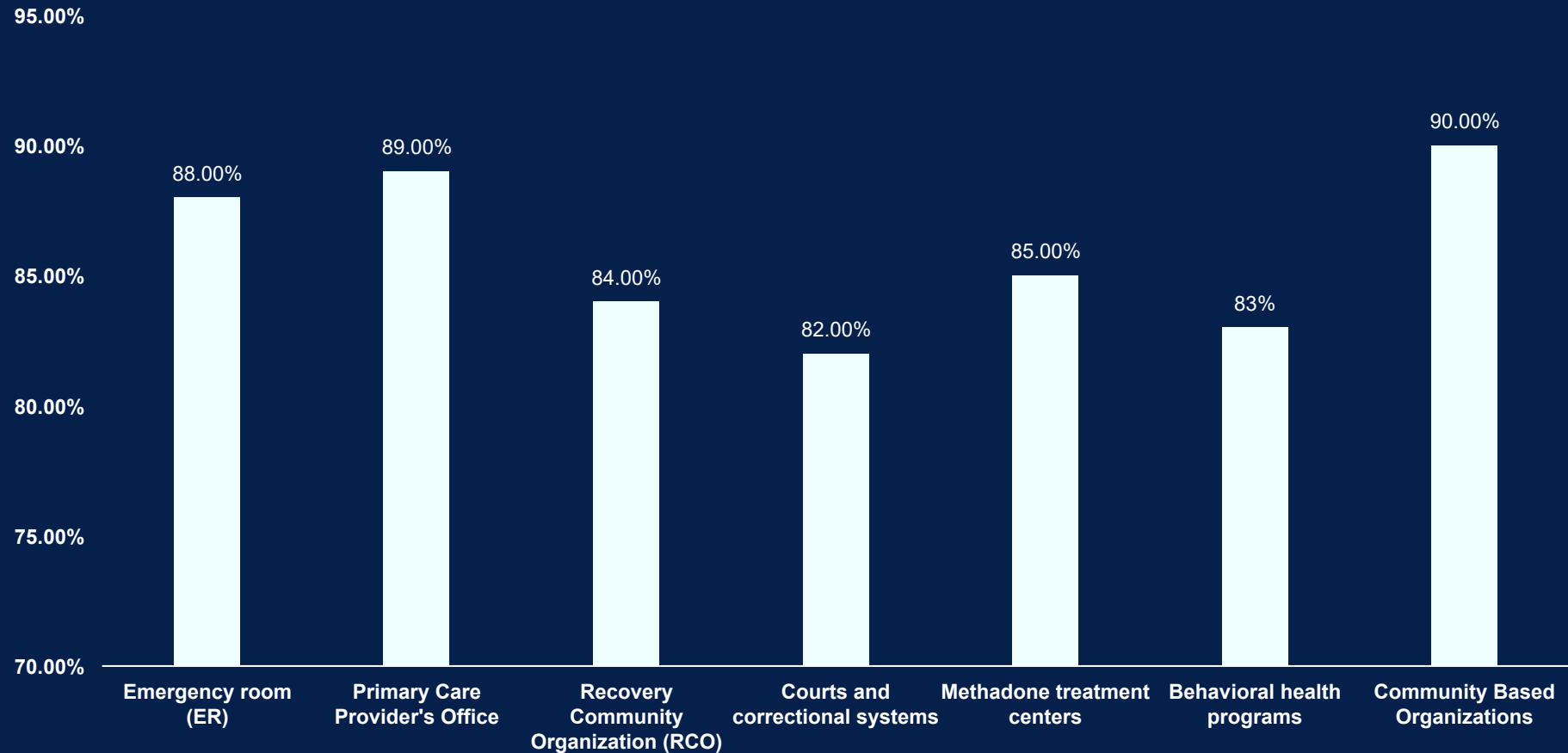
Preparedness for Role and Work Setting

*% of PRC respondents say they feel well prepared upon entering the workforce,
By Setting*



Financial Compensation and Work Setting

*% of PRC respondents say they receive financial compensation,
By Setting*



Battling Burnout

What's contributing to burnout? Based on those who feel some level of burnout, n=941

48%



Emotional strain
of working with
recoverees

26%



Do not feel
supported
at work

24%



Working too
many hours

23%



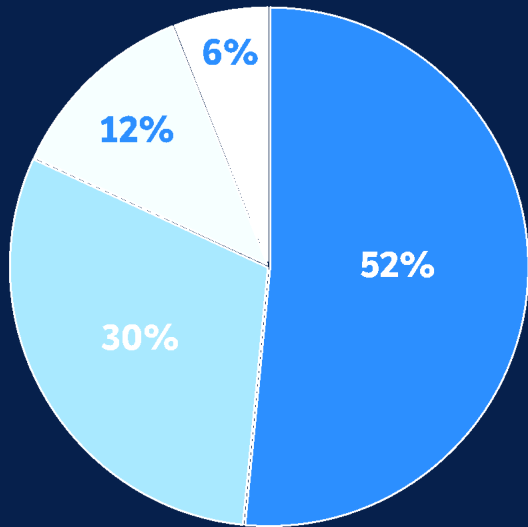
Caseload is
too large

Interview with Peer Recovery Coach



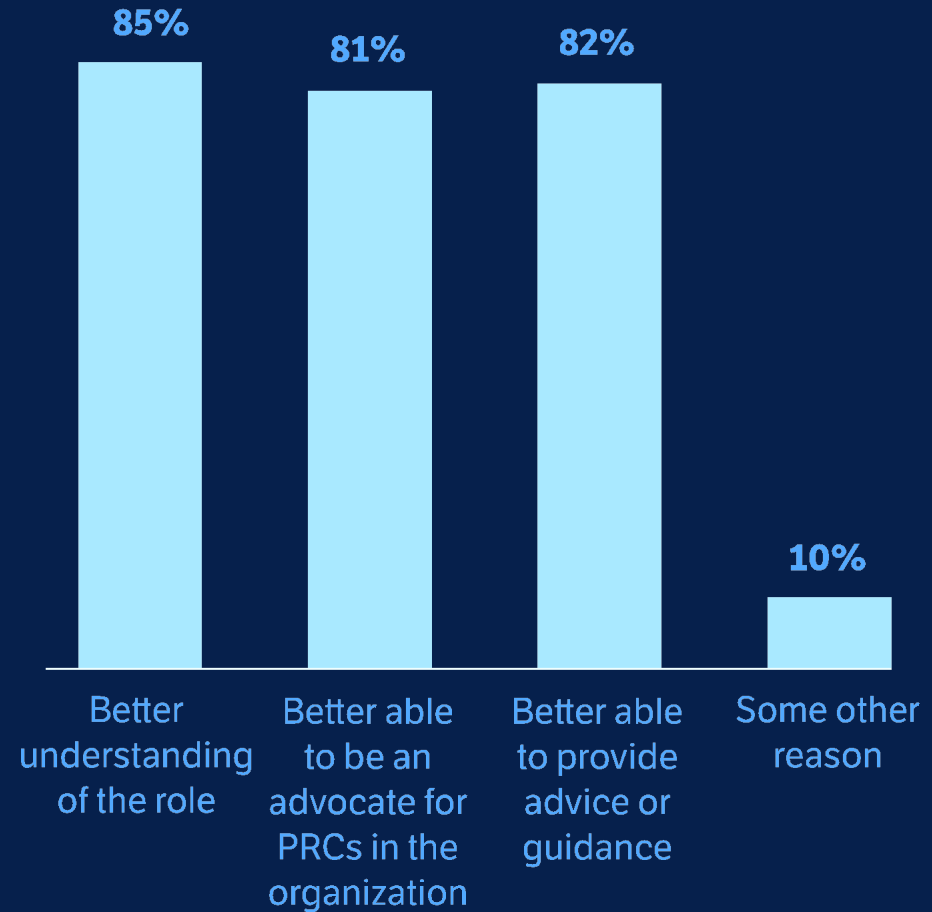
Importance of Supervision

Q: How important, if at all, is it to have a supervisor that is a PRC themselves?



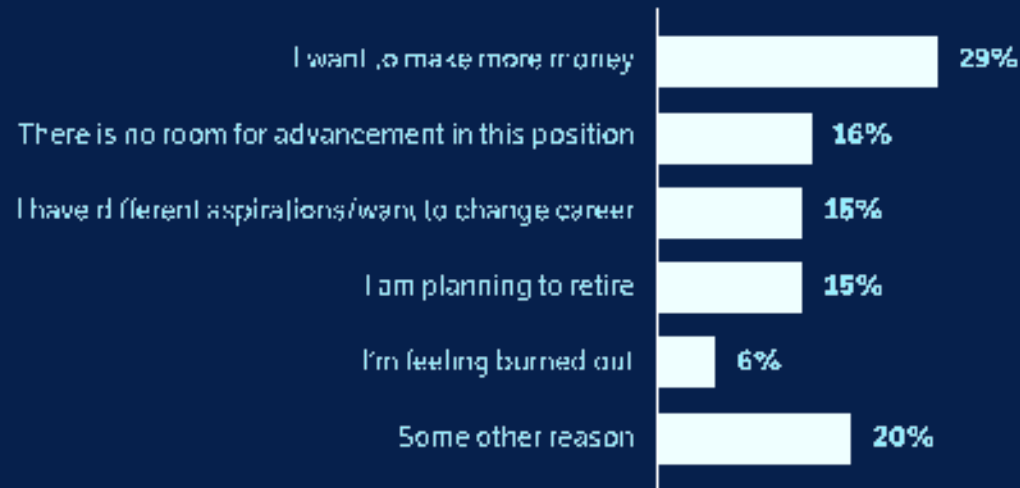
- Very important
- Somewhat important
- Not too important
- Not at all important

Q: Why is it important their supervisor is a PRC?

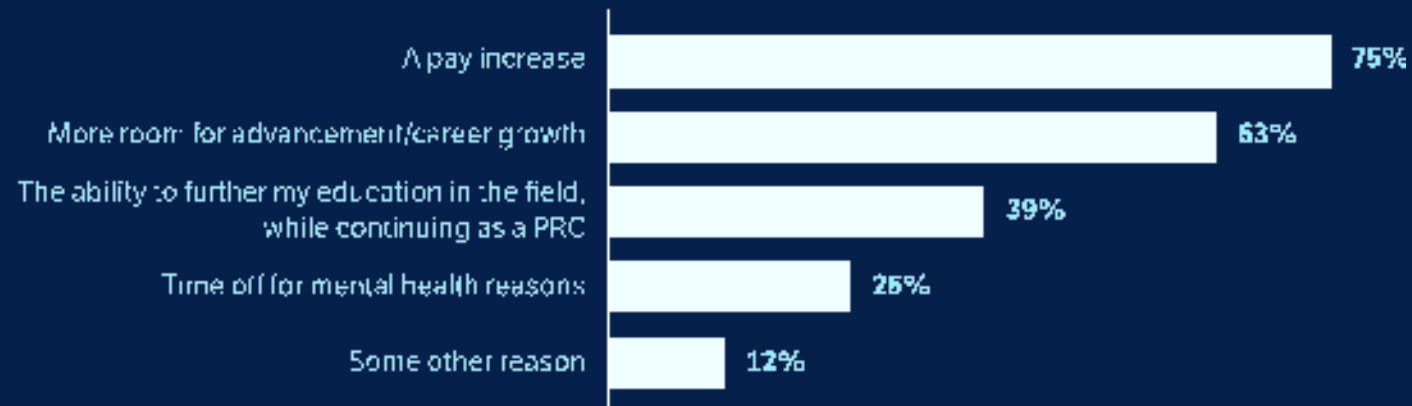


Career Goals

Q: What is the primary reason you are likely to find another career path?



Q: Which of the following factors, if any, would make you more likely to remain a PRC?



Conclusions

- ★ Highly motivated, mission driven workforce
- ★ PRCs are working in broad range of treatment and recovery settings
 - ★ Guidance and supports for integrating PRCs into different environments needed
- ★ PRCs are providing range of diverse supports integral to good treatment and recovery outcomes
 - ★ Training needs may vary over time and based on work setting
- ★ Challenges for this workforce:
 - ★ Compensation
 - ★ Role definition
 - ★ Supervision
 - ★ Career path
 - ★ Support for their own recovery/health

Empowering our Community via Harm Reduction and Peer Led Interventions

Edward Suarez, Jr. Psy.D., LMHC, MBA

Presentation for American Society for Addiction Medicine

April 6, 2024



Disclosure Information

Empowering our Community via Harm Reduction and Peer Led Interventions

April 14, 2023

Edward Suarez, Jr. Psy.D., LMHC, MBA

Assistant Professor
University of Miami

✦ We have no conflicts of interest to disclose.



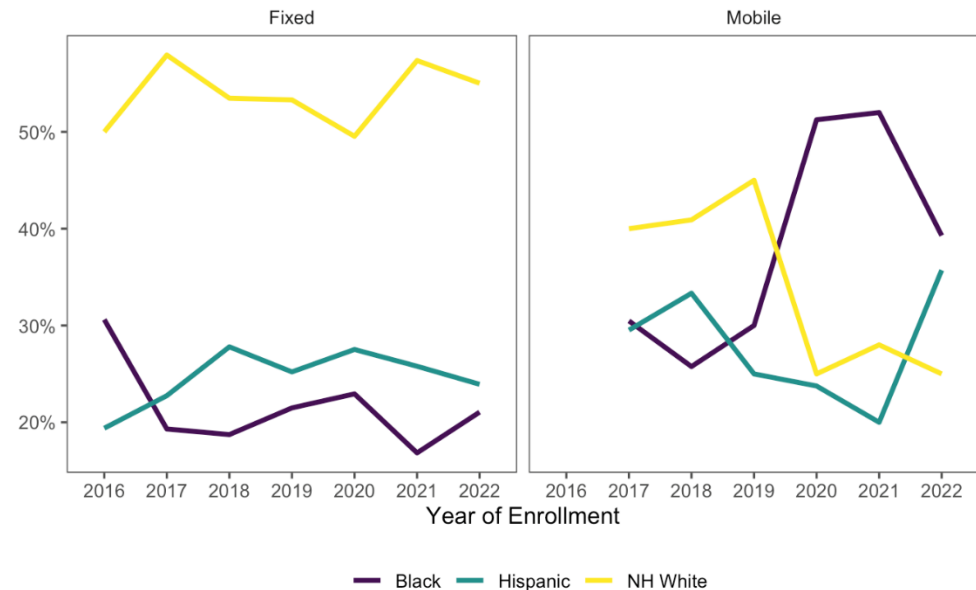
Launched in May 2017 to extend reach of the SSP services

Mobile SSP Unit



In 2019, we did an analysis looking at HIV infection among our clients and found that Black race was the most significant indicator of HIV infection – Thus, we started sending the mobile out to BIPOC communities daily!

Annual Proportion of New People Using Miami IDEA Exchange by Race
N = 2,111



Saving Lives with Peer Support

- ★ Peer support specialists like Chetwyn “Arrow” Archer are people with lived experience of substance use who help others navigate harm reduction tools, substance use treatment, and other healthcare and social services.
- ★ He has helped many IDEA participants and community members connect with lifesaving care and tools, such as the opioid overdose reversal medication, Narcan[®] (naloxone nasal spray).
- ★ Website:
<https://nida.nih.gov/videos/saving-lives-peer-support>



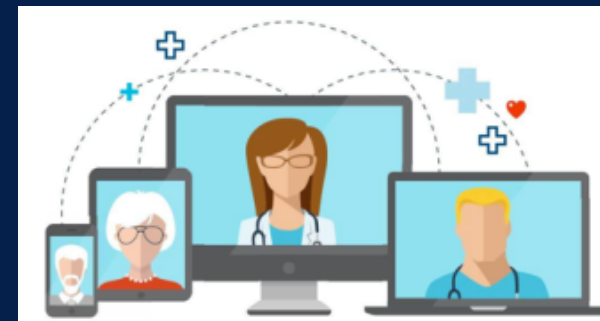
Saving Lives with Peer Support



@ideaexchangemiami

What is Tele-Harm Reduction?

- Telehealth-enhanced
- On-demand services
- Low-barrier access to ART, MOUD, and HCV cure
- Mobile phlebotomy
- Harm reduction counseling and medication management
- Telehealth mental health/substance use disorder services
- Delivered via an SSP, integrated with the provision of evidence-based naloxone and injection equipment



What is Tele-Harm Reduction?



Tele-Harm Reduction Intervention

> [Drug Alcohol Depend.](#) 2021 Oct 27;229(Pt A):109124. doi: 10.1016/j.drugalcdep.2021.109124.

Online ahead of print.

Acceptability, feasibility, and pilot results of the tele-harm reduction intervention for rapid initiation of antiretrovirals among people who inject drugs

Hansel E Tookes¹, Tyler S Bartholomew², Edward Suarez³, Elisha Ekowo¹, Margaret Ginoza¹, David W Forrest⁴, David P Serota¹, Allan Rodriguez¹, Michael A Kolber¹, Daniel J Feaster⁵, Angela Mooss⁶, Derek Boyd⁶, Candice Sternberg¹, Lisa R Metsch⁷

Affiliations + expand

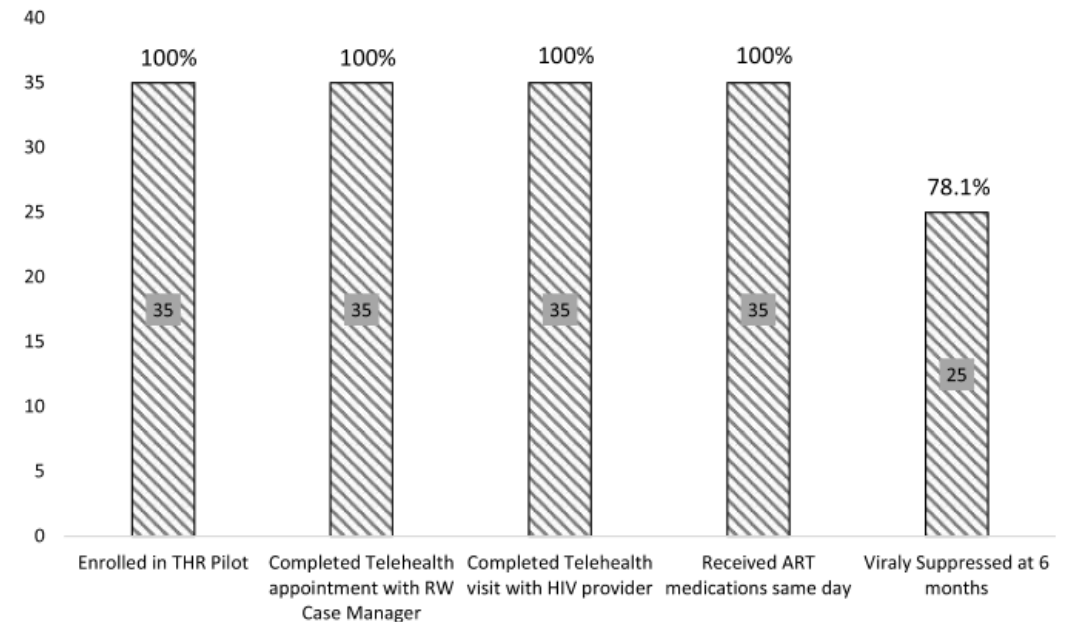
PMID: 34781096 DOI: [10.1016/j.drugalcdep.2021.109124](#)

Free article

H.E. Tookes et al.

Drug and Alcohol Dependence 229 (2021) 109124

Tele-Harm Reduction Intervention Outcomes



T-SHARP Trial

- 3 SSP sites: IDEA Miami, IDEA Tampa, The SPOT Broward
- Sample Size: 240 (80 per site)
- 2 arms: Tele-Harm Reduction or patient navigation
- Primary Hypothesis: Tele-Harm Reduction superior to patient navigation in HIV viral suppression at 3, 6 and 12 months
- Secondary Hypotheses: Tele-Harm Reduction superior for MOUD initiation/retention and HCV cure
- Cost-effectiveness analysis

STUDY PROTOCOL

Open Access



Project T-SHARP: study protocol for a multi-site randomized controlled trial of tele-harm reduction for people with HIV who inject drugs

Hansel E. Tookes^{1*}, Asa Oxner², David P. Serota¹, Elizabeth Alonso³, Lisa R. Metsch⁴, Daniel J. Feaster⁵, Jessica Ucha³, Edward Suarez Jr.⁶, David W. Forrest⁷, Kathryn McCollister³, Allan Rodriguez¹, Michael A. Kolber¹, Teresa A. Chueng¹, Sheryl Zayas⁸, Bernice McCoy², Kyle Sutherland¹, Chetwyn Archer¹ and Tyler S. Bartholomew³



Project T-SHARP

Telehealth Solution to HIV and Addiction-Related Problems among PWID

USF Health Tampa Bay Street Medicine Helps Launch Florida's Second Needle Exchange Program

Written by Sarah Bell - November 10, 2020 @ 12:00 pm - Filed under College of Public Health, Here's the Latest from USF Health, Hot News, PEET, Morsani College of Medicine, Multimedia, News Releases, Speech Page, USF Health Lead Story



Adapted THR Model for MOUD

ANNALS OF MEDICINE
2023, VOL. 55, NO. 1, 733–743
<https://doi.org/10.1080/07853890.2023.2182908>



OPEN ACCESS Check for updates

Adaptation of the Tele-Harm Reduction intervention to promote initiation and retention in buprenorphine treatment among people who inject drugs: a retrospective cohort study

Edward Suarez, Jr.^a, Tyler S. Bartholomew^b , Marina Plesons^c, Katrina Ciraldo^d, Lily Ostrer^c, David P. Serota^e , Teresa A. Chueng^e, Morgan Frederick^e, Jason Onugha^f and Hansel E. Tookes^e

^aDepartment of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine, Miami, FL, USA; ^bDivision of Health Services Research and Policy, Department of Public Health Sciences, University of Miami Miller School of Medicine, Miami, FL, USA; ^cUniversity of Miami Miller School of Medicine, Miami, FL, USA; ^dDepartment of Family and Community Medicine & Department of Obstetrics, Gynecology and Reproductive Sciences, University of Miami Miller School of Medicine, Miami, FL, USA; ^eDivision of Infectious Diseases, Department of Medicine, University of Miami Miller School of Medicine, Miami, FL, USA; ^fDepartment of Psychiatry and Behavioral Sciences, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA

ABSTRACT

Background: At the start of the pandemic, relaxation of buprenorphine prescribing regulations created an opportunity to create new models of medications for opioid use disorder (MOUD) delivery and care. To expand and improve access to MOUD, we adapted and implemented the *Tele-Harm Reduction (THR)* intervention: a multicomponent, telehealth-based and peer-driven interven-

ARTICLE HISTORY

Received 26 October 2022
Revised 22 December 2022
Accepted 15 February 2023

Characteristic	aOR	95% CI
Age	0.99	0.95, 1.05
Biological Sex		
Male	2.45	0.60, 9.99
Female	REF	REF
Race/Ethnicity		
Non-Hispanic Black	0.48	0.09, 2.47
Hispanic	0.84	0.23, 3.04
Non-Hispanic White	REF	REF
Insurance status at enrollment		
Uninsured	0.39	0.07, 2.09
Underinsured	4.71	0.37, 59.69
Insured	REF	REF
Housing status at enrollment		
Unstably Housed (in shelter)	2.43	0.60, 9.83
Rough sleeping (street)	1.33	0.28, 6.34
Stably Housed	REF	REF
Stimulant use at baseline		
Yes	0.29	0.09, 0.93
No	REF	REF
Escalated buprenorphine dose post baseline		
Yes	8.09	1.83, 35.87
No	REF	REF
Saw Provider via Telehealth in first 3 months		
Yes	7.53	2.36, 23.98
No	REF	REF



References

1. Suarez E , Jr, Bartholomew TS, Plesons M, Ciraldo K, Ostrer L, Serota DP, Chueng TA, Frederick M, Onugha J, Tookes HE. Adaptation of the Tele-Harm Reduction intervention to promote initiation and retention in buprenorphine treatment among people who inject drugs: a retrospective cohort study. *Ann Med*. 2023 Dec;55(1):733-743. doi: 10.1080/07853890.2023.2182908. PMID: 36856571; PMCID: PMC9980015.
2. Tookes HE, Oxner A, Serota DP, Alonso E, Metsch LR, Feaster DJ, Ucha J, Suarez E Jr, Forrest DW, McCollister K, Rodriguez A, Kolber MA, Chueng TA, Zayas S, McCoy B, Sutherland K, Archer C, Bartholomew TS. Project T-SHARP: study protocol for a multi-site randomized controlled trial of tele-harm reduction for people with HIV who inject drugs. *Trials*. 2023 Feb 7;24(1):96. doi: 10.1186/s13063-023-07074-w. PMID: 36750867; PMCID: PMC9904271.
3. Tookes HE, Bartholomew TS, Suarez E, Ekowo E, Ginoza M, Forrest DW, Serota DP, Rodriguez A, Kolber MA, Feaster DJ, Mooss A, Boyd D, Sternberg C, Metsch LR. Acceptability, feasibility, and pilot results of the tele-harm reduction intervention for rapid initiation of antiretrovirals among people who inject drugs. *Drug Alcohol Depend*. 2021 Dec 1;229(Pt A):109124. doi: 10.1016/j.drugalcdep.2021.109124. Epub 2021 Oct 27. PMID: 34781096; PMCID: PMC9102418.

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Jason Pritchard

Presentation for American Society for Addiction Medicine

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Disclosure Information

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SaVida Health

✦ We have no conflicts of interest to disclose.



What is a Certified Peer Recovery Specialist (CPRS)?

- ★ A person in recovery at least 12-24 months (lived experience) from substance use disorder or mental health challenges
- ★ Evidence-based practice
- ★ Community Service Boards (CSBs) offer peer services
- ★ Certified by Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) or The Virginia Certification Board
- ★ 500-hours working with Substance Use Disorder or Mental Health Individuals



How It All Began



Creating a Name

✦ Programming-Employment-Education-Recovery-help

✦ PEERhelp



PEERhelp

- ★ **Mission:** PEERhelp seeks to improve the quality of life for individuals in treatment and recovery from substance use disorder by addressing their health-related social needs through tailored social support, resource navigation, and advocacy.
- ★ **Vision:** PEERhelp envisions that all people returning from incarceration or treatment for substance use disorder will have a seamless reentry into society by having the necessary resources and opportunities to succeed, therefore reducing the morbidity and mortality of substance use disorder and recidivism in the Appalachian Highlands.



Training and Certification Challenges

- ★ In 2019, a study was conducted by Virginia Commonwealth University at the request of Virginia Department of Behavioral Health and Developmental Services. The study addressed why the number of trained Peer Specialists was increasing but the number of certified peers did not increase at the same rate. The barrier identified was the lack of options to obtain the 500 contact hours necessary for certification.

Peer Program Implementation Challenges

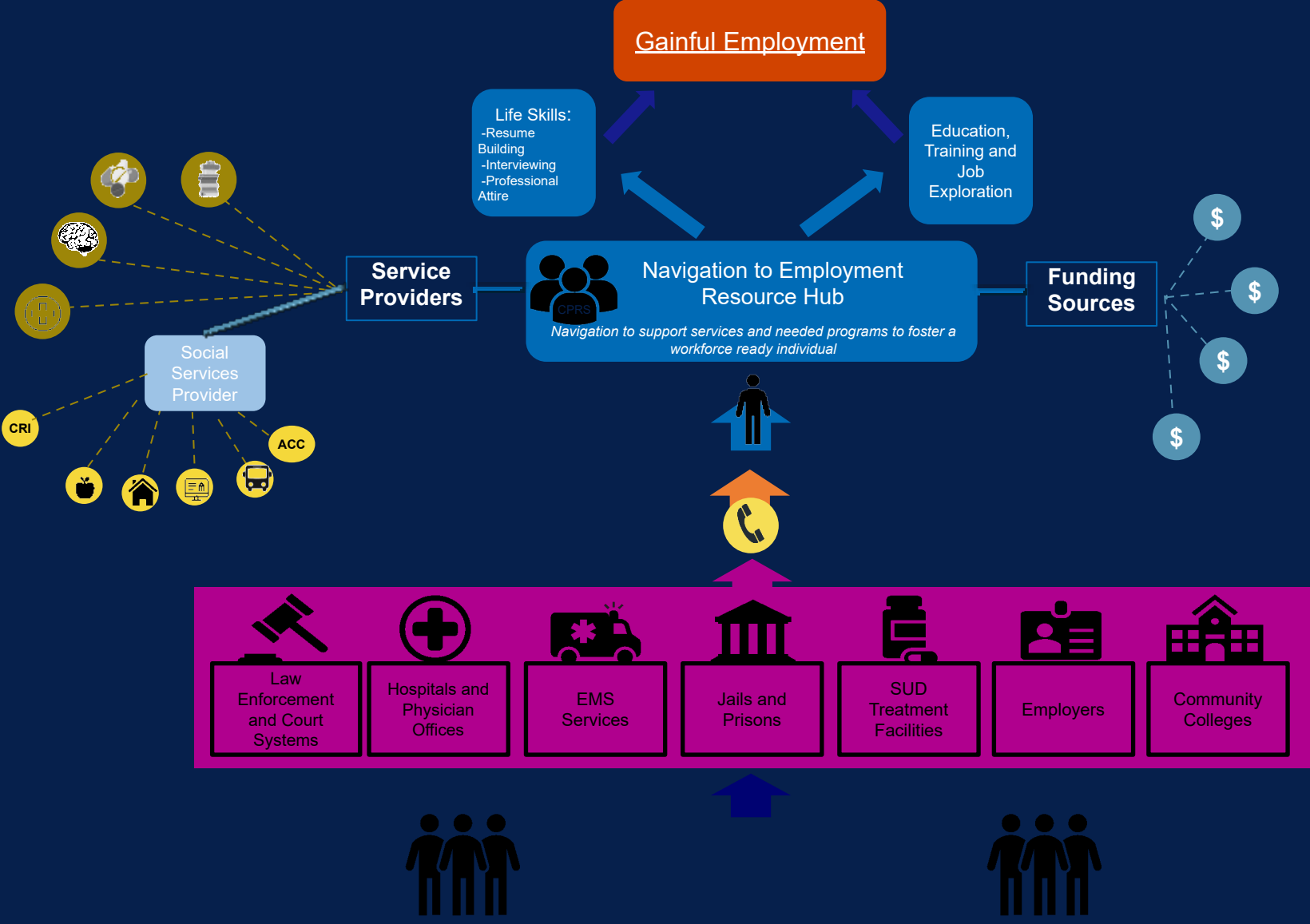
- ✿ Initially there wasn't enough trainers. (Expansion in June 2019)
- ✿ 500 hours needed for certification.
- ✿ Had to increase the number of certified peers in two states to create a recruiting pool. (Only 13 certified peers in VA and 25 in TN) (2019)
- ✿ Diversification of recovery pathways and Certified Peer Recovery Specialists (CPRS)
- ✿ Professional Development of CPRS's
- ✿ COVID Restrictions
- ✿ Funds for expansion

Overcoming Challenges

- ✦ Advocated with the Peer Certification governing body to get training of trainers scheduled
- ✦ Created volunteer opportunities for peers to get certification hours (Jail Emails, Warmline, Recovery Meetings)
- ✦ Trained and hired peers from the training classes we provided
- ✦ Grants funded peers to be trained to facilitate broad range of recovery groups
- ✦ Hired peers from a wide array of backgrounds and experiences
- ✦ Encouraged peers to pursue stackable credentials
- ✦ Overcame COVID restrictions by taking meetings virtual and interactions through email.
- ✦ Applied for a broad range of grants across federal, state, and private sectors

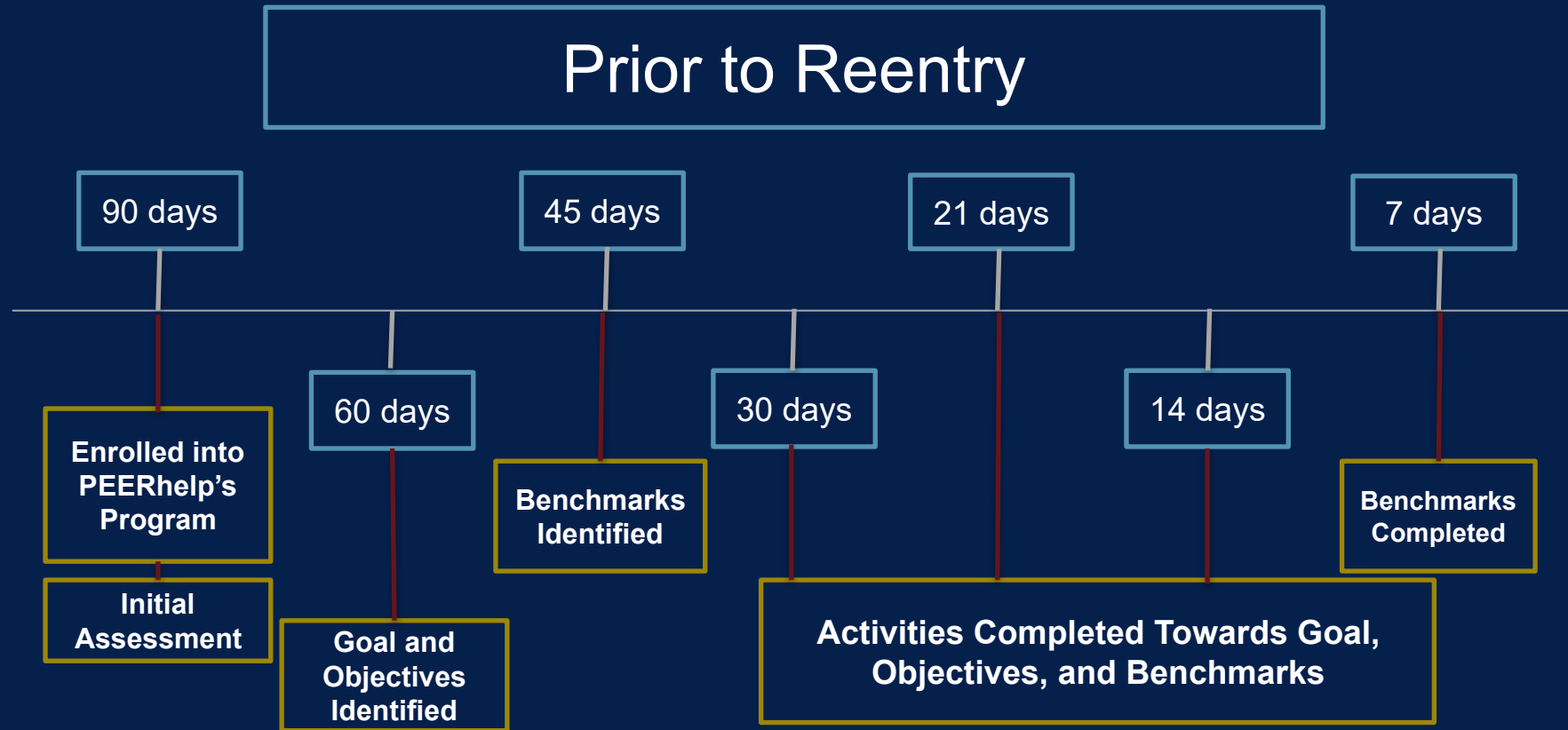


How It Works:

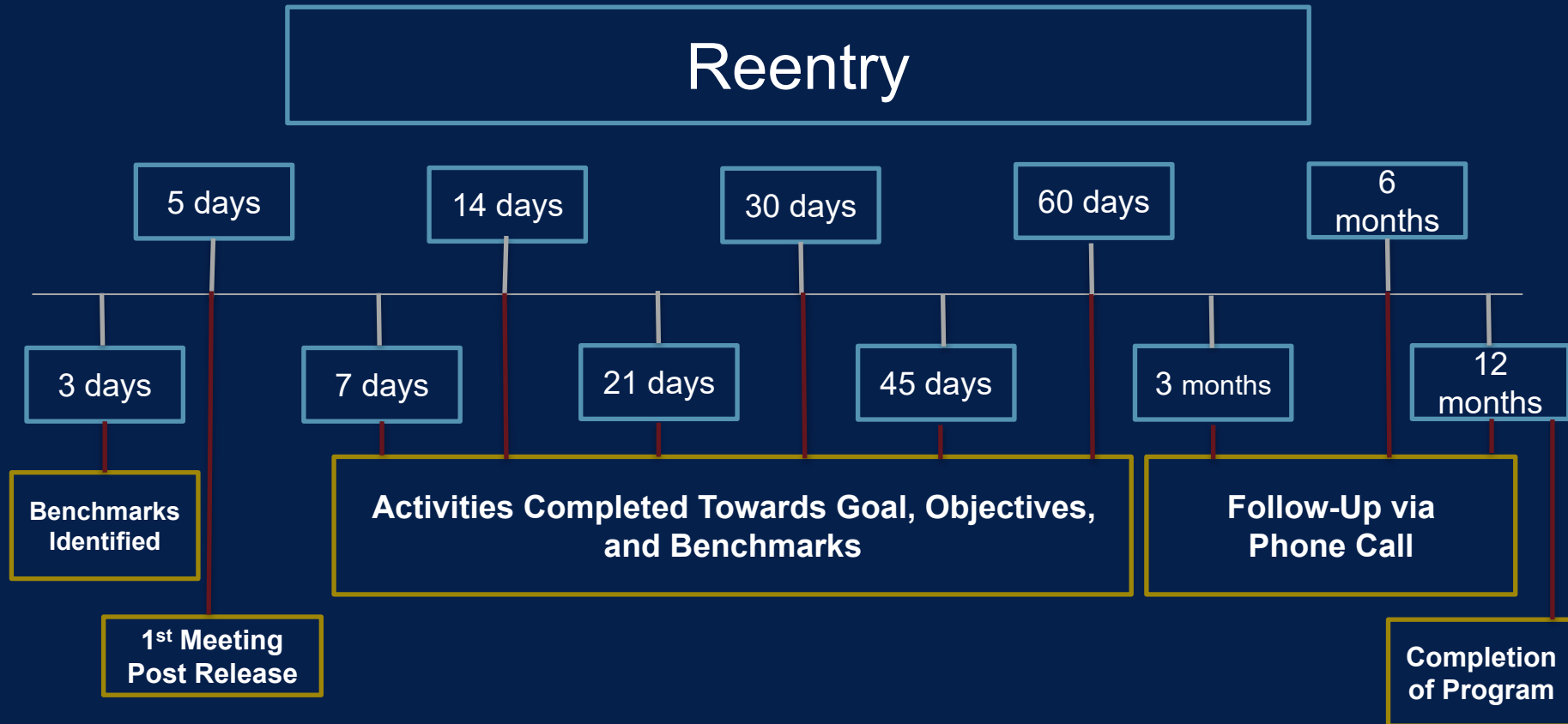


How It Works in the Justice System

Timeline of PEERhelp's Program



Timeline of PEERhelp Program



Training and Certification Results:

- ★ Narcan trainings: 130+ individuals trained
- ★ Certified Peer Recovery Specialist (CPRS) trainings:
 - ★ 120+ peers trained in the SWVA and NETN region
- ★ Virtual Peer Support trainings:
 - ★ 100+ individuals trained, 7 of those were trained virtually while incarcerated at Abingdon Regional Jail
- ★ Workplace Excellence Series:
 - ★ Offering in two jails, served 100 + individuals

Diversification of Peers

- ★ PEERhelp is designed to be an inclusive program for people in recovery. The program employs 12 Certified Peer Recovery Specialists with over 25 years of incarceration experience.
- ★ PEERhelp is a program that embodies the belief that everyone has a right to be involved in their own recovery process. “Nothing about us without us”
- ★ Diversified staff:
 - ★ LGBTQ+ community
 - ★ Ethnic/racial diversity
 - ★ Young adults
 - ★ Various pathways to recovery

Diversified Recovery Meeting Results:

★ Recovery Meetings:

- ★ 16 community recovery meetings meeting weekly
 - ★ 10 virtual meetings- response to COVID
 - ★ 6 in-person
- ★ 4 meetings conducted in regional jails

★ Diversified Recovery Meetings:

- ★ SMART Recovery
- ★ Living Free Faith-Based Recovery
- ★ Moral Reconciliation Therapy (MRT)
- ★ Pathways to Recovery, Self-Exploration
- ★ Workplace Excellence Series
- ★ Botvin Life Skills



COVID Response Results:

- ✦ PEERhelp email navigation services:
 - ✦ For the incarcerated population there are costs associated
 - ✦ PEERhelp funds an account through the various jail email systems allowing it to be free for participants
 - ✦ 1300+ individuals served since June of 2020 –May 2022

COVID Response Results:

- ★ PEERhelp Warmline: Funded by the F.O.R.E. Foundations
- ★ Operations began June 26, 2020, in response to COVID through May of 2022
 - ★ 350+ phone calls
 - ★ 150+ SUD resource navigation
 - ★ 90+ mental health needs
 - ★ 70+ individuals seeking social needs for themselves
 - ★ 40+ co-occurring needs
- ★ Staffed by PEERhelp staff and CPRS interns



Diversified Funding

- ★ Health Resources and Service Administration (HRSA)
 - ★ Rural Communities Opioid Response Program (RCORP) Planning, Implementation, and Psychostimulant
- ★ Foundation for Opioid Response Efforts (FORE)
- ★ Genan Foundation
- ★ Raffa Foundation
- ★ Private Employer Grants

Lessons Learned

- ★ Community collaboration is a MUST
- ★ “Nothing about us without us”
- ★ Passion, but practice patience
- ★ Be adaptable and flexible
- ★ Reoccurrence can be part of the recovery process
- ★ Diversify funding streams is a must



Lessons Learned: Implementing Peer Support in a Harm Reduction Model in Virginia (Sept. 2023-Current)

- ✦ Peers can operate in a hybrid model peer support/community outreach
- ✦ Every Managed Care Organization (MCO) has it's own process for Prior Authorization for Medicaid covered peer support. (Learn before pursuing)
- ✦ It can be very difficult to get recovery individuals to engage initially
- ✦ Caseload double or triple the actual reimbursement allowance. (15 to 45)
- ✦ Build resource spreadsheet on the front end for social determinates of health
- ✦ Explain what peer support is and the value for the counselors asap
- ✦ Peer Support has increased retention
- ✦ Make sure peer recovery specialists have a self-care plan
- ✦ Check in regularly that self-care is managed
- ✦ Encourage regular trainings on ethics and boundaries

Takeaways

- ★ Peer Support is an evidence-based practice
- ★ A person's mistakes shouldn't define them the rest of their lives
- ★ We Do Recover
- ★ Even bad experiences are experiences
- ★ Nothing About Us Without Us



Disclosure Information

No Wrong Door: Peers Standing By

April 6, 2024, 10:15 AM

Ken Shatzkes, PhD

FORE Program Director

☀ No Disclosures



Impact of FORE Grantees



400

Number of people with lived experience of opioid use disorder FORE grantees engaged

FORE grantees have helped redesign care models, staffed warmlines, and helped people find treatment and recovery supports.

Emergency Department

★ CA Bridge

- ★ Initiate MOUD in the ED
- ★ Embed “Substance Use Navigators” (SUN) in the ED
- ★ SUN helps connect patient to community services
- ★ SUNs now embedded in 80% of CA EDs

★ Medi-Cal Community Health Worker (CHW) Benefit

- ★ Effective July 1, 2022
- ★ Covered CHW Services:
 - ★ Health Education
 - ★ Patient Navigation
 - ★ Screening and Assessment
 - ★ Individual Support or Advocacy

In California, CA Bridge has supported hospitals that are embedding “substance use navigators” in EDs to identify and assist people who need treatment for substance use disorders. “They are there ironing out all of these barriers to care that have been, unfortunately, a part of the system — from connecting to a pharmacy that carries buprenorphine to finding an outpatient prescriber who will continue to provide frictionless access to this lifesaving treatment,” says Arianna Campbell, a physician assistant who serves as co-principal investigator for the project. The salaries of the navigators, who now work in 194 of California’s 206 hospitals, were initially funded by state and federal grants and are now covered through the state Medicaid program’s new community health worker benefit.

How would you describe your approach with patients?

Trevino: I’ll pull up a chair and say, “My name is Tommie. Can I talk to you?” When people come into the emergency department, it’s one of the worst days of their life. I’ve been there. I know it’s shameful and embarrassing and everything else that goes with it. I just try to lift them up so by the time they leave the hospital, they are feeling like they have a chance to get their lives back and stop their addiction. I give them hope. I spent an hour and half with the first person I talked to. He said he wanted to go to treatment and the facility picked him up. I just keep helping people. They tell me about 80 percent of the people I talk to don’t come back to the ED.



Trevino went to work at UC Davis as a substance use navigator as part of a pilot program in 2015. There are now 250 navigators working in EDs across the state.



Primary Care



★ NJ's Office-Based Addiction Treatment (OBAT) Program

- ★ Designed to enhance access to MOUD for Medicaid beneficiaries through primary care by providing:
 - ★ Enhanced MOUD reimbursement
 - ★ Patient navigation reimbursement

★ OBAT Navigators

- ★ Nurses
- ★ Social Workers
- ★ Peer Recovery Specialists

Integrating Medications for Opioid Use Disorder into Primary Medical Care: Innovative Payer and Provider Strategies for Improving Treatment Engagement, Retention, Outcomes, and Disparities

New Jersey's Medicaid program eliminated prior authorization requirements for buprenorphine, increased reimbursement for intake assessments, and now pays for navigation and peer support services. This evaluation will assess whether these changes have made care more accessible and improved treatment outcomes, helping to inform payers looking for ways to encourage primary care providers to offer medications for opioid use disorder.

Patient navigators

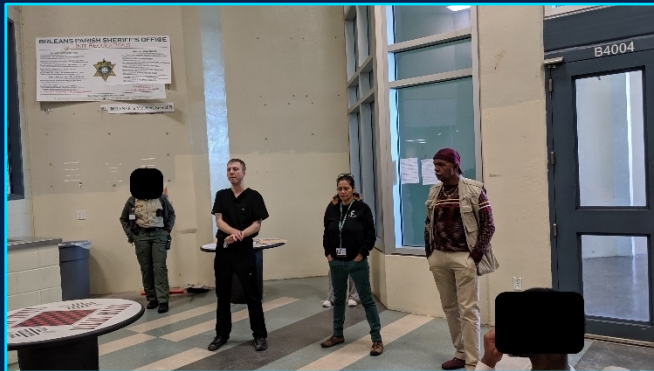
Patient navigation component reported to improve care quality and assist prescribers with non-medical needs. However, there were major challenges in registering PNs with MCOs and billing for services. PNs often had multiple roles in clinic, which were sometimes difficult to balance.



Criminal Legal System

Parent Elected Peer Advocate Program

Coweta FORCE (Friends of Recovery for Community Empowerment) is a recovery community organization in Georgia's Coweta County that provides no-cost support services ranging from peer coaching and education to employment assistance. With funding from FORE, Coweta FORCE will create a Parent Elected Peer Advocate (PEPA) program to support parents with OUD and/or substance use disorder involved in Juvenile (Family) Court proceedings. A peer coach will work with parents to help them achieve and maintain recovery, navigate their case plan, and provide support during court appearances with the aim of facilitating family reunifications.



Harm Reduction Education and Substance Use Treatment for Justice-Involved Individuals in New Orleans, LA

The New Orleans, L.A.-based Formerly Incarcerated Transitions Clinic (FITC) program was founded in 2015 to address the unmet health care needs of people leaving jails or prisons. With funding from FORE, community health workers will establish contact with justice-involved individuals within 48 hours of their release from jail or a court-mandated substance use treatment facility and help them to find addiction medicine services. FITC staff will also collaborate with Trystereo, a harm reduction organization, to provide harm reduction education in the local jail and to formerly incarcerated individuals.



Recovery Community Organizations

Training Peer Recovery Coaches to Promote Retention and Adherence to Medications for Opioid Use Disorder among Low-Income Adults

Henry Ford Health System, in partnership with the University of Maryland, will be developing a training manual for peer recovery coaches serving low-income, minority communities in Detroit and Baltimore. The manual will guide coaches in providing positive reinforcements and helping those in treatment schedule and engage in valued activities. The investigators will be studying the effectiveness of the intervention and sharing results with policymakers and treatment programs.



DETROIT RECOVERY PROJECT INC.
Doing It Together!



Addiction Recovery Coalition of New Hampshire Peer Recovery Support Program



Rural Recovery Outreach Center and Expanded Services



Harm Reduction & Street Outreach



Sustainable Rural Post-Overdose Follow-up & Harm Reduction Data Monitoring to Inform Better Services



DC Safe Haven Harm Reduction Launch



Respite Care for Individuals Waiting to Transition to Residential Care Who Are at High Risk for Overdose



Addressing the Opioid Crisis through Street Outreach Capacity Building



Other Initiatives

★ Recovery Corps

- ★ Launched in 2017, to train people with a year or more of uninterrupted recovery to offer **mentoring, peer support and resource navigation** as Recovery Navigators. Navigators provide one-on-one support to help people in their recovery journey
- ★ While they serve, peers gain valuable experience and complete the requirements for the Peer Support Specialist certification.
- ★ Currently available in 3 States: Minnesota, Illinois, and Virginia



★ Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act Reauthorization

- ★ Senate HELP committee passed a version of the reauthorization bill in December 2023 which includes two items focused on peers:
 - ★ Codify the Office of Recovery at SAMHSA
 - ★ Help peer support specialists serving individuals recovering from a mental health condition or substance use disorder by removing barriers to certification and practice

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**Foundation *for*
Opioid Response Efforts**

Follow ongoing updates on our website:
www.ForeFdn.org

Q&A



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