

NAADAC – Part Two: The Power of Peers in an App
for Tele-Addiction Recovery Support -08/4/2021

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>>JESSE O'BRIEN: Welcome to advances in technology part two. The power appears and at foretell addiction recovery support. We will get started shortly. I wanted to let you know you are in the right place. Make yourself comfortable. Hit us up in the chat box. Let us know where you are coming from today. Or you are dialing in today. We will get started shortly. When I realized I was on mute. You are in the right place. Welcome to today's specialty advances in technology in addiction prevention, part two. We will get started in a few minutes. You are in the right place. All right, we will go ahead and get started. Hello everyone and welcome to advances in technology had powering peers presented by Matt DeMasi, My name is Jesse O'Brien I am the training and profession content manager here at NAADAC Association for addiction professionals. We are glad you are with us today close captioning is provided by caption access please check your most recent confirmation email or Q and a chat box for the link to use closed captioning. This webinar is sponsored by map health management. Map is the leader in delivering on-demand peer led support. Services delivered by telehealth. Map's mission is to leverage their extensive lived experience and behavioral health and substance misuse to improve personal connection, community health, and community outcomes. We are using a zoom webinar today instead of go to webinar. It may look different from our previous webinars if you have not been with us in a while. Two features and zoom pretty much all of us are familiar with them at this point. The main features I want to draw your attention to is the checkbox in the Q&A box. Feel free to chat as much as she wanted ask us questions in the checkbox I need a quick answer or chat with your fellow peers that are here. For any questions to the presenter, make sure you put those in the Q&A box. Click on the Q&A box and open it up. You can write your own? You see a question you like anyone to make sure it gets answered. Give it

a thumbs up then it will vote the question of to the top and curates the questions for us and we get to the Q&A towards the end of this presentation. Every NAADAC webinar has its own webpage that houses everything you need to know about that particular webinar. Immediately following this link and you will find the lightning to the online CEF quiz. On the same link where you registered. Everything you need to know for this particular webinar is hosted At [email]. They were to read now. Please know if you need your certificate for today's webinar to say Lebanon. Complete the sequence within the next 24 hours. Also, if this is your first time going through the CE process. There is a downloadable guide for getting your online CE certificate. But you can get on the webpage. I recommend you use that as you go through the process. To make sure you get the certificate easily and without problem. Without further ado I will go ahead and introduce our presenter Matt DeMasi is a baby or health with a master's degree in clinical psychology from the Columbia University. He had care delivery and clinical efforts that help.[Name] Health. Which offers addiction recovery at all stages of their recovery. His passion lies in enacting significant positive change in behavioral healthcare, delivery, and increasing access to services for those in need of help. He is always open to discuss anything related to mental health and addiction. Matt believes recovery is possible and achievable when people feel supported and empowered in their care. Matt I will go ahead and stop sharing my screen. Allow you to do that. I will turn myself off.

>>MATT DEMASI: Just checking Jesse can you hear me? I had a few issues with the sound before.

>>JESSE O'BRIEN: You sound perfect.

>>MATT DEMASI: Off to a good start then. All right, thank you for that introduction. I am really really excited to be able to present today. Thank you for the opportunity. As Jesse mentioned I am at Halcion

health where I currently lead clinical efforts it is an honor and privilege to be in this space especially as I've had the chance to work with some phenomenal people that includes my team of care navigators and certified coaches and peers. Have really shown me and helped me grow in my role in terms of how can we best support people through addiction to help them achieve recovery? I had the opportunity a few years ago. This interest and passion for working with peers started about three years ago at New York Presbyterian Hospital. I had the chance to lead and develop new programming and the space of addiction. Substance use disorders/concerns. We start off with the question of what do we do to change kind of our service portfolio here at the hospital? One thing we realize can be beneficial. We saw change the mental health with community health workers we had employed at the hospital. Now, we have the chance to think about that role. In the context of the hospital for addiction and recovery support. So, we were actually able to bring and peers. That is where if you had asked me before that how peers fit into the landscape of recovery services? I would not have quite known the answer to that. Now I am such a huge advocate for the role. To be able to do this presentation and talk about peers a little bit more. I am really excited. Thank you for being here today everyone. It is really an honor. Some things I would like to cover with you today. More than talking about peers and kind of the virtual space. Really giving you a walk-through of a peer work and peer support throughout history in America. Who peer recovery coaches are what they do and their impact and how they really can make a difference in the realm of addiction recovery especially with the use of virtual and digital interventions. I will have a few questions on this presentation to get a pulse on what everyone's experience is with peers about some of the things that they are tasked with. The responses to those questions. Please feel free to ask

anything in my chat. I am happy to go and a lot of different directions at the end we do the Q and A. So first I want to take a minute to define recovery. Which is a complex thing to define I believe, and I think a lot of us here today believe that recovery does look different for each person. That really allows us to create really person centered, meaningful interventions for people that we work with. It is definitely important to get a sense of a or H shared a sense of what recovery means. So we are all starting from a similar start point. So, I think that is the first. Oops. Just before we do that. I want to do one check in. The question here is just reading the extent to which you agree or disagree that peer support is vital to helping people achieve their long-term recovery? I will give everyone the chance to answer the question.

>>JESSE O'BRIEN: You should see the pole pop up on your screen. Select which one you must agree with. I will give everyone about five more seconds to get their votes in before and the pole and show the results. All right, the result should be up.

>>JESSE O'BRIEN: I am having difficulty seeing it.

>>JESSE O'BRIEN: But it's okay I can read that percentage is 64 percent strongly agreed. 25 percent agreed to, 11 percent neither agreed nor disagreed and then there was zero percent disagree or strongly disagree.

>>MATT DEMASI: Great. I kind of expected that and thank you for that Jesse. I thought that would be the way that everyone answered the question. Really there is no wrong answer. My hope through this presentation is to showcase how vital peers are to helping people achieve long-term recovery. It looks like I already have a good audience backing for that. Really want to continue to make the argument that we need to include peer support and to people's recovery villages. It really does make a difference. So, back to the

original question. Defining recovery. It has given us a good basis through where they improve health and wellness live self-directed life and strive to reach their fullest potential. They go on to further define four components of health, home, for this and community. I particularly like this definition, because I really agree that I think recovery in every sense of the word is about enacting positive change in her life. Figuring out how to identify what the reasons were for using any substance that was kind of serving as a coping mechanism for some of the stressors that the person may have been dealing with an ally. When you can get to the root of what you are using. What a person was using for substances to cope with or cope four. We really can help people achieve their full potential. Figure out what resources we can add to their lives to make that voice of addiction. That is in their head through all the brain processes and pathways. Really quiet the voice of addiction. One of our coaches at Halcion Chris, she is phenomenal at personifying a lot of concepts. She always describes addiction as a voice and someone's head. We were talking one day. We both really came to the realization that addiction, recovery support is not simply removing the substance from a person's life. It requires a lot more effort there. That is where the four components within the definition of recovery come in. We have to add things to a person's life in order to make sure recovery can be achieved. Recovery is not a process of subtracting a substance. It is the process of adding resources and supports that make the person feel more able to really engage in their everyday lives. I think that is such an important distinction from how we have conceptualize recovery in the past. Just the subtraction of addiction from a person's life or hazardous use from a person's life. Just adding in our resources and support they can help them reach their potential. In addition to the four components that we talked about in the last five. There are 10 fundamental principles

defined by them self-direction, individualizing and person centered, empowered, holistic care, acknowledgment that recovery is nonlinear, that it is strength-based, peer support within the recovery plan. That there is an element of respect. Elements of responsibility and accountability. But most of all when you are working through your recovery journey in your process that there is a sense of hope. What I love about these 10 fundamental principles is I like to work with my team and dissect these little bits. Really give them the abilities to take concrete skills that help people use these 10 fundamental principles in the care plan that our team develops and use our care platform to do so. I think the best thing that we can offer people is a combination of just skill building techniques and a lot and I care plan that takes all of this into account. Makes found the kind of owners and drivers of their recovery plan. What I like to say a lot. Traditional recovery support professionals often for themselves if you were to use the analogy of a car. And the person going through the recovery during themselves as the driver think a lot of recovery support individuals like to put themselves in the passenger seat or the back seat. Help support the person to drive the car, maybe a little bit as a backseat driver. Trying to help them direct a person's care. I think the better way to do that or a way that we can rethink that kind of model is instead of trying to put ourselves in the car recovery supports for the person. Really acting as the signs on the side of the road. Really allowing people to explore their recovery journey at their own pace. Take turns off take the exit ramps off, explore a journey there. Come back on if it does not work for them. Get off on another exit further down the road. Keep trying different things until we figure out what your best path to recovery is. We can do not only take into account a lot of these fundamental principles of recovery here. Like I said, I don't think I could do a presentation without giving a little bit of history of peer support. I think

it is important for us to know what the origins of peer support work. Especially as we enter this new world a new era of interventions with the utilizing peer support through digital technology. Having a sense of where it started and what it looked like can be helpful as we continue to evolve and innovate in our peer support offerings. So, kind of a brief history of substance abuse in conus America. 1830s has were nicknamed the alcohol Republic. It was an assess Americans age 15+ drink an average of seven gallons per year. There was a lot of concern because there was a rise in drinking rates and that was coral is from Germany and Ireland. This affected the labor force, because it was reported that people were coming in less to work. More accidents in the job. This just became resulted in a workforce that became increasingly unreliable. The real thing here anything to also consider is that immigrants from Germany and Ireland had very different cultures. Where drinking alcohol was a bit more accepted and much more part of everyday life. Whereas Kona is America had more peer in values which resulted in kind of some differences in how people were living their lives as immigrants came in. In 1840s, he began to see the reaction to that. Which is the tempering society beginning to form. Really taking a stand against excessive drinking or sort of beginning to think about in the mind frame of drinking as a moral problem or a moral failure. The tempering society beginning to form. Would go out and try to get people to pledge abstinence and really working to go back towards the more conservative values that the country had been started with. So, this resulted in just a lot of different times of support they came from these different groups. Here is where you can begin to see a brief history of what those different groups look like. Even before: ice America. There was the Native American and indigenous Americans healing circles. Which were used for all sorts of different rituals. Very intrinsic to their cultures. Each one looked very

different depending on their tribe. A lot of it was there. Use for many different types of issues that they were facing. So, want to give everyone the background. A lot of this is actually comes from the way that Native American healing circles utilize peer support and peer healing. From that, he began to see other types of support groups in the [Name], Alcoholics Anonymous, and the next wave of what we are seeing with our own certified peers. This is the history. Just to give you a closer look, because I think it is really interesting history. The Washingtonians took a very secular approach to the way they were supporting people. The nonreligious way, no prayer, no preaching. The interesting thing here and the first pillar of what appears support offered. This element of the experience speech. Which was delivered by a person in recovery. It is kind of the first seed of where you are seeing sharing your experience with people with others who can relate to you. Seeing God as being a help towards achieving recovery. So, this experience speech and the meetings that the Washingtonians had emphasized helping people with their substance use concern, added the additional financial support for families of people going through addiction and trying to give them more support. To deal with some of the absences from work. Making sure families were well provided for in could sustain themselves. These meetings were fun. There was dancing. There was singing. There were comedy shows. They develop taverns without alcohol. Creating safe environments for people to still have fun. teaching people how to have fun without alcohol or drugs. As much as you may have used in the past. It is given people the opportunity to redefine what fun is and learn that if you are using substances in any way shape or form to fill more comfortable. But you can feel comfortable still without them being present in your life. They also sponsor picnics and parades. It was a more fun way of looking at recovery and geared toward working-class

people. Went 124. There we go. In 1906, we began to see the formation of the and manual clinics. A little bit of us swings back more religious support with emphasis on support. They did have sober social clubs. They also had the concept of friendly visitors. Early sober donate home visits. This was important, because they gave someone it gave people working on their recovery someone they could lean on. Who they knew would come by and check in on them. Could really be there to help guide them in their recovery journey. So, it became a companion and someone to help them on their recovery journey. Similarly, Jacoby clubs they emphasize the fellowship and support for new members as well. They called their special brothers. Special brothers were mentors much like the sponsors you see in AA today. So, these are the other little seeds for AA and other. The evolution of peers as they have come to see them now. In a lot of different ways. These are some examples of the clubs in the recovery support of the early 1900s. But were quite influential in the development of the next wave which was Alcoholics Anonymous in 1935. Whether you like alcoholics Anonymous or not. Lots of mixed feelings there obviously. They are one of the most influential developments in the early 1900s. For peer support. They really created a pathway that was something that could be replicated and something that has helped a lot of people stay connected to recovery support group which is so incredibly important for the recovery process. Having people who you can talk to who have been through similar experiences to you. Where you do not feel judged. Where you feel safe. That really is what a lot of AA offers or larger groups or you can feel safe to talk or listen. So, definitely influential. In the 1940s, they did offer paid positions. That tightens a lot of tensions between traditional healthcare providers interior support professionals. What it did highlight though. There was even though

there was the tension there. I created a bit of a rift between traditional healthcare providers in peer support which is one reason why peer support has kind of been left out by traditional healthcare. But what it did highlight what AA highlighted was the need for connection between addiction and ongoing recovery support. That is a bridge we can continue to build and work on now. As we continue to evolve the addiction and recovery treatment landscape. Is that healthcare providers do excellent work? Whether in a hospital IOP, detox rehab. There is incredible work being done there. What happens is as people begin to transition back to their community. All the great support and treatment that was given to them in those higher levels of care. It is not as structured anymore. When you don't have the same structured environment. That is not the reality for most people when they leave higher levels of care. There is the ongoing recovery support in the community. That is where peers can really come into play and really shine. That is where Alcoholics Anonymous I think has been quite successful. They are everywhere. A lot of healthcare professionals recommend checking out AA meetings after an inpatient stay ended or you are done with a higher level of care. I think what we can continue to do differently is figure out ways in which we can bridge those gaps between higher levels of care and building a community support. So, some key takeaways from the early recovery support groups. What we can learn from them. Is that hope and motivation are key drivers of recovery success. Evidence continues to show that peers really do help with reduction and relapse rates. Improve with treatment providers in greater housing stability. Which are huge. Because as we all know when you have a greater with your treatment provider you're more likely to go to those appointments. More likely to discuss the health issues you are having. More likely to express any side effects you might be experiencing with medications and able to

address that with the treatment providers and create better care plans for yourself and ultimately improve health outcomes. Housing stability, obviously incredibly linked to recovery and that if you don't have a stable environment. Or a place where you feel safe. It is likely that relapse or recurrence is quite likely. When people are able to stay in their homes. They are more able to feel comfortable in homes increased stable environments. People have much higher rates of longer-term success in their recovery. Then, the second take away here is that having a sense of belonging to a community is vital. One of the most common struggles is isolation. Isolation is a common struggle for relapse. Stress management and isolation. We will get to it a little later in the presentation. But COVID-19, obviously, created large amounts of isolation experiences of isolation. We are seeing the results of that in high rates of substance use concerns ED visits, overdoses. We really have to think about. Especially in a virtual sense of being bridges to people struggling if there is isolation out there. How do we reach those people who are struggling alone? The shared experiences between peers and those they can support can really help develop a positive sense of community. Even one person. Even if it is that one peer. That is better than no one. That shared experience will create such an incredible just experience for that person in their ability to build a community. It gives them the strength and confidence that they can definitely build responsibilities with others in their lives and potentially meant relationships that could have been strained during the process of addiction, as they work through their recovery. Then, lastly are really the early peers and use groups set the stage for acting as advocates. Helping people connect to resources that could support them in continuing their recovery process. That is really huge. Peers not only offer that ability to connect with someone with a shared experience. They are really advocates. That

is one of the greatest things I love about working with my team of peers. They are so strong at advocating for the needs of the members that they are working with. They know so much about the resources that are out there. They can definitely help connect people to a lot of different resources out there. Try different resources. Kind of support them to continuing engaging with those resources. So, getting more to current uses of what peers look like today. Just who are they? There are lots of different definitions out there for the sake of this presentation. The peer is a person with the lived experience of addiction and recovery. This can definitely include family members who have helped people navigate their recovery to. They are definitely family peers who do incredible work. It is so vital to include the family in any recovery support you are doing. There are often strained relationships or maybe misconceptions about what addiction really is. Sometimes people still have that kind of traditional moral failure of stance and do not really understand it as a condition disease that it is. So, giving family members a chance to someone who also have similar experiences to them. Can make such a world of difference for peers and for people who are suffering with addiction and recovery. That ability for a family member or two when you see that lightbulb go off. They realize this really is something like diabetes. Something that needs to be managed. To be learned about. For people to continue to take medications. That is part of their recovery journey. There is a lot to learn here. A lot I can do to reorient the way I am supporting my loved one. That change and mine train even if it is just from the moral failure to chronic disease. Can be so impactful for the entire recovery for the individual. Peer recovery support individuals are motivators, aggregators, community resource navigators, mentors – role models and soundboards. What they are not is they are not advice givers. That is a huge thing that we sometimes see is the misconceptions that

they simply give advice. That is really not part of the peer role. We have seen this. I was doing some research I am torturing myself with another degree. Another Master's degree. In rehabilitation counseling. It is really just because I continue to want to learn and really love learning about the steel. I am doing some research with a professor. We did a survey of behavioral health professionals. The peers that work with them. We asked them about different elements of the peer role and what is the most important parts of being a peer? Even today, even for behavioral health therapist, psychologist, the licensed professionals. There is still a misconception of those types of providers greeted giving advice as an essential peer support. Well, where is the peers did not make that very highly. So, they actually did not read at high at all. It was the lowest rated competency on the survey. There is a disconnect of what peer recovery professionals do in some way not delivered in a professional manner. That it is given sometimes through advice and not through a more mechanized, more thoughtful process. Which is really what the certifications that peer support professionals get and why they are able to deliver such meaningful interventions. It is because they have this ability to deliver real experience in a way that is meaningful, not technically clinical. Does offer a way for people to think differently about their recovery that is not just simply giving advice. Roles not peer recovery support professionals. This is where you differentiate. The title of this light should be do not operate as peer recovery support professionals. When they are acting in these roles. AA sponsors, therapist, priest, clergy. They do not operate as peer recovery support professionals. They should not. They should be acting within their roles. Because all of these people and all of these different types of roles are essential part of the recovery village. Having a peer add something extra to all of these other supports that might be in your life. AA sponsors and

therapists and all these other roles operate differently from peer recovery support professionals. I kind of broke this down a little bit here. It is not super expensive or kind of goes into too much depth. It gives you a sense of what the differences are between counselors and CPR C. Operator different from the traditional AA role but is their own service and own kind of processes. They heal through using the 12-step method. Where CPR literacy go through the certification process. They are focused on the present day and how to build and strengthen recovery capital. They are there to focus on linking people to different resources. They are often paid sometimes our volunteers. I hope they get paid. Their work is so incredible. There is a large difference between sponsors focus and I CPR C. I think the biggest difference is that CPR C are usually able to have multiple recovery tools in their toolbelt. They do not just operate from one particular modality like 12 steps. They are knowledgeable in that, but knowledgeable and smart and harm reduction. A lot of different techniques for helping people through their recovery journey. That is really that different. That certification process gives them the ability to channel that lived experience into something more formal. While also being able to help people navigate different roads to recovery. Just a little bit more about their qualifications. These are people as I said with lived experience. There are a lot of different certifications NAADAC, mental health America, [Name] Has in AP recovery service in Massachusetts has certified peer specialist. Certification requirements usually entail coursework, training hours and providing support, supervision, and exam for the certification and then continuing education. This is not just a one time you get a certificate; you take a 12 hour kind of course in order to do that. It is really expensive. Really well-trained. So, the certified peer role because of all the different requirements offers an incredible value to the recovery

landscape of any program. Whether it be IOP, detox, rehab. Inpatient care at a hospital. The work appears can make such a huge difference. All levels. The core values and principles. Recovery oriented, person centered, that peer support is voluntary. Their relationship focuses and they are trauma informed. Of course, all of these are important. Really want to pay attention to the person centeredness. Peers are very very good. My experience at really making care personally. We talk about it a lot, as professionals, as people are administrators developing new programming. The peer support is incredibly good at being person centered. Now the lived experience. They lifted they understand what works for them, as a person in recovery. It is not going to work for someone else. You have to explore all these different avenues. I have not gone through. I am not a peer. The attention to cultural means. It is so well done. I don't know if that comes exactly from the personal experience. I have to check with my team. The cultural sensitivity awareness and empathy that I have seen many people demonstrate is so unparalleled. I really commend all the peers who I have seen and worked with. Because their ability to really be sensitive to religious or spiritual needs to disabilities, to all these different things. It's so incredibly powerful and impactful. There is something in that certification process or maybe in addition to their life experience against them that sensitivity to cultural needs. Obviously, trauma informed care so incredibly important especially always especially really right now with the global pandemic isolation. A lot of social unrest. Intergenerational trauma. All this peer support is so good at coming from the perspective of being trauma informed. Creating environments in which people feel safe to talk about some of these difficult life experiences. Creating a sense of warmth and compassion and empathy. It is so vital. That is what peers are exceptionally good at. They are really able to look at a

person's strengths. Figure out what those bright spots are in a person's life. Those areas where everything else is going wrong, but this one thing it seems outrightly because it is going so well.

Translating those bright spots into more areas of a person's life. That is such a beautiful and remarkable skill for a peer to look through the dark, see the light, and make more light than was there previously.

That is what I love about so much of the work in peer support especially. Here is a list of peer core competencies that I think into the heart of why they are so good to do what they do so well. They engage in collaborative and caring relationships. They provide support. They share the lived experience. They personalize the experience. I think the other thing really is the promote growth and development. I did not including it. It has been on other slides. Development of hope. What we are seeing at Halcion, and I have seen in other kind of roles I have seen. A lot of people are so beaten down on their experience navigating treatment landscape. Have lost a lot of hope that something will work for them. That is no fault of the treatment landscape. In some ways, the transition home or just not being set up with the right amount of support when someone leaves. Can be so detrimental. You put all this work when you're at rehab or detox. Everything is going great. When you come back, all of those triggers are much more prevalent, and it is hard to manage that without continued ongoing support. That is where all the peer work comes into play. Peers have been there. They understand what it is like to come back from a higher level of care. Have to navigate a new life. Have to navigate implementing triggers and real-life situations. The coping skills related to triggers and relation to their environment and their being back in their community. So, peers are the sounding boards and mentors and coaches that can help them figure out how to best integrate what they have learned at those different levels of care.

Really apply them in real life, and real-life situations. To make sure they are confident in their recovery skills. So, benefits of adding peer support. The sharing of lived experience can be life-changing. We have seen that even with the Washingtonians we back in the early history of the country. Sharing lived experience creates a sense of connection. A sense of community. You understand you are not the only person going through the things you are going through. When you're hearing from a person that has achieved recovery. That recovery is possible, and that can be so life-changing and so motivating for so many people. They are really good at kind of understanding the early warning signs. Obviously, they have the lived experience. There is a lot of ability to do early intervention.

Recurrence relapse prevention. Which is one of the coolest things about what I am seeing right now. That the members who were working with are actually telling their peer that they are thinking about using or have actually experienced recurrence of relapse. Not telling us weeks later when we have not heard from them. Telling us within a day, two days. Because they trust their coaches so much. That they want to process what happened with them. We are really able to prevent a lot of full-blown I think potential relapses which is the difference between recurrence and relapse. Relapse is when full-blown. When we lose people. They stop engaging in their care and end up back in emergency rooms or other systems were as a recurrence is a short blip. You may have a drink or a couple. A knight that is not great or couple days are not great. You are able to catch yourself and leverage your resources that you have been connected to. Able to utilize your recovery to stop yourself and catch yourself, and get back into care. That is one of the coolest things with peer work in a digital environment. I will get to this in a little bit. With some of the outcomes we are seeing. That is one of the coolest ones I am

seeing. We are able to catch a lot and provide early intervention and prevention in so many ways. Again, the personalized support is incredible. Peer support can be beneficial when working with families as mentioned earlier. The relationship between peers and those they work with is really long-term. Usually, we are seeing people at Halcion coming up on a year with some of our members. Six months, eight months. We have long-term relationships. That is what we are sitting across the field. When you are able to engage someone with a peer. That is a relationship that last. Peers are invested. When the members and client feedback. The peers are so invested. They also invest. That is such an incredible relationship to build when you are invested in your recovery and the relationship you can begin to get a lot out of it which increases the recovery capital and improves outcomes. Which is good for point number six of cost reduction in healthcare. It is great. The best thing we can do is really add the support to people's life. Improve their hope. The amount of hope they have in a recovery system. Recovery is possible. When we do that the outcomes are so great. People do utilize higher levels of care and less negative health consequences as a result of substance abuse and addiction. You don't have to take my word for it. There are plenty of studies out here. I have listed a few reviews. Just to look at the evidence of having peer recovery support. One thing I definitely want to continue to call out is the concept of transitions and treatment. If we can get people to stop falling through the gaps level to level. As they go down and levels of care. I think we stand such a greater chance of helping people achieve long-term. Peers in the community are available in the community once you step down from different levels of care. It is so important. What they do is they can really act as. The way I conceptualize care with peers. You have the person receiving support at the center of everything. Which is what we are all trying to

aim for. The peer can really be there in the center as well. Kind of as a hand on the person receiving support shoulder. Helping them figure out how to access all these different resources. How to use them appropriately. How to integrate them properly into their life. So when they feel a certain area of their life is not up to what they are hoping to achieve. They can rely on their peer to point them in the direction of you have a PCP. Let's talk to them about your experiences with the medications he might be on, to managing your diabetes. Managing another physical health related condition. Giving them the ability to be advocate for themselves. Just really really incredible things that can happen. When you have someone who can help you navigate a complex and often sideload healthcare system. That is such a huge added game when you have a peer working with you. It can help organize levels of care or figure out all how to use them. Help you communicate with all the – and coordinate your care or your recovery journey with all of those different support that are available to you. Just a couple of others here. Just highlighting peer services can provide an alternative to patient care in some cases. This could also decrease in cost associated with hospitalization or incarceration. This study recovery capital which was cool for me to see more research more recent research and capital. We are seeing that when peers are involved. We are seeing moderate increases in recovery capital. Which is great. Then, lastly e.g., especially in rural areas where there is long less access to support you can benefit for it. Having referrals with community-based support and the peers can really be such an incredible resource for helping those referrals not utilize that person becoming links. That was huge area of improvement when I worked at a couple hospitals. Just making sure that in people's discharge plan. That there referrals were successful. Giving people a list of resources to try without that appointment or phone numbers or anything like that.

Obviously, not the best discharge plan. When peers are involved and set appointments. The peer is involved they can help the person navigate once they are out of ED. We see increased rates of success in terms of people being linked with the appropriate resources that can help them in their long-term recovery process. Here is a check and second check in question. A major role of the peer recovery support professional is to give advice?

>>JESSE O'BRIEN: I have launched the poll. The check in question, I should say. I will give you five more seconds to get your votes in. Do not forget to take a look at the Q&A box. Upload any questions you would like to see insert or write your own. I will go ahead and the poll. Matt I will tell you about the results in case you cannot see them again. 93 percent said false. Seven percent said sure.

>>MATT DEMASI: Great. As I mentioned earlier, the role of a peer recovery support professional is not to give advice. So, the 93 percent of you who said that is true or correct. I guess for the seven percent it could be a bit of a question on some gray area of course. Obviously, a lot of professionals do give advice. The role and function of peer recovery support is not to give advice. It is to help the people that they are supporting. Think through the different options that are available in their recovery. Provide some shared experience and lived experience of similar situations that they have been through. Really empowering the person, they are supporting to make the decision on their own. Try something out to does not work out. Come up with a different plan and try again. Not necessarily giving advice is not necessarily a major role of peer recovery support professionals. Certainly, I am sure every once in a while, advice is given. So, some of the challenges for peer recovery support. I want to highlight these just because even though peers are becoming more and more utilized and more and more people are becoming aware of the role. There are some challenges

that are out there. In terms of integrating them into different levels of care. Different care settings. Also, difficulty for people to maintain position as a peer due to other reasons. Other professionals are unclear what the role is how to integrate it properly into their care setting. I think a lot of times sometimes peers are utilized as case managers. Which certain functions of the role definitely are a big case manager? They offer so much more. So, using them as case managers is an underutilization of the great kind of work that they are able to do. When they are employed, I think there is some experiences of not really getting the recognition for their work or role. Because of that kind of to first bullet points wages tend to be different. To support yourself as a peer even though you want to give back to people and really use your certification to help people achieve recovery in ways that peers did. We are a bit lower than other healthcare professionals. Lots of demand put on them. Lots of demand put on all of us. I think sometimes in anecdotal experience with peers. They get a lot of tasks put on them. That are not normal parts of their role. They do their best to balance everything. Hard to maintain worklife balance. Lack of appropriate training at work. Tied into all of that is the support sessions can be emotionally and mentally draining/triggering. I think the big part is how do you ensure that your peer, the peers employed by your place of work are getting the support they need. They do require different kinds of supervision. You have to pay close attention to the case load. The high needs of the people they are working with. Really work with them to figure out if they are doing and things to support their self-care and supporting their own kind of recovery. There is extra additions to was supervision needs to look at that may not always be possible in some settings. Or not the supervisors are not fully aware of how to best provide supervision to peers. As we continue as a workforce to continue peers. We as

professionals and supervisors also need to get trained properly and seek out the continuing education that we need in order to be able to best support peers. As much as they offer to the care system. If they are not being properly supported. That turnover rate can be quite high. It is such a drain in high kind of anxiety stress, a motion role. Then, on the other side. The challenge for accessing peers that could benefit from the support. There are so many people that could use their support. Really don't know much about the role. We definitely have to increase awareness and education. About peers and what they do offer. So many people once they figure out what a peer is. Often go if I only had that a year ago, five years ago, 10 years ago. Things could have been so different. Should an encoder four letter words. There is something to the shared experience and formal certification and education process that peers go through. They can change the dynamic and impact somebody's recovery journey in such a great way. People are potentially wary of credentials and certification processes. Which is why if you are hiring peers. Definitely paying attention to where they are getting their certification or where they are getting their certification from is important. Definitely want to make sure you are looking at peers who have gone through a – something that is a little bit more known and widely accepted as the major certification bodies. Long increasing number in programs with peers support are limited. I think for many of the reasons that we just discussed. Still little bit of hesitation and someplace to include peer support because of lack of familiarity with the role or the credential with peers. Higher amounts of peers in urban versus rural areas. Which is good for people in the East Coast higher density population areas. In the South, and middle of the country. In certain parts of everywhere really. It can be quite hard to access it appears support professional. So, a lot of stigma and taking care of substance abuse. We are pretty versed in that. Stigma

plays such a huge role in not getting the care that people really deserve. This bullet and COVID-19 restrictions. Seeking and person support was basically zero during a lot of the lockdown and pandemic. A lot to consider there. Which brings us to the real last part of the presentation here. Really COVID-19 and the push towards virtual treatment. So, I might have one more after this. One check in question here. What is your level of comfort and providing virtual support and or virtual healthcare services?

>>JESSE O'BRIEN: Great I have the poll launched. There is one more after this. And that is the last one. I am going to give about five more seconds. Again, do not forget to vote for your favorite questions. Write your own in the Q&A box. I see quite a few coming in. I will end the poll and shared the results. 48 percent were very comfortable. 36 percent were comfortable. 12 percent were neutral, and four percent were very uncomfortable.

>>MATT DEMASI: Great thank you. It is interesting. I kind of almost wish I did a study on this just because right at the beginning of the pandemic and right now. Tuesday was the actual numbers were. I actually was in Mexico City from March 10 to March 17, 2020. I left OneWorld and came back to a completely new world. Overnight, it felt like the entire healthcare especially mental health, behavioral health and addiction care everything changed overnight. In the blink of an eye people were really quite resilient which was so great. Under that was some unconscionability offering tele- therapy offering therapy over zoom or offering services over zoom. So, I am so glad now to see there is a large percentage of you very comfortable or comfortable but can definitely understand why there is still some uncomfortable feelings there. It was such a drastic switch in the infrastructure was really quite lacking when we started. The push is also very different part of what is the next version of services we offer? Then, the second

question is as compared to in person services and treatment, I felt digital /virtual support and treatment is more effective, about the same effectiveness, less effective, no opinion.

>>JESSE O'BRIEN: All right, I see those coming in. Give it about five more seconds to collect everything. I see responses all over the map here. I will close the results. So, more effective 11 percent said more effective. 63 percent said about the same effectiveness. 26 percent said less effective, and everyone had an opinion so no opinion.

>>MATT DEMASI: Like an opinionated group. That is great. It is interesting. The jury is still out here. This is more of getting a read of the room. We are seeing mixed results in the research base on the level of effectiveness that digital and virtual support has as opposed to in person services and treatment. Definitely really interesting to keep your eye on if you are kind of interested in seeing what the field-tested, I have read some studies have seen more effective have seen about the same effectiveness. I have not seen much in the way of it being less effective, but I think they are definitely sentiments in the addiction and recovery space that having in person support is so valuable. I definitely don't want to argue there about that. I think that is definitely true. Something about digital and virtual support when done right. They can really, if you don't have the ability to access in person services and treatment. It really does add something that can really be beneficial. I will talk about that in the next couple slides. So, we are seeing a new wave of treatment options. Pandemic has really changed a lot of things. Resulted in a number of relaxed that allowed for expanded care. Digital therapeutics are booming. Especially, in the mental health space. It has been a little bit more innovation than substance abuse. That is definitely changing. Halcion and my company one of the examples. We're seeing people that have been around a little while longer changing the way they deliver care as well.

Really interesting innovation happening in the field. A lot of the new care offerings include access online and cover group [Name], [Name] All began offering zoom meetings and other meetings where you can join online during the pandemic. Some virtual IOP and OP options. We are seeing more virtual recovery coaching and peer support space. Some of the features of digital recovery support apps. This is not true of every single out. These are some of the features we are seeing dedicated multifaceted care teams and disciplinary care teams. Care navigators, medical professionals, therapists and counselors all being integrated onto one platform. For multiple subsets or apps devoted to one particular professional coming into the field. The interdisciplinary teams are really really interesting. There was a huge involved in the Medicaid redesign program for New York. Huge push during got to do integrated behavioral health primary care. I think it will be interesting to see that in a virtual space. See how that works. It could really make a world of difference for so many people. Next feature is asynchronous chat capabilities. Some of them are using artificial intelligence and computer generating messaging. Others use real care team members to address issues in real-time. That ability to chat with someone virtually is such a huge asset to a lot of these apps. It gives the ability to check in. During times that a person might be experiencing a trigger, urge or something like that. You can do an intervention in real-time. It is quite great in that regard. It gives the extra opportunity to continue to check in to chat. To send resources. To just be more supportive. Video virtual visits, hit the compliant visits. Platforms being developed. Develop group support systems. Kind of rethinking personalized care plans through digital apps and what that looks like. What it looks like an apparition. Some of the benefits of virtual peer support that we are seeing. These are from my personal experience from some research and also from some colleagues in the

field. Obviously, the virtual support no questions there. It increases access for people in geographically challenging areas in the country where there are sparse resources available. Where there is people needing to travel. Far distances can access via computer or cell phone. There is increased access for people who are unable to travel due to differences in mobility. So, people with those differences are able to again use laptop or computer access it from a safe space. Not putting themselves through any boundaries or challenges to try to get to a physical location. You are able to dedicate more time to focus on recovery without the pressures of challenging or using public to get to appointments. Setting up childcare. There is a lot more flexibility in people's work schedules now for many people. To accommodate the ability to shut the door and focus on your recovery care team. When the is accessible through a technology enabled device or platform. For families to move a great deal. Military families for example. They may be able to keep their peer recovery as they move from location to location which is huge, because so often people have gaps in their support as they move from location to location. Moving is such an incredible stressor. I'm sure as many of you know including myself, I am currently moving out of the apartment I am in now. Which is me and my partner have had some pretty fun arguments about that. The ability to keep that support going from location to location can be huge. There may be greater feelings of privacy and security. Some people might feel a little uncomfortable about going to a program or an office. They can access the care team from the comfort of your home or office. They feel comfortable getting services. The ability to be helped in real-time and around the clock. That is the really interesting part of virtual apps. Addressing all the different needs and nontraditional hours. That does require a bit of a bounce. The ability to be flexible with schedules and get people early in the morning, later in the day

after work. Really helps people engage more and feel more comfortable engaging because they're not giving up time in their workday or personal life to go to a session with their care team. Just some challenges. It is a competitive landscape. Lots of different apps popping up. A lot of focus on investment right now. For people who are in the startup world, in the healthcare world. Who knows how long that will last. I am hoping a long time. I love all the attention given to childcare especially mental health and addiction I think. The space has been so underserved and underfunded for so long. With these private investments coming in. They will be some great innovation in the field. Not to say there are not challenges that come with that. Definitely a lot of ability to be creative and innovative which is deftly what the fields are in need of. For digital services the potential swing back to wanting in person services more than digital services. I thought that would be more of a concern. New age where people are going to really access their digital services more. Want to engage with those. Challenges for debt addressing crisis situations. They are 24 seven. Craig just situations do happen. How do you manage those? Crisis protocols? Having a strong crisis protocol and how you navigate is important when working in the digital space. There has been a law of talk about in IT which is great in a T access and use them to help the recovery journey. A lot of people have been using injectables because it is the once a month a shot. We will definitely need to find creative strategies for offering injectables. When you're a digital company offering assistance. It definitely would be interesting to see an app little window open up and the needle comes and you get it. We are all a long time away from that. We deftly need to be creative there. There is obviously the potential for this nuances. Body language, biological markers of some of the things we look for as professionals when working with people. It might get lost in not be able to see a

person's whole body. The way they are sitting. Get a good look at pupils. Some agitation the might be going on. Definitely potential for that. The technological divide still a huge part of the country. Does not have access to or the means for accessing smart phones. A lot of apps are now being delivered on. So, figuring out ways to help people get access to services, if they don't have access to the technology. It would be important. Just some initial findings. That we are finding out Halcion and again amongst colleagues in the field. Really personalizing the intake process and allowing for feedback. About what the person is seeking support for. Can allow for a lot stronger peer to peer relationships. When assessments are developed to create direct services, the people being supported are more likely to answer honestly. I personally have shifted a lot to our assessments to really looking at direct experiences and coming at them and wording that from the perspective of the members, so they are more able to put themselves in the question and really answer it. As a person who so they feel more connected to their care. It does not feel too clinical or too off putting. Really finding ways to be more person centered and use really more warm language is great. When peer recovery specials are positioned as the primary point of contact in a decrease contact in fear and engagement. Starting that relationship off allowing someone to talk. To appear recovery specialists right off the bat. Gives them the extra bite and to know I will be safe here. Then, that we have seen through some research and through some outcomes that the last point your increase engagement through support may lead to reductions in drinking severity. Also help increase likelihood of achieving long-term recovery. Then, some other initial findings virtual support can be an important link to reduce gaps in care and minimize transitioning from higher levels of care back to a person's community. Those asynchronous abilities allow for members to reach out when triggered

and in crisis. Gives a chance to intervene in real-time. Mitigate some crisis mitigation. Reduce unavoidable utilization which is a huge metric in the field. We have seen some people write the levels of trust will appear coached despite only engaging through the app and not in person. Still in ability to build trust and build meaningful graphs. Write the level as the same as or better than the traditional supports. Again, seeking to the point that there is an ability to build strong relationships even over virtual visits. Study ability to increase coping skills and reported increases and levels of hope for the future. Great statistics we are seeing from our initial outcomes measuring at Halcion but also in the fields. Which is really encouraging to see. Then, the future. The best part of being in this field is we will continue to see more utilization, recognition, acceptance. That will make the whole world of difference for so many people. Then, digital therapeutics are primed to hop this role explode. They are so invaluable. I cannot say enough about how great peers are and how wonderful it has been to include them in virtual care offerings. There are so many benefits that have discussed in this presentation. It is really just going to enhance the experience for everyone thought more and more they get highlighted. The more and more they are utilized appropriately in the different interventions. I am super excited about the future of peer support. Thank you.

>>JESSE O'BRIEN: All right, before we get you questions, we will go to a quick message from our sponsor and then start questions. You can ask Matt or Jared who is here from our sponsor. I did not realize I was all the way back here sorry guys.

>> Hello I am Doctor Tom Campbell. Clinical director at map health management. Not provide ongoing support for those who suffer from substance use and mental health disorders utilizing peer recovery support specialist. Peer recovery support specialist are highly trained,

ethically bound professionals and recovery with lived experiences overcoming substance abuse and a variety of mental health. Specials undertake in the state they operate out of. Also nationally certified by NAADAC or mental health America. Along with the certification, map has developed extensive onboarding education and development programs to ensure the quality of our services and provide real and powerful career opportunities. We have been using and continually refining it to health delivery model since 2011. Has conducted hundreds of thousands of sessions. There are several factors that make maps approach appear recovery support powerful and unique. For example, we have contracted with the leading insurance. Payers in the country making maps peer support more – – further, maps extensive roster and peer professionals allows us to customize and match each individual seeking services based on a number of important factors. To help build the foundation for a solid peer to peer relationship. We take pride in the accessibility of our services by providing on-demand telehealth consisting of freedom video house with a matched peer. Our peer support specialists are available 24 seven all day every day. We also offer weekly online peer led groups that focus on certain specialties such as veterans, LGBT Q, mother and eight dimensions of wellness to name a few at map we understand that family support is a key component of the recovery process. Included in our services providing support to family members sets us apart in the peer recovery space. In addition to offering the stated support. Map also gathers data providing insights and reporting back to providers and payers to help them better understand this population and improve their programs. Maps proprietary data collection incorporates contracts progress such as social determinants as well as quality of life. Our data and support are changing what we know about how people navigate and stay in recovery long-term. We map are

passionate about recovery support and grateful for the opportunity to tell you a little bit about what we do. Thank you.

>>JESSE O'BRIEN: All right, let's get to the Q&A if you have any questions for our sponsor feel free to write this in the Q&A box as well. The first question is how to person go about selecting an app? Is there rated list somewhere or independent entity that reviews them?

>>MATT DEMASI: That is a great question. There is no independent entity rating that apps right now. I think what a lot of people have to rely on is reviews on their respective kind of countdown my story. Whether that be an iOS Apple Store or the Google play. You have to look there to see what the ratings are. I know that is not always the most reliable amount of information. So, when you see one that a person thinks could be beneficial. Go to their website. Check to see what they say. Check to see what they offer. Check the pricing. See if there is a support line available at Halcion, we actually have a number of different ways for people to reach out to assist in question. So, definitely be on the lookout for a little box at the bottom where you can talk to a representative from the company or a number you can call. Just so you can ask your questions. Really go to them with a list of questions. They will be happy quality apps will be happy to answer any of those questions. Because it shows there is an investment that you want to make. In terms of your recovery and that is what we are hoping for. You will be able to find something that works for you. So, you can recover in a way that is best and most meaningful to you. I wish there was a list. Maybe something we should develop ourselves here. NAADAC made you want to take that on. A list could definitely be helpful. Doing great thank you. Next question for the peer out sometimes appears working with them. That peer is employed by specific agency where the person is receiving treatment. Once a person leads, the relationship with the peer might to. Are there apps

that allow for the transfer of care between peers?

>>MATT DEMASI: I think that is a good question. Forgive me if I am answering this wrong. I think the question is if you are using an app in your peer leads. Is there availability to continue working with appear? If you stop working with a peer on an agency and you would like to transfer over to an app, can you do that? In both cases it is yes. If you are working with appear at an agency and they leave any do not have the peer. It was meaningful to you. I think absolutely do the research do what apps offer in any other services they offered. Get connected as it was meaningful to you and help your recovery. Staying engaged with the resource like that will be vital. Then, fury and an app in working with appear in the peer leads. I would hope that company has a backup plan and is able to connect you with another peer. That would be a pretty bad experience, if they did not.

>>JESSE O'BRIEN: There is the continuity of care you are talking about. Let's see. I will try to fit in maybe one or two more to do apps make it easier for peers to work part-time? You mentioned wages or look for peers to make the work more attractive because they can still fulfill their desire to work in the field? Support themselves differently and a job?

>>MATT DEMASI: That is an interesting and good question. I think it depends on an app. For Halcion all of our peers or salary. If a full-time salary. It is pretty competitive in the field. They also get equity in the company when they sign up. There are also other apps on your demand flexible scheduling if you want to do part-time or do a block set up hours to supplement your question, I do think that is available it depends on the company and the after they are working with.

>>JESSE O'BRIEN: I'm in a fit in one more what is the best way for peers to utilize digital platforms to engage or find people needing our services?

>>MATT DEMASI: Another good question. I think the best way that peers I think it goes to the whole Timothy out. That is really how are you reaching out to people in your community? What kind of outsources how are you marketing yourself how are you marketing your company essential to that is how are you marketing the role of the. Your company how are you highlighting if you are not highlighting at do not. People do response to the lived experience I think that light bulb goes off when you say this is someone who has the same experience as me and we can talk to me and may not be possible for the peer to use the platform to reach out on their own however you are reaching out to the community however you community built reaching out seriously after that I worked for to meet with people I am happy to work at the end develop some type we need to resource and referral our way and I will be able to connect your clients or whoever you are supporting with this service that could be so great for so many companies.

>>JESSE O'BRIEN: Great thank you Matt we are out of time for questions. Thank you again to our sponsors if you have any more questions, you can reach them quickly in the Q&A. We will send them to Matt. If there are any questions for map health management, we gave the length to the email for further questions in the chat box. You can find it there. Just a reminder that everything you need to know about the webinars on the webpage for you where you registered. That includes a link to access the exam as well as an instructional guide on how to access your certificate. If you have not done it before, follow the instructional night. That will help you get through to your certificate. Just a reminder teenagers certificate to say live on it. Make sure you take the CE quiz in the next 24 hours. Registration is open for our annual conference. If you register before September 15, you can save up to \$151. It is from October 28 to the 30th. We have a

lot of great presenters. Hopefully you can join us. Just a reminder of the benefits of membership at NAADAC including tons of free CE's if you are a member. Check out the benefits that are best for you. Join us if you are not already a member. Thank you for being with us here today. Thank you, Matt, for the wonderful presentation. Like I said, we will send him the questions we did not get to. I hope you have a wonderful afternoon. Take care.