Incorporating Peer Recovery Support Services in Medication Assisted Treatment and Recovery

Presented by:
Maury Long, Samson Teklemariam, LPC, CPTM, Sloane Book, CPRS,
and Will Richardson, CPRS

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Using Zoom Webinar (Live participants only)
Chat: Allows you to send chat messages to the host, panelists, and attendees (if permitted).
Question & Answer: Opens the Q&A window and you can ask questions to the host and panelists. They will either reply to you via text in the Q&A window or answer your question live.

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Learning objectives

01. WHY?
Participants will be able to describe the unique need that OUD patients have in MAT/R settings that may often go unaddressed.

02. WHAT?
Participants will be able to identify five key value-adds that PRSS bring to office-based opioid treatment (OBOT) and opioid treatment programs (OTP).

03. HOW?
Participants will be able to summarize how to fund, recruit, and incorporate PRSS in clinical treatment settings.

POLLING QUESTION #1:
WHO'S IN THE ROOM?
A. Nurse, Prescriber or Physician
B. Licensed Counselor or Social Worker
C. Certified Addiction Counselor
D. Peer
E. Other

THE UNIQUE NEED OUD PATIENTS HAVE IN MAT/R SETTINGS
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UNDERSTANDING THE NEED
Addiction is Isolating

What a difference a day makes.
- For patients who waited 0 to 1 day for an initial MAT appointment, 62% of them showed up.
- For patients who had to wait 2 or more days for an initial MAT appointment, only 42% of them showed up.
- How did they get to your door?
- What judgements and vulnerabilities did they have to overcome?

UNDERSTANDING THE NEED
Patient Engagement Equals Patient Safety

- More engagement in treatment means less engagement in negative activities
- Multiple methods to engage – try them all
- Don’t forget about the power of lived experiences.

UNDERSTANDING THE NEED
Patient Retention = Success in Treatment

- Patient retention can borrow from best practices in employee retention
- 77% of companies saw increased employee retention by prioritizing mentoring programs
- Newly onboarding patients may feel just as awkward and ill-informed as new employees on day one of the job.
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MOVING TOWARDS AN EVIDENCE-BASE SOLUTION

When peers walk with someone through each step of treatment
- 86% of patients show up for their first MAT program appointment
- 72% of patients are still in treatment 30 days after their first dose

MOVING TOWARDS AN EVIDENCE-BASE SOLUTION

Peer navigators increased treatment adherence
- 78% of patients attended their first follow-up appointment
- 59% of patients were in treatment at the 30-day check-in

POLLING QUESTION #2:
I AM A PEER OR I WORK IN A SETTING WITH A PEER
A. Yes
B. No
C. Sort of...
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### Behavioral Health Group (BHG)
- The largest network of Joint Commission-accredited OTPs in the U.S.
- Integrates care providers from every appropriate discipline, such as mental health counselors, behavioral health specialists, social workers, case managers, care coordinators, peers, nurses, and physicians.

### WHAT'S AN OBOT?

**Office Based Opioid Treatment (OBOT)**
- OBOTs are the most common type of opioid treatment program and use the partial opioid agonist buprenorphine.
- Allows for expanded access to treatment in areas where an OTP is not accessible, or for patients who may not need OTP services during their current episode of care.
- Permits physicians the opportunity to provide treatment for OUD within their regular medical practice.

- OBOTs are not FDA-approved to dispense methadone.
- Counseling is not a requirement.

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**5 KEY VALUES**

**Patient Overload**
- More patients than providers
- 2021 increase in overdose deaths reached 30.2% nationally
- COVID-19 pandemic adding pressure

**Care Coordination**
- Connects multiple referral sources
- Creates a trusted source
- Creates access where providers may not be able to go

**Missed appointments / follow-up calls**
- Helps maintain continuity
- Helps with counselor bandwidth
- Improves engagement

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**5 KEY VALUES**

**GPRA’s Grant Assessment**

- Assessment on overall relapse potential
- Connect patients in care to overall community resources
- Short term
- Measures treatment outcomes

**Peer Recovery-led Groups**

- Peers can lead groups, recovery orientation, introductions to services
- Increases access points to care
- Increases patient satisfaction
- Increases patient engagement

**What Peers bring to OTPs/OBOTs**

- Patient overload
- Care Coordination
- Missed Appointments and Follow-up Calls
- GPRA’s Grant assessment
- Peer recovery-led groups

- Peers can train staff
- Peers are living examples of hope
- Peers allow counselors to function at highest level

*Share more via chat!*

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How to fund, recruit, and incorporate peers

- Start with a local ROSC/RCO
- Stay connected to your state authority, state SAMHSA rep or HRSA rep, and Department of Behavioral Health
- Recommend recruiting through state certification board for peers
- Integrate peers into billing codes and hire them full-time or part-time as a part of the program.

Example: HOO38 – Peer Support/Recovery Services, Behavioral Health Billing (Medicaid)

Start with a local ROSC or RCO

- Recovery-Oriented System of Care
- Coordinated network of community-based services and supports

- Recovery Community Organization
- Non-profit organizations that mobilize resources within and outside of the recovery community
- In some states funded directly as a part of Health and Human Services (HHS) initiatives
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Peer Recovery Center of Excellence (National)

- Integration of Peers into non-traditional settings
- Recovery Community Organization Capacity Building
- Peer Workforce Development
- Evidence-Based Practice and Practice-Based Evidence Dissemination

MEDICAID FUNDING

While Medicaid now pays for peer services in many states, sustainable funding remains an issue

Integrate peers into every facet of your workforce

- Schedule Meet n’ Greets between new/existing peers and everyone in the workforce
- Schedule monthly meetings for your peer to train your workforce
- Invite your peer to multidisciplinary team meetings
- Provide supervision
- Ensure there is buy-in from leadership
- Hire peers with the proper training and a certification
- Map out an onboarding schedule for their first two weeks

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Sample Onboarding Plan
- Schedule observations/shadowing with another peer
- Schedule observations of duties from all functional roles
- Schedule meet n’ greets with leadership
- Conclude orientation with weekly supervised observations

ADDITIONAL RESOURCES
Putting best practices into practice.

Download our White Paper to learn more.

LET'S TALK
Open Discussion

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https://www.naadac.org/peer-recovery-MATR-webinar

UPCOMING WEBINARS

- February 23rd, 2022
  The Connection Between Substance Use and Human Trafficking
  By: Claire Openshaw, PhD, LCPC

- March 9th, 2022
  Grounding Techniques for Dysregulated Clients
  By: Jean Campbell, LCSW, SEP, TEP

- March 23rd, 2022
  The Connection Between Substance Use and Human Trafficking
  By: Claire Openshaw, PhD, LCPC

- April 20th, 2022
  Harm Reduction for Skeptics: Practical Applications for Alcohol Use Disorders
  By: Cyndi Turner, LCSW, LSATP, MAC, and Craig James, LCSW, LSATP, MAC

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