

The background features several light blue icons: a family (man, woman, child), a hand holding a plant with two leaves, and a couple holding hands. The main title is centered in a dark blue rounded rectangle.

# **Incorporating Peer Support into Substance Use Disorder Treatment-Learning Collaborative**

**(Session 1 of 4)**

**Translating research to best practices**



February 3, 2025

# National Center for Health in Public

- This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$668,800 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Training and  
Technical  
Assistance



Research and  
Evaluation



Outreach and  
Collaboration

Increase access, quality of health care, and improve health outcomes

# Speakers and Moderators



**Kevin Lombardi MD, MPH**  
Director of Research



**Fide Pineda Sandoval, CHES**  
Training and Technical  
Assistance Manager



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Health Communications and  
Research Analyst

# Agenda Items

1. Introductions and Housekeeping
2. PHPC Overview
3. Dr. Kevin Lombardi's presentation and engagements
4. Q&A/Discussion

# Housekeeping

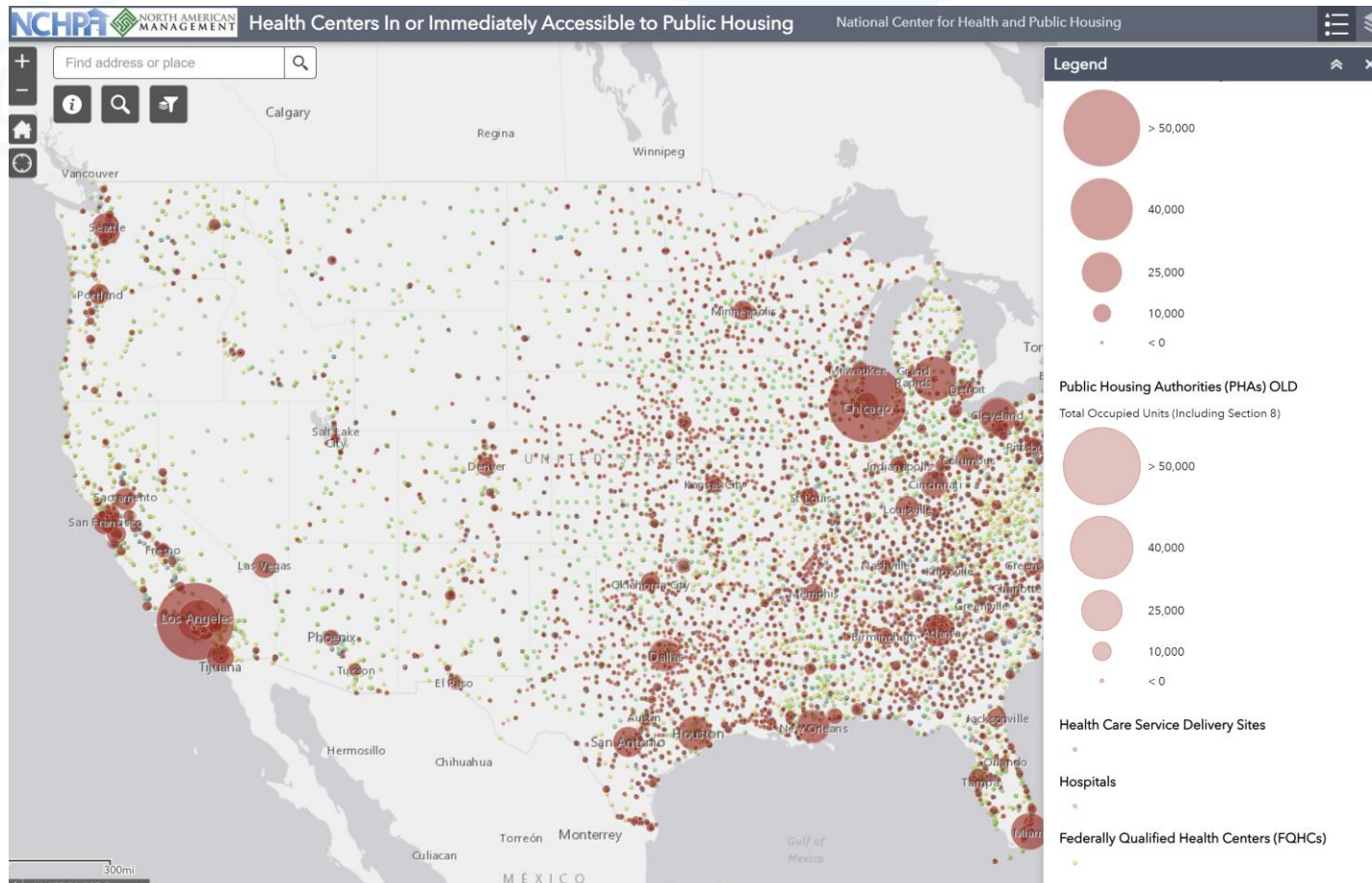
- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



Video Conference via

**zoom**

# Location of PHPC Health Centers and Public Housing Developments



**1,363 Federally Qualified Health Centers (FQHC)=31.2 million patients**

**475 FQHCs near Public Housing= 6.5 million patients**

**107 Public Housing Primary Care (PHPC) = 992,815 patients**

Source: [UDS 2023](#)

# PHPC Health Center Patient Demographics 2023



**Below  
Federal  
Poverty  
77.36%**



**Female  
58.15%**



**Children  
29.96%**



**Elderly  
10.75%**

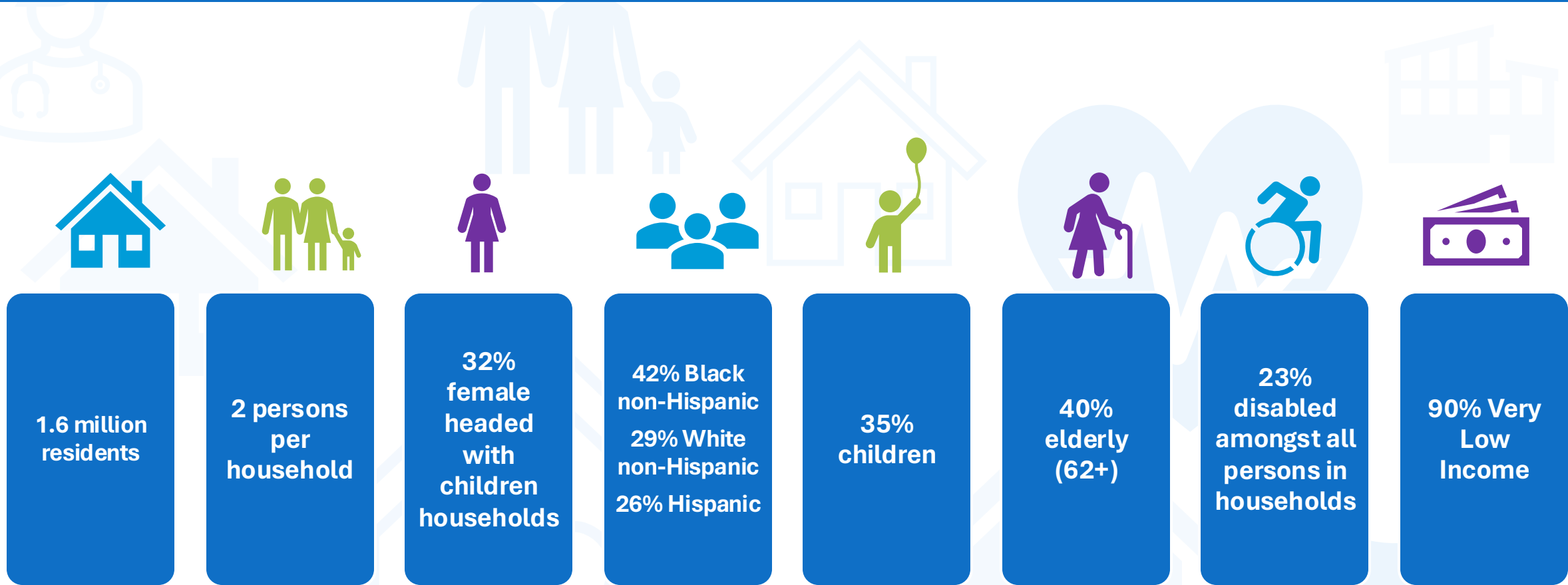


**Uninsured  
18.9%**

Source: [UDS 2023](#)



# Public Housing Resident Demographics 2023



Source: [HUD Picture of Subsidized Adults](#)



# Speaker



**Kevin Lombardi MD, MPH**  
Director of Research

# Incorporating Peer Support into Substance Use Disorder Treatment

Session 1: Translating research to best practices

*Dr. Kevin Michael Lombardi MD, MPH*

*Director of Research  
The National Center for Health in Public Housing  
North American Management*





Literature Review



Clinical case review



Epidemiology



Discussion



Findings and  
recommendations



Implementation and  
advising





## Case Study: Opioid Use Disorder - Clinic

**Ms. Nunez is a 32-year-old woman** who presents at the clinic to “refill her medication” at her local health center. Ms. Nunez is not enrolled as a patient at your clinic and has an unknown insurance status. When providing an address at the front desk, she is noted to reside with her grandmother and 8 year-old daughter at a nearby public housing development.

In the office she is noted to be restless and to be sweating heavily.





## Case Study: Opioid Use Disorder - Clinic

**Mrs. Nunez undergoes a standard intake that includes and nurses' assessment. Results are as follows:**

**BP:** 168/76

**Pulse:** 90

**Respirations:** 22, shallow

**Posture:** Patient is noted to be hunched over and clutching their stomach.

**Pain:** Dull, crushing stomach pain (4/10). Headache (4/10), muscle aches (5/10)



## Case Study: Opioid Use Disorder - Clinic

**The resident physician preparing to see Ms. Nunez for her appointment performs a hospital medical records search and discovers the following:**

1. The patient has a medical history that includes; Major depressive Disorder (MDD), Generalized Anxiety Disorder (GAD) and Opioid Use Disorder (OUD).
2. The patient experienced a hospital admission for overdose in 2019.
3. She had been referred to outpatient OUD treatment (methadone) post-discharge in 2019.







## Case Study: Opioid Use Disorder - Clinic

**Closer review of the patients' hospital medical record indicates the following:**

1. The patient was admitted from the Emergency Department after presenting for acute, severe opioid withdrawal symptoms post 12-hours from heroin use cessation.
2. In the ED she was treated with Suboxone (Buprenorphine-naloxone) SL, clonidine, Zofran (Ondansetron) and Loperamide
3. She was subsequently admitted to hospital due to severe tachycardia and concerns for cardiac arrhythmia.
4. Methadone induction and dose adjustment was performed in the hospital
5. She was discharged after 48 hours to outpatient treatment.



## Case Study: Opioid Use Disorder - Clinic

**Mrs. Nunez is examined by her Physician who notes the following:**

**Physical exam:** Restless and anxious appearance, muscle aches painful to palpation and manipulation. Abdominal pain upon palpation in all 4 quadrants. Pain is now noted to be 7/10 and worsening.

**Vitals are re-taken and reveal the following:**

**BP:** 200/80

**HR:** 102

**RR:** 24, shallow

**EKG:** Sinus tachycardia, mild ST depression, T wave flattening.





## Case Study: Opioid Use Disorder - clinic

Mrs. Nunez reports that she has not utilized opioids but stopped methadone treatment of her own accord 12 hours ago.

Because she is noted to be experiencing symptoms concerning for acute opioid withdrawal, she is transported to the hospital by ambulance.



**Please take a moment to type your response to the following:**

**How could Mrs. Nunez's treatment have been improved?**



## Case Study: Opioid Use Disorder – Emergency Department

In the ED, Mrs. Nunez is treated for mild opioid withdrawal symptoms with IV fluids, Suboxone, Clonidine, Zofran (Ondansetron) and Loperamide. She is provided with a maintenance dose of methadone.

**When questioned regarding her outpatient OUD treatment Mrs. Nunez notes the following:**

- She had been compliant with her maintenance methadone therapy until yesterday.
- She discontinued use because she felt she did not need it, and that she had traded one addiction for another.
- She also complained of weight gain associated with its use.



## Case Study: Opioid Use Disorder – Emergency Department

Mrs. Nunez expresses interest in continuing her methadone therapy and is referred to outpatient treatment. Additionally, she is referred to outpatient social services and assigned a Community Health Worker (CHW) for regular follow-up (6 months) .

**Please take a moment to type your response to the following:**

What types of social support will help aid Mrs. Nunez's recovery?



A circular icon with a blue background and a white outline, depicting a person wearing a white lab coat and a stethoscope around their neck.

## Case Study: Opioid Use Disorder – Social Services

Mrs. Nunez is seen by her CHW in the outpatient setting one week after her ED visit. She is noted to be compliant with her methadone treatment, abstinent of opioid use and to have experienced a full resolution of withdrawal symptoms.

She performs an SDOH screener per intake protocol.



# Case Study

## Appendix

### WellRx Questionnaire

DOB \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

### WellRx Questions

- 
- 1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?  
 Yes  No
  - 2. Are you homeless or worried that you might be in the future?  
 Yes  No
  - 3. Do you have trouble paying for your utilities (gas, electricity, phone)?  
 Yes  No
  - 4. Do you have trouble finding or paying for a ride?  
 Yes  No
  - 5. Do you need daycare, or better daycare, for your kids?  
 Yes  No



[Link: To Resource](#)



## Case Study

\_\_\_\_\_ Yes

\_\_\_\_\_ No

6. Are you unemployed or without regular income?

Yes

\_\_\_\_\_ No

7. Do you need help finding a better job?

Yes

\_\_\_\_\_ No

8. Do you need help getting more education?

\_\_\_\_\_ Yes

No

9. Are you concerned about someone in your home using drugs or alcohol?

Yes

\_\_\_\_\_ No

10. Do you feel unsafe in your daily life?

Yes

\_\_\_\_\_ No

11. Is anyone in your home threatening or abusing you?

\_\_\_\_\_ Yes

No

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The WellRx Toolkit was developed by Janet Page-Reeves, PhD, and Molly Bleecker, MA, at the Office for Community Health at the University of New Mexico in Albuquerque. Copyright © 2014 University of New Mexico.

[Link: To Resource](#)



## Case Study

**When asked about her SDOH Questionnaire, Mrs. Nunez notes the following:**

1. Her daughter's father recently relapsed (heroin)
2. She is unemployed and dependent on her grandmother and child support payments for her income.
3. She would like to work but struggles to find childcare.
4. She reports feelings of social isolation and worsening symptoms of depression.
5. She lacks regular transportation.



## Case Study

**Among other services, Mrs. Nunez is enrolled in a peer-support program in her community. This group provides her with the following services:**

1. one-on-one mentorship with a senior group member.
2. Assistance with care coordination
3. care coordination education
4. Crisis support
5. Coping strategies.
6. A personalized relapse plan.
7. Life skills coaching.
8. healthy coping coaching

**Please take a moment to type your response to the following:**

What are some benefits that Mrs. Nunez receives from peer support services?

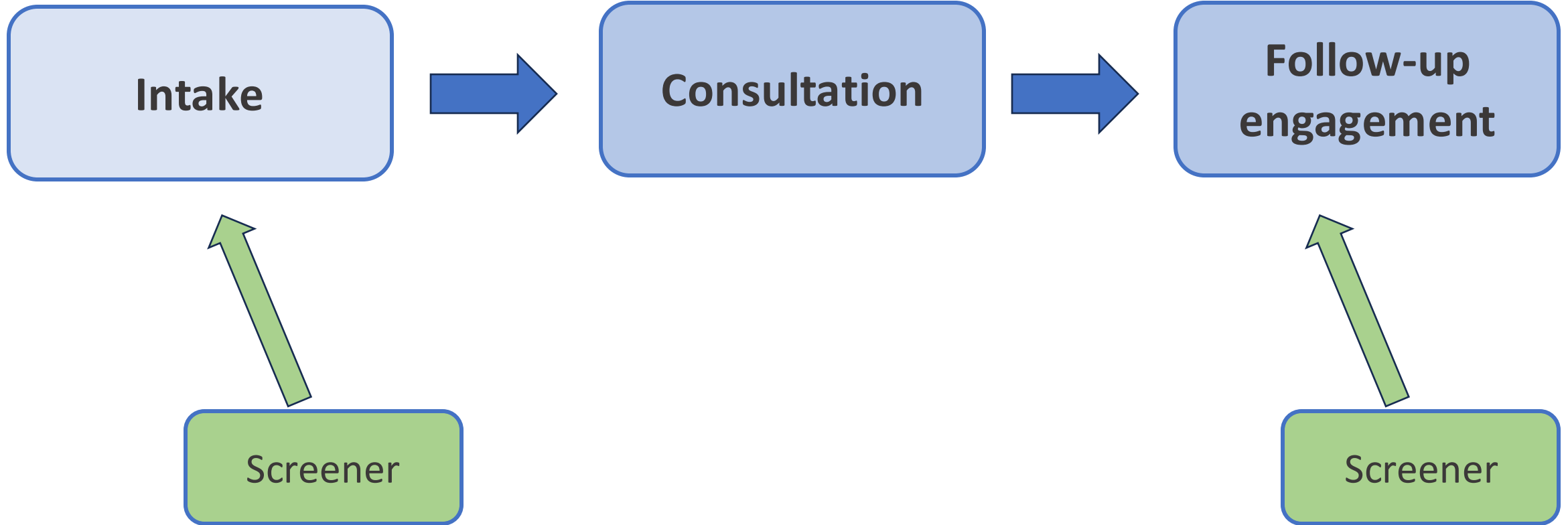
### Why Peer Support Works:

1. Shared Lived experience: Builds trust and resilience
2. Reduces Stigma -> Increases Retention
3. Promotes Engagement in treatment -> Increases retention
4. Encourages long-term recovery -> prevents relapse



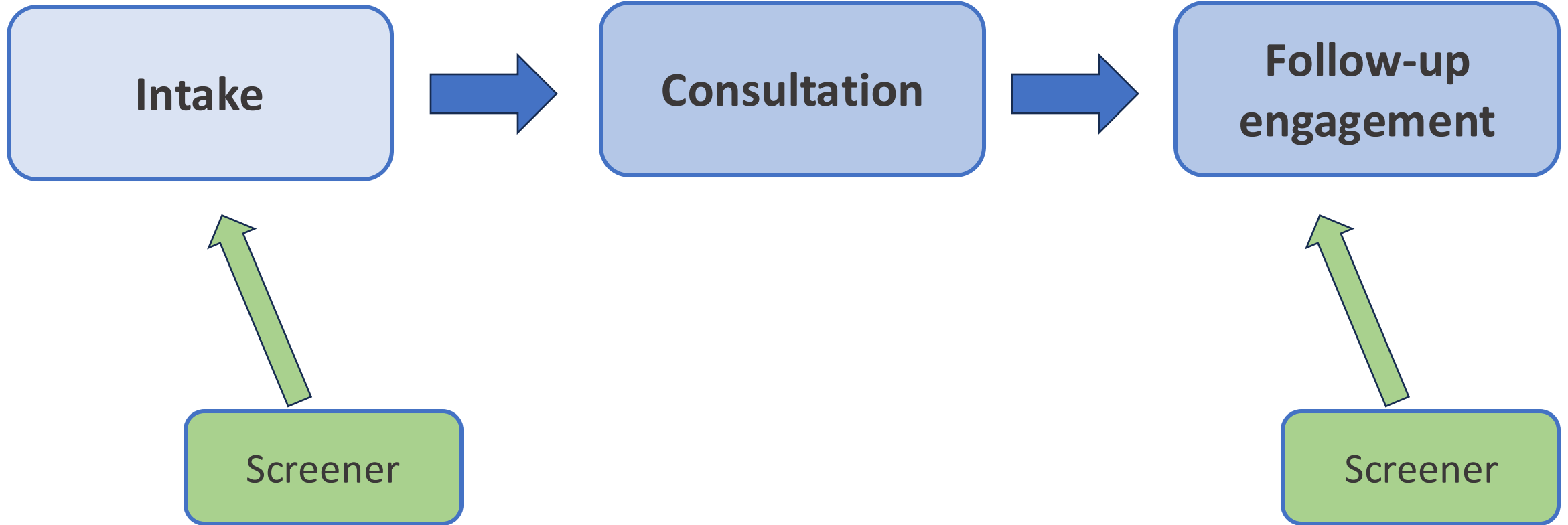


## SDOH Screening





## SDOH Screening



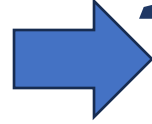


# SDOH Screening



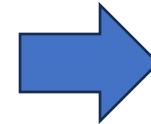
## Intake

- Relationship building  
Screening
- Networking.



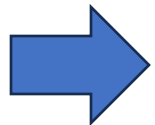
## Goal Setting

- Goals set during  
SDOH Screening.



## Follow-up engagement

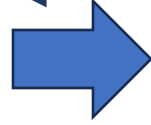
- Keeping focus on goals.
- Encouragement and  
networking.



## Navigation



- Relationship building,  
Screening
- Networking.



## Coaching



- Relationship building  
Screening
- Goal achievement.



## Case Closure

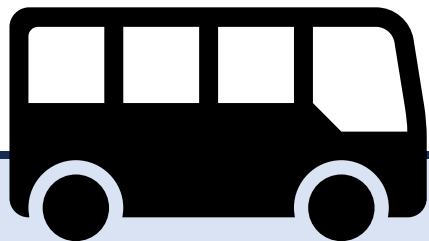


- Closure when all goals  
are achieved.

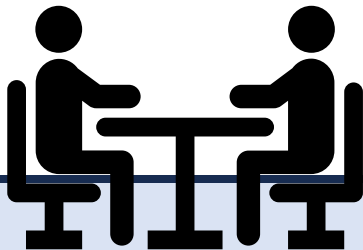


## Promising practices

*Health Centers utilize a variety of promising practices to support better outcomes in patients with chronic conditions*



Investing in transportation access is among the most cost-effective interventions used by [Health Centers](#)



Many Health Centers have [pursued partnerships](#) with local organizations as a cost-effective manner of improving nutrition access

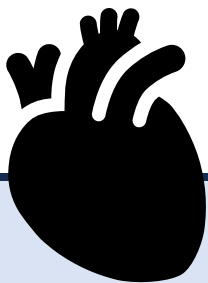


[Home safety checks](#) are utilized to lower fall risk for older adults who experience disability and/or chronic disease.



## Promising practices

*Health Centers Utilize Home Visitation to improve patient and community health in a variety of areas*



FQHCs have utilized CHWs and LPNs to perform home visit follow-ups for newly diagnosed Congestive Heart Failure



Nurse-led home visits are used by Health Centers to improve Hypertension self-management in older adults.



Long-acting Injectable antipsychotics are associated with a 71% of hospital admissions. Health Centers utilize RNs and advanced providers to provide these via home-visit.

# Q & A Session



# Complete Our Post Evaluation Survey



# Visit our Website at [NCHPH.org](https://www.nchph.org)

- Access our latest publications, webinars, learning collaboratives and more!





# Upcoming Trainings

Session 2 02/10/2025 at 2:00 pm EDT

Session 3 02/17/2025 at 2:00 pm EDT

Session 4 02/24/2025 at 2:00 pm EDT

Use the same link to join.



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**Thank you!**

