Incorporating Group Counseling Support into Substance Use Disorder Treatment-Community of Practice

(Session 3 of 4)

February 17, 2025

National Center for Health in Public

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- 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.

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Speakers and Moderators

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Housekeeping

- All participants muted upon entry
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- Slides and recording link will be sent via email

Video Conference via ZOOM

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Incorporating Peer Support into Substance Use Disorder Treatment

Session 3: 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

Dept of Research T/TA Model

- Literature Review
- Epidemiology
- Findings and recommendations
- Clinical case review
- Discussion
- Implementation and advising

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Case Study: SUD and Peer Support

Mr. Thomson is a 57 year-old man who presents for a wellness exam at his Health Center. He has a past medical history of COPD and hypertension. The patient has a behavioral health history of Major Depressive Disorder (MDDs), Generalized Anxiety Disorder (GAD) and Substance Use Disorder (remission, 2019).

Past medical records indicate the Mr. Thomson has struggled significantly with headaches, mental health and tobacco use since moving into his HUD-supported housing in 2022, with these becoming worse after his diagnosis with COPD in October, 2023.

Due to his COPD, Mr. Thomson is oxygen-dependent (2 lpm) and struggles walking up the stairs or down the street without loosing his breath.

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Case Study: SUD and Peer Support

The patient undergoes a standard intake, including vitals and an SDOH screener. The results are as follows:

BP: 178/98
HR: 92
RR: 18

A review of Mr. Thomson' medical records indicates the following:

Vitals (2018):
BP: 138/98
HR: 60
RR: 26

HbA1c: 7.0
Drug Screen: Pan-negative

Prescribed Medications: Chlorothiazide, Citalopram (Celexa)

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Case Study: SUD and Peer Support

Appendix

WellRx Questionnaire

DOB_____ Male___ Female _____

WellRx Questions

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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

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Case Study: SUD and Peer Support

____ 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

Link: To Resource

Case Study: SUD and Peer Support

Mr. Thomson is treated by his provider. Upon physical examination the following is determined by his provider:

- Mr. Thomson is noted exhibit a barrel chest and posturing while sitting.
- He struggles to breathe as he speaks, even while on oxygen.
- He is unable to walk to the door of the exam room without his oxygen.
- While on oxygen he is able to walk down the hall without loosing his breath.
- His spirometry is consistent with moderate-severe COPD (GOLD 3)

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

1. How does Mr. Thompson's chronic disease complicate his SUD?

2. Is he still a candidate for Peer Support?

Case Study: SUD and Peer Support

When Questioned Regarding the Results of His SDOH Screener Mr. Thomson Reveals the following:

1. He worked as a welder until 3 months ago when he was laid off. He has 2 months of unemployment available.
2. He is behind on his utilities and his truck is unreliable. He uses uber for transportation.
3. Mr. Thomson reports more frequent “panic attacks” in the past six months (3 x per week vs 1x per month one year ago)
4. Mr. Thompson lives with his wife who is also a past opioid user (remission, 2019)
5. Mr. Thompson lives in a well-insulated basement apartment. The home was built in 1968.
6. Mr. Thomson receives a 20% disability payment from the US Army every month.
7. Mr. Thomson has been taking a half dose of his prescription medications because he can no longer afford the medication.

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

How might these SDOH factors impact Mr. Thompson's SUD?

What aspects of a comprehensive peer support program might help him?

Case Study: SUD and Peer Support

Mr. Thomson worked as contractor, he started using opioids during periods of unemployment.

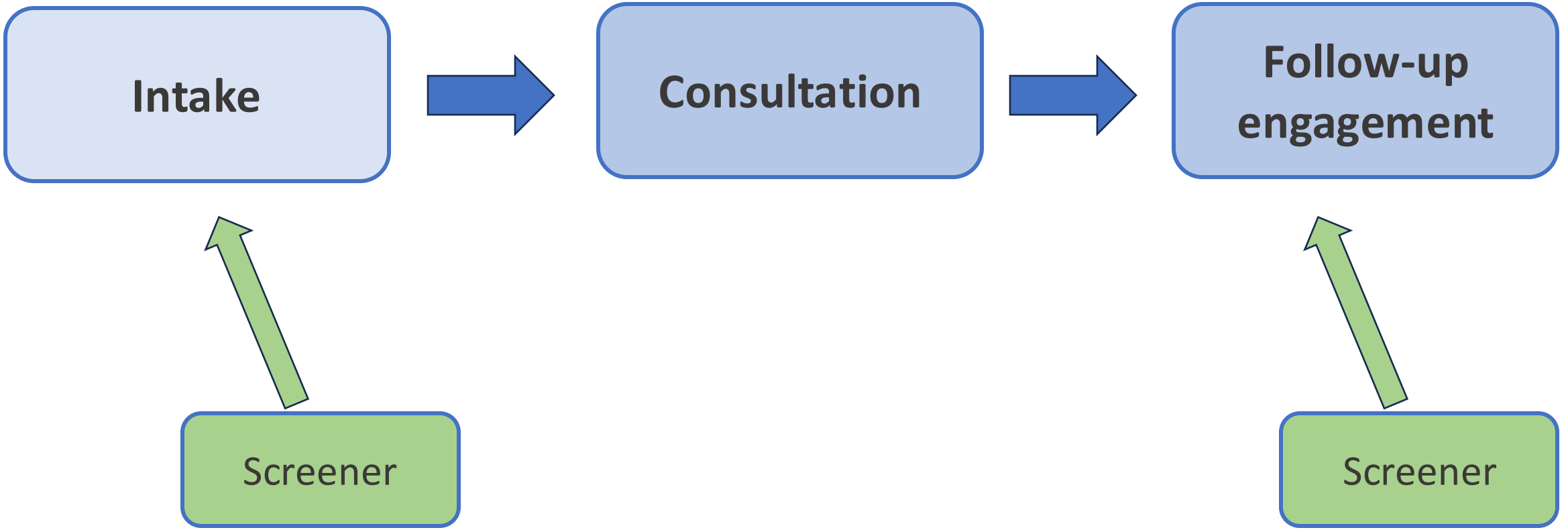
Mr. Thomson lives in a basement apartment and has concern that his wife is using again

Mr. Thomson is unable to attend usual social events and visit family/friends due to his health

Mr. Thomson has a High School education and has struggled to retrain for new jobs

Mr. Thomson is unable to work and depends on his Army disability for income

SDOH Screening, Patients with disabilities



Case Study: SUD and Peer Support

A 35-year-old woman in medication-assisted treatment (MAT) for opioid use disorder (OUD) has been a**ttending regular clinic visits** but recently **started missing appointments**. During a routine check-in, her CHW specialist notices changes in her behavior and gently engages her in a conversation, creating a nonjudgmental space for disclosure.

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Case Study: SUD and Peer Support

The patient **admits to relapsing** but expresses fear of disappointing her healthcare team and **losing access to treatment**. With the CHW specialist's encouragement, she openly discusses her struggles and details her condition to the CHW

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Case Study: SUD and Peer Support

The patient details the following recent challenges

- Loss of stable housing, leading to increased stress and instability
- Job loss, creating financial insecurity and difficulty affording basic needs
- Conflict with family members, reducing her support system
- Chronic pain issues, increasing temptation to misuse opioids
- Social stigma and fear of judgment, making it harder to seek help after relapse
- Transportation barriers, limiting access to treatment and peer support meetings

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Case Study: SUD and Peer Support

Why is this patient appropriate for a referral to peer support services?

What specific supports could peer support provide?

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Case Study: SUD and Peer Support

A 42-year-old man **living with HIV and opioid use disorder** has been **inconsistently attending his clinic visits**, leading to missed ART doses and an increasing viral load. His peer support specialist, who has lived experience with both conditions, reaches out and learns that the patient recently relapsed and feels ashamed, fearing judgment from his healthcare team.

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Case Study: SUD and Peer Support

What specific supports could a peer support specialist provide this patient?

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Case Study: SUD and Peer Support

Recent Challenges the Patient Faced:

- Shame and fear of stigma related to both HIV and substance use disorder
- Housing instability, making adherence to ART and MAT difficult
- Lack of transportation, causing missed medical and counseling appointments
- Depression and isolation, leading to disengagement from care
- Fear of disclosing relapse to healthcare providers, delaying support and treatment

Case Study: SUD and Peer Support

What additional supports should we provide the patient with at this time? Be specific.

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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

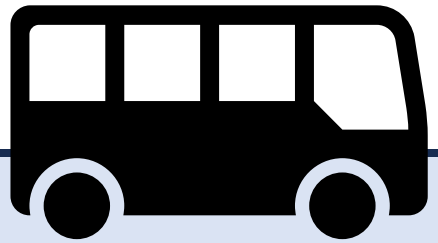
- *Relationship building Screening*
- *Goal achievement.*

Case Closure

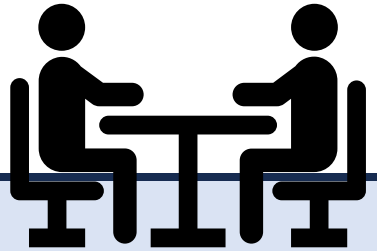
- *Closure when all goals are achieved.*

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

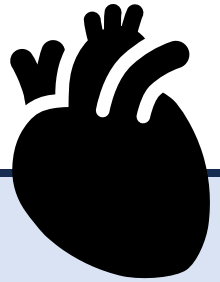


Many Health Centers have pursued partnerships with local organizations as a cost-effective manner of improving nutrition access

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.

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Q & A Session

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Upcoming Trainings

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

Use the same link to join.

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Thank you!

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