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

(Session 4 of 4)

NCHPH
National Center for Health in Public Housing

February 24, 2025

National Center for Health in Public

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Training and Technical Assistance

Research and Evaluation

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

Speakers and Moderators

Kevin Lombardi MD, MPH
Director of Research

Fide Pineda Sandoval, CHES
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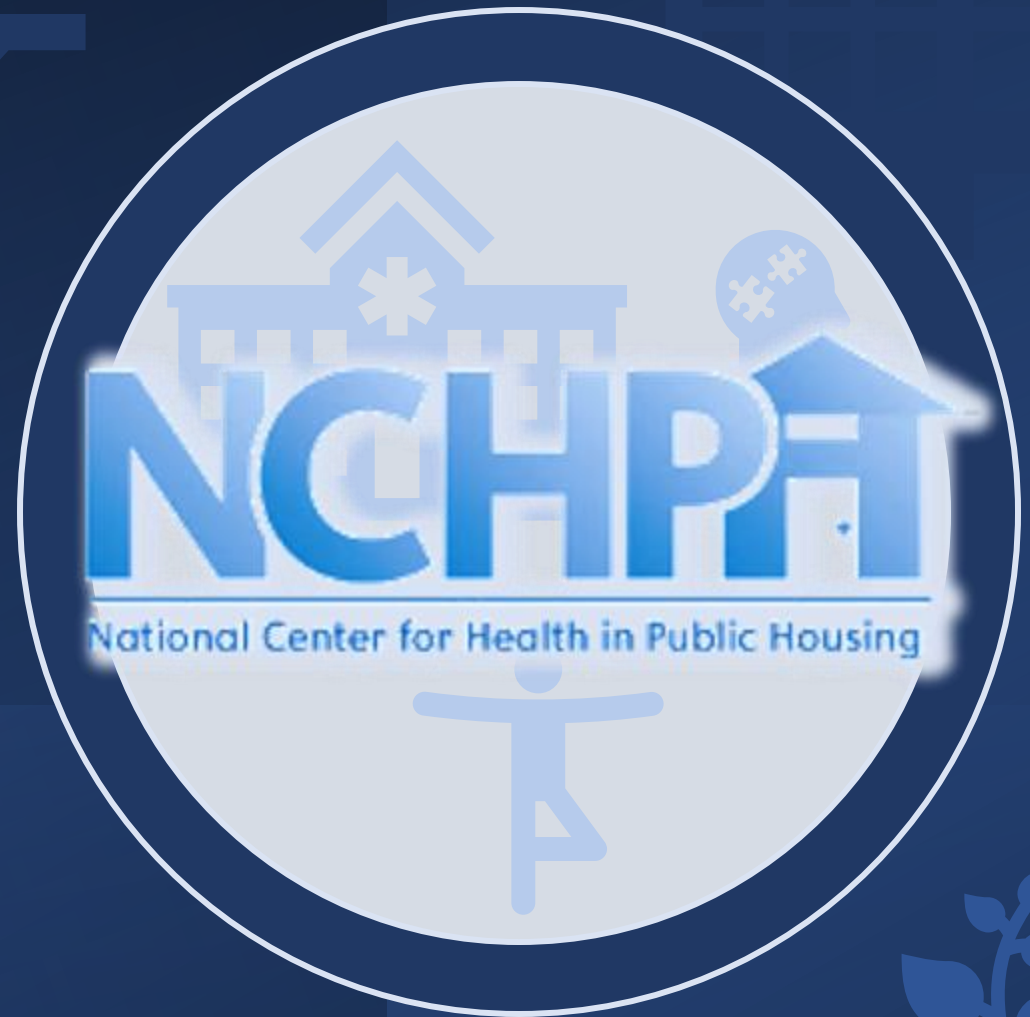
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Incorporating Peer Support into Substance Use Disorder Treatment

Session 4: Substance Use Disorder (SUD), patient supports

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

Characterization of peer support services for substance use disorders in 11 US emergency departments in 2020: findings from a NIDA clinical trials network site selection process

Lindsey K Jennings ✉, Laura Lander, Tricia Lawdahl, Erin A. McClure, Angela Moreland, Jenna L. McCauley, Louise Haynes, Timothy Matheson, Richard Jones, Thomas E. Robey, Sarah Kawasaki, Phillip Moschella, Amer Raheemullah, Suzette Miller, Gina Gregovich, Deborah Waltman, Kathleen T. Brady & Kelly S. Barth

Abstract

Introduction

Emergency departments (ED) are incorporating Peer Support Specialists (PSSs) to help with patient care for substance use disorders (SUDs). Despite rapid growth in this area, little is published regarding workflow, expectations of the peer role, and core components of the PSS intervention. This study describes these elements in a national sample of ED-based peer support intervention programs.

Methods

A survey was conducted to assess PSS site characteristics as part of site

Link to publication: Jennings eta al.

Check for updates

Early-stage implementation of peer-led interventions for emergency department patients with substance use disorder: Findings from a formative qualitative evaluation

Umedjon Ibragimov [a,*], Nicholas A. Giordano [b], Sneha Amaresh [c], Tatiana Getz [b], Tatiana Matuszewski [c], Alaina R. Steck [d], MaryJo Schmidt [c], Jose Iglesias [c], Yan Li [d], Eliot H. Blum [d], D. Ann Glasheen [d], Jessica Tuttle [e], Hardik Pipalia [f], Hannah L.F. Cooper [c], Joseph E. Carpenter [d,g]

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ARTICLE INFO

ABSTRACT

Introduction: Emergency department (ED)-based peer recovery coach (PRC) programs can improve access to substance use disorder treatment (SUD) for ED patients. As literature on early stages of PRC implementation is limited, we conducted a qualitative assessment of ED PRC program implementation from several US-based PRC programs focusing on barriers and facilitators for implementation and providing recommendations based on the findings.
Methods: We collected qualitative data from 39 key informants (peer recovery coaches, PRC program managers, ED physicians and staff, representatives of community-based organizations) via 6 focus groups and 21 interviews in February–December 2023. We transcribed audio-recordings and analyzed data using codebook thematic analysis.
Results: We identified the following major themes related to specific barriers and recommendations to address them. To facilitate *timely linkage to PRCs*, programs would regularly inform ED staff about the program and its linkage procedures, establish trust between PRC and ED staff, streamline the linkage procedures, and choose an "opt-out" linkage approach. To address barriers related to *external referrals,* programs use "warm handoff" and "warm line" strategies, maintain and update a comprehensive catalog of resources, and familiarize peer coaches with local service providers. *Telehealth services* implementation requires addressing logistical barriers, ensuring patients' privacy, and training peer coaches on building trust and rapport online. Peer coaches' *wellness and quality of services* can be improved by limiting PRC's workload, prioritizing quality over quantity, facilitating self-, peer- and professional care to mitigate stress and burnout; and, importantly, by providing supportive supervision and training to peer coaches and advocating for PRC team as an equal partner in the ED settings. To facilitate

Link to publication: **Ibragimov et al.**

Peer recovery services for persons returning from prison: Pilot randomized clinical trial investigation of SUPPORT

Bradley Ray [1], Dennis P Watson [2], Huiping Xu [3], Michelle P Salyers [4], Grant Victor [5], Emily Sightes [6], Katie Bailey [7], Lisa Robison Taylor [8], Na Bo [9]
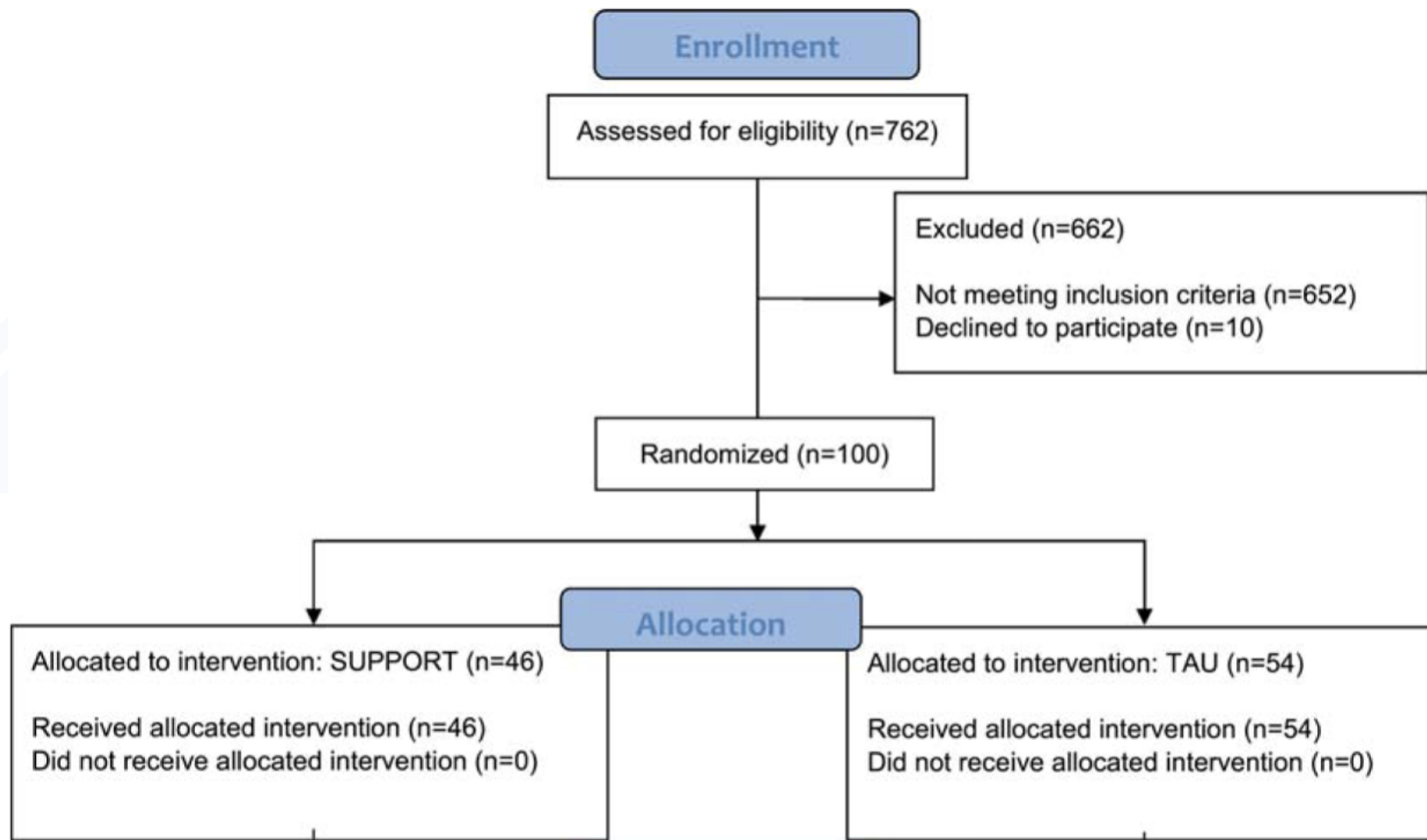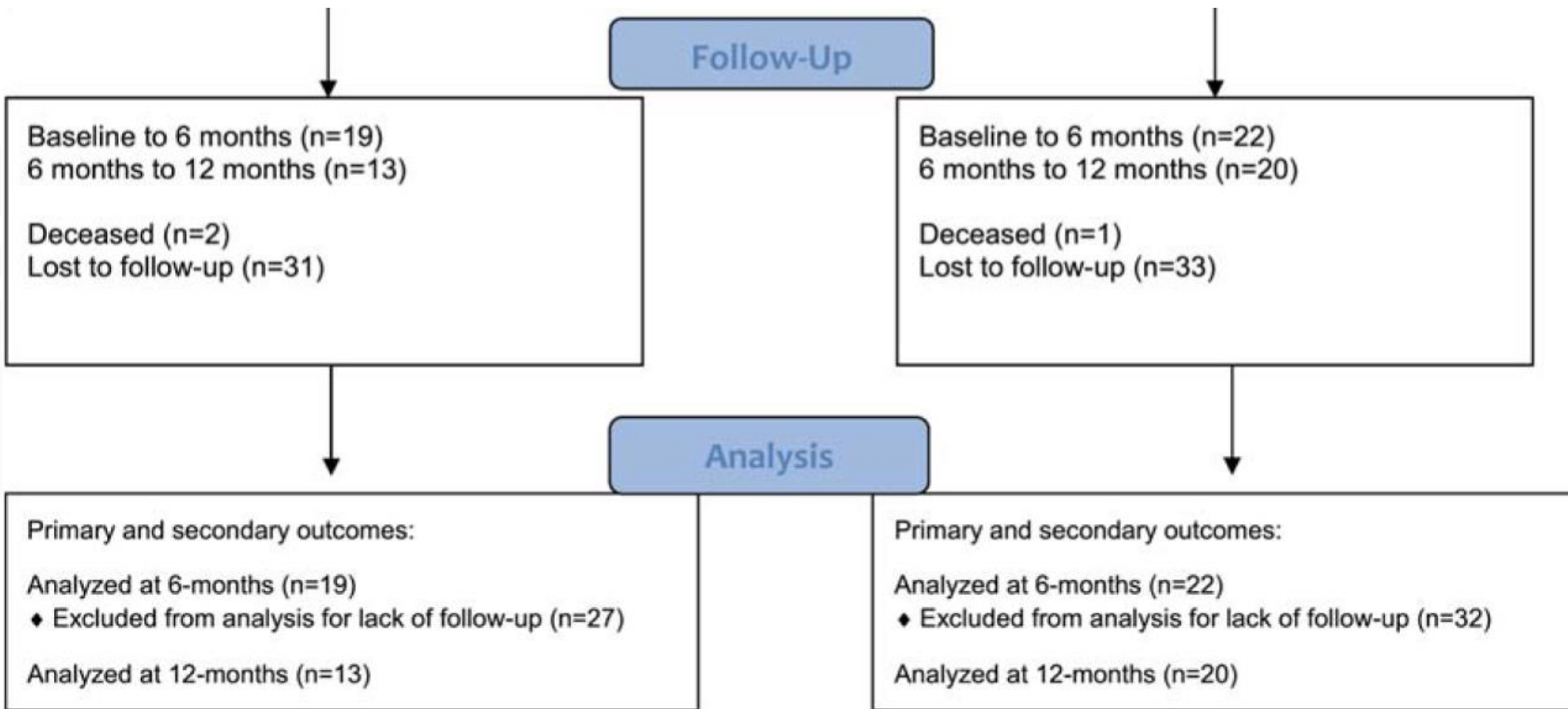
Affiliations + expand

Abstract

Previously incarcerated persons with substance use disorder (SUD) need recovery supports, given the overrepresentation of this population in prison and community supervision. Peer support programs have the potential to fill gaps in postrelease support for persons with SUD. To assess the effectiveness of peer support approaches, this pilot study randomized access to peer recovery coaches within a well-established community reentry program. We examined several proximal outcomes to determine potential mechanisms of action, along with several exploratory outcomes. While attrition due to re-incarceration, death, and program disengagement was high, our findings suggest that those who received peer recovery coach support in the reentry program had recovery-based improvements, including improved self-reported mental and physical health and reductions in substance use behaviors. The treatment group also saw improvements in measures of treatment motivation and self-efficacy. Both groups saw similar positive trends in some outcomes, likely due to the relative success of the well-established reentry program regardless of the inclusion of peer support coaches. This study contributes lessons learned and potential mechanisms of action to limited research on the effectiveness of peer recovery supports for reentry populations with SUD.

Link to publication: **Ibragimov et al.**

Link to publication: **Ibragimov et al.**

Follow-Up

Baseline to 6 months (n=19)
6 months to 12 months (n=13)

Deceased (n=2)
Lost to follow-up (n=31)

Baseline to 6 months (n=22)
6 months to 12 months (n=20)

Deceased (n=1)
Lost to follow-up (n=33)

Analysis

Primary and secondary outcomes:

Analyzed at 6-months (n=19)
♦ Excluded from analysis for lack of follow-up (n=27)

Analyzed at 12-months (n=13)

Primary and secondary outcomes:

Analyzed at 6-months (n=22)
♦ Excluded from analysis for lack of follow-up (n=32)

Analyzed at 12-months (n=20)

Link to publication: Ibragimov et al.

Highlights.

- Studies of recovery coaching in the reentry settings have lacked methodological rigor
- Researchers piloted an RCT of peer recovery coaching for recently incarcerated persons
- Results show reduced drug use and increased self-efficacy and treatment motivation
- This pilot study contributes to lessons learned for evaluating re-entry recovery coaching

Link to publication: Ibragimov et al.

SAMHSA

Substance Abuse and Mental Health Services Administration

Search SAMHSA.gov   **Search**

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Communities

Certified Community Behavioral Health Clinics

Asian American, Native Hawaiian, and Pacific Islander

Black/African American

Hispanic and Latino

National Network to Eliminate Disparities in Behavioral Health

Homelessness Programs and Resources

Treatment for Individuals Experiencing Homelessness (TIEH)

SAMHSA's Treatment for Individuals Experiencing Homelessness (TIEH) program expands access to mental and substance use disorders treatment for people experiencing homelessness along with a serious mental illness, serious emotional disturbance, or co-occurring disorders.

The TIEH program is a competitive grant program administered by the SAMHSA Center for Mental Health Services (CMHS). The goal of the program is to increase access to evidence-based treatment services, peer support, services that support recovery, and connections to permanent housing.

SAMHSA funds will support three primary types of activities:

1. Integrated mental and substance use disorders treatment and other recovery-oriented services

2. Efforts to engage and connect clients to enrollment resources for health insurance, Medicaid, and mainstream benefits (e.g. Supplemental Security Income [SSI]/Social

Active Filters: 1   Search Term : TIEH ✕

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ⓘ What is This?

⌄ NOFO Number ⓘ

⌄ NOFO Fiscal Year

⌃ Award Fiscal Year

☐ 2024   ☐ 2020
☐ 2023   ☐ 2019
☐ 2022   ☐ 2018
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Award Number ⇅	Organization ⇅	City ⇅	State ⇅	Amount ⇅	Award FY ⇅	NOFO ⇅	
SM088678-01	Minnesota State Dept of Health	St. Paul	MN	$878,074	2024	SM-23-006	⌄
SM088635-01	County of Pinellas	Clearwater	FL	$499,999	2024	SM-23-006	⌄
SM088456-01	Care Plus Nj, Inc.	Paramus	NJ	$500,000	2024	SM-23-006	⌄
SM088589-01	KY St Cabinet/Health/Family Services	Frankfort	KY	$1,000,000	2024	SM-23-006	⌄
SM088360-01	Bridgeway Center, Inc.	Fort Walton Beach	FL	$480,398	2024	SM-23-006	⌄
SM088664-01	Vegas Stronger	Las Vegas	NV	$476,753	2023	SM-23-006	⌄
SM088665-01	Bridge Inc., The	New York	NY	$500,000	2023	SM-23-006	⌄
SM088681-	Meridian Behavioral	Gainesville	FL	$500,000	2023	SM-23-006	⌄

NCHPA
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Link to Resource:
SAMHSA

Examples of Peer Recovery Support Services

Type of Support	Description	Examples
Emotional	Demonstrates empathy, care, or concern to bolster a person's self-esteem and confidence	• Peer mentoring • Peer-led support groups
Informational	Exchanges information or provides life or vocational skills training	• Parenting class • Job readiness training • Wellness seminar
Instrumental	Provides concrete assistance to help others accomplish tasks	• Childcare • Transportation • Help accessing community health and social services
Affiliational	Facilitates connections with others to promote social and recreational skills, create community, and acquire a sense of belonging	• Recovery centers • Sports league participation • Sober social events

Link to Resource:
SAMHSA

Comparison of Competencies for Peer Workers[11,12]

SAMHSA Core Competencies	NAPS National Practice Guidelines
• Engages peers in collaborative and caring relationships	• Voluntary Practice: Support Choice
• Provides support	• Hopeful Practice: Share Hope
• Shares lived experiences of recovery	• Open-Minded Practice: Withhold Judgment about Others
• Personalizes peer support	• Empathetic Practice: Listen with Emotional Sensitivity
• Supports recovery planning	• Respectful Practice: Be Curious and Embrace Diversity

Link to Resource:
[SAMHSA](#)

SAMHSA Core Competencies	NAPS National Practice Guidelines
• Links to resources, services, and supports	• Facilitate Change: Educate and Advocate
• Provides information about skills related to health, wellness, and recovery	• Honest and Direct Practice: Address Difficult Issues with Care and Compassion
• Helps peers to manage crises	• Mutual and Reciprocal Practice: Encourage Peers to Give and Receive
• Values communication	• Equally Shared Power Practice: Embody Equality
• Supports collaboration and teamwork	• Strengths-Focused Practice: See What's Strong, Not What's Wrong
• Promotes leadership and advocacy	• Transparent Practice: Set Clear Expectations and Use Plain Language
• Promotes growth and development	• Person-Driven Practice: Focus on the Person, Not the Problems

Link to Resource:
SAMHSA

IC&RC develops examinations, sets minimum credentialing standards, and facilitates reciprocity for certified professionals for the following credentials:

- Alcohol & Drug Counselor (ADC)
- Advanced Alcohol & Drug Counselor (AADC)
- Certified Criminal Justice Addictions Professional (CCJP)
- Clinical Supervisor (CS)
- Peer Recovery-Associate (PR-A) Exam is forthcoming
- Peer Recovery (PR)
- Prevention Specialist (PS)

CLICK HERE FOR SAP EXAMINATION

IC&RC EXAMINATIONS   REGISTRATION & ADMINISTRATION   PREP & STUDY MATERIALS   RULES & SECURITY   SCORES/VERIFICATION
CANCELLATIONS & RESCHEDULING   RETAKES, DISCLOSURE, GRIEVANCE & APPEALS   LEGISLATION   AWARDS

Link to Resource:
IC&RC

A 30-year-old man in recovery from opioid use disorder meets with his peer support mentor after **unexpectedly running into an old friend he used to use with**. The encounter **brings up intense cravings, and he admits feeling unsettled, wondering if this means he's at risk of relapse.**

His mentor listens without judgment and asks, "What's helped you stay on track before?" As they talk, the patient realizes that **stress and isolation make him more vulnerable** and that **he hasn't been reaching out to his support network as much**. Together, they brainstorm ways to strengthen his recovery routine, including reconnecting with a recovery group and having a trusted friend he can call in moments of temptation.

His mentor shares how they handled similar situations, emphasizing that **urges don't have to lead to relapse**. The patient leaves feeling more confident, with a clear plan to navigate future challenges. A week later, he checks in to say he used the strategies they discussed and successfully avoided a slip.
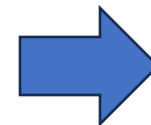
SDOH Screening

Intake
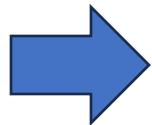- *Relationship building Screening*
- *Networking.*
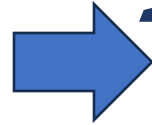
Goal Setting
- *Goals set during SDOH Screening.*

Follow-up engagement
- *Keeping focus on goals.*
- *Encouragement and networking.*

Navigation
- *Relationship building, Screening*
- *Networking.*
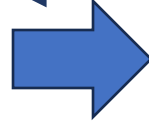
Coaching
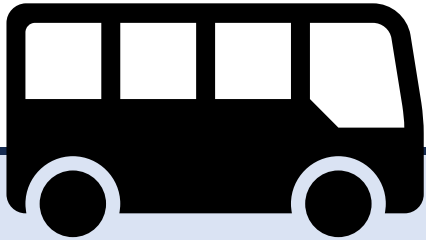- *Relationship building Screening*
- *Goal achievement.*

Case Closure
- *Closure when all goals are achieved.*
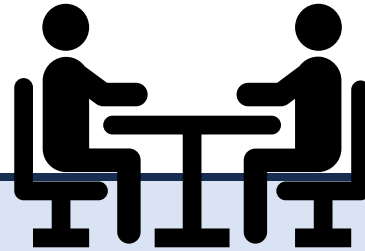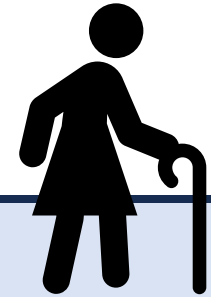
Health Centers utilize a variety of promising practices to support better outcomes in patients with chronic conditions

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
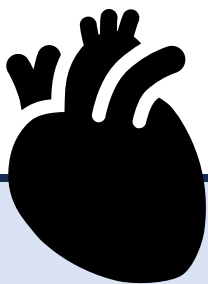
Home safety checks are utilized to lower fall risk for older adults who experience disability and/or chronic disease.
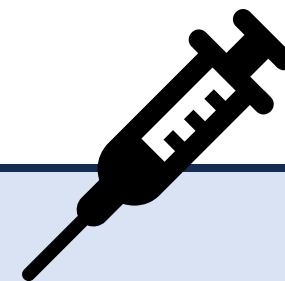
Health Centers Utilize Home Visitation to improve patient and community health in a variety of areas

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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Thank you!