



Northwest (HHS Region 10)

ATTC

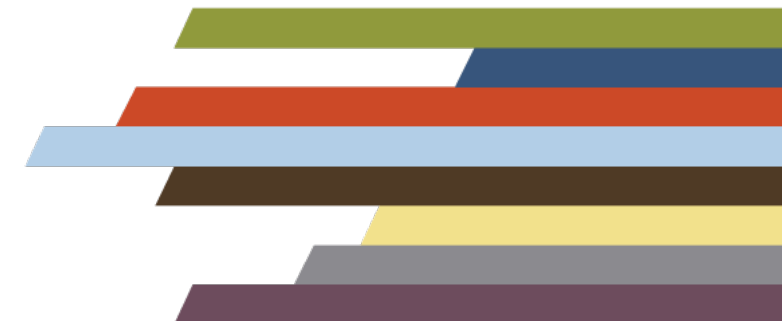
Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



Northwest ATTC and CTN Western States Node present:

# Peer Recovery Support Specialists as Partners in Research and Practice

- **Got questions?** Type them into the chat box at any time and they will be answered at the end of the presentation.
- An ADA-compliant recording of this presentation will be made available on our website at: <http://attcnetwork.org/northwest>





# Peer Recovery Support Specialists as Partners in Research and Practice

## Early Findings from the Reducing Overdose after Release from Incarceration (ROAR) Pilot Project

October 6, 2020

*ROAR is funded by the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention -- R01CE003008*

*ClinicalTrials.gov identifier (NCT number): **NCT03902821***



SCHOOL OF PUBLIC HEALTH





# ROAR Presenters, in order of appearance

Research Coordinator



**Erin Stack, MS**  
Senior Research Associate  
Comagine Health

Principal Investigator



**Elizabeth Needham Waddell, PhD**  
Assistant Professor  
OHSU-PSU School of Public Health and  
Addiction Medicine Section, School of Medicine  
Oregon Health & Science University

Site Principal Investigator



**Christi Hildebran, LMSW, CADC III**  
Senior Director, Research and Evaluation  
Comagine Health

Certified Recovery Mentor



**Morgan Nelson, CRM, CADC I**  
Bridgeway Recovery Services



# Disclosures

- Alkermes provides samples of extended-release naltrexone to the Oregon Department of Corrections for use in the ROAR Pilot Project.
- Dr. Waddell is an investigator on multiple NIH-sponsored trials that received in kind study drug from Indivior and Alkermes.



# Agenda

- ▶ Peer recovery support services & emerging evidence
- ▶ Reducing Overdose After Release from Incarceration (ROAR) pilot project
- ▶ Peer recovery support services in action!
- ▶ Q & A



# What are peer recovery support services?



**Erin Stack, MS**  
Senior Research Associate  
Comagine Health

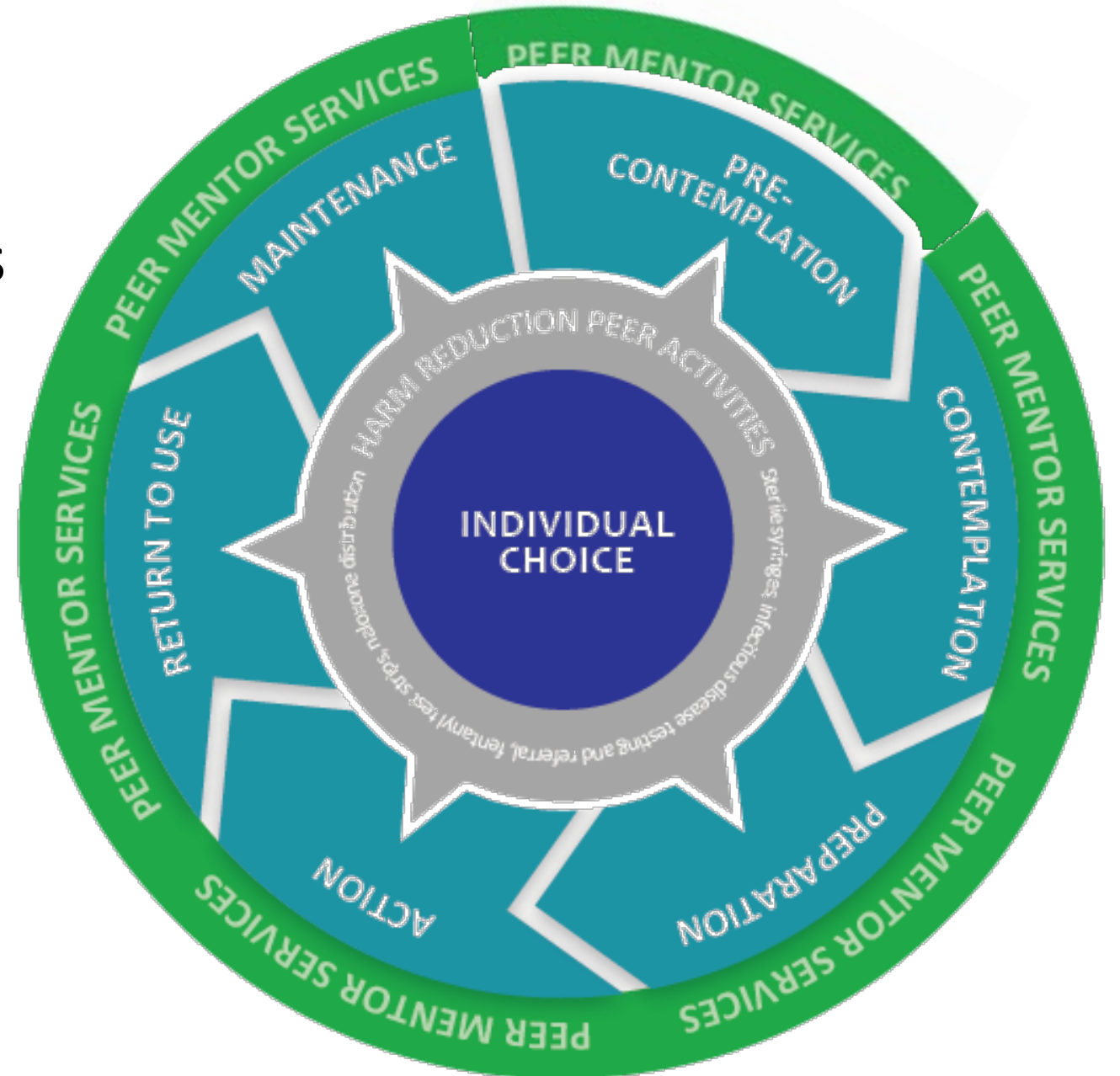


# What are peer recovery support services?

- ▶ Supports provided across the service continuum by **credentialed individuals in long-term recovery** from alcohol or other drug-related problems
- ▶ Titles for people that provide peer recovery support services vary, for example:
  - ▶ peer recovery support specialists
  - ▶ peers
  - ▶ peer providers
  - ▶ peer specialists
  - ▶ certified peer specialists
  - ▶ recovery coaches
  - ▶ peer mentors



- ▶ Peer recovery support specialists work with clients in all stages of recovery
- ▶ Build connections through lived experience
- ▶ Relationship driven by client needs







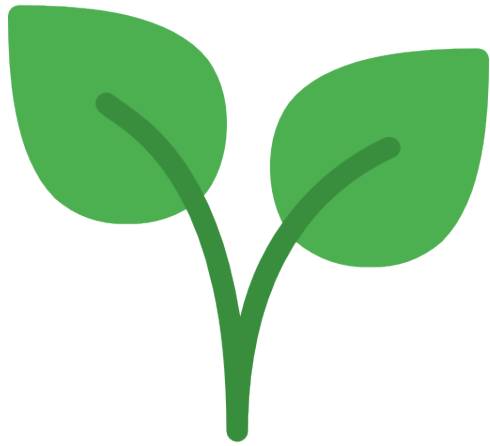
# History of peer-delivered services

- ▶ Have a 150-year history
- ▶ Mutual aid entities and 12-step programming
- ▶ Various types of peer-delivered services – e.g., Community Health Workers





# Peer recovery support specialists across settings



Community



Hospitals and  
Emergency  
Departments



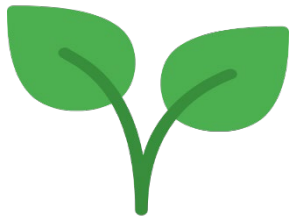
Jails and  
prisons



Treatment and  
recovery  
agencies



# Community - definition

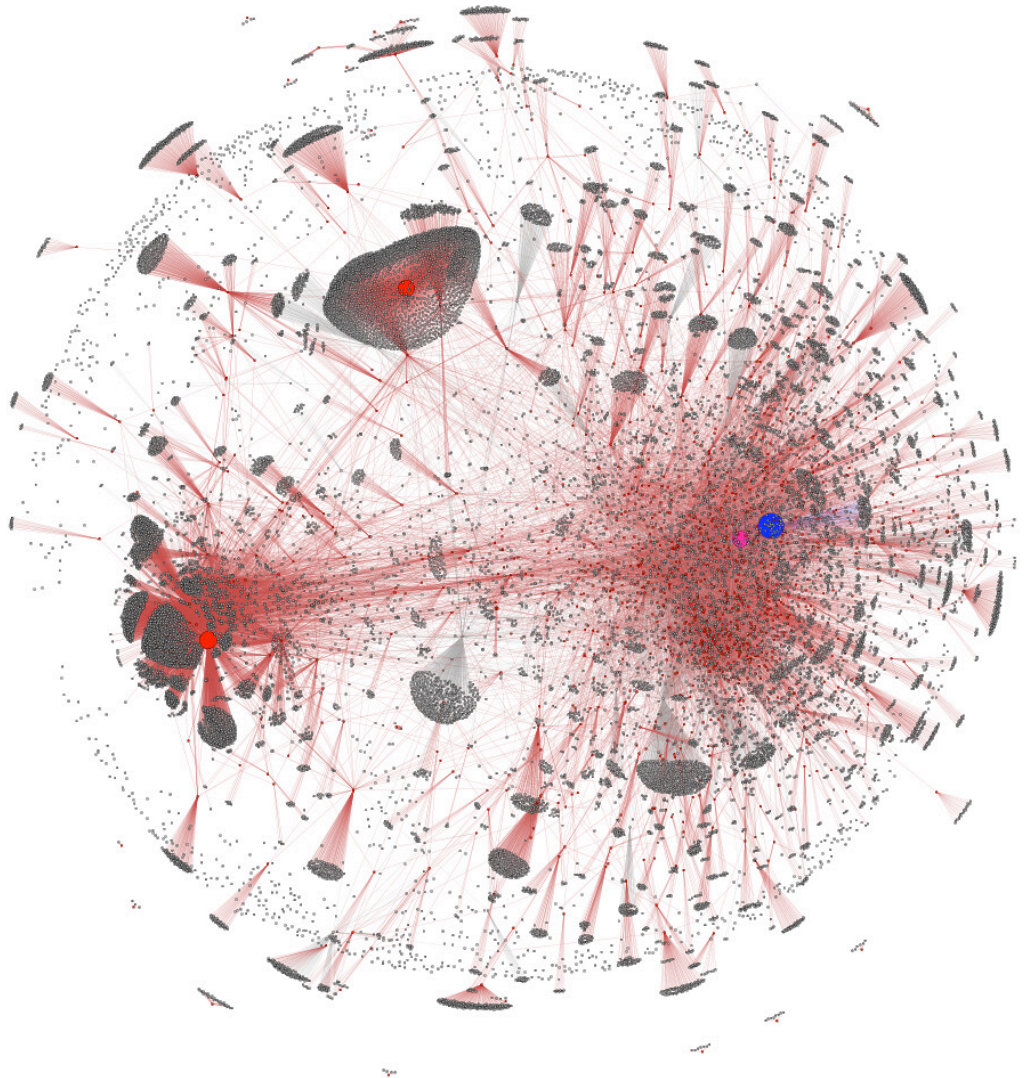
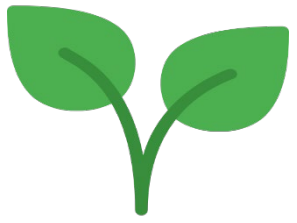


- ▶ Community-based outreach outside of the context of treatment or correctional settings
- ▶ Examples:
  - ▶ syringe service programs
  - ▶ street outreach
  - ▶ post-overdose outreach





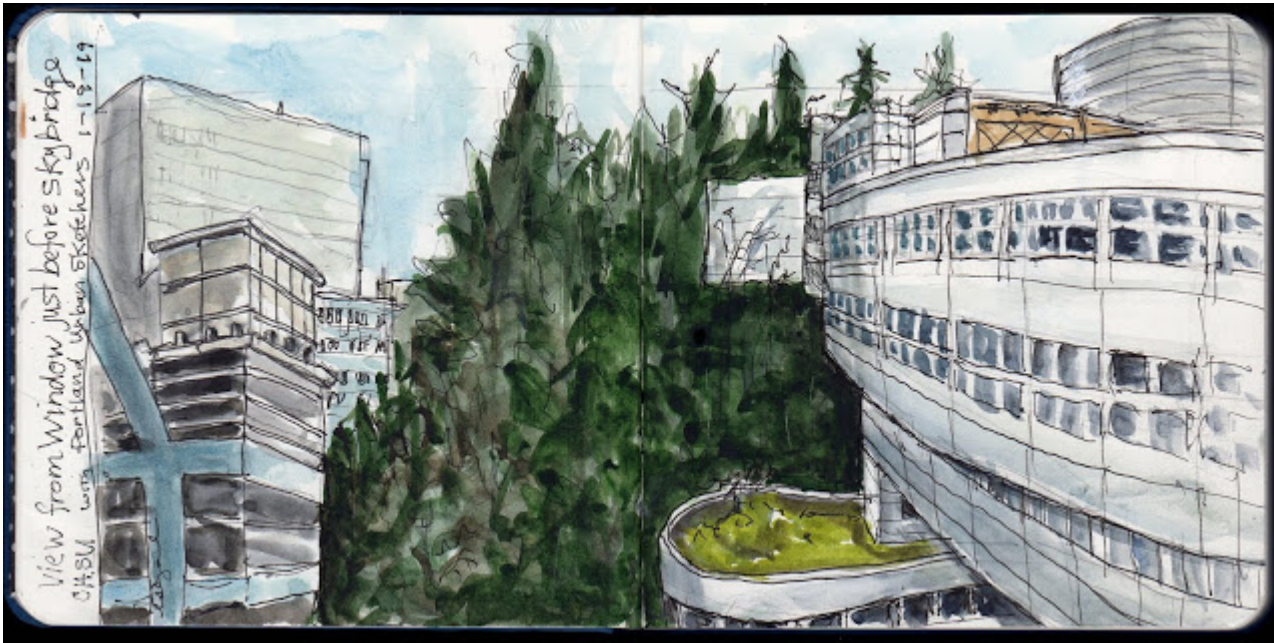
# Community - findings



- ▶ Provide knowledge of ways to reduce risky use behaviors
- ▶ Make people feel safe physically and socially
- ▶ Increased access and engagement to HCV and HIV treatment



# Hospital and emergency departments - definition



**Photo credit:** Urban Sketchers Portland

<http://urbansketchers-portland.blogspot.com/2019/01/ohsu.html>

- ▶ Fully integrated or co-located
- ▶ Members of interdisciplinary care teams
- ▶ Translate information and provide context between health care professionals and people with substance use disorder



# Hospital and emergency departments - findings



**Photo credit:** Helen Frankenthaler (American, 1928–2011), *Provincetown Window*, 1963-64. Photograph by Tim Pyle, Light Blue Studio, courtesy Helen Frankenthaler Foundation, New York

- ▶ High rates of engagement in overdose prevention education, naloxone training and distribution, and counseling services
- ▶ Engaged more in MOUD / more days in treatment
- ▶ Described as trustworthy
- ▶ Mutual benefit



# Jails and prisons - definition



- ▶ Support community reentry and adherence to community corrections requirements
- ▶ Include reach-in visits



**Photo credit:** Mural at Coffee Creek Correctional Facility | Wilsonville, Oregon  
<https://docblog.oregon.gov/tag/dmv/>



# Jails and prisons - findings



- ▶ High satisfaction with peer support
- ▶ Increased life satisfaction
- ▶ Decreased ED utilization, substance use, recidivism, and stress
- ▶ Increased self-efficacy, perceived social support, positive relations with family/friends, quality of life

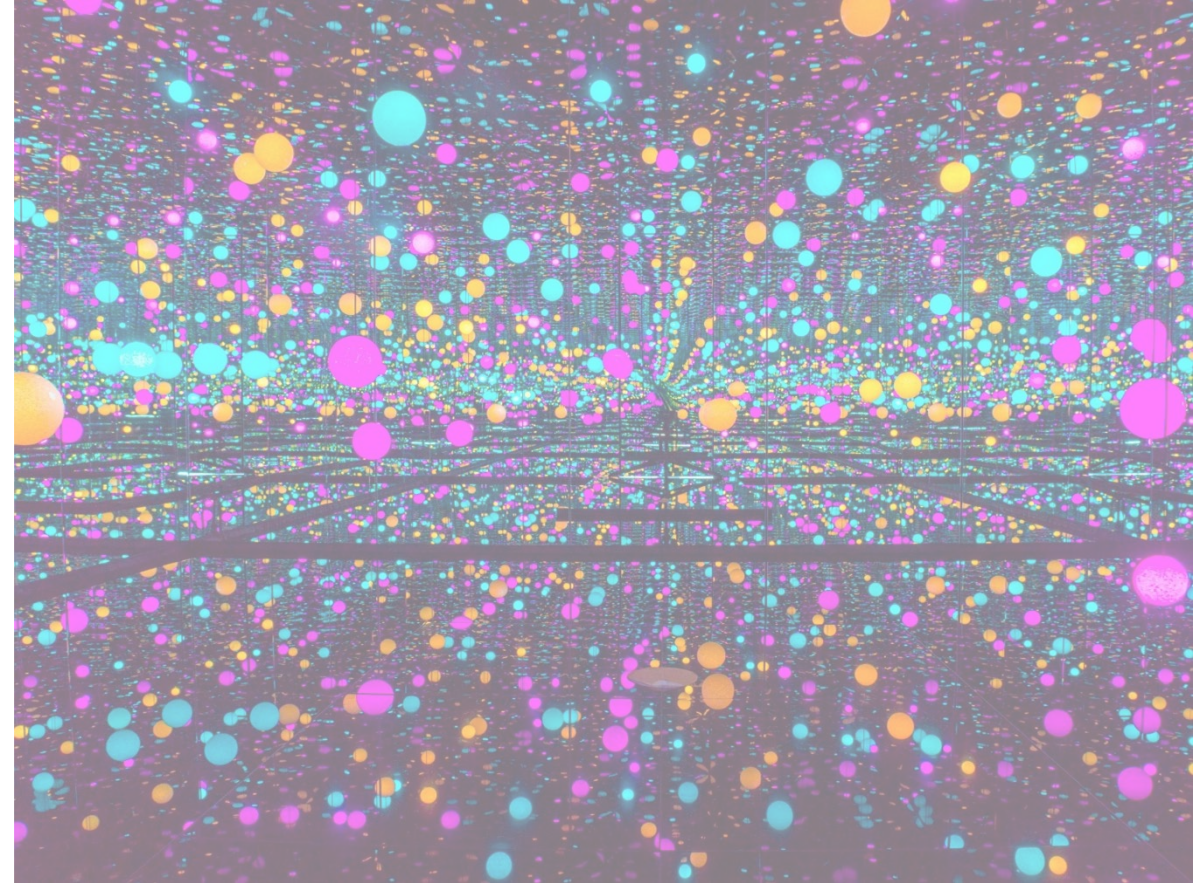


Photo credit: Yayoi Kusama | Infinity Mirror Rooms  
<https://hirshhorn.si.edu/kusama/infinity-rooms/>





# Treatment and recovery agencies - definition



- ▶ May be integrated within case management teams
- ▶ Support planning for addressing non-clinical needs
- ▶ Share connections to recovery communities
- ▶ Recovery Community Organizations (RCOs)



Photo credit: 4D Recovery Center | Portland, Oregon  
<http://4drecovery.org/services/community-centers/>



# Treatment and recovery agencies - findings



- ▶ Decreased use and increased abstinence
- ▶ Increased housing stability, number of primary care visits, and recovery capital
- ▶ Decrease hospital, ED, and detox utilization
- ▶ Decreased criminal charges
- ▶ Reduced reports of anxiety and tension



Photo credit: Yayoi Kusama | Infinity Mirror Rooms  
<https://hirshhorn.si.edu/kusama/infinity-rooms/>



# Important considerations

- ▶ Supervision
- ▶ Compassion fatigue and burnout
- ▶ Reimbursement for peer-delivered services
- ▶ Wages and role definition



# ROAR Pilot Project: Project Design and Preliminary Data Collection



**Elizabeth Needham Waddell, PhD**

Assistant Professor

OHSU-PSU School of Public Health and  
Addiction Medicine Section, School of Medicine  
Oregon Health & Science University



# ROAR Pilot Project

- ▶ **Target Population:** Women with moderate to severe opioid use disorder (OUD) leaving prison
- ▶ **Intervention:** Start extended release naltrexone prior to release, with support pre- and post-release from a Certified Recovery Mentor (CRM)
- ▶ **Project Outcomes:** Overdose prevention, retention in community treatment for OUD



# ROAR Pilot Project

- ▶ **Within 1 week before release**, consented ROAR participants receive a single dose of extended-release naltrexone (XR-NTX), an injectable opioid antagonist that blocks the effects of opioids and provide protection from overdose for up to 28 days.
- ▶ **After release**, ROAR participants are supported by with a certified recovery mentor (CRM) who continues to support them in community substance use disorder (SUD) treatment for up to 6 months.



# Public Health Impact

- ▶ The ROAR pilot provides critical information on improving interventions to prevent opioid overdose in an overlooked, high-risk population: incarcerated women re-entering the community.
- ▶ The evaluation includes a comprehensive administrative data linkage is the first of its kind in our state and offers a unique opportunity to follow the health and safety of justice-involved women in the years following release



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# ROAR Team



**Bridgeway**  
Freedom Through Recovery

**CODA**  
health - recovery - community

**Comagine**  
Health  
Formerly HealthInsight

**OSU**  
Oregon State  
UNIVERSITY  
College of Pharmacy





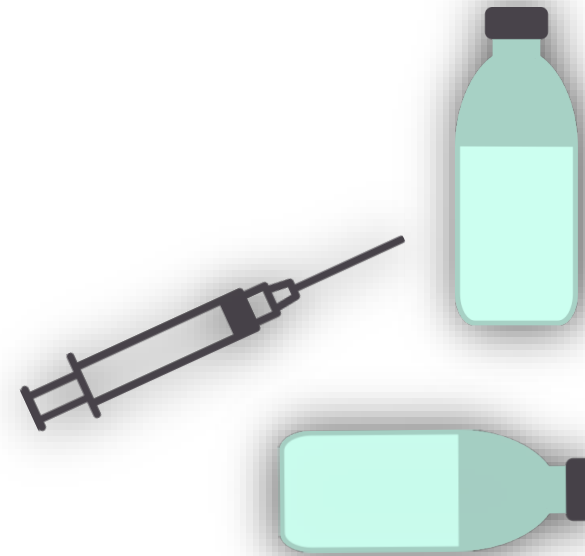
# Extended Release Naltrexone (XR-NTX) - Injectable Suspension

Intramuscular injection lasts 28 days

Also effective for the treatment of alcohol use disorder

Need a period of 5-7 days abstinence to begin

Non-inferior to buprenorphine for decreasing illicit opioid use **once a patient is on the medication**





# What happens pre-release?

- ▶ Prescreening by ODOC Behavioral Health staff
- ▶ Consent and baseline survey/locator form by research staff
- ▶ 2-3 CRM Visits
- ▶ 2 Health Services Visits, including first injection of XR-NTX
- ▶ Planning for community SUD treatment



# Nurse Counseling Visit

(2-4 weeks pre-release)

- ▶ Review patient information about XR-NTX and confirm intent to receive injection
- ▶ Nurse reviews relevant medical history
- ▶ Nurse draws blood for liver function tests
- ▶ Nurse reviews process for XR-NTX injection



# Medical Record Review

(at least 2 weeks pre-release)

- ▶ Documentation of Nurse Counseling visit and labs sent to DOC Medical Director
- ▶ DOC Medical Director consults with ROAR Study Clinicians as needed by phone
- ▶ If indicated, DOC Medical Director prescribes XR-NTX



# XR-NTX Injection Visit (3-7 days pre-release)

- ▶ Pregnancy test
- ▶ Nasal naloxone challenge
- ▶ Observation for precipitated withdrawal
- ▶ Injection



# Participant Time Commitment and Incentives for ROAR Evaluation

Study Activity	Time Commitment	Gift Card Amount
2-week check-in	2 – 5 minutes	\$10
1-month check-in	2 – 5 minutes	\$10
2-month check-in	2 – 5 minutes	\$10
<b>3-month survey*</b>	30 minutes	\$25
4-month check-in	2 – 5 minutes	\$10
5-month check-in	2 – 5 minutes	\$10
<b>6-month survey</b>	30 minutes	\$50
<b>Total</b>	<b>70 – 85 minutes</b>	<b>\$125-\$150</b>

\*A random sample of participants will be invited to participate in a qualitative interview at 3 months.

- Time commitment = 60 minutes
- Gift card amount = \$25



# Timeline

(approximate, COVID-19 extended our timeline)

Recruitment at Coffee Creek:

June 2019 to December 2020 (or maybe through June 2021?)

Community Follow-Up:

July 2019 to June 2021 (or maybe through December 2021?)

Outcome Analysis:

July 2021 to September 2021 (or maybe March 2022)



# Enrollment to Date

Completed Prescreen Interview	158
Consent/Baseline Interview completed	57
Health Services visit 1 completed	56
Health Services visit 2 completed	53
ROAR Releases from Coffee Creek Correctional Facility	52
Received injection Pre-Release	51
CRM Reach In Visit #1 completed	52
CRM Reach In Visit #2 completed	47
CRM Reach In Visit #3 completed	2
CRM Release Day Visit	30
Initial Community Treatment Visit	43
3 month follow-up interview completed	39
6 month follow-up interview completed	36
Number of Active Participants	5
Number of Participants Terminated/Completed Study	52
Completed entire study	37
Lost to Follow/lost to contact	6
Declined to continue pre-release (does not want to start medication)	4
Declined to continue post-release (post injection)	3
Re-incarcerated outside pilot counties	1
Determined to be ineligible after enrollment	1





# CRM Data

- CRMs log every contact and its duration in



## Mode of Encounter:

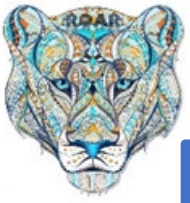
- Phone
- Text messaging
- In Person
- Other (write in)

## Location of encounter:

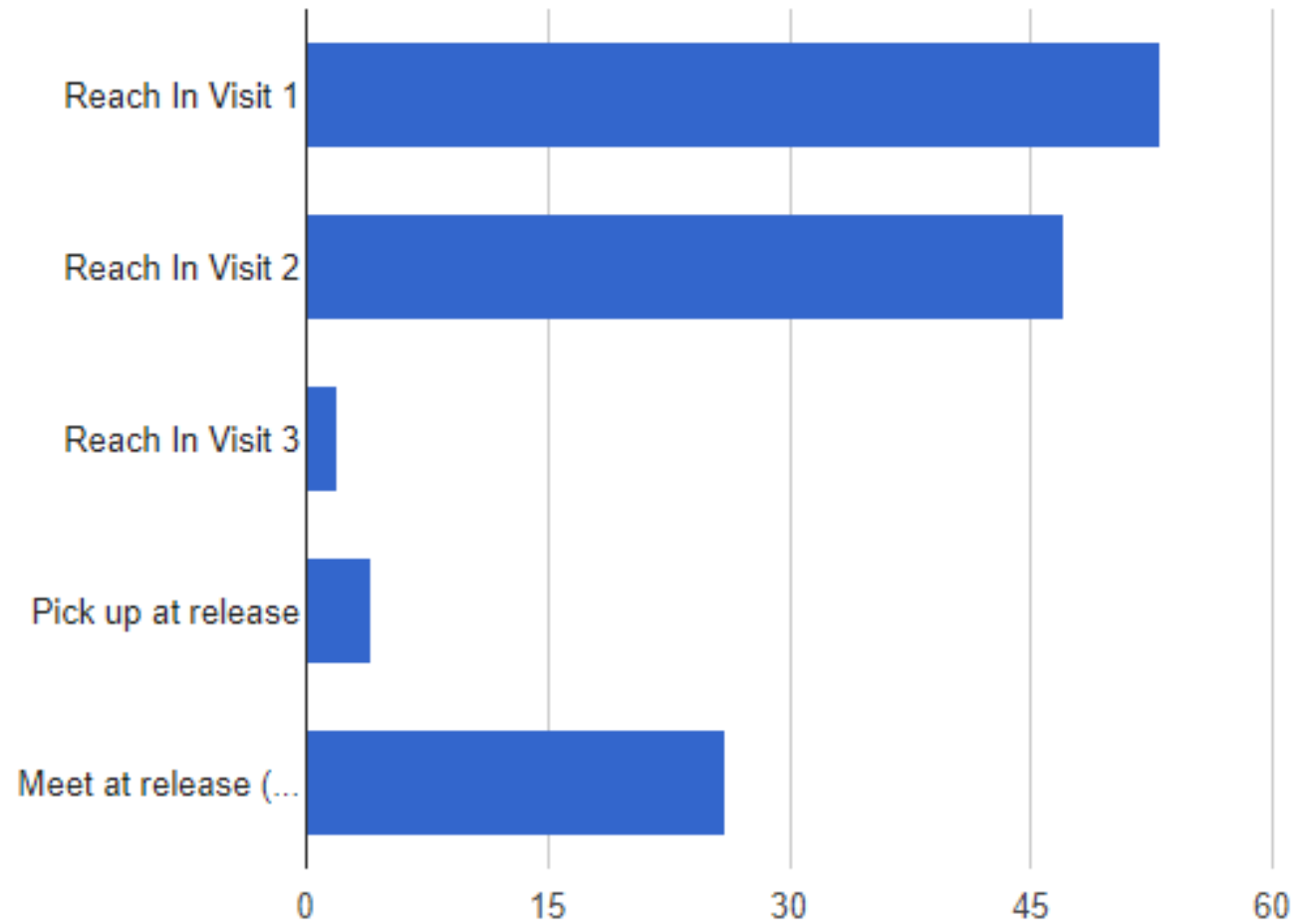
- Phone
- Participant's residence
- Substance Use Disorder Treatment Provider (specify)
- Health Care Service provider (physician, dentist, etc.)
- Corrections/Parole/Supervision office
- Other community agency (child welfare, JTPA, food bank, etc.)
- Public space in community

## Type of service: check all that apply

- Day of release service
- Recovery support / Recovery check in
- Advocacy
- Transportation
- Assist with OHP application
- Assign CCO
- Assist with housing
- Assist with food bank
- Assist with job training/job placement
- Attend physical health appointment
- Attend dental appointment
- Attend mutual aid support group
- Attend appointment with parole / probation officer
- Attend appointment with child welfare
- Attend mental health appointment
- Attend SUDs counseling appointment
- Training on naloxone administration
- Healthy physical alternatives (running group, exercise, hiking, etc.)
- Attend recreational / community event (bowling, recovery camp out, concert, BBQ, etc.)
- Assist with DMV services
- Assist with retrieving OR vital records
- Other (write in)

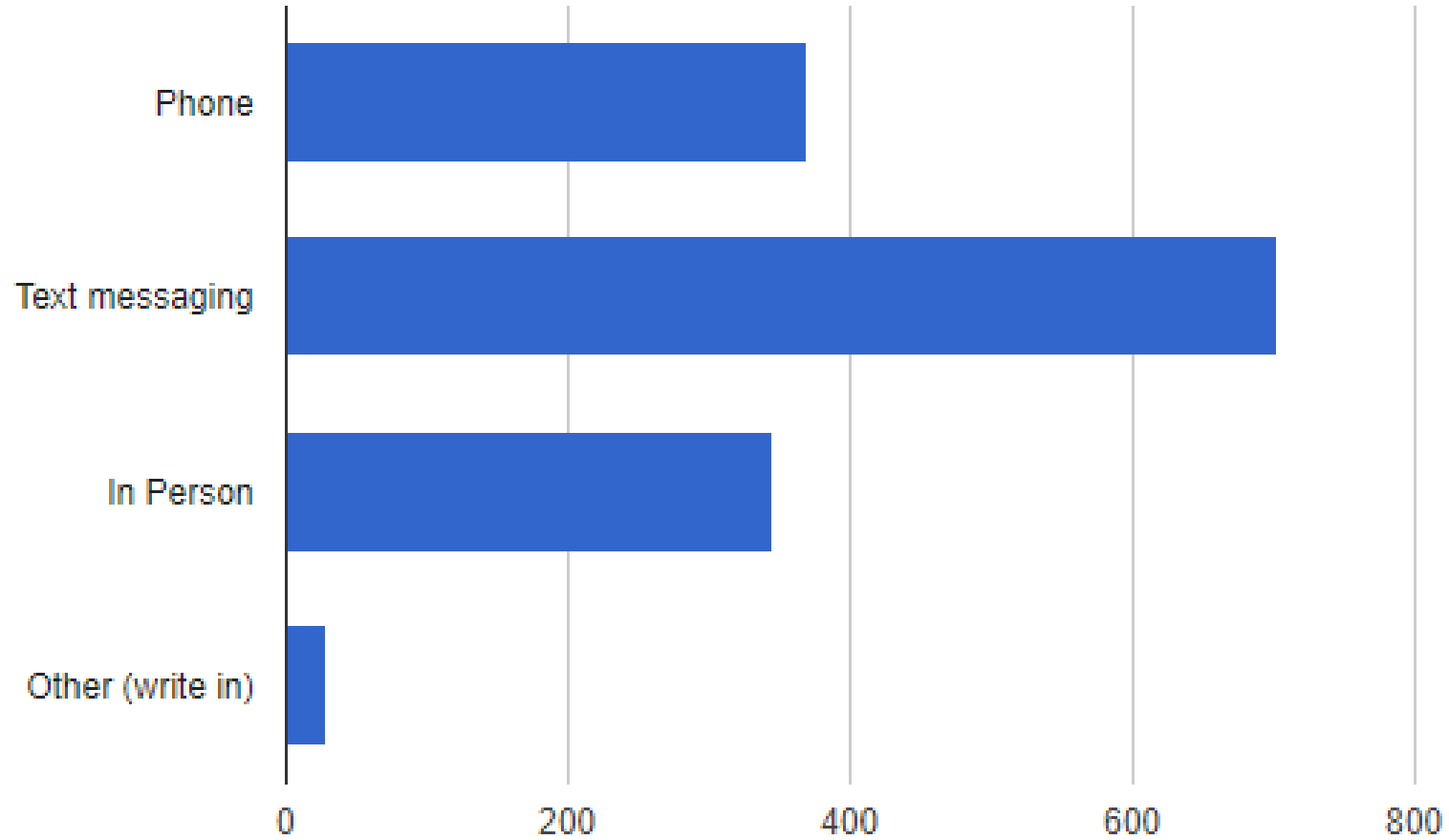


# Prison Connections with CRMs





# Mode of Encounter with CRMs





# ROAR Certified Recovery Mentors: Juggling a Dual Role of Peer Mentor and Research Staff



**Christi Hildebran**, LMSW, CADC III  
Senior Director, Research and Evaluation  
Comagine Health



Morgan

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Ivy

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# ROAR Peer Model

- ▶ ROAR's peer model is formal, structured visits that are intensively goal-oriented
- ▶ ROAR model includes assisting woman in establishing transition and recovery goals
- ▶ ROAR peers aid with ongoing assessment of safe and stable housing along with the continued goals of supporting recovery and prosocial behaviors and addressing criminogenic risk factors



# Certified Recovery Mentors are critical to ROAR Pilot

- **Provide in-reach connection** to adult women incarcerated at Coffee Creek prior to release
- Meet with participant and **establish rapport**
- Coordinate day of release **transportation, linkage to SUDs treatment, and transition services**
- Facilitate initial **intake visit at Bridgeway and CODA**, including transportation
- Provide **recovery mentor services to promote retention** in community treatment





- Provide **CRM activities (TAU) in community** at Bridgeway and CODA
- Document mentor activities in **REDCap and agency EHR**
- Weekly **CRM calls** with ROAR team members at Comagine
- Monthly project calls with PI and other team members from OHSU, Coffee Creek, CODA and Comagine
- Mentor **Learning Collaboratives** (CEU's)
- Assist Comagine research coordinator with **locating participants**



# Mentor Training

- Criminality and prosocial behaviors
- Social learning theory
- Gender-specific considerations
- Trauma and trauma-informed care
- Co-occurring disorders
- PREA and mandatory reporting
- Review of Naloxone administration and distribution, including Oregon's Good Samaritan Law



# Learning Collaboratives

- Use of de-stigmatizing language
- Trauma and compassion fatigue
- Harm reduction when working with corrections population
- Self care
- Engagement strategies
- Recovery capital
- Forensic peer model – supervision
- Considerations working with transgender, gender non-conforming individuals



## Reducing Overdose After Release from Incarceration (ROAR) CRM Help Sheet

ROAR elevator Objective: Prevent overdose after release from incarceration

### Pilot Overview

- ROAR pilot is a 12-week pilot program
- Within pilot, antagocid will be provided to participants
- ROAR pilot is a 12-week pilot program (SUD) treatment

### Adding a record

1. Login to REDCap
2. Click on My Projects

My Projects

Project Title: CODA 6498

3. Click Add / Edit Record
4. Select list
5. Click +
6. Complete

### REDCap Help

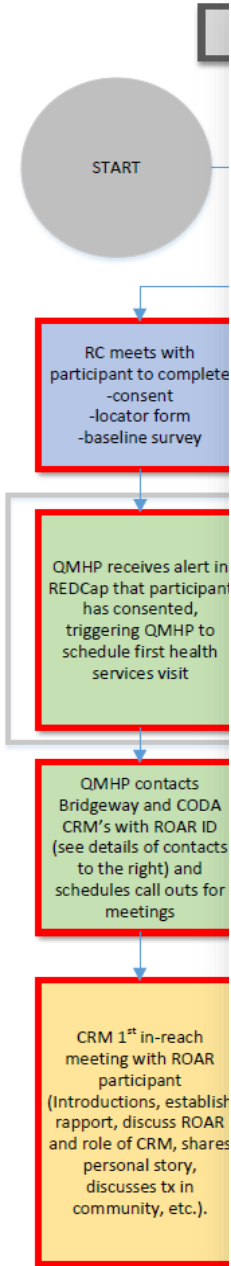
- Never
- Enter c

## Reducing Overdose After Release from Incarceration (ROAR) CRM Help Sheet

- Standard to

Standard Time	
12:00am	
1:00am	
2:00am	
3:00am	
4:00am	
5:00am	
6:00am	
7:00am	
8:00am	
9:00am	
10:00am	
11:00am	

### Medications for OUD



Coffee Creek OHSU / Com



## Reducing Overdose After Release from Incarceration (ROAR) CRM In Reach Visits and Day/Week of Release

### In Reach Visit #1

1. What is ROAR?
2. What is a mentor?
3. Share experience, strength, and hope – Tell your story.
4. Discuss treatment in the community. What to expect, what it will look like, etc.

### In Reach Visit #2

1. Discuss with participant any changes since the last mentor visit.
2. Review what will help the participant feel supported with their upcoming transition to community and ask them what they would like to see happen on day of release.
3. Any concerns about first day / first weekend out? Relapse triggers? Relapse prevention plan?
4. Remind participant that they will be provided with Narcan along with their discharge medications day of release.
5. Discuss the need for an agency (CODA, Bridgeway) ROI– ask if it's ok to meet them at day of release (if not picking them up) in order to have them sign agency ROI and ROI to Bridges to Change (if appropriate)
6. Ask participant if they have signed up for OHP? If no, "I need you to send a message (kyte) to your release counselor and let them know immediately."

### Day of Release

1. If participant chooses, meet participant at the gate, offer support and hope, request participant sign agency ROI, in order to begin process of obtaining corrections medical records, provide transportation to PO appointment, intake appointment at SUDs treatment, and other services needed day of release (clothing closet, food box, etc.)
2. Coordinate care with other social service agencies, if appropriate (Bridges to Change, etc.)

### Week of Release

1. Coordinate contact information received from participant for locator form (CRM's to work closely with Erin to update cell phone numbers and other contact information received).
2. Provide transportation to SUDs intake appointment or other appointments in community.
3. Outreach to provide support to participant via face-to-face, text, or phone. Frequency?
4. Document in REDCap whether participant attended intake appointment at SUDs treatment agency





## In Reach Visit #1

- What is ROAR?
- What is a mentor?
- Share experience, strength, and hope – Tell your story.
- Discuss treatment in the community. What to expect, what it will look like, etc.



## In Reach Visit #2

- Discuss any changes since the last visit.
- Review what will help them feel supported with their upcoming transition to community
- Any concerns about first day and/or first weekend out? Return to use triggers? Do they have a return to use prevention plan?
- Remind participant about Narcan along with their discharge medications day of release.
- Ask if it's ok to meet them at day of release
- Ask participant if they have signed up for OHP



## Day of Release

- If participant chooses, meet at the gate, offer support and hope, request participant sign agency ROI, in order to begin process of obtaining corrections medical records,
- Provide transportation to PO appointment, intake appointment at SUDs treatment, and other services needed day of release (clothing, food box)
- Coordinate care with social service agencies



## Week of Release

- Coordinate contact information received from participant for locator form
- Provide transportation to SUDs intake appointment or other appointments in community.
- Outreach to provide support to participant via face-to-face, text, or phone.
- Document in REDCap whether participant attended intake appointment at SUDs treatment agency





# Considerations when using Peer Support Specialists (aka CRM's) in Research

- ▶ Training
- ▶ Supervision
- ▶ Ongoing Support
- ▶ Involvement in Manuscripts and Presentations
- ▶ Differences in Research Protocols and Clinical Work



# Considerations for Working in Prison Setting

- ▶ You are a guest
- ▶ Important to learn the facility culture
- ▶ Prison lingo “kyte, books, seg, IRS”
- ▶ Anything can and will change
- ▶ Many departments within one facility (security, behavioral health, treatment, health services)
- ▶ PREA



# Interview with Morgan Nelson

## ROAR Mentor





# Questions and discussion



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gracias cảm ơn bạn धन्यवाद 고맙습니다  
شكرا جزيلًا salamat благодарю вас 谢谢  
Dziękuję Ci **Thank** ευχαριστώ  
quyana tack **you!** ក្រៃបេតិកភណ្ឌ  
धन्यवाद danke asante grazie  
hík'wu? merci הודת obrigado ขอบคุณ  
ありがとうございました спасиби mahalo



Northwest (HHS Region 10)

**ATTC**

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