Integrating Peer Professions within the Substance Use Continuum of Care

New York City Department of Health and Mental Hygiene
Bureau of Alcohol and Drug Use Prevention, Care & Treatment

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Learning Objectives

- Review key definitions and overdose data
- Increase familiarity with Relay model and key roles
- Operationalize the tenets of implementing peer professionals
- Demonstrate how to integrate peer professionals

Address Following Objectives
Key Definitions

- Peer Professional
- Peer Support
- Emergency Room
- Participant
- Opioid
Key Definitions

- WELLNESS ADVOCATE
- ED CHAMPION
- HARM REDUCTION
- OVERDOSE RISK REDUCTION
Unintentional drug poisoning deaths, NYC, 2000-2018*

Number of unintentional drug poisoning deaths and age-adjusted rate per 100,000 population from 2000 to 2018. The number of deaths increased significantly from 2014 onward, with an age-adjusted rate of 20.5 per 100,000 in 2018.

Source: New York City Office of the Chief Medical Examiner & New York City Department of Health and Mental Hygiene 2000-2018*
*Data for 2018 are provisional and subject to change
Every 7 hours, someone dies of a drug overdose in New York City.
Unintentional drug poisoning deaths, NYC, 2000-2018*

Number of unintentional drug poisoning deaths (overdoses), by quarter, New York City, 2015 - 2018

Source: New York City Office of the Chief Medical Examiner & New York City Department of Health and Mental Hygiene, 2015-2018*
*Data for 2018 are provisional and subject to change
Fentanyl is the most common substance involved in drug overdose deaths.

60% Of drug overdose deaths involved fentanyl in 2018.
Relay
People who survive an overdose are 2-3 times greater among people who experienced a prior non-fatal overdose than people who have never done so.

The crisis of a non-fatal overdose brings an opportunity for intervention.

Relay is funded through HealingNYC.

Over 3 years, expand to all boroughs, launching at 15 hospitals.
Relay

Goals

- Prevent and reduce opioid overdose fatalities in New York City
- Distribute naloxone to individuals who are at risk for an opioid overdose including families and support networks
- Employing peer professionals with lived experience as Wellness Advocates to advance the peer workforce
Relay Overview: NYC DOHMH nonfatal overdose response system

- Public health initiative that dispatches Wellness Advocates to collaborating emergency departments to provide support to individuals experiencing a non-fatal opioid overdose
- Available 24/7/365
How does Relay work?

Step 1: ED activates Relay

- ED staff determine that a patient age 18 and older has experienced a suspected opioid overdose
- ED staff calls the notification system
- Notification center collects basic information on patient
Step 2: Dispatch Wellness Advocate

Notification center calls Relay and the WA arrives within 60 minutes.

Each collaborating ED has a designated team of 6 Wellness Advocates providing 24/7 support

- 2 F/T Wellness Advocates
- 4 P/T on-call Wellness Advocates
Step 3: Introductions

- Wellness Advocate arrives and introduces themselves to the attending physician and is briefed on the patient’s status.

- ED Staff initiates introduction of Wellness Advocate/patient.

- Wellness advocate begins to develop rapport with patient.

- Patient verbally consents to participate in Relay.
Step 4: The Engagement Process

In addition to peer support, the Wellness Advocate offers (at the time of engagement or at follow-up):

• Brief, tailored overdose risk reduction education
• Opioid overdose rescue training and naloxone distribution for patient and/or friends and family members
• Follow-up, referrals, and navigation to harm reduction, treatment, or other services
• Assistance with hospital navigation
• Relay care bag
Step 5: Follow-up

• After meeting with the patient, the Wellness Advocate follows up with attending physician to collaborate with the medical team.

• Within 24-48 hours of discharge, Wellness Advocate follows up with participant to explore how we can assist in avoiding future overdoses.

• Wellness Advocate continues to follow up and provide support and connection to services for up to 90 days.
Relay Sites

2017

- NY Presbyterian-Columbia University Medical Center
- Montefiore Medical Center
- Richmond University Medical Center (RUMC) – subcontracted through CHASI
- Maimonides Medical Center

2018

- St. Barnabas Hospital
- Jamaica Hospital
- Mt. Sinai-Beth Israel
Relay Sites

2019

- **March 25**: BronxCare
- **April 29**: NYU Langone Health-Tisch and NYU Langone Hospital- Brooklyn
- **June 10**: Staten Island University Hospital (SIUH) North and South campuses - subcontracted through CHASI
Relay Engagement
June, 2017 to August 31, 2019

- Individuals Referred to Relay: N = 2128
- Ineligible: N = 259
- Not Seen: N = 274
- Declined to Participate (non-participants): N = 449

- Eligible and Offered Relay: N = 1658 (74%)

- Relay Participants: N = 1209 (73%)
Naloxone Distribution
June, 2017 to August 31, 2019

Relay trained 1898 participants and family members to use Naloxone, and provided a kit.

- 1173 kits went to participants
- 725 friends and family members received kits
- 55.1% of kit recipients said it was their first time getting a kit
BENEFITS OF INTEGRATING PEER PROFESSIONS
Evidence of Peer Support

• Federal CMS identifies Peer Support as an Evidence Based Practice (2007)
• Decrease in the use of ERs (Davidson et al. 2012)
• Decrease in substance use (sledge, et al., 2011)
Evidence of Peer Support

- Decrease in depression (Sledge, et al., 2011)
- Increased hope, self-care (Sledge, et al., 2011)
- Enlarged social networks (Campbell, J., 2004)
- Increased sense of control and ability to change (Tondora, et al. 2010)
Advantages for Peer Professionals

- Gain valuable skills
- Ability to bring unique and effective skills to another peer’s recovery process
Advantages of Integrating Peer Professionals

- Ability to instill hope
- Opportunity to increase engagement and retention the organization
- Develop a career path starting with an entry level position
Misconceptions about Peer Professionals

• Peer professionals are “mini counselors”
• Anyone who has received SUD services can be a good supporter
• They can uncover information and report them back to the team
Misconceptions about Peer Professionals

- Should not engage in topics like suicide
- Peer supporters have no boundaries
- They cannot be trusted to accompany clients
- They may have a higher relapse/recurrence rate
EMPLOYING PEER PROFESSIONALS
Ongoing peer development and supervision.

Data collection and analysis to monitor program performance and goal attainment.

Continuous Quality Improvement.

Design a Program Plan & Timeline.

Obtain Initial Funding.

Recruitment and Hiring Peers.

Orientation & Training.

Initial roll out of peer services.

Ongoing peer development and supervision.

Data collection to monitor program performance and goal attainment.

Continuous Quality Improvement.

Bill for services.

Exploration

- Starting to think about feasibility of peer services
- Differentiating between peers, sponsors and addictions counselors
- Understanding the roles of peers: emotional, informational, instrumental, affiliation
Exploration

• Completing a needs assessment around the needs of the agency related to peer professionals
• Completing an organizational readiness assessment
• Understanding the fiscal reality of integrating peer services (e.g. developing budget, determining funding source, determining if services will be billable vs. non-billable)
### Is my organization ready?

#### Appendix A: Sample Materials

#### Organizational Readiness Assessment

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neutral</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
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<tbody>
<tr>
<td>My organization’s mission and vision support the hiring of peers.</td>
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<td>Staff at all levels of my organization would support the hiring of peers.</td>
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<td>Staff at all levels of my organization understand and value that peers have histories of drug use.</td>
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<td>Staff at all levels of my organization understand and accept that peers as well as other staff with histories of drug use may experience relapse during their employment.</td>
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<td>My organization has plans for how to use peers on a regular basis.</td>
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<td>My organization has the space to employ peers.</td>
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<td>My organization has the equipment (computer, phone, etc.) to support peers.</td>
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<td>My organization has the ability to offer additional onsite training to peers, such as computer literacy courses.</td>
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<td>My organization contracts to provide Medicaid Managed Care Behavioral Health Services.</td>
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Develop Program Plan

• Gain approval from stakeholders at your agency
• Develop a staffing pattern based on your needs assessment and budget
  – Shifts
  – Scheduling
  – Supervision
Recruitment and Hiring

- Determine the peer professional’s role within the agency
- Identify qualifications, job expectations in the job description
- Outline performance evaluation
  - Should be clear and concise
- Review/develop policies and procedures
Recruitment and Hiring

Assess
- Assess agency hiring policies
  - Background checks
  - Substance use screening
  - Health screening

Advocate
- Advocate for changes
  - Are the policies aligned with core competencies of peer professionals?

Outline
- Outline hiring process
  - Recruitment methods (Indeed, email blasts, peer coalitions etc.)
  - Develop interview questions and rating system
  - Interview panels (select panelists)
Interviewing

• How do we ask if people have lived experience during an interview?
Activity

• Break up into groups of 3
  – One interviewer
  – One interviewee
  – One observer

• Use the interview questions to determine if the interviewee would be an appropriate fit for your program
Orientation and Training

• Orientation begins when offering the job
  – Dates of training
  – Explanation of work hours
  – Job expectations
Orientation and Training

• Job training
  – Organization
  – The program
  – Policies and procedures
  – How to do the job
  – Development of manuals
  – Data entry training
  – Videos
  – Online training
  – Role plays
  – On-going training and professional development
On-going Supervision and Development

- Does supervision look differently for peer professionals and non-peer professionals?
- Builds off the orientation training and staff observations
On-going Supervision and Development

• Develop supervision structure
  – Individual
  – Group
  – Developing a shared supervisory agenda
    • Check-in
    • Cases
    • Administrative items (data entry, policies and procedures etc.)
    • Performance
    • Training and Development
    • Vacation or Planned Leave
Performance Management

- Outline job tasks and performance measures in writing when a person is hired
  - There should be no surprises around expectations and feedback
  - Provide annual reviews
Performance Management

• Provide positive feedback and areas of improvement in a timely fashion
  – During supervision
  – Via email (should be followed up in person as well)
  – Daily
Supervision

**Administrative**
Overseeing protocols, policies, and procedures

**Educational**
Developing opportunities for further training and skill development

**Supportive**
Fostering morale, job satisfaction, and overall wellbeing
Supervision Resources

• [https://www.Academyofpeerservices.org](https://www.Academyofpeerservices.org) (online)
  – An introduction to Supervising Peer Specialists (course 1 and course 2)
• [https://www.exponents.org/training/](https://www.exponents.org/training/)
  – Peer Supervision Training (Best Practices for Supervisors within the Recovery Oriented Services of Care)
• Friends of Recovery (For-NY)
  – [https://for-ny.org/trainings/](https://for-ny.org/trainings/)
Development and Support

- Include peer professionals in case conferences and team meetings
- Encourage peer professionals to present their cases
- Encourage other peer professional team members to share their feedback, resources and impressions
Development and Support

- Encourage peer professionals to present their knowledge around a subject matter (brownbag informational sessions)

- Implement surveys to assess how the program is going
  Share results with supervisors, peer professionals etc.
Development and Support

Foster brave spaces

- Encourage peer professionals to form or join peer networks or coalitions
- Implement supportive spaces
  - i.e. consultant comes in on a monthly basis

Development of leadership roles for peer professionals

- Leads, peer supervisors, etc.
Data Collection

- Assess funding requirements for data collection
- Identify program outcomes
- Identify data collection questions
  - Demographics
  - Risk factors
  - Interventions
  - Referrals
Data Collection

- Implement and build a electronic health record (EHR)
- Provide on-going training to Peer Professionals on data collection methods and using the EHR system
- Identify a team to evaluate process and outcome measures
Tips

• Share your data with staff
• Elicit feedback from peer professionals about data collection and data entry
• Communicate changes via email and/or in person in a timely fashion
• Provide back-up forms for data collection in case of EHR failure
On-going Quality Improvement

• Continue to assess data on a daily basis, and provide peer professionals with guidance and or feedback in real time
• Identify and quantify any trends which may indicate further investigation may be required
• Identify any problem areas in EHR, and initiate solutions in a timely manner
• Communicate any EHR changes to program staff immediately, to provide consistency in data collection and input.
Input
Valuing your agency’s peer professionals input on program changes

If possible, act and implement changes

Seek continuous feedback (not on an annual basis)
Small Group Activity

• Breakout into small groups
• Create a proposal to implement peer professionals within your agency
  – You can include:
    • a justification, peer roles, staffing pattern, a program plan, supervision, recruitment plan, training and quality assurance measures
Lessons Learned

• Peer professionals are valuable to the organization/program
• Programs should be inclusive and involve peer professionals within the team
• Peer professionals should not be treated differently than any other staff member
Technical Assistance

• If you are in NYC and in need of technical assistance in implementing peer professions, please contact Susan Campbell at scampbell2@health.nyc.gov.
Questions?

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- Catherine Kelleher (Cathy), ckelleher@health.nyc.gov