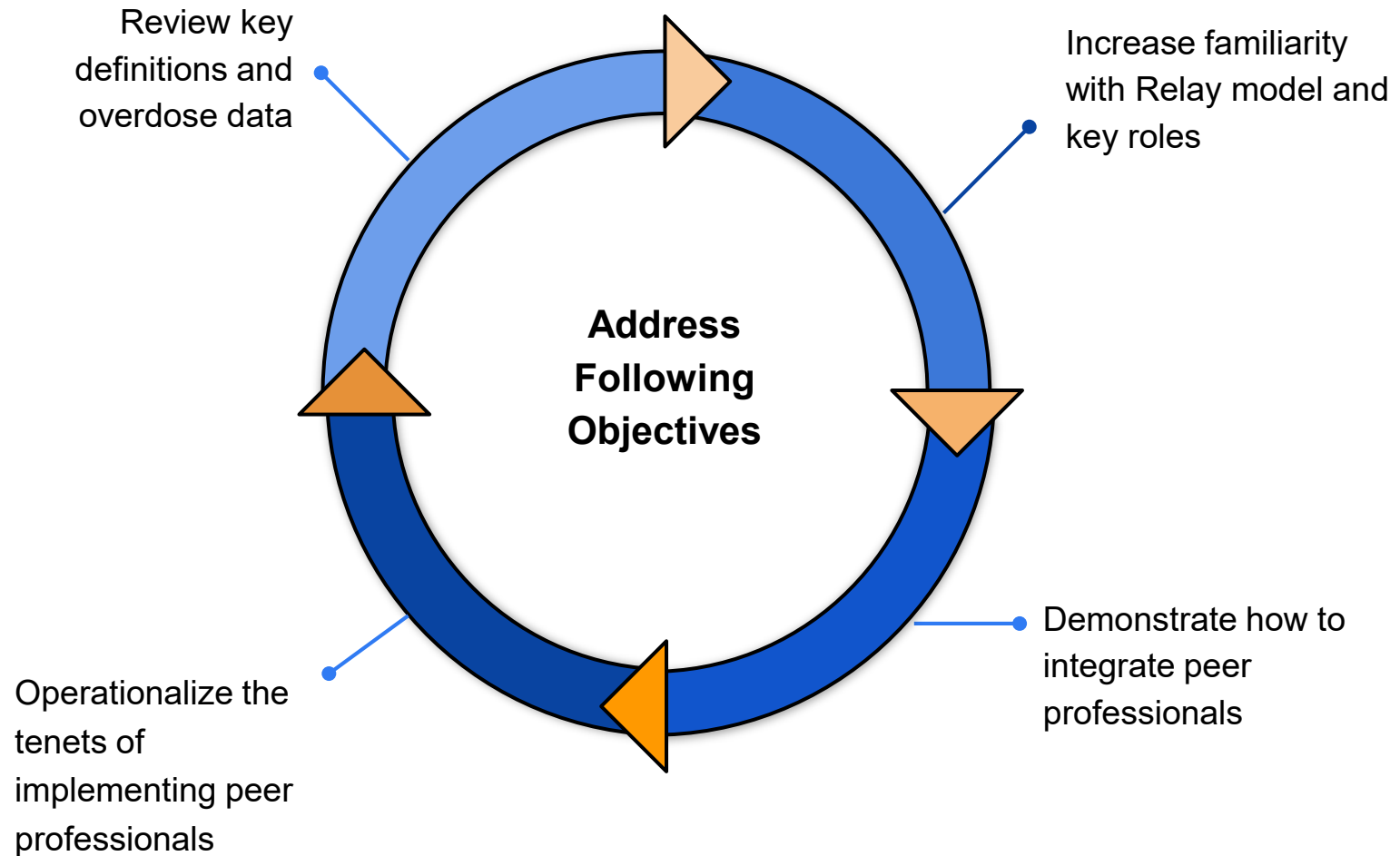# Integrating Peer Professions within the Substance Use Continuum of Care

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

Address Following Objectives

Operationalize the tenets of implementing peer professionals

Demonstrate how to integrate peer professionals

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Key Definitions

PEER PROFESSIONAL

PEER SUPPORT

EMERGENCY ROOM

PARTICIPANT

OPIOID

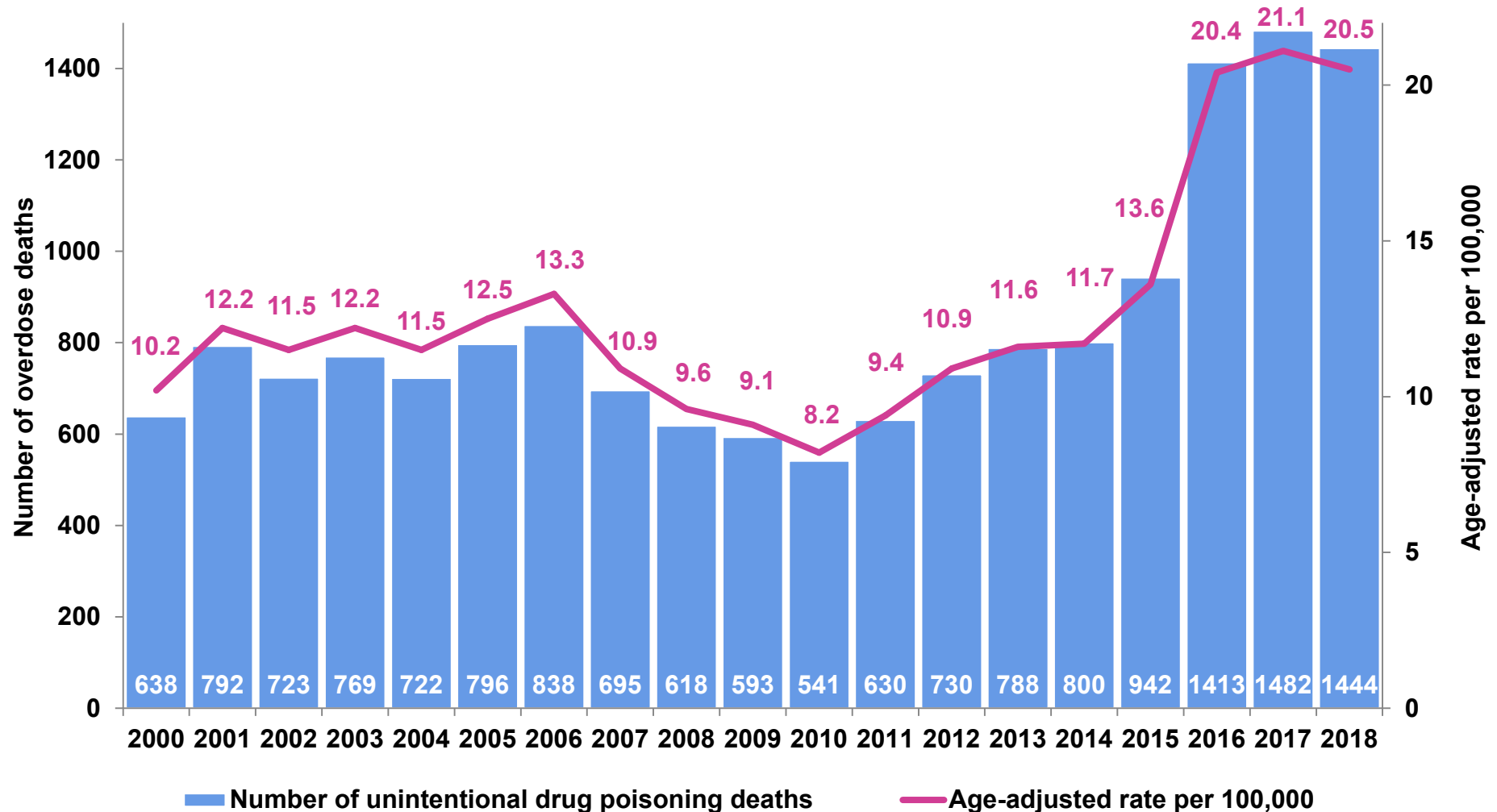NYC Health

Key Definitions

WELLNESS ADVOCATE

ED CHAMPION

HARM REDUCTION

OVERDOSE RISK REDUCTION

Unintentional drug poisoning deaths, NYC, 2000-2018*

Age-adjusted rate per 100,000 values: 10.2, 12.2, 11.5, 12.2, 11.5, 12.5, 13.3, 10.9, 9.6, 9.1, 8.2, 9.4, 10.9, 11.6, 11.7, 13.6, 20.4, 21.1, 20.5

Number of unintentional drug poisoning deaths: 638, 792, 723, 769, 722, 796, 838, 695, 618, 593, 541, 630, 730, 788, 800, 942, 1413, 1482, 1444 (years 2000–2018)

Legend:
- Number of unintentional drug poisoning deaths
- Age-adjusted rate per 100,000

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
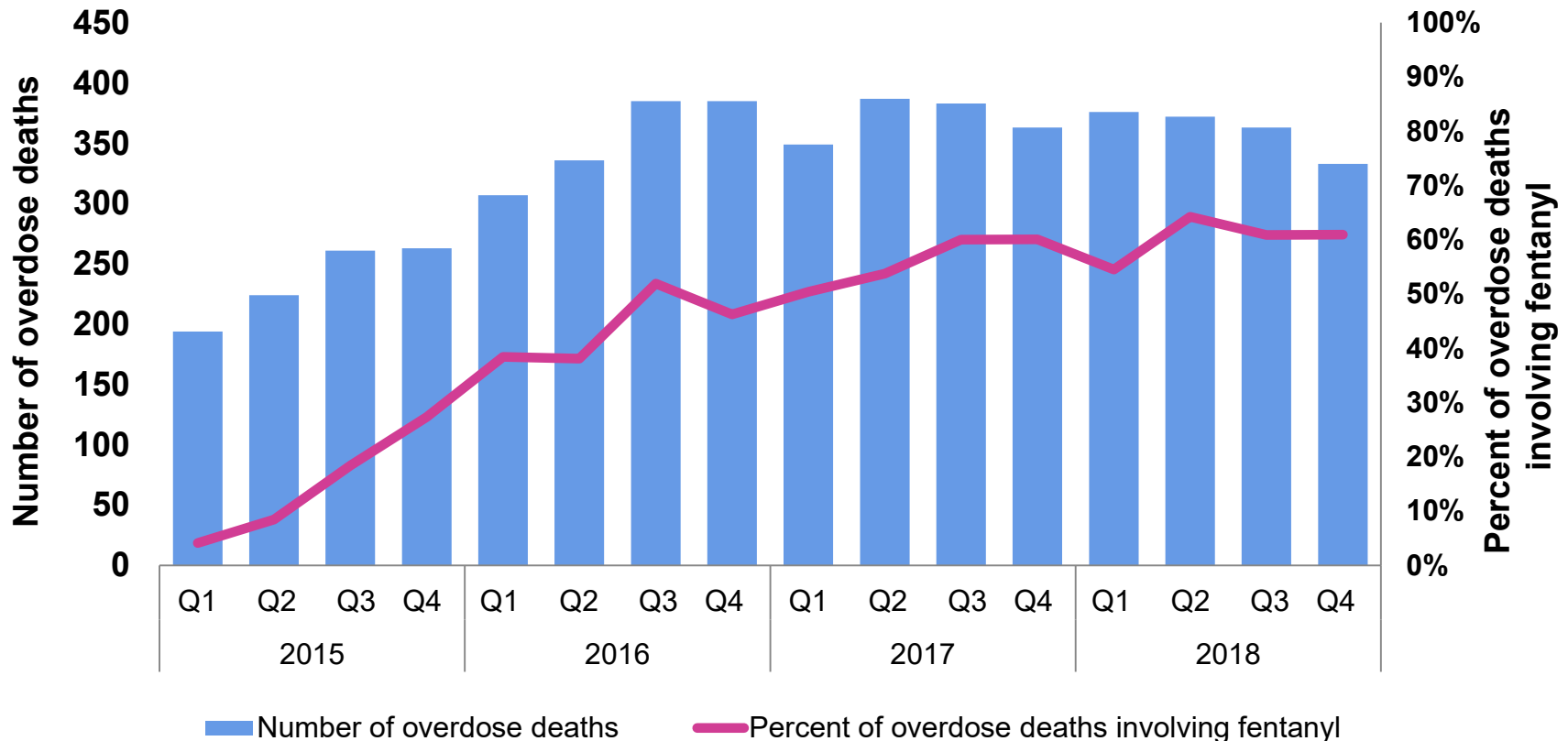
*Source: New York City Office of the Chief Medical Examiner &
New York City Department of Health and Mental Hygiene, 2015-2018*

*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

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Relay Background

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

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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**

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Relay Key Roles

- Program Director
- Relay Trainer
- Supervisors
- Operations
- Wellness Advocates — Full-Time / Part-Time
- Administrative Support
- Notification System
- ED Champions

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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

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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

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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

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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

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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

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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
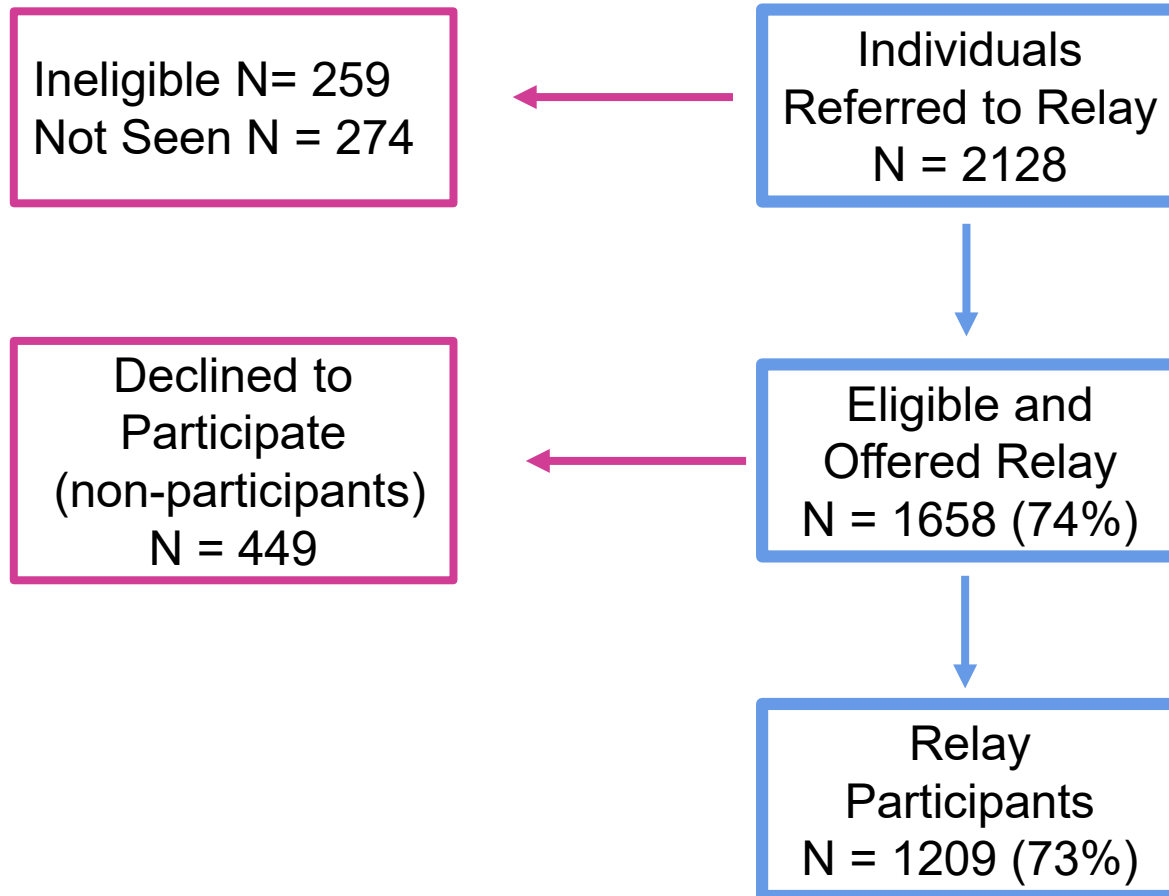
Relay Sites

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

Ineligible N= 259 **Not Seen N = 274**	← **Individuals Referred to Relay** **N = 2128**

↓

Declined to Participate (non-participants) **N = 449**	← **Eligible and Offered Relay** **N = 1658 (74%)**

↓

Relay Participants
 N = 1209 (73%)

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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

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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

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Advantages of Integrating Peer Professionals

Ability to instill hope

Opportunity to increase engagement and retention the organization

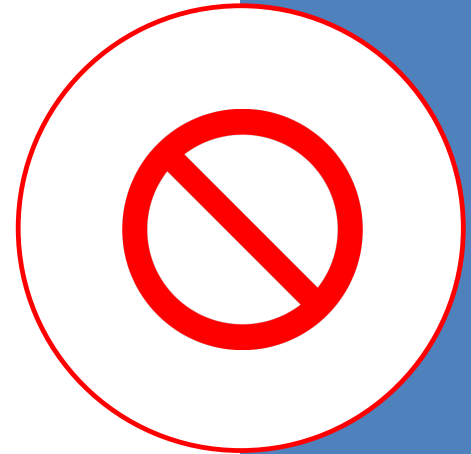Develop a career path starting with an entry level position

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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
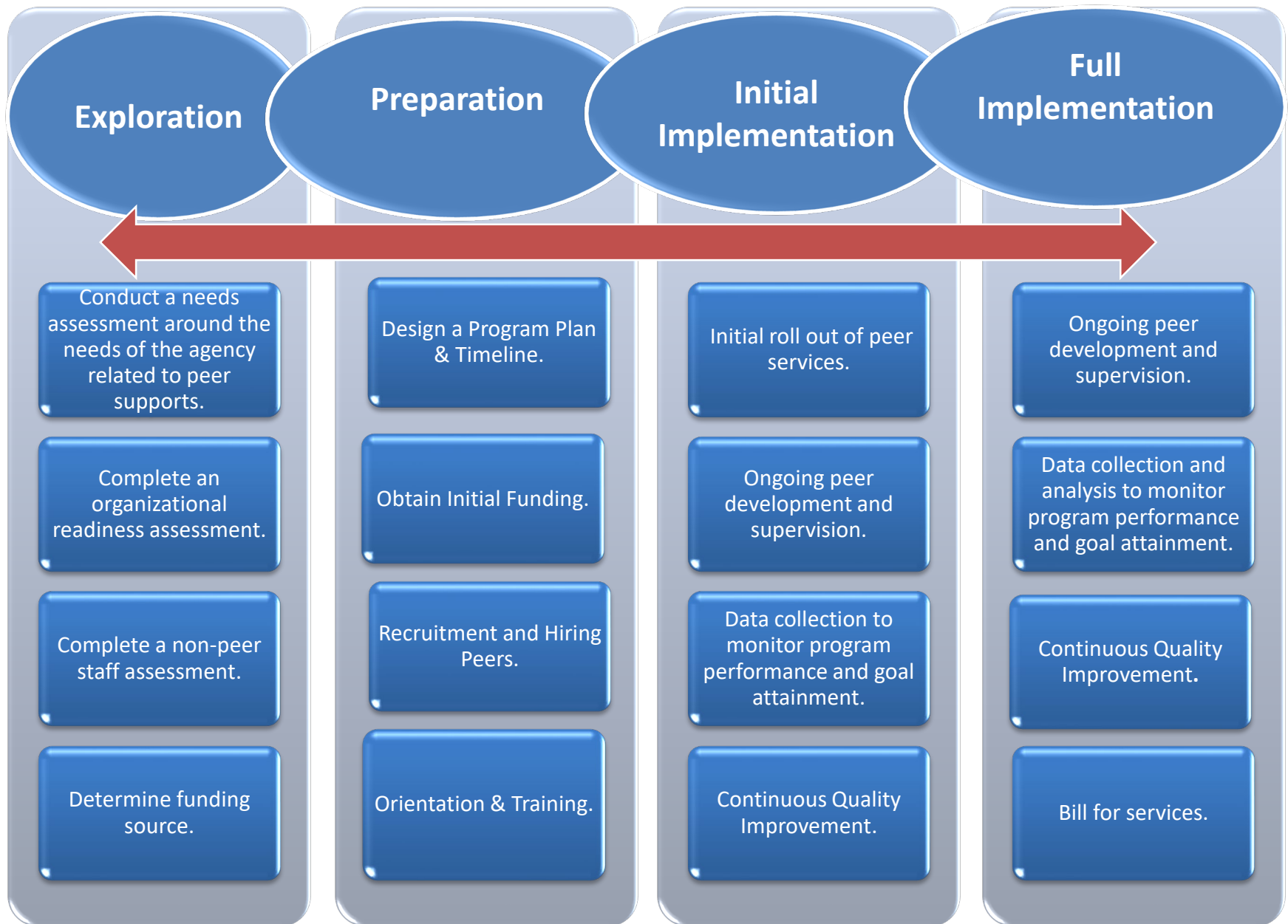
Misconceptions about Peer Professionals

- 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

Exploration	Preparation	Initial Implementation	Full Implementation
Conduct a needs assessment around the needs of the agency related to peer supports.	Design a Program Plan & Timeline.	Initial roll out of peer services.	Ongoing peer development and supervision.
Complete an organizational readiness assessment.	Obtain Initial Funding.	Ongoing peer development and supervision.	Data collection and analysis to monitor program performance and goal attainment.
Complete a non-peer staff assessment.	Recruitment and Hiring Peers.	Data collection to monitor program performance and goal attainment.	Continuous Quality Improvement.
Determine funding source.	Orientation & Training.	Continuous Quality Improvement.	Bill for services.

Source: Campbell, S. (2019). New York City Department of Health and Mental Hygiene.

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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

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
My organization's mission and vision support the hiring of peers.					
Staff at all levels of my organization would support the hiring of peers.					
Staff at all levels of my organization understand and value that peers have histories of drug use.					
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.					
My organization has plans for how to use peers on a regular basis.					
My organization has the space to employ peers.					
My organization has the equipment (computer, phone, etc.) to support peers.					
My organization has the ability to offer additional onsite training to peers, such as computer literacy courses.					
My organization contracts to provide Medicaid Managed Care Behavioral Health Services.					

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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

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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)

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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

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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

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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

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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

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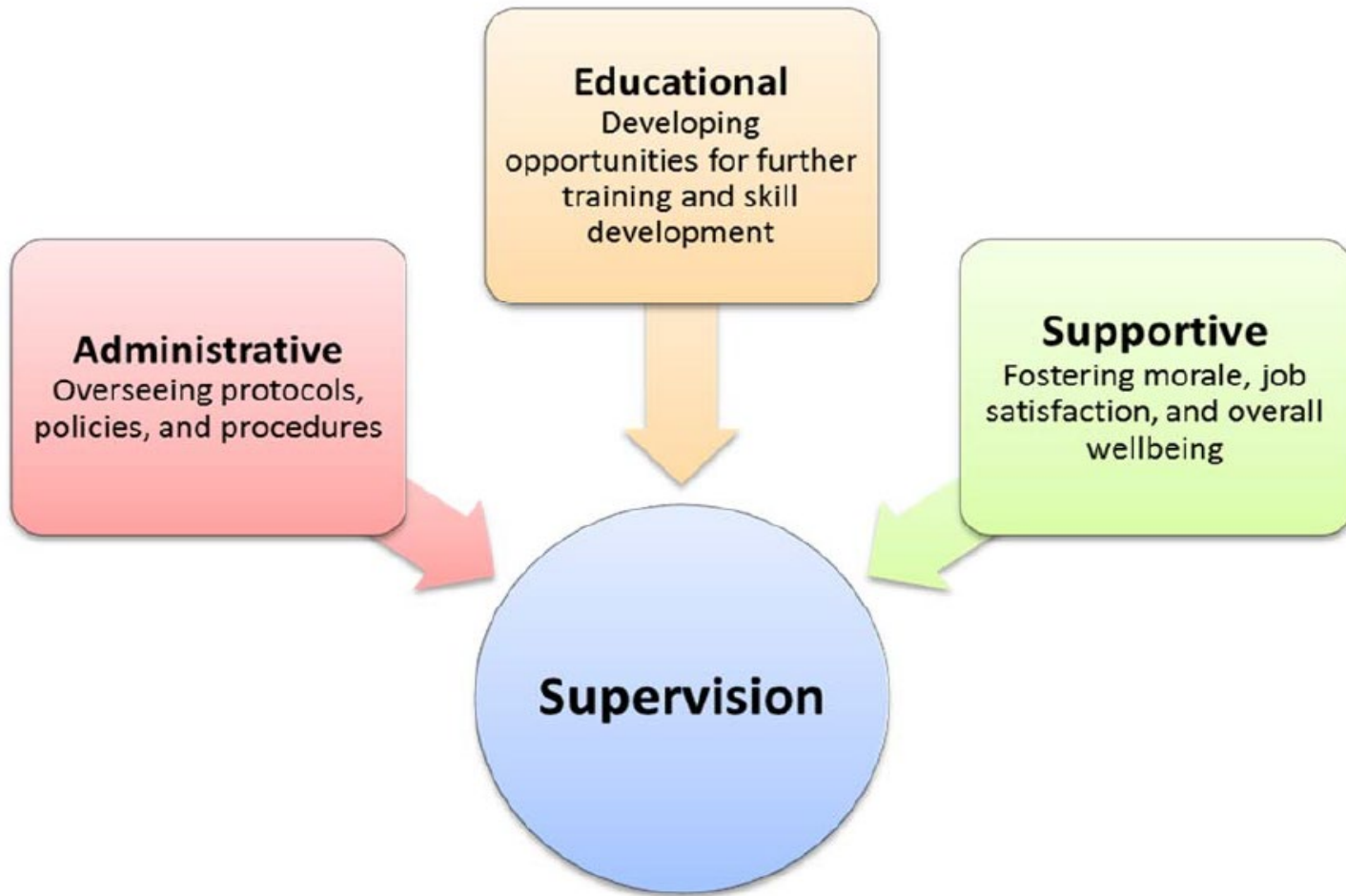
- https://www.Academyofpeerservices.org (online)
  - An introduction to Supervising Peer Specialists (course 1 and course 2)
- https://www.exponents.org/training/
  - Peer Supervision Training (Best Practices for Supervisors within the Recovery Oriented Services of Care)
- Friends of Recovery (For-NY)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

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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

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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.

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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.

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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)

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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?

- Michael Serrano, mserrano6@health.nyc.gov
- Catherine Kelleher (Cathy), ckelleher@health.nyc.gov

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