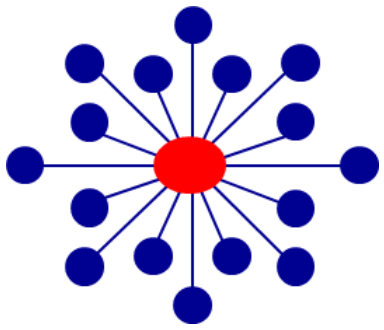


Peer Intervention to Link Overdose Survivors to Treatment



Kelly Barth, DO
PILOT Principal Investigator
Professor of Psychiatry and Internal Medicine
Medical University of South Carolina
October 30, 2023

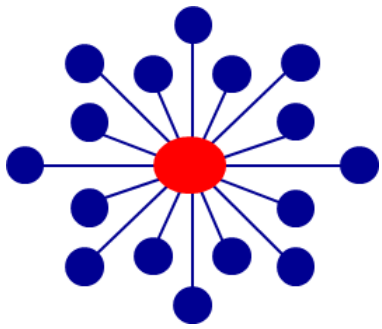


Rationale: Implementation Experience with OD Survivors

Overdose survivors in the ED:

- May have just experienced precipitated withdrawal
- May not be “ready for” SUD treatment right then
- Don’t all have OUD
- Are at high risk for OD in the next month-year





Study Rationale

Evolution of Peer Recovery Movement



Randomized Controlled Trial > Drug Alcohol Depend. 2020 Oct 1;215:108234.

doi: 10.1016/j.drugalcdep.2020.108234. Epub 2020 Aug 23.

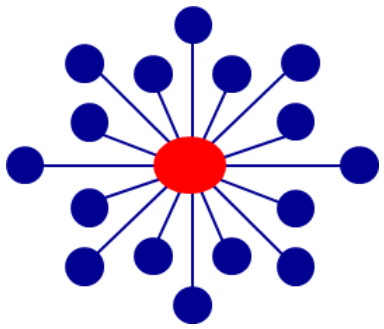
Inpatient link to peer recovery coaching: Results from a pilot randomized control trial

Kaileigh A Byrne ¹, Prerana J Roth ², Krupa Merchant ³, Bryana Baginski ³, Katie Robinson ³, Katy Dumas ³, James Collie ³, Benjamin Ramsey ³, Jen Cull ³, Leah Cooper ³, Matthew Churitch ³, Lior Rennert ⁴, Moonseong Heo ⁴, Richard Jones ⁵

Results: Engagement rate over the six-month post-discharge time period was higher for participants in the recovery coaching intervention (84 %, 95 % CI: 78%-91%) compared to the standard of care control condition (34 %, 95 % CI: 25 %-44 %), log OR = 28.59, p < .001. No overall group differences in substance use frequency (p = .80), self-reported physical (p = .69) or mental (p = .89) health were observed.

Conclusion: An inpatient linkage to recovery coaching services improves engagement rates and can feasibly be implemented in a single-center inpatient service. This intervention is promising for





What is PILOT?

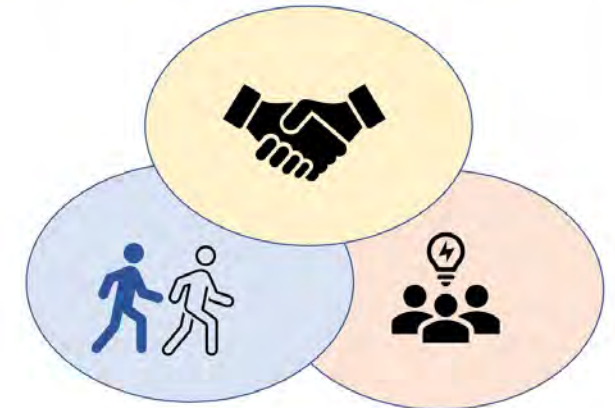
- Manualized adaptation of FAVOR Greenville's ED-OD Program
 - **DEVELOPED BY PEER SUPPORT SPECIALISTS**
- Peer Support Specialists trained in overdose – meet OD survivor in ED & follow in community for 6 months

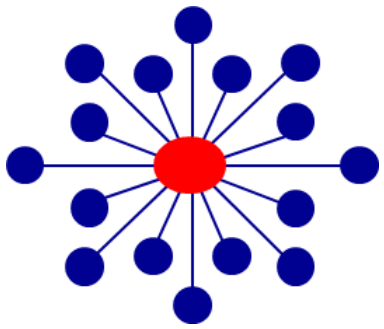
3 Key Components

Assertive Engagement

Participant-Directed Approach

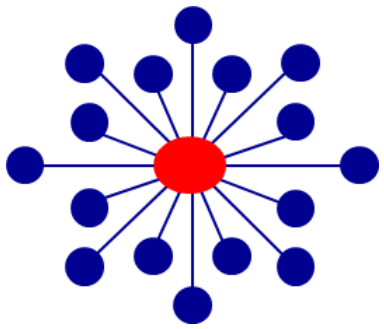
Active Supervision





Study Aims – Primary

- Compare the Effectiveness of PILOT vs. “Treatment As Usual” (TAU)
 - ~150 individuals admitted to an ED after an OD involving opioids
 - Primary Outcome Measure: Overdose risk behavior frequency (6 months)
 - Hypothesis: Those assigned to PILOT x 6 months will have a greater reduction in overdose risk behaviors compared with those assigned to TAU

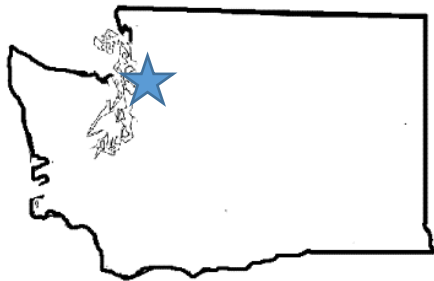


PILOT Sites & PSSs

Mercy Health St. Elizabeth's Youngstown Hospital

Youngstown, OH - Ohio Valley Node

Karesia London, Sherdena Dixon-Wilson, Anthony Dawson



Providence Regional Medical Center Everett

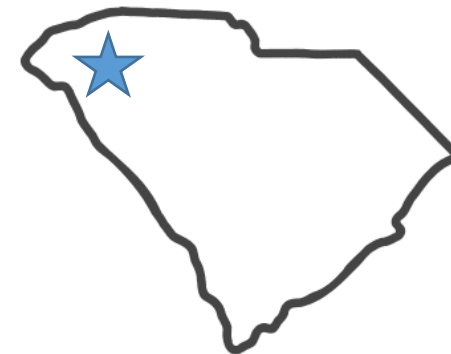
Everett, WA - Pacific Northwest Node

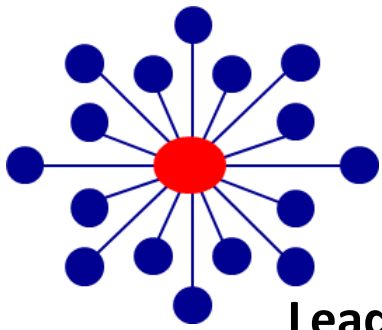
Curtis Letzkus, Barbara Lewis

Prisma Health

Greenville, SC - Southern Consortium Node

Tricia Lawdahl, Krystal Fowler, Joey Klotz





CTN-0107 Study Team

Lead Team & Southern Consortium Node

Kelly Barth, DO

Jenna McCauley, PhD

Lindsey Jennings, MD

Kathleen Brady, MD, PhD

Louise Haynes, MSW

Carrie Papa, MBA

Erin McClure, PhD

Susan Sonne, PharmD

Mary Shaw, BSc

Certified Peer Recovery Specialist Consultants

Rich Jones, MBA, LCAS, CCS, CCDP, CAI
Tricia Lawdahl, NCPRSS, NBC-HWC, BSN

Intervention Development, Training, and Fidelity Consultant

Tim Matheson, PhD, San Francisco Dept of Public Health

CCTN Yanping Liu, PhD

Emmes (CCC & DSC)

Emily Calhoun

Lauren Yesko, PMP

Rebecca Price

Dikla Blumberg, PhD

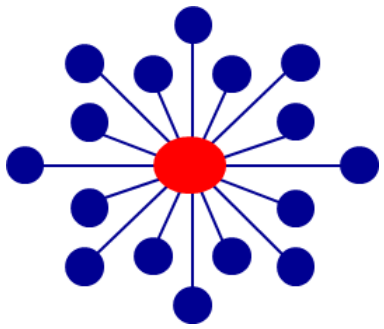
Amy Hahn, MS

Colleen Allen

Kathryn Hefner, PhD

Erica Reynolds

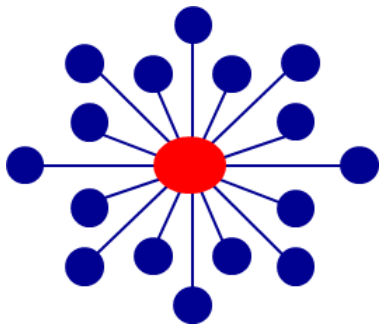




Intervention/National Supervision Team

- Tim Matheson, PhD
- Louise Haynes, MSW
- Rich Jones, CPSS
- Tricia Lawdahl, NCPRSS





PSSs - Dissemination and Cross-Training



Characterization of Peer Support Services for Substance Use Disorders in 11 US Emergency Departments in 2020: Findings from a NIDA Clinical Trials Network Study Site Selection Process

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

MUSC MEDICAL UNIVERSITY of SOUTH CAROLINA

Introduction

- Encouraging initial results and subsequent funding from State Targeted Response and State Opioid Response Grants and the Substance Abuse and Mental Health Service Administration (SAMHSA) has enabled Emergency Departments (ED) to employ Peer Support Specialists (PSSs) to help with patient care for substance use disorders (SUDs).
- As part of site selection for a multi-site trial through the National Institute on Drug Abuse (NIDA) and Clinical Trials Network (CTN) designed to evaluate the effectiveness of PSSs, a survey was conducted to address characteristics and fit for this trial.
- In this study, data were collected from various CTN nodes describing individual ED-based programs for SUD identification and treatment using PSSs.

Site Descriptives

State	Population	ED	Setting	Location	Site	Peer Support Level
CA	Yes	No	Major	Urban	Medium	III
GA	Yes	No	Major	Urban	Medium	III
MD	Yes	No	Major	Urban	Large	III
MI	Yes	No	Major	Urban	Large	III
MO	Yes	No	Major	Urban	Large	III
NY	Yes	No	Major	Urban	Large	III
NC	Yes	No	Major	Urban	Large	III
OH	Yes	No	Major	Urban	Large	III
TX	Yes	No	Major	Urban	Large	III

Peer Support Specialist Hiring, Hours, Funding, Credentialing, Pay

- Peer support services have been implemented a range of 3 months to 4 years (M_{dn} 24.17 months)
- Average of 2.54 full time and 1.09 part time PSSs
- 82% of sites have at least one full-time PSS
- Typically funded by grant (51%) or hospital (46%)
- 42% of PSSs are paid salary

PSS Availability

Availability	Percentage
Available Monday-Friday (16%)	16%
Available Monday-Friday 7 days a week (27%)	27%
Available 24/7 (57%)	57%

Peer Procedures and Services Provided

- 46% have peer notification system in place
- 73% of PSSs have access to electronic med records

Type of service provided	Number of sites
General "necessity support"	9 sites
SBIRT or screening/behavioral services	4 sites
Peer developed/implemented harm-reduction programming	3 sites
Peer conduct of activities with treatment entry	4 sites
Peer counseling or consultation	2 sites
Education	1 sites
Membership	1 sites
Resource management	1 sites

Results

- 91% of PSSs provide some type of services following discharge from the ED (lasting 1 day to 12 months)
- 55% follow up with the patient between 1 day and 1 week following ED discharge
- 72% conduct a 3-month and 6-month follow-up; 9% provide a 12-month follow-up
- 43% provide a referral and 45% a next business-day appointment for ongoing care

Discussion

- Findings from this multi-site trial showed varied use of PSSs across United States ED-based programs
- While there has been a rapid and broad geographic increase in the use of PSSs, best-practices have yet to be fully adopted
- Recommend continued involvement of PSSs in facilitating and enabling ED-distributed MOUD
- Recommend promotion and dissemination of SAMHSA's resources and best practices with regard to peer support core competencies
- Barriers and facilitators to successful implementation of PSS in EDs warrants further investigation

Peer Training, Certification, and Supervision

- All sites require high school diploma and 36% require PSS certification
- Type of clinical supervisor required differs by site
- Range of professional/graduate supervisors: ED supervisor, nurse case manager, senior PSS, behavioral nurse practitioners, grant program manager, attending physician, ED peer director

Methods

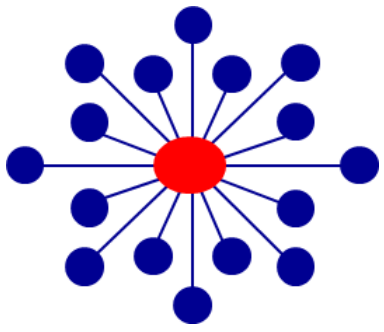
- Procedure and Participants
- Site selection surveys were distributed through CTN nodes to recruit participation from EDs throughout each node
- Surveys (40 questions) collected quantitative and qualitative data on how: (1) ED patients with SUDs are identified, (2) PSSs are engaged with ancillary services; and (3) PSSs communicate with patients after discharge
- The survey also gathered data regarding PSS certification requirements, continuing education requirements, supervision, and reimbursement potential.

Peer Training, Certification, and Supervision

This study was supported by grant 5U01DA041372-01, CTN 0107

Anthony Dawson, CPSS - Research Coordinator

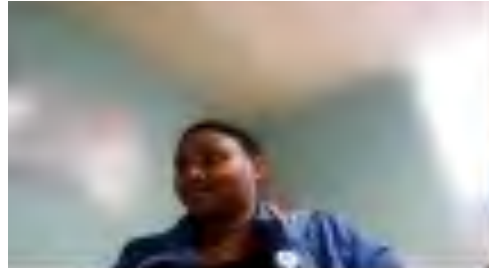




Thank You to the PILOT Peer Support Specialists!



Anthony Dawson



Karesia London



Tricia Lawdahl



Krystal Fowler



Joey Klotz



Sherdena Dixon-Wilson



Barbara Lewis



Curtis Letzkus