



# OPIOID USE PREVENTION AND PEER SUPPORT

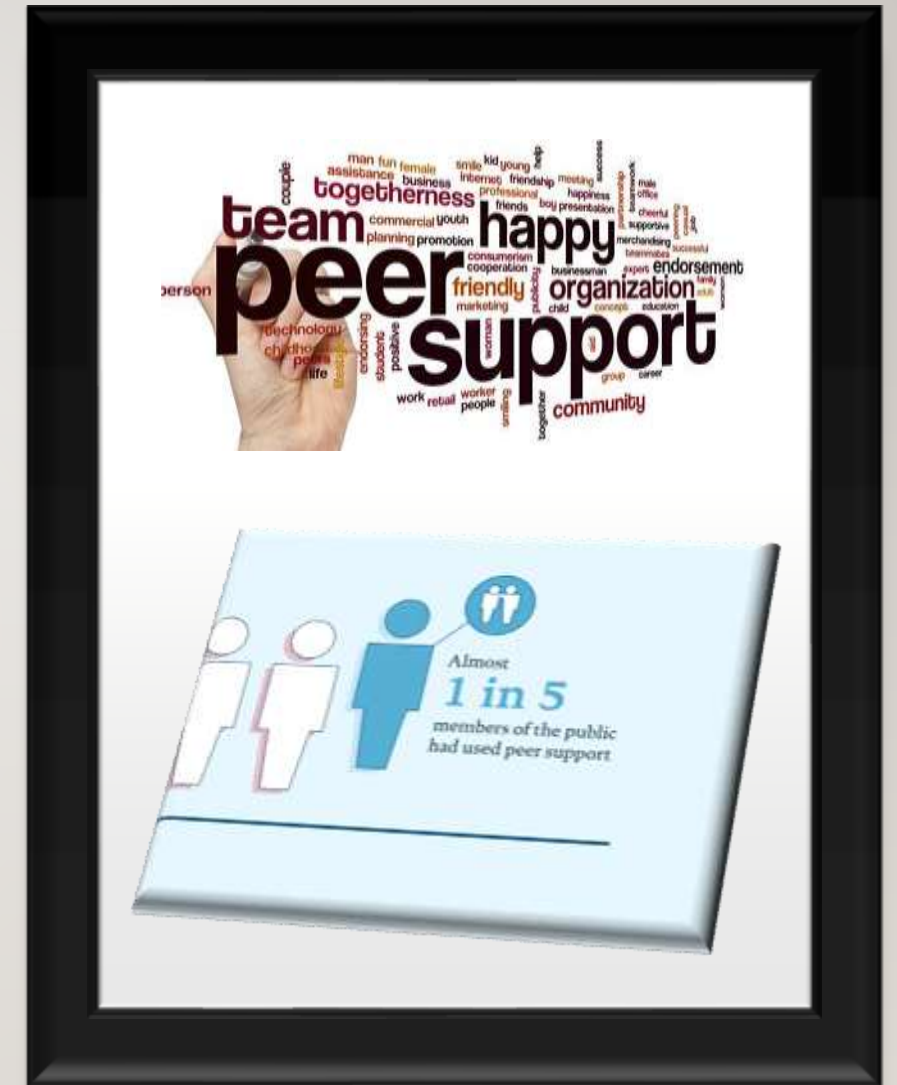
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“WE ARE PEER FOR YOU!”

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Peer Support is sweeping the nation! The buzz of people helping people is in the media, on twitter, snap chat and Insta. It’s hip and cool...and extremely effective. *For Opioid Use too!*



## WHAT DOES SCIENCE SAY ABOUT THE VALUE OF PEER SUPPORT?

Much evidence supports that peer support is a critical and effective strategy for ongoing health care and sustained behavior change for people with chronic diseases and other conditions, and its benefits can be extended to community, organizational and societal levels.

- Overall, studies have found that social support:
  - decreases morbidity and mortality rates
  - increases life expectancy



## WHAT DOES SCIENCE SAY ABOUT THE VALUE OF PEER SUPPORT? CONTINUED...

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UNC  
HEALTH CARE

- increases knowledge of a disease
- improves self-efficacy
- improves self-reported health status and self-care skills, including medication adherence
- reduces use of emergency services
- Additionally, providers of social support report less depression, heightened self-esteem and self-efficacy, and improved quality of life.

# HOW TO BECOME A CERTIFIED PEER COUNSELOR:

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Follow this step-by-step certification process:

1. Complete our online prerequisite course and send a copy of your certification of completion to [peersupportapps@hca.wa.gov](mailto:peersupportapps@hca.wa.gov).
  2. Complete the peer counseling application.
  3. Be accepted for, and successfully complete, the HCA-approved CPC training.
  4. Take and pass the state CPC oral and written exams.
- For questions or additional information, contact Peer Support Program at [peersupportprogram@hca.wa.gov](mailto:peersupportprogram@hca.wa.gov).

# HOW TO BECOME A CPC IN WA STATE REQUIREMENTS

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- Be in recovery for (1) year or more (you are in recovery when you say you are)
- Take the (9) module prerequisite class online: Pass the quizzes with 80% or higher
- Submit Application found at: [Peer support | Washington State Health Care Authority](#)
- Get a letter from HCA saying you are on the waiting list
- An approved training organization contacts individuals according to priority level assigned:
  - 1) Employed in BH field
  - 2) Veteran/Active-duty Status
  - 3) Employed not in BH field or volunteer in field
  - 4) Not employed and has experience telling story
  - 5) Not employed with limited experience but qualified through the application process.

8.9

Million Americans

Living with a co-occurring disorder

## PEER SUPPORT AND COD

- **Peer Support for Persons with Co-occurring Disorders and Community Tenure: A Survival Analysis**
- This longitudinal, comparison group study examines the effect of participation in The Friends Connection, a peer support program for individuals with co-occurring disorders, on 3-year rehospitalization patterns. Results from a survival analysis suggest that program participants have longer community tenure than a comparison group

(Psychiatric Rehabilitation Journal; Winter 2007)

[\[Full Abstract\]](#)

# PEER SUPPORT AND FAMILIES

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- **Sustained Outcomes of a Peer-Taught Family Education Program on Mental Illness**
- This study examines 6-month follow-up data from participants in a randomized trial of a peer-driven 12-session family support and education program, called family-to-family (FTF) and offered by the US National Alliance on Mental Illness. All significant benefits that FTF participants gained between baseline and immediately post-FTF were sustained at 9 months including reduced anxiety, improved family problem-solving, increased positive coping, and increased knowledge.
- Greater class attendance was associated with larger increases in empowerment and reductions in depression and displeasure with ill relative. (Acta Psychiatr Scand.; July 2012) [[Full Abstract](#)]





## PEER SUPPORT: VETERANS

### Outcome of a randomized study of a mental health peer education and support group in the VA

- This study used a randomized design with three groups: a recovery-oriented peer-led group (Vet-to-Vet), a clinician-led recovery group, and usual treatment. The sample included 240 veterans. Recovery and mental health assessments were obtained at enrollment and three months later. Across groups, depression and functioning, psychotic symptoms, and overall mental health improved significantly. Better group attendance was associated with more improvement.

(Journal of Affective Disorders; December 2012)

[\[Full Abstract\]](#)

# ABOUT OUR PROGRAM

## WORKFORCE DEVELOPMENT FOR RURAL AREAS

- Expanding Peer Recovery Counselor Workforce
- Current contract is to host OUD Prevention and Intervention Certified Peer Counselor trainings in spring 2021 & Winter 2022 (3) previous classes. (80+) individuals trained over (3) years.
- Work with CHOICE/CPAA staff to contact and work with attendees to remove high employment barriers, including creating system for participants to receive scholarship money to attend training Employer Trainings and Peer Integration.



# NEW PROGRAM

CHOICE

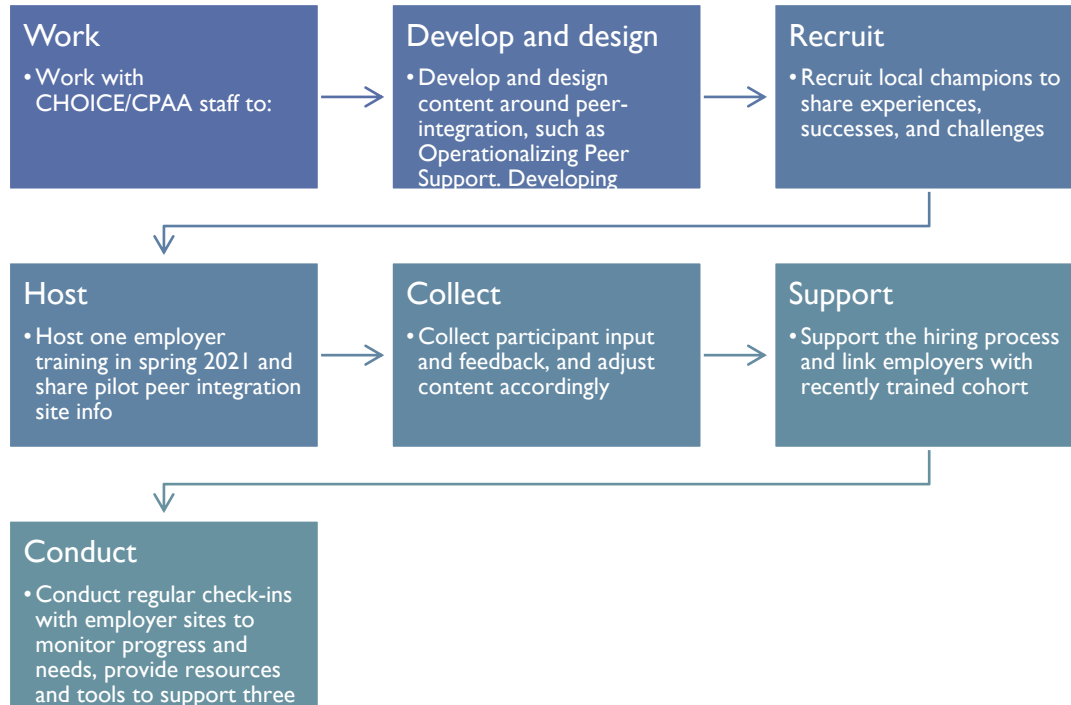
## PROGRAM COMPONENTS CONTINUED...

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- Recruit local champions to share experiences, successes, and challenges
- Host one employer training in spring 2021
- Share pilot peer integration site info

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# MORE ABOUT THE PROGRAM



needed

# PROGRAM COMPONENTS CONTINUED...

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- Collect participant input and feedback, and adjust content accordingly
  - We collected evaluations and participants were overall pleased with the interactive and engaging training. They would have liked more information on suicide prevention and more Narcan training even on virtual trainings.
- Support the hiring process and link employers with recently trained cohort
  - Participants were linked with WorkSource and the Division of Vocational Rehabilitation.
- Conduct regular check-ins with employer sites to monitor progress and needs
  - When the 2021 cohort is training, passed their exam and start getting employed we will do monthly check ins with the employer and provide coaching to CPC's who need it.
- Provide resources and tools to support three sites with integration, link employers and peers to further TA and support as needed (challenges with sites that can be up and running as BHA's to provide peer support)
  - We are working with local BHA's and community agency's (Lewis County and SW WA)

# WSU PEER WORKFORCE ALLIANCE AND CHOICE PARTNERSHIP

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- We have trained (80+) SUD Peers Recovery Coaches and CPC's
- We have provided (43) hours of coaching and Operationalizing Peer Support
- (38) 30.4 % individuals have gained full time employment with benefits. Each individual was identified as having high barriers to employment or re-employment due to history of incarceration, DOH has changed rules to lower barriers in the last (2) years. Not all jobs are at BHA's some are at churches and community support agencies ie: Grace Church

# RETURN ON INVESTMENT HYPOTHETICAL SCENARIO:

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- **FACT:** 60% of trained participants identified as having been incarcerated over the last ten years for at least a (5) year period consecutively or non-consecutively.
- Examine the (38) individuals who became employed through our program. We will assume they will stay employed and in recovery for at least five years-and not experience recidivism due to increased social connections, self-esteem and finding meaning....We know that employment increases long term recovery chances.
- Over a 5-year period, people who used to be incarcerated for (5) years or more due to opioid use related crimes who potentially will be employed for (5) years or more provides a large a cost savings.
- \*We can not predict who will and will not stay employed or in recovery but the math is interesting see next slide....

# RETURN ON INVESTMENT HYPOTHETICAL SCENARIO:

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Take for example the 38 people who have obtained employment through our program:

38 people **not** in a major institution for a year is an estimated cost savings of (115.94 a day) which is 42,318.1.00 savings a year multiplied by 38 = \$1,608,087.8

38 people **not** in minor institutions and work release (about 94.00/day) would be a yearly cost savings of = 34,310.00 savings for one person per year multiplied by 38= \$1,303,780.00

Resource: 200-AR001.pdf (wa.gov)

*FY2019 Cost per Incarcerated Individual per Day – All Facility Costs*



# CORE VALUES

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01

FIDELITY TO PEER SUPPORT  
MODEL

PEER LED

PEER COACHING

CHOICE AND VOICE

02

COST SAVINGS OVER TIME

MAJOR INSTITUTIONS:

\$1,608,087.8/YR N:38

MINOR INSTITUTIONS:

\$1,303,780.00/YR N:38

03

EACH EMPLOYED PEER  
SUPPORT SPECIALIST WILL

SHARE THEIR STORY TO  
ASSIST OTHERS IN THEIR  
RECOVERY HOURNEY  
WHILE MAINTAINING AND  
ENHANCING THEIR OWN

# Q&A

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- Please ask Questions
- [Dakota.Steel@wsu.edu](mailto:Dakota.Steel@wsu.edu)
- [Stephanie.Lane@wsu.edu](mailto:Stephanie.Lane@wsu.edu)

A hand is shown on the right side of the image, holding a piece of white chalk and writing the words "ANY QUESTIONS?" on a dark grey chalkboard. The text is written in a large, bold, sans-serif font. The word "ANY" is on the top line, and "QUESTIONS?" is on the bottom line. The hand is positioned at the end of the question mark, as if just finishing the stroke.

Resources for WBHCC training:

We can put all of these in the chat as well as we are training. :0)

Peer Support Fact Sheet:

[sud-peer-services-fact-sheet.pdf \(wa.gov\)](#)

HCA Peer Support website:

[Peer support | Washington State Health Care Authority](#)

[Peer support | Washington State Health Care Authority](#)

Resources for peers Mental health peer support designline Resources for mental and emotional well-being Certified behavioral health organizations (BHOs) reimbursement for SUD peer services As of July 1, 2019, peer support services are now included in both the mental health and substance use sections of the Medicaid State Plan. This allows appropriately licensed behavioral

[www.hca.wa.gov](http://www.hca.wa.gov)