Recovery *LIVE!*

What Does the Data Say? Effective Use of Recovery Supports in Various Treatment and Healthcare Settings

Moderated by Steven Samra
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January 24, 2019, 2:00–3:00 p.m. ET

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Substance Abuse and Mental Health

Bringing Recovery Supports to Scale Technical Assistance Center Strategy

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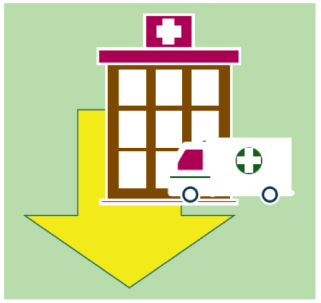
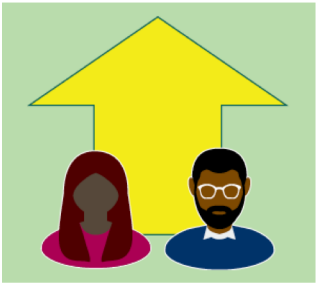
Housekeeping Items

- Phone lines will be muted. Please participate using the “Questions and Comments” box.
- You can post questions at any time during the presentation.
- The session is scheduled for 60 minutes and is being recorded. The recording link, which reflects today’s chat, will be shared with all registrants.

CCAR ED Recovery Coach Program - Expected Outcomes

- Save lives!
- Reduce recidivism (fewer emergency dept (ED) visits)
- Reduce alcohol and other addiction-related ED visits overall
- Reduce costs and ED caseload
- Reduce opioid overdose risk for individuals
- More people enter into long-term recovery
- Increase awareness about the hope, healing and power of recovery for persons struggling with addiction, their family members, hospital staff and volunteers
- Infuse the hospital system with recovery values and concepts
- Increase the connection rate to care





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How CCAR Collects and Shares Data

- Connection over Collection! Conversations that matter.
- Data accountability - How will this piece of data collection help the recoveree?
- Relationship building with funders and deliverables
- Let the data tell the (personal) stories – less is more!
- Be able to collect data at different time intervals - Stay in relationship!
- Let the Recoveree report the data

How CCAR Collects and Shares Data

- Protect the relationship between the recovery coach and the recoveree
- Stay out of patient records
- Look at your data!
- Share data:
  - ✓ Who are your target audiences?
  - ✓ How do you convey similar data differently based on audience?
- Always remember - Recovery First

Recovery Supports in Hospital Emergency Care

CCAR Emergency Room Recovery Coach Services
(data from Mar 2017 – Oct 2018)

Level of Care (from ED)

Detox- 1596

Community Supports- 881

Inpatient- 234

MAT- 120

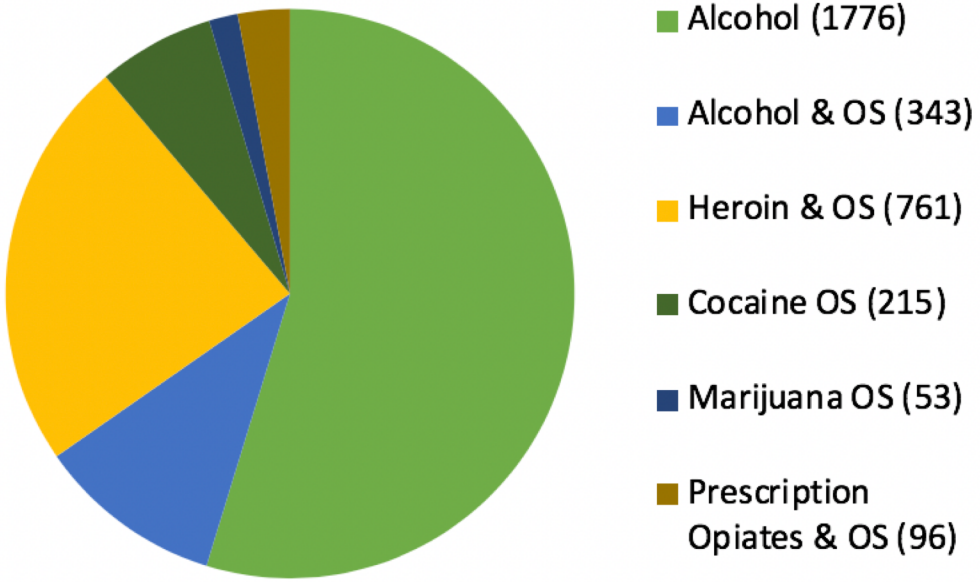
IOP- 95

Outpatient- 104

Total= **3030 of 3244 calls**

93% Assertive Linkage to Care!

3,244 calls to 11 EDs for **2,649** individuals
Male=1,820 (69%); Female= 829 (31%)



Alcohol & Alcohol OS= 65%
Heroin OS= 23%

OS = Other Substances

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Measuring Effectiveness

Evidence-based recovery practices (EBRPs) must be effective in a number of ways

✓ Peer Effective

- Quality of Life (QOL) measurements
- Recovery Capital
- Self-efficacy
- Financial

✓ Cost Effective

- Widget measurement
- Achievement/Involvement
- Economic changes
- Sea level changes

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Quantitative vs. Qualitative Outcome Measurement

Funders and policy makers are sometimes more interested in cost-effectiveness

- Current model vs. previous model
- Did patients return for more care?
- Was cost reduced when peer support was part of overall care plan?

Level of Service/Case Management Inventory (LS/CMI) example

- Used for placement in criminal justice system
- Peer intervention was mapped over the inventory
- The need for enhanced supervision decreased at a greater rate than control
- Direct cost savings were easily identified

Micro-level Evaluation

- Use of peer data reflected to the individual can be powerful to continue successful treatment and recovery
- Motivational interviewing can be a tool to benefit the participant

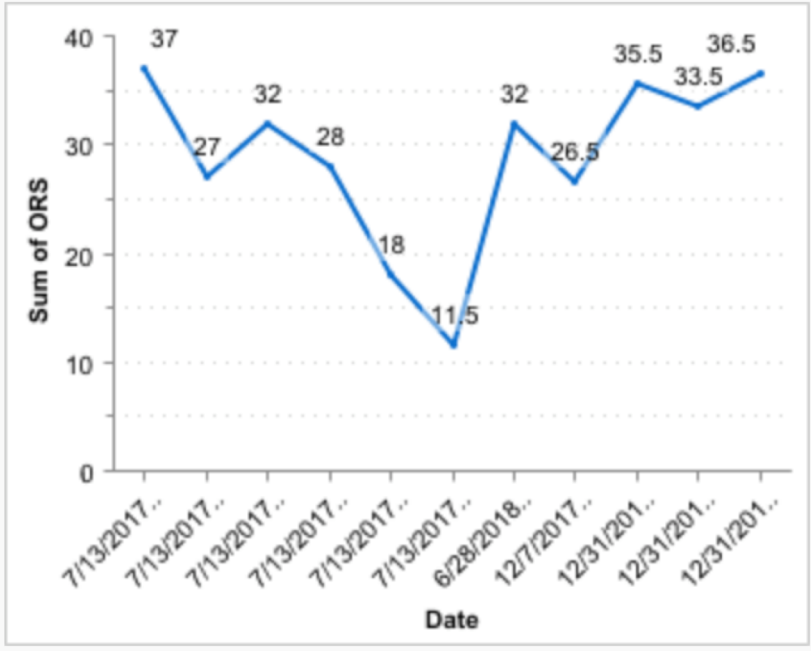
1. How do you rate your individual well-being?

2. How have things been going in your relationships?

3. How have things been going for you socially?

4. Rate how things are in your life overall.

(ORS – Outcome Rating Scale)



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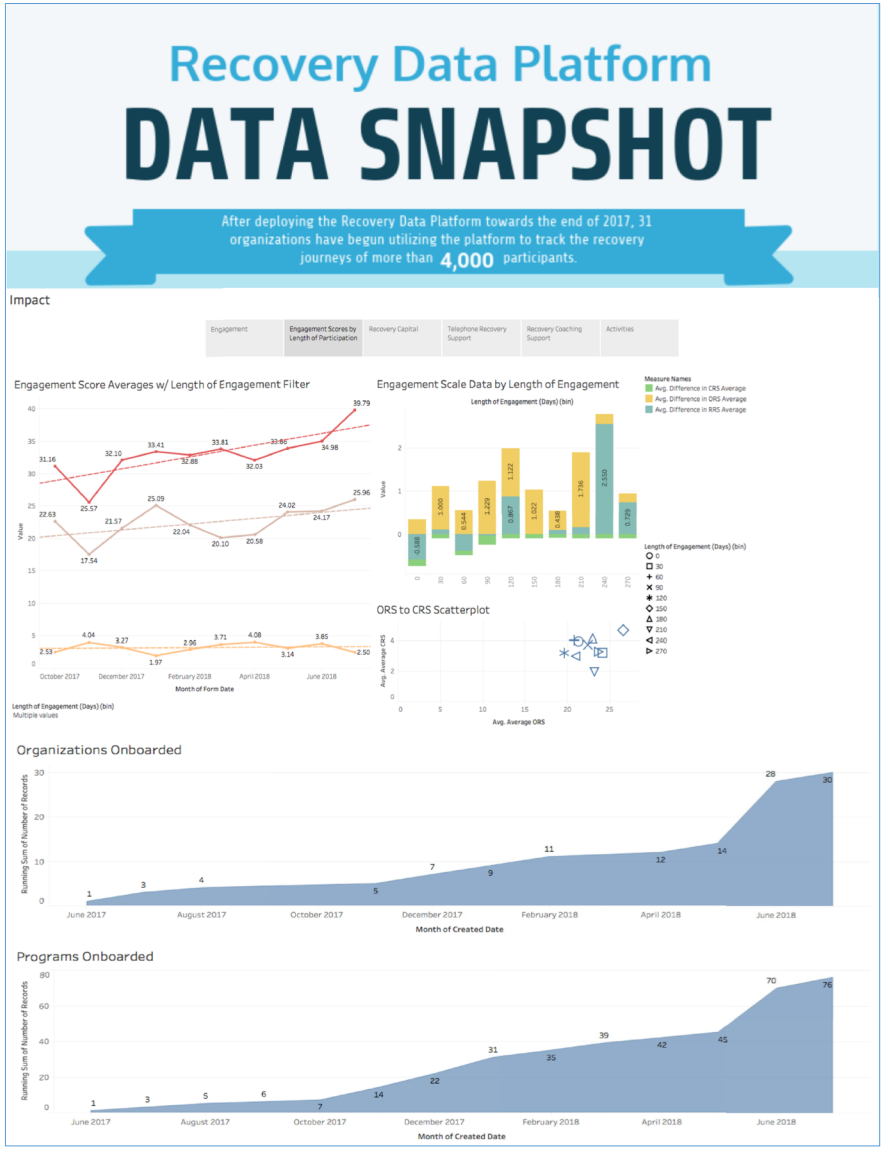
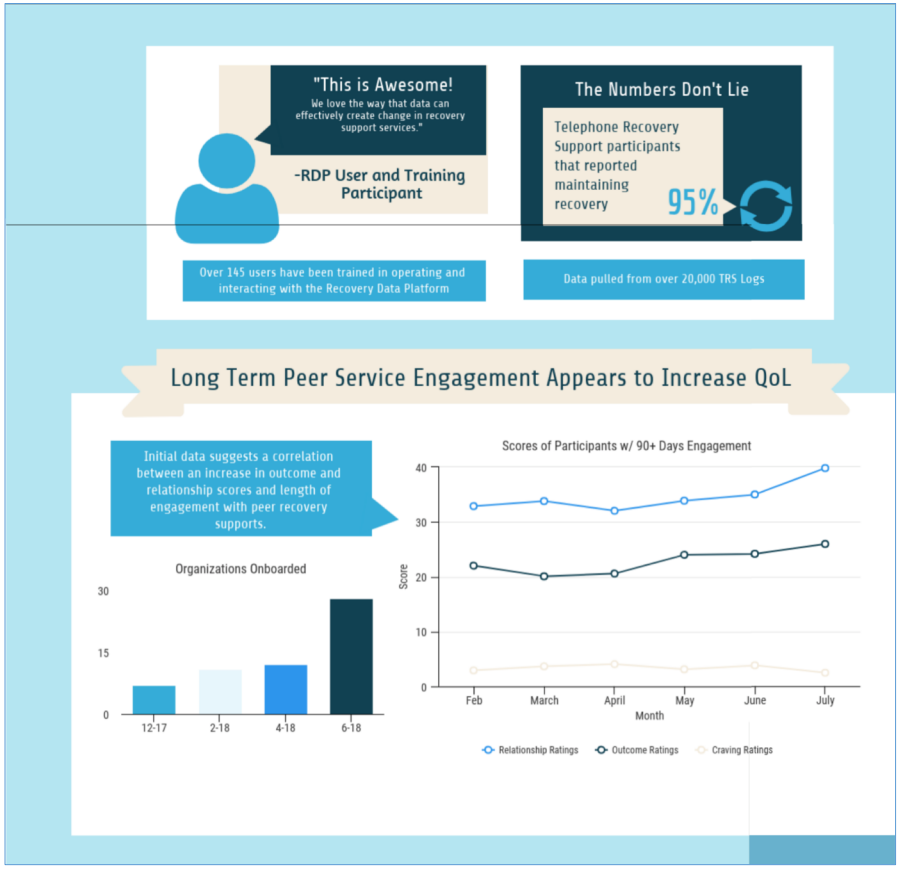
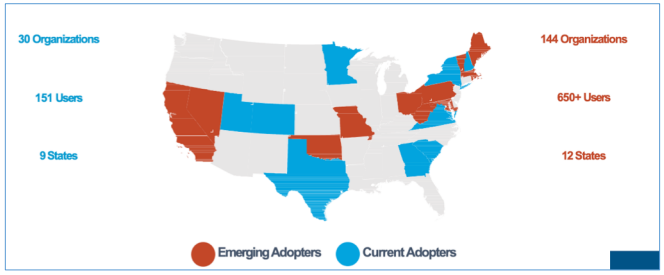
Macro-level Evaluation: Recovery Vital Signs

- At a doctors office we collect pulse, blood pressure and temperature
- When a person needs treatment, we perform a multi-dimensional assessment and rate severity levels in each dimension to determine the appropriate placement or treatment modality
- When entering the treatment system, we use tools like the previously mentioned LS/CMI
- When someone enters the lengthy and frequently arduous process called recovery, we say things like “He’s doing good” or “She’s going to meetings.”
- There is not a common language for recovery progress
- “Recovery Vital Signs” is Faces & Voices methodology for applying specific language around the hallmarks of recovery.

Macro-level Evaluation







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Patient-Centered Outcomes Research Institute (PCORI)

- PCORI was authorized by Congress in 2010 to fund research that can help patients and those who care for them make better-informed decisions about the healthcare choices they face every day, guided by those who will use that information.

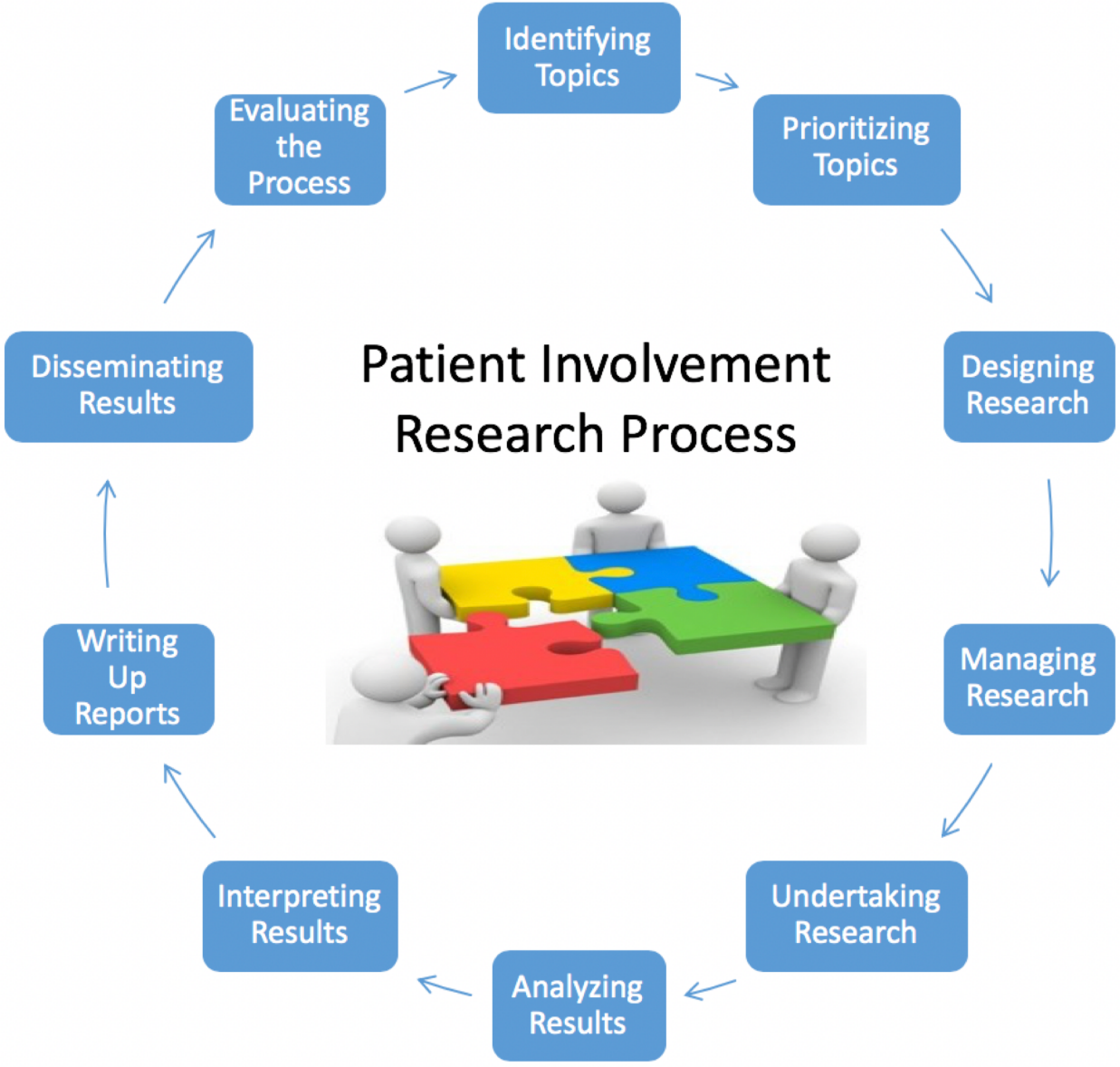
- Sample patient-centered questions

  1. “Given my personal characteristics, conditions and preferences, what should I expect will happen to me?”

  2. “What are my options and what are the potential benefits and harms of those options?”

  3. “How can clinicians and the care delivery systems they work in help me make the best decisions about my health and healthcare?”

The Value of Patients in the Research Process



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Effectiveness of Peer Delivered Services: A Recent Study

- Increasing Trauma Treatment for Substance Abuse and/or PTSD in Rural Communities PCORI Funded study (CE-12-11-4484)
  - Intervention = Trauma-Specific Treatment Called Seeking Safety
  - Randomized Controlled Trial
  - Peer-led groups were facilitated by Certified Peer Support Workers credential through State of NM. Clinician-led groups were facilitated by a licensed clinical mental health counselor (LPCC) with a MA in counselling (male group) and a licensed Alcohol and Drug Abuse Counselor (LADAC) with a M.S. in Developmental Psychology (female-group).
- Study Objective: Determine whether peer-led Seeking Safety Groups were AS EFFECTIVE as clinician-led SS groups in decreasing substance use and PTSD symptoms and improving coping skills, overall mental health & physical health.

Results: PCORI Peer-Delivered Trauma Treatment

https://www.pcori.org/research-results/2013/are-treatment-groups-led-peers-effective-groups-led-counselors-treating

- The peer-led sessions helped people as much as the counselor-led sessions in improving PTSD symptoms, alcohol and substance cravings, coping skills, mental health, and physical health, and reducing alcohol and substance use.
- People in groups led by peer support workers reported having a stronger connection with session leaders than those in groups led by counselors.

Perceived helpfulness: While ratings were slightly higher among participants in peer-led groups, the difference was not significant.

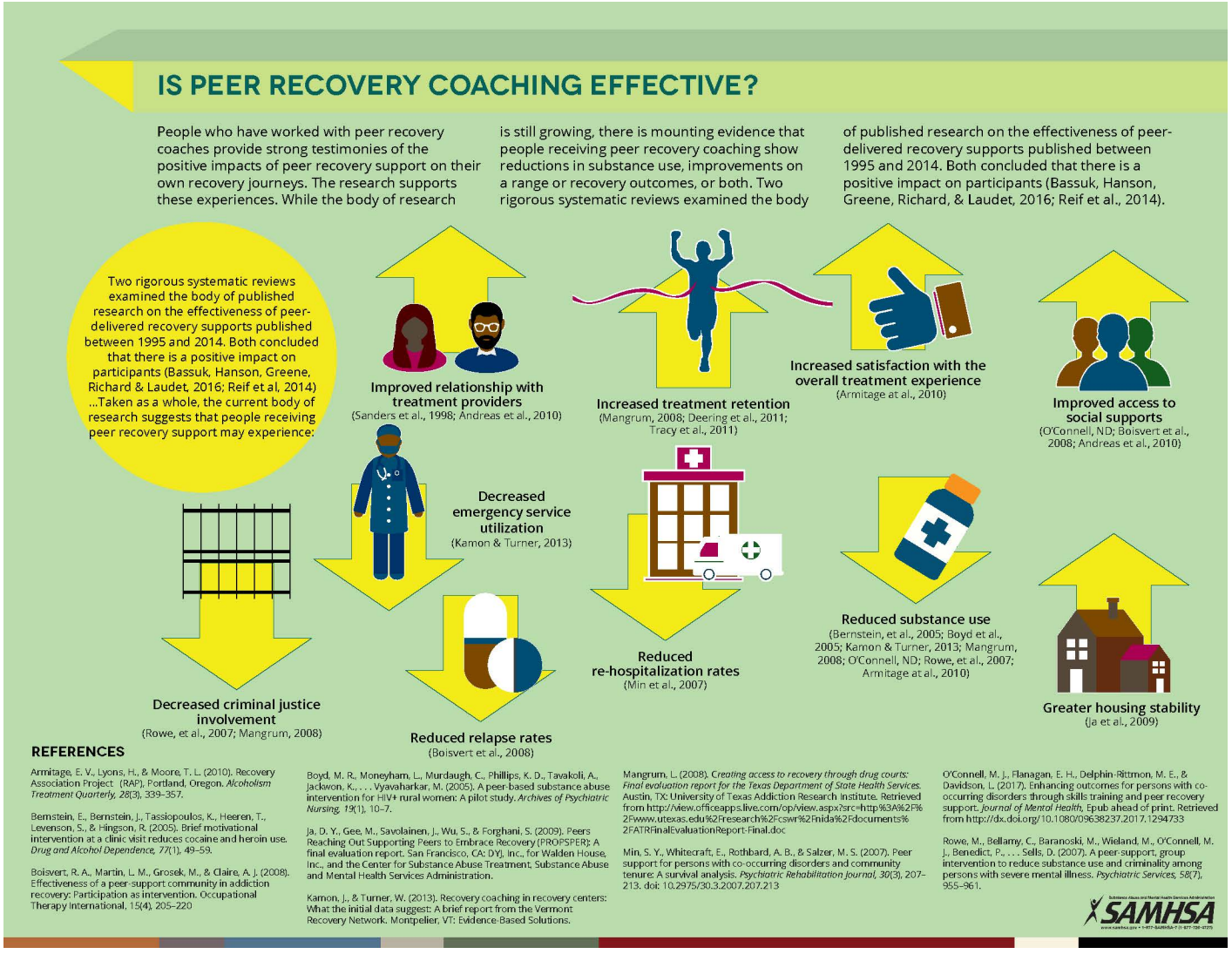
- HOWEVER, compared to the clinician-led groups, there were substantially more comments in the peer-led groups about being able to relate to the facilitator.

"I can relate to the leader of the group because he's had similar problems and can identify with me and break it down better for me to understand." (Peer-led group participant)

Crisanti, A.S., Reno, J., Salvador, J., Killough, C., & Greene, R. Perceived Helpfulness of Peer Delivered Trauma Specific Treatment: A Randomized Controlled Trial (2018, November 8), Psychological Services. Advanced online publication. http://dx.doi.org/10.1037/ser0000281.

Easy-to-read Research Results - Value of Peer Support

Available Online: https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers



4 documents available:

- SUD peers
- MH peers
- Family peers
- Peers (general)

All available in SPANISH also

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For Further Reading

Faces and Voices of Recovery – Recovery Data Platform (RDP)

https://facesandvoicesofrecovery.org/rdp/

Value of Recovery Peer Supports (BRSS TACS)

Peer Support:
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf

MH Peer Support:
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-mental-health-conditions-2017.pdf

Family Peer Support:
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/family-parent-caregiver-support-behavioral-health-2017.pdf

SUD Peer Support:
https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf

Substance Abuse and Mental Health Data Archive (SAMHDA)

https://www.datafiles.samhsa.gov

PCORI: https://www.pcori.org

Contact BRSS TACS

To find out more about BRSS TACS or to ask a follow-up question of our presenters, please email recoverylive@center4si.com

To request technical assistance, please use the online request form at: https://www.samhsa.gov/brss-tacs/technical-assistance-form

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