Incorporating Equity into Peer Recovery Services: Examples and Considerations

Date: Wednesday, January 26th, 2022
Time: 1:00pm – 2:00pm ET
Registration link (with Zoom log-in information)

Objectives:

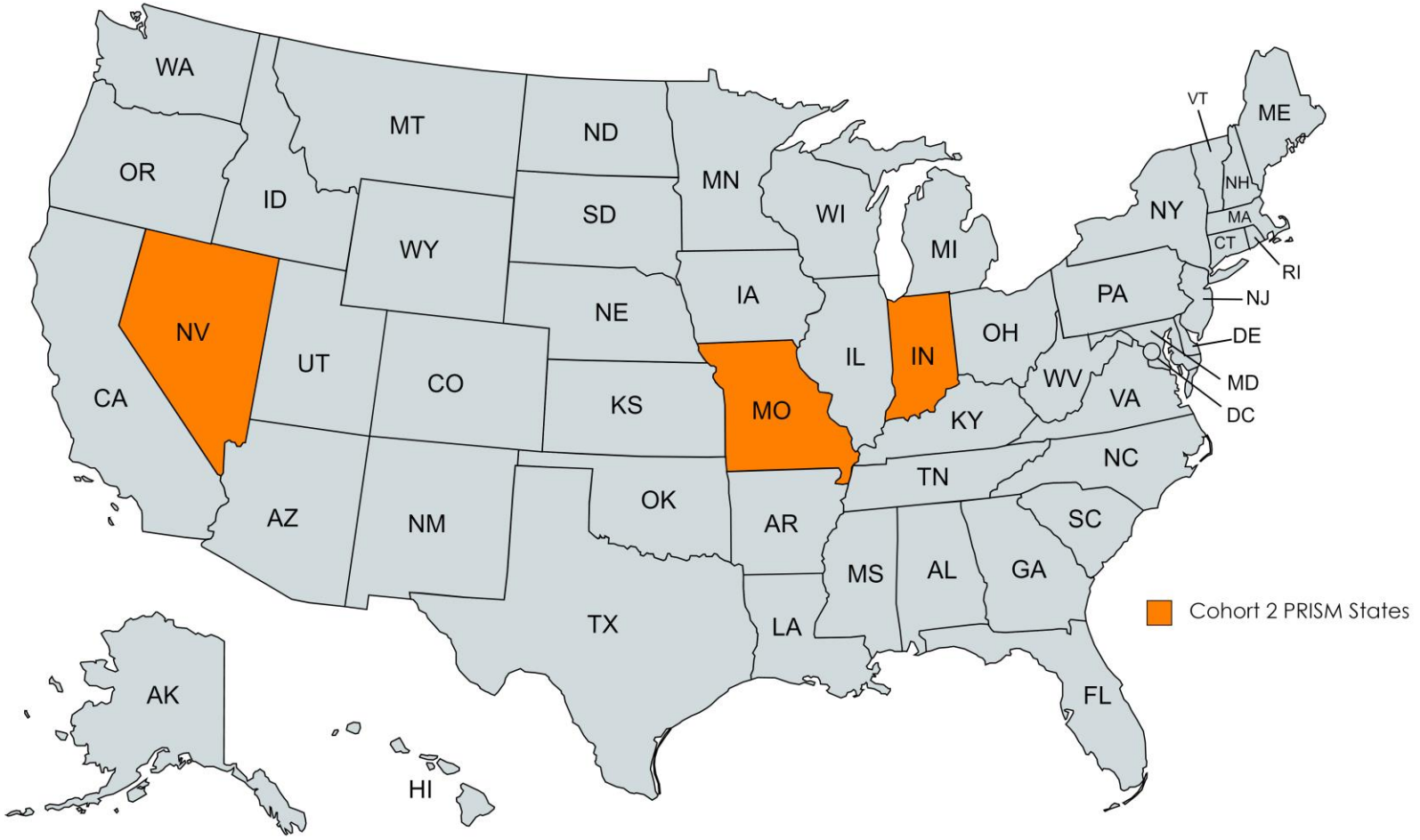
- Introduce the concept of health equity in the context of peer recovery services (e.g., peer recovery coaches and doulas)
- Highlight best practices in and considerations for developing and operating equitable peer recovery services.
- Learn about an innovative support model that centers equity in maternal and child (MCH) substance use, mental health, and birth outcomes.
- Discuss recent state and federal policy proposals to increase equity in and access to the MCH behavioral and perinatal health workforce.

12:50 pm	***Begin Login (Zoom)***
1:00 pm	***Welcome and Introductions*** • Welcome remarks • Review session objectives and agenda
1:05	*Project Nurture* **Kasey Edwards Snider** • Specialized Doula and Peer Support Specialist, Project Nurture Providence
1:25	*Incorporating Equity into Peer Recovery Service* **Laurie Johnson-Wade** • Steering Committee Member, Peer Recovery Center of Excellence Workforce Development Liaison and Co-Founding Director of Lost Dreams Awakening (LDA) Recovery Community Organization
1:45 pm	***Q&A***
1:57 pm	***Closing Remarks*** • Training opportunities • Webinar evaluation
2:00 pm	***Adjourn***

Incorporating Equity into Peer Recovery Services: Examples and Considerations

Wednesday, January 26th, 2022

PRISM Learning Community: Cohort 2



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Agenda

Welcome and Introductions

Project Nurture

Kasey Edwards Snider
Specialized Doula and Peer Support Specialist, Project Nurture Providence

Incorporating Equity into Peer Recovery Service

Laurie Johnson-Wade
Advanced Implementation Specialist, Opioid Response Network and Co-Founding Director of Lost Dreams Awakening Recovery Community Organization

Q&A

Wrap-Up & Adjourn

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Disclaimer

The content, findings, and conclusions shared in this presentation are those of the speakers and do not necessarily reflect the official positions of or endorsements by ASTHO, AMCHP, or the PRISM project funder (HRSA).

Self-care Reminder

Please feel free to turn your camera off, step away from the computer, and/or do what you need to take care of yourself as we discuss these sometimes difficult topics.

Kasey Edwards Snider

- *Specialized Doula and Peer Support Specialist*
- *Project Nurture Providence*

Peer Support at Project Nurture

Overall the Peer Recovery Mentor/Doula (Specialized Doula) answers to two different scopes of ethical practice (MHAACBO & OHA). As a Specialized Doula with lived experience we respect and honor client/patient rights and responsibilities, demonstrate professional boundaries and competencies. We adhere to mandatory abuse reporting laws and HIPAA requirements. Demonstrating responsibility for safety of patients, staff and property as well as remaining familiar with fire regulations, evacuation procedures and also security protocols.

- Peer support / Postpartum Doula in community
- Peer support/Doula in hospital
- Peer support/ Doula in clinic
- Peer Support Specialist/ Doula Admin

Harm reduction principles

Harm Reduction Workers: Best Practices

Edith Springer, 1996

- Remember that behavior change is a complicated process that happens over time. The key for the harm reduction worker is to develop *a relationship* with the participant so that there can be an open discussion about the complex reasons/motivations/and meanings surrounding the behavior. Trust is built over time. You are there to help the participant explore their feelings about their drug use, the meaning of their drug use, the roles played by the drug use, the costs and benefits of their drug use, and what would be missing if the drugs weren't there. Workers can help customers envision the drug use life that they want and how to get there "what would you like your drug use to look like?"
- You are not there to "fix" anybody, the participant is in the driver's seat and it is the participant's job to develop strategies and solutions that work for them at their own pace. Don't be attached to your desire for the participant to "change" – have your goals in mind, but let go of them and help the participant create their own goals and objectives. LET GO! **You aren't in control**, ideally you are a facilitator. Have a "you can DO IT" attitude that acknowledges who is responsible for what – the person in their own boss, the person is capable of having goals, making changes. Change is a process, not an event – usually long-lasting changes are achieved through incremental baby steps.
- It is healthy and normal for people to have conflicting feelings and be ambivalent – this is not "resistance" it is part of the change process.
- Don't impose your personal beliefs about drug use – if a participant believes in a particular theory or intervention – SUPPORT THEM – what workers do in their private lives, what they believe in, what they practice, and what works for them is IRRELEVANT to the participant.
- Maintain a stance or compassion and openness – be SINCERELY interested in what the participant is saying – don't be a "neutral" listener – be active and positive, caring about their feelings.

Worker Stances for Clients Who Use Drugs

Edith Springer, 1996

*[These are also great Worker Stances/**Best Practices** for Participants who Sell Sex, are Homeless, etc. – Mona Bennett, 2016]*

- Show client unconditional regard and caring. Acknowledge her or his intrinsic worth and dignity.
- Be a real person. Let the client see you as you really are. "Blank screens are for movie theaters".
- Don't get caught up in the client's urgency; take your time - practice mindfulness.
- Be non-judgmental toward the behaviors of the client.
- Be consistent with setting limits: control oneself not the client.
- Empower the client.
- Work through one's behavior or enabling: when is it positive? When is it negative?
- We are not responsible for rescuing the client who is responsible for his or her own life. We are responsible for the intervention process: the client is responsible for the outcome. Trust the client's strength and ability.
- Never take away defenses until alternatives are developed. Introduce new coping strategies and shore up those used previously.
- Avoid the expert trap, especially if you aren't one. Use the client as a consultant and collaborator. Act out of a place of humility.
- Explore one's own values about drugs, drug users [and sex and sex workers, homelessness and the homeless...].

Project Nurture: Substance Use Disorder treatment in pregnancy
Changing lives, saving money and preserving families.

Interdisciplinary Clinical Team: Josh Reagan, MD; Brenda Brischetto, MD; Daniel Ruegg, MD; Tanya Page, MD, Maria Wunderbro, LCSW; Rebecca Rourke, CADC II/LPC; Kasey Edwards, CADC, PRM

BACKGROUND

- 25% of women presenting for prenatal care are using substances.
- Substance use disorders (SUD) in pregnancy are associated with preterm birth, intrauterine growth restriction, placental abruption, increased risk of cesarean section.
- Infants exposed to in utero illicit substances have higher likelihood of being small for gestational age and experiencing neonatal withdrawal syndrome, requiring prolonged NICU hospitalizations, and higher risk for developmental delay.
- Societal costs of substance use disorders in pregnancy include worsening mental illness, increased utilization of the foster care system (at least 50% of children in foster care are there in part due to parental substance use disorder), death secondary to overdose, and financial burden to the health care and foster care systems.
- Pregnant women with SUD find themselves subjected to significant judgment and often life-altering, detrimental consequences by our systems, including our health care system. General system mistrust is exacerbated by the involvement of Child Welfare and potential loss of custody of their infants.
- There is considerable variation in the way that pregnant women with SUD are treated. Early studies suggest that comprehensive harm reduction models combined with perinatal care can improve outcomes.
- The goal of this pilot project was to create a novel treatment model combining prenatal care and SUD treatment under one roof, with a multidisciplinary team, to improve both pregnancy and SUD outcomes, while simultaneously reducing costs to the system as a whole.

WHO ARE PROJECT NURTURE PARTICIPANTS?

Childhood experiences	Percent who have experienced this
Women who spent time in foster care	35%
Had no one to protect me when I was a child	48%
Did not have enough to eat as a child	28%
Someone in my household went to prison	35%
Experienced physical abuse as a child	52%
Witnessed violence between my parents	63%
Experienced sexual abuse as a child	47%
Ever dropped out of school	77%
Ever ran away from home	67%

Adult life experiences	Percent who have experienced this
Less than a high school education	48%
Ever been arrested	72%
Ever been homeless	82%
Ever went without food, past 12 months	40%
Ever hit by a partner or loved one	77%
Partner has limited my access to friends/family/money/phone/transportation	65%
Partner tried to get me pregnant against my will	9%
Ever had a child go into foster care	57%
Currently parenting at least one child	83%

OBJECTIVE

To create a system within a primary care clinic to treat pregnant women with substance use disorders and their infants through the first year of life, utilizing a comprehensive harm reduction model with a multidisciplinary team

GOALS OF PROJECT

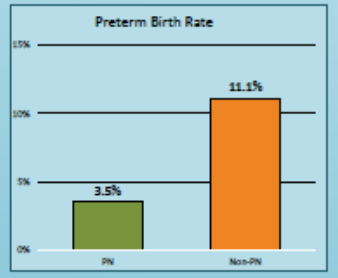
Engage and build trust | Improve health and reduce costs | Break intergen-erational cycle of trauma | Build the work-force

METHODS

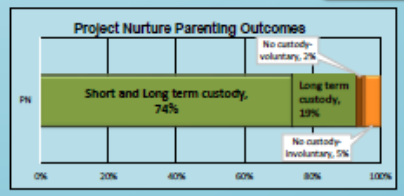
1. We partnered with HealthShare (local Medicaid Coordinated Care Organization) and other community partners* to create clinic environments that unified prenatal care and SUD treatment.
2. The model consisted of an Alcohol and Drug Assessment by CADC (Certified Alcohol and Drug Counselor), regular weekly SUD recovery group meetings, allowing discussion of both pregnancy and substance use, and individual medical visits with a medical provider.
3. Medication Assisted Therapy (MAT) was offered, if appropriate, to women with opioid use disorders.
4. Peer recovery mentors, with lived experience of addiction/mental health and specialized training/certification in SUD Recovery, received additional labor doula training to support women in the hospital, in the clinic, and in the community setting.
5. Social workers specializing in pregnancy/postpartum care facilitated access to community resources including housing, food, transportation, insurance, and parenting support), care coordination between multiple systems including the inpatient labor and delivery, NICU, Child Welfare, Probation/Parole, higher level of SUD and mental health treatment, Early Childhood Services, etc.
6. Outcomes and costs were tracked for 2 years, by each system, including claims data. Patients with SUD in pregnancy cared for in this comprehensive model were compared to those not receiving this comprehensive care.

RESULTS

- **Reduction in preterm birth by 70%, a drop from 11.1% to 3.5%**
- **Reduction in cesarean section rate from 36.5% to 28.1%**
- **Improved number of prenatal visits (likelihood of 7+ prenatal visits increased from 8.5% to 11.4%)**
- **Rates of use of medication assisted therapy increased from 50.7 to 76.1%**
- **93% of women engaged in PN have custody of their children after a year in the program**



Reduction in preterm birth by 70%



93% of participants have long-term custody of their infant at program exit.

PRELIMINARY CONCLUSIONS

- A program that combines prenatal care with chemical dependency treatment, utilizing a multidisciplinary team (medical providers, drug and alcohol counselors, social workers and peer mentor), can improve outcomes for pregnant women with SUD and their infants.
- Not only does this model improve medical outcomes for these women and their infants, but it also reduces medical cost, and can contribute to interrupting intergenerational cycles of trauma and system involvement.
- This suggests long term cost savings in terms of reduced foster care and criminal justice costs, and significant reduction in health care costs.

Project Nurture Projected Cost Savings:
Project Nurture Participants with OUD

$89,819
- **PRETERM DELIVERIES**
- 7.3 preterm births prevented for every 100 births.
- $13,646 saved per preterm birth prevented.

$32,770
- **C-SECTIONS**
- 11.3 C-sections prevented for every 100 births
- $2,900 saved per C-section prevented.

$96,827
- **HIGH NEEDS CARE**
- 13.9 cases of high needs care prevented for every 100 births.
- $16,200 saved per high needs care averted

Total saved= $219,416 per 100 births
$2194 per participant

"I wouldn't be alive today if it weren't for Project Nurture"

"This group was the only thing that kept me going"

"The whole point of Project Nurture is that you end up with people in your corner- that they know you, that they want the things you want for you"

"I fell in love with the community, I fell in love with knowing that I wasn't judged. I felt comfortable… I felt like I was at home."

*Community partners

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2. Norgaard M, Nielsson MS, Heide-Jorgensen. Birth and neonatal outcomes following opioid use in pregnancy: A Danish population-based study. Substance Abuse. 2015; 9 (supplement 2): 5-11.
3. "The Number of Women with Opioid Use Disorder at Labor and Delivery Quadrupled from 1999-2014". CDC. 9 August, 2018
4. Wright TE, Schuetter R, Fombonne E, Stephenson J, Haning WF 3rd. Implementation and evaluation of harm-reduction model for clinical care of substance using pregnant women. Harm Reduct J. 2012; 9:3.
5. Canfield M, Radcliffe P, Marlow S, Boreham M, Gilchrist G. Maternal substance use and child protection: a rapid evidence assessment of factors associated with loss of child care. Child Abuse & Neglect; 70: 11-27.

Laurie Johnson-Wade

Steering Committee Member, Peer Recovery Center of Excellence Workforce Development Liaison

Co-Founding Director, Lost Dreams Awakening (LDA) Recovery Community Organization

Incorporating Equity into Peer Recovery Service

Laurie Johnson-Wade

SAMHSA
Substance Abuse and Mental Health Services Administration

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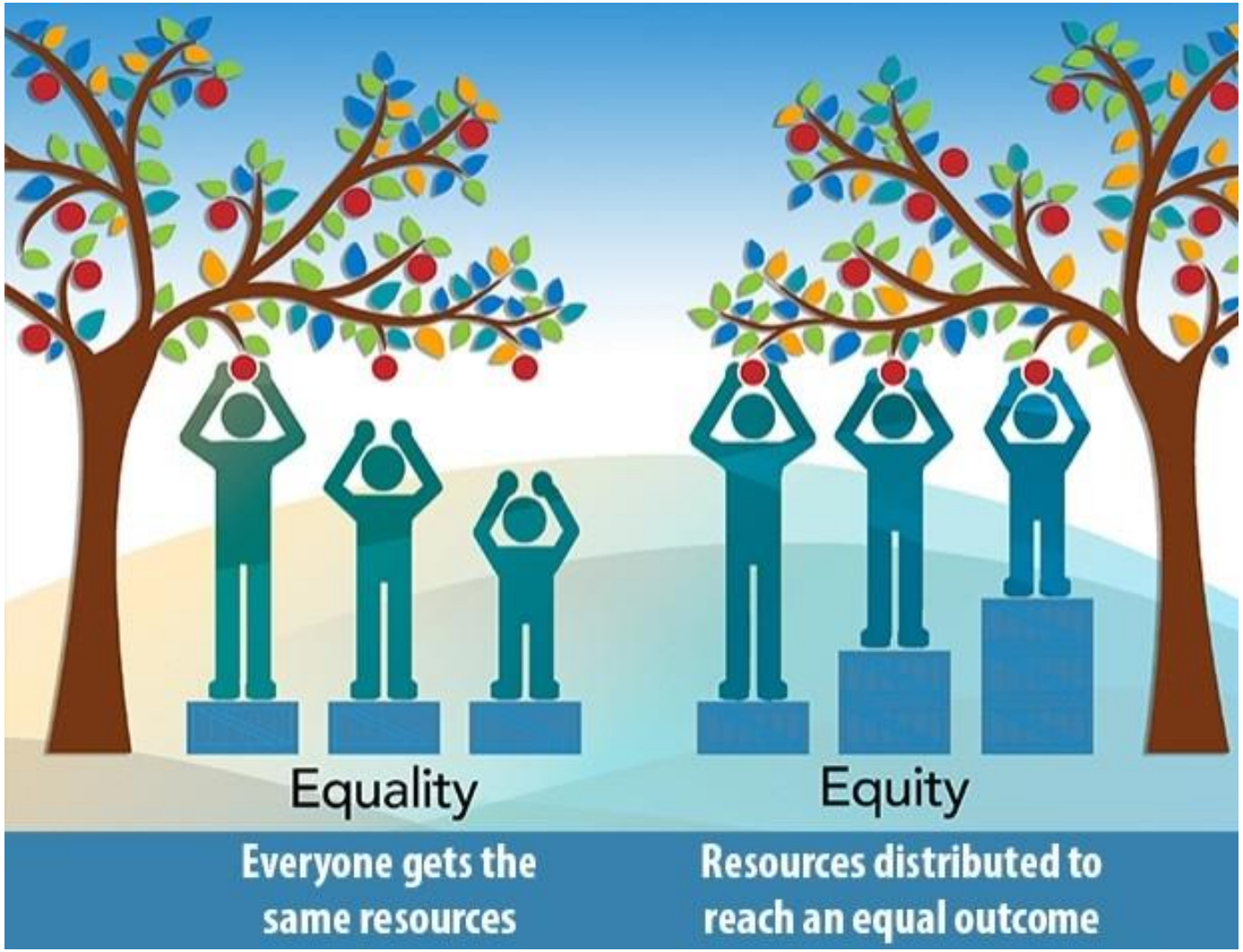
Equity


Equality
Everyone gets the same resources
Equity
Resources distributed to reach an equal outcome

HEALTH EQUITY

Everyone
has a fair opportunity to be healthier

- Each person has different circumstances and opportunities that can affect their ability to make healthy choices.
- Unequal access to good jobs, healthcare, grocery stores, neighborhoods, and schools can create differences that make it harder for a person to be healthy.
- These factors are also influenced by a person's race or ethnicity, gender, sexual identity, age, disability, socioeconomic status, and geographic location.
- Each of these conditions can have positive and negative impacts on a person's ability to live well and often lead to health disparities - a type of negative health difference that is seen more often in one group compared to another.

https://www.livewellsd.org/content/livewell/home/Topics/health-equity.html

"Health equity begins when WE all work together to better the lives of those around us."

What is Recovery?

A standard, unified working definition that helps advance recovery opportunities for all Americans.

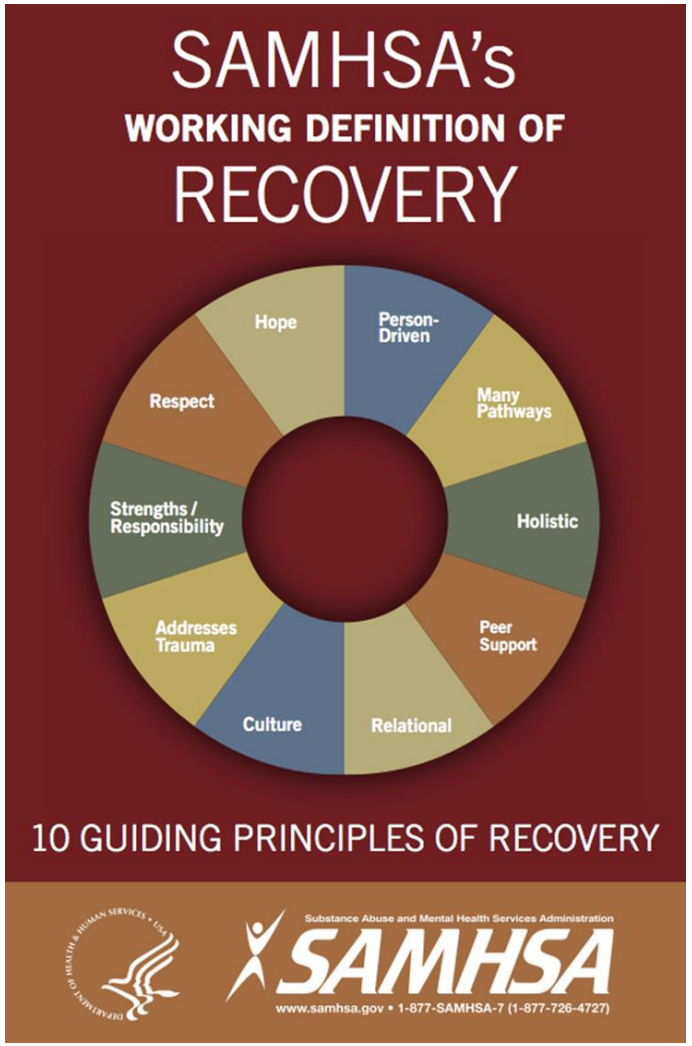
"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

shttps://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf

PEER RECOVERY CENTER OF EXCELLENCE

"Gaps in supports lead to instability in building a life in recovery."

shttps://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf



10 GUIDING PRINCIPLES OF RECOVERY

- Hope
- Person-Driven
- Many Pathways
- Holistic
- Peer Support
- Relational
- Culture
- Addresses Trauma
- Strengths/Responsibility
- Respect

shttps://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf

Recovery is supported by peers and allies

SAMSHA Guiding Principle of Recovery

Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.

Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community.

Through helping others and giving back to the community, one helps oneself.

Peer operated supports and services provide important resources to assist people along their journeys of recovery and wellness.

Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths.

While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different.

Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

"The studies that did evaluate the effectiveness of peer recovery support for individuals with SUD found improved relationships with providers and social supports, reduced rates of relapse, increased satisfaction with overall treatment, and increased treatment retention."

-Recovery Research Institute

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

PEER RECOVERY CENTER OF EXCELLENCE

“The history of addiction treatment and recovery in the United States contains a rich “wounded healer” tradition. For more than 275 years, individuals and families recovering from severe alcohol and other drug problems have provided peer-based recovery support to sustain one another and to help those still suffering.” - William L. White

Questions?

Connect with us!

www.PeerRecoveryNow.org

@PeerRecoveryCoE

@peer_recovery

vimeo

Peer Recovery Now

PEER RECOVERY CENTER OF EXCELLENCE


PEER RECOVERY
CENTER OF EXCELLENCE

Discussion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Training Opportunities

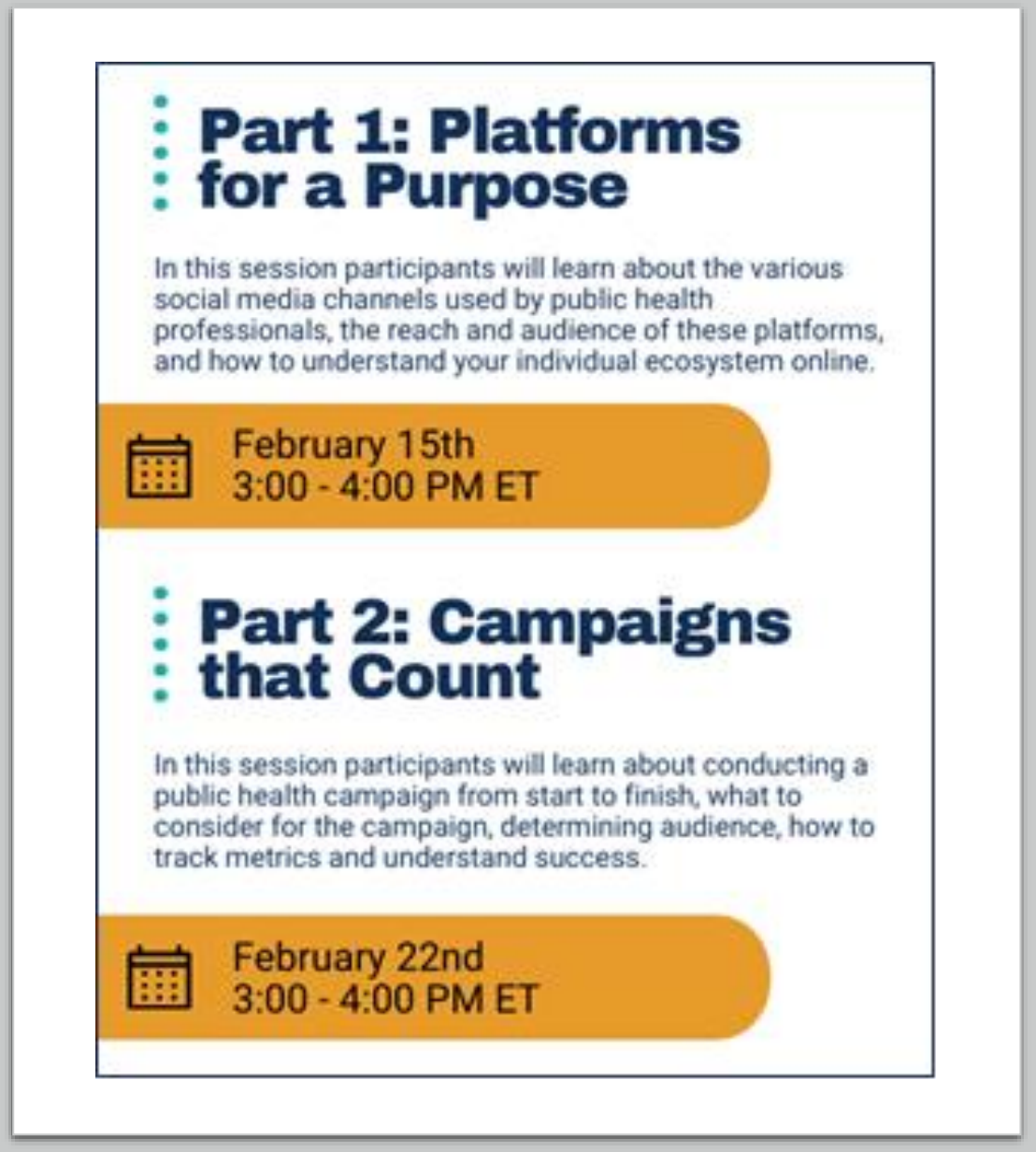
The Implementation and Integration of Peer Recovery Services

- Virtual, self-paced course
- *Limited number of seats!*
- Submit your interest here

Training Opportunities (cont.)

Social Media Training for MCH Professionals

- Two-part online training
- Learn how to effectively conduct an online public health campaign
- Register here



Your Input Matters

- Please help us evaluate today's learning session by https://bit.ly/3qGJtEI on your device now.

- Thank you!

Thank you!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Peer Support at Project Nurture

Overall the Peer Recovery Mentor/Doula (Specialized Doula) answers to two different scopes of ethical practice (MHAACBO & OHA). As a Specialized Doula with lived experience we respect and honor client/patient rights and responsibilities, demonstrate professional boundaries and competencies. We adhere to mandatory abuse reporting laws and HIPAA requirements. Demonstrating responsibility for safety of patients, staff and property as well as remaining familiar with fire regulations, evacuation procedures and also security protocols.

Peer Support / Postpartum Doula in community

- Provides non judgment peer support to women; 1;1 community meetings, Connecting to resources, attending recovery meetings, working on life or recovery goals, assisting in life tasks as needed.
- Is available via phone or text to support in crisis, resource procurement, or recovery planning.
- Provides via phone or 1:1 postpartum Doula support as needed.
- Helps connect to the clinic through cell phone communication as well as other resources.
- Creates a plan with the peer taking into consideration what her Recovery, birth and life goals are to improve her overall experience with reality.

Peer Support/Doula in hospital

- Provides non-judgmental Peer support in the Hospital
- Utilizes Doula skills & certification to support throughout the pregnancy, labor and postpartum periods.
- Advocates for needs and supportive environment in the hospital
- Works as a part of an interdisciplinary team in the hospital to provide adequate care and ensure needs are being met.
- Communicates with medical staff.
- In a perfect scenario has already created a plan in conjunction with the Medical team and project nurture, help the client advocate for their goals and wishes for her birth and her stay in the hospital.
- Supports in creating a safety plan and prep for the DHS assessment postpartum.
- Coach's/models best ways to cope with DHS and other struggles within the medical system.
- Utilizes lived experience to support trauma informed practice and comfort for the mother.
- Follows up regularly with medical staff and Mom while in hospital and upon release to ensure quality of care, advocacy and peer support.

Peer Support/ Doula in clinic

- Creates a safe place and safe person for the women to come too, when they think they can't say what needs to be said to medical staff.
- Provides a safe space even if that simply means simply bearing witness.
- Role models Recovery, Parenthood and self-efficacy
- Acts as part of an interdisciplinary team to create and inform staff when it comes to treatment planning

- Works to ensure trauma informed practice
- Co-facilitates Monday and Tuesday groups to ensure a safe space and check in with women who may benefit from 1 on 1 support.
- Attends appointments with women expected to receive Doula support in the hospital, when it is possible.
- Attends appointments with women who need for extra support.
- Sit in on appointments per medical team when things may be hard for a peer to hear or even share the hard information as a peer to prevent re-traumatizing.
- Offer my time as a safety measure per DHS or Clinic when there are concerns for safety or relapse.

Peer Support Specialist/ Doula Admin

- Continues Education whenever and wherever possible
- Networks with Community partners and programs to educate them what we have to offers as well as developing a direct line and relationship with resources to ensure future access.
- Documents 1:1 in person contacts in epic vaguely as to not upset delicate balance.
- Communicates with team about peers and peer contacts
- Is available for any questions about Substance Use culture and street life to medical staff who desire a deeper understanding.
- Collaborates and supports education of staff/providers on a regular basis, re: drug use, street culture etc. to support a trauma informed lens as well as a comprehensive understanding of substance use and the challenges those communities face.