Implementing and Sustaining Innovative Community-based Programs to Reduce Harms: Oregon’s PRIME+ and U-COPE

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Objectives

Background

PRIME+ (1702 grant)

U-COPE (2103 grant)
Timeline of OHA Peer Services Projects

2017 – 2019: Siloed Peer Services Projects
- Oregon Hope (NIDA)
- HB 4143 Peer Pilot in Emergency Departments (State)
- HB4143 (State) → PRIME (SOR)

2019 – 2022: Collaborative ACDP & HSD Programs
- PRIME (SOR)
- PRIME+ Pilot (CDC 1702 and SOR)
- PRIME+ Expansion (CDC 1702 and SOR)

2021 – 2022: Communitywide Pilot
- U-COPE (CDC 2103)
- PATH (SOR)
Public Health Dept’s Acute and Communicable Disease Program (ACDP)

- **NIDA funding**: Oregon HOPE study with OHSU and Comagine, peers in syringe services/community

Health Systems Division (HSD) Behavioral Health unit

- **General funds**: Legislative HB 4143, peers in emergency departments
- **SAMHSA State Opioid Response**: PRIME, peers in EDs/clinics/jails
**2019-2022 Collaborative ACDP and HSD Programs**

**PRIME+ Peer Program**
- CDC 1702 grant: pilot PRIME+ in 3 rural/frontier counties
- SAMHSA SOR grant: PRIME →PRIME+, now in 24 of 36 counties

**U-COPE**
- CDC 2103 grant: Component 3 special project to implement a comprehensive package of interventions in one PRIME+ county

**Harm Reduction Clearinghouse**
- Organizations that direct serve people at risk of overdose and infections related to substance use can apply to participate in a Harm Reduction Supply Clearinghouse organized by OHA.
- Harm Reduction Supply Clearinghouse supported by CARES Act and state funds, including state marijuana tax and general funds
What is PRIME+?

Oregon peer-based intervention...

- working with people who are at risk of or receiving treatment for overdose, infection, and other health issues related to substance use

PRIME+ peer services are...

- offered independently of engagement in treatment or another program
- provided by people in long-term recovery, credentialed by the state as peer specialists, with harm reduction and infectious disease prevention training
56 peers
24 counties
18 organizations
3 regions: North, South, East
How does someone connect to PRIME+ peer services?

1. **Community partners make referrals**
   Hospitals/Emergency Departments, clinics/primary care, treatment programs, syringe service programs, etc.

2. **Peers do direct outreach to engage individuals in the community**
   Encampments, convenience stores, laundromats, warming/cooling centers, meal services, etc.

3. **Individuals can “self refer”**
What services do peers provide?

Linkage to treatment/care
- Substance use **treatment and recovery** supports
- **Physical healthcare**
- **Infectious disease** testing and treatment

Support accessing resources
- Signing up for **health insurance** (OHP)
- **Community resources** for basic needs
- **Harm reduction supplies** like safer use kits, naloxone

Person-to-person support
- Emotional and **crisis support**
- Support people to reach **self-identified goals** for health, well-being, and quality of life
State Infrastructure Support

- **Meetings**: Weekly peer huddles by region and monthly regional supervisors' meetings

- **Learning**: Weekly documentation drop-in TA, monthly Peer Learning Collaborative and quarterly Supervisor Learning Collaborative (+ free CEUs)

- **Resources**: Program implementation guides, topic handouts, Basecamp project library for resources and cross-site message board

- **Documentation**: Peer-centered online services database

- **Evaluation**: Services data, GPRA, qualitative

- High level of **cross-site support**
PRIME+ Program Status
2021 Peer Services Participants

2,419 PRIME+ peer services participants

50% received three or more contacts from a peer

12,267 total participant contacts with a peer
Participant Referral Sources / Engagement Pathways

- Hospital/Emergency Department: 19%
- Community Health Clinic, FQHC, Physician: 17%
- Self-referral, Loved one: 16%
- Peer Outreach: 15%
- Substance Use or Mental Health Treatment: 14%
- Other: 10%
- Syringe Service Program: 3%
- Criminal Justice System: 3%
- Recovery Residence: 2%

n = 2,378
Peer Support Activities

- Worked on or created new goals: 53%
- Physical health discussion: 47%
- Mental health discussion: 47%
- Crisis intervention or emotional support: 43%
- Recurrence of use prevention discussion: 32%
- Provided transportation: 26%
- Other: 25%
- Assisted with housing needs: 23%
- Provided harm reduction services: 22%
- Attended appointment: 20%
- Assisted accessing food: 20%
- Family or loved one’s engagement: 16%
- Helped with obtaining personal documents: 10%
- Attended recovery support group: 9%
- Helped with Insurance coverage: 5%
- Obtained financial verification documentation: 2%

n = 2,419
Peers and HCV Testing/Treatment

Peers support HCV testing:
- Normalize conversations about risk, testing, and HCV status
- Provide rapid testing and or link to providers or health departments for testing

Peers support linkage to HCV treatment:
- Assist with OHP (Medicaid) enrollment
- Navigate to HCV testing and linkage to providers

Peers support HCV treatment adherence:
- Assist in picking up medication and treatment adherence
- Support reconnecting with provider for follow-up appointments

VIDEO LINK: Devin Wilson, PRIME+ peer
430 participants tested for HCV

- Among those, 72 (17%) tested positive
- 20 receiving or received treatment for HCV

Note: Reporting from sites is incomplete (testing and results); working to streamline online database to reduce missing data
Significant Changes from Intake to 6 Months*

- **Days of illicit drug use in past 30 days**
  - Average days 8.7 at intake → 6.4 days at 6 months

- **Emergency visit for substance use in past 30 days**
  - Substance use visits: 22% at intake → 5% at 6 months

- **Currently employed**
  - 37% at intake → 57% at 6 months

- **Ever had HIV test**
  - 71% at intake → 87% at 6 months

*Matched GPRA questionnaires; p < .05, paired t-test, chi-square tests, analysis of variance and post-hoc tests
PRIME+ Program Successes

- Statewide peer network built
- Peers making changes in their communities
  - Visibility and service provision/outreach
  - Partnerships with other agencies and providers
  - Increased community support for harm reduction
- Success in developing pathways into PRIME+
- Direct peer outreach
- Harm reduction supplies distributed
- Peer workforce professional development provided
Program Challenges

- Staff turnover and workforce shortages
- Challenges gaining access to EDs/hospitals
- Challenges accessing HCV testing and treatment
- Lack of low barrier housing
- Fentanyl overdoses continuing to increase
Challenges Accessing HCV Testing/Treatment

- Most peer sites not able to provide rapid testing during pandemic
- Lack of local HCV treatment providers, denial of care to people who use drugs due to misperceptions of coverage restrictions
- Participants may have challenges scheduling and attending appointments: phone access, transportation, housing instability (peers support in resolving)

Solutions in progress:

- Promoting HCV provider expansion, HCV ECHO
- Working with OHSU on piloting peer-assisted telemedicine HCV treatment
PRIME+ Sustainability
Sustainability

- **SAMHSA**: SOR funding

- **Medicaid**: Tried to add billable peer services (outside of treatment) in 1115 waiver application, but rejected by CMS

- **Marijuana taxes**: Most PRIME+ sites applied to receive funding through Measure 110 (drug decriminalization) as part of local Behavioral Health Resource Networks

- Note that **statewide infrastructure** is a critical component of implementation and sustainment—sites need support, oversight, networking, cross-site communication
Collaboration

- Acute and Communicable Disease Program and HSD Behavioral Health have deepened collaboration
  - Using a syndemic approach; person-centered, not disease-centered
  - Joining together in overdose strategic planning, in planning next phase of HCV testing/treatment expansion

- Collaboration with Comagine Health
  - Supporting infrastructure, maintaining joint work with OHSU

- Collaboration with sites
  - Bidirectional info-sharing about needs on the ground and solutions
Piloting a shift to a communitywide approach

**Goal:** To integrate, coordinate, and implement a comprehensive package of interventions to improve access to preventive, diagnostic, and treatment services for people who use drugs
U-COPE Year 1 Successes

- Convened a core team weekly, which has led to:
  - Identifying a cost-effective syphilis treatment coordination solution
  - Supporting implementation of syringe drop-boxes
  - Connecting organizations to the Oregon Immunization Program
  - Connecting organizations to Oregon Saves Lives and Harm Reduction Clearinghouse

- Convened key partners quarterly

- Completed a rapid assessment of community needs, included:
  - Surveillance data
  - Program data
  - Interviews with PWUD
  - Interviews with people who provide services or engage with PWUD
U-COPE Year 1 Challenges

- High COVID-19 infection rates
- Increasing overdose rates
- Pharmacy closures leading to buprenorphine shortage
- Establishing adequate data management systems
- Collaborative leadership approach
- Bi-directional information sharing and support
- Service delivery model + other resource development
- Build data management capacity
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