

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

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# Objectives



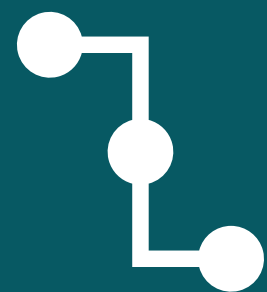
Background



PRIME+ (1702 grant)



U-COPE (2103 grant)



Background

# 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)

2017

2018

2019

2020

2021

2022

# 2017-2019 Siloed Peer Services Projects

## 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 directly 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

**PRIME**   
any positive change



# What is PRIME+?

*Peer Recovery Initiated in Medical Establishments +  
HCV/HIV Testing and Linkage to Treatment*

## 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



# PRIME+ Sites

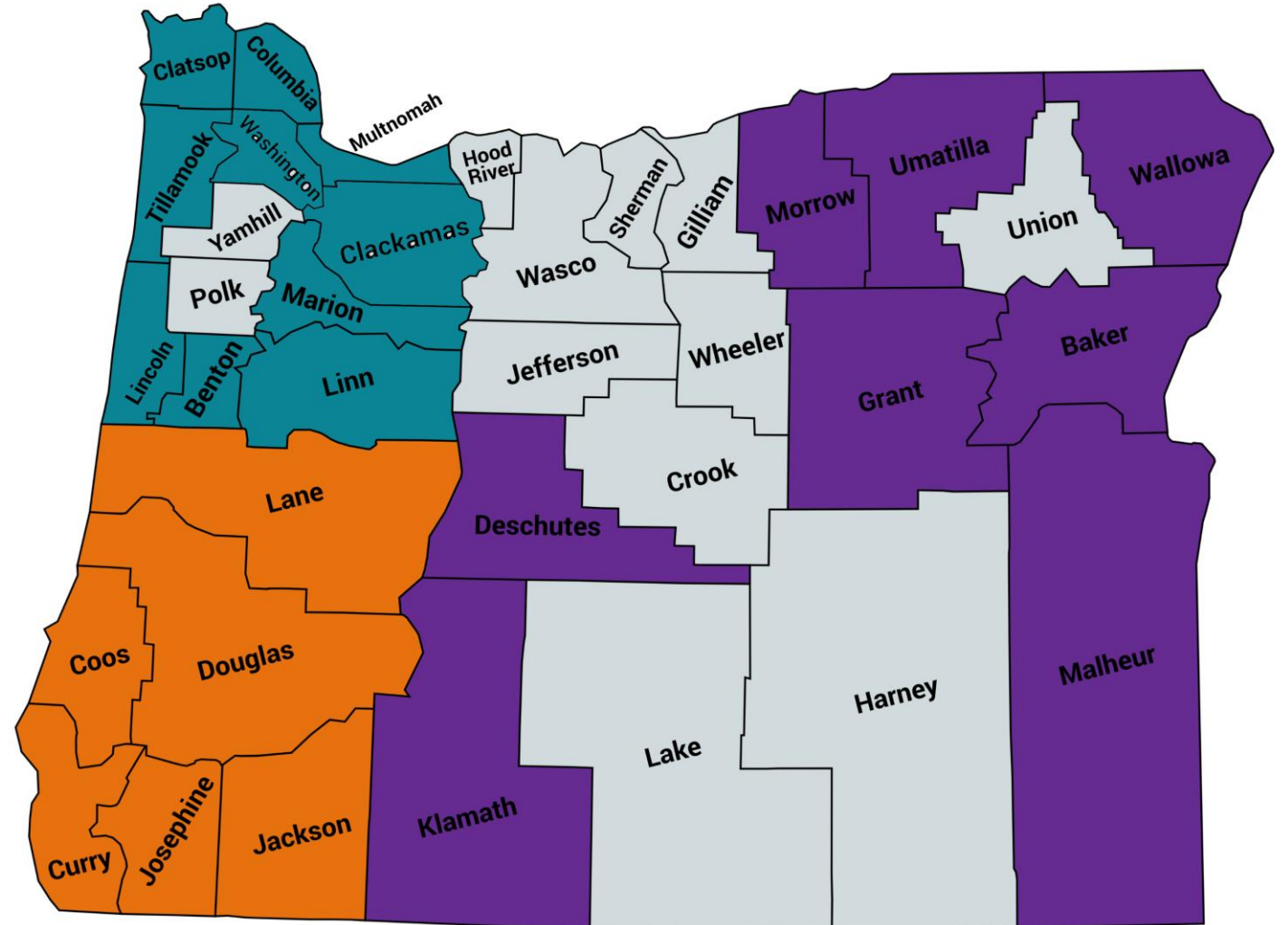
56 peers

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

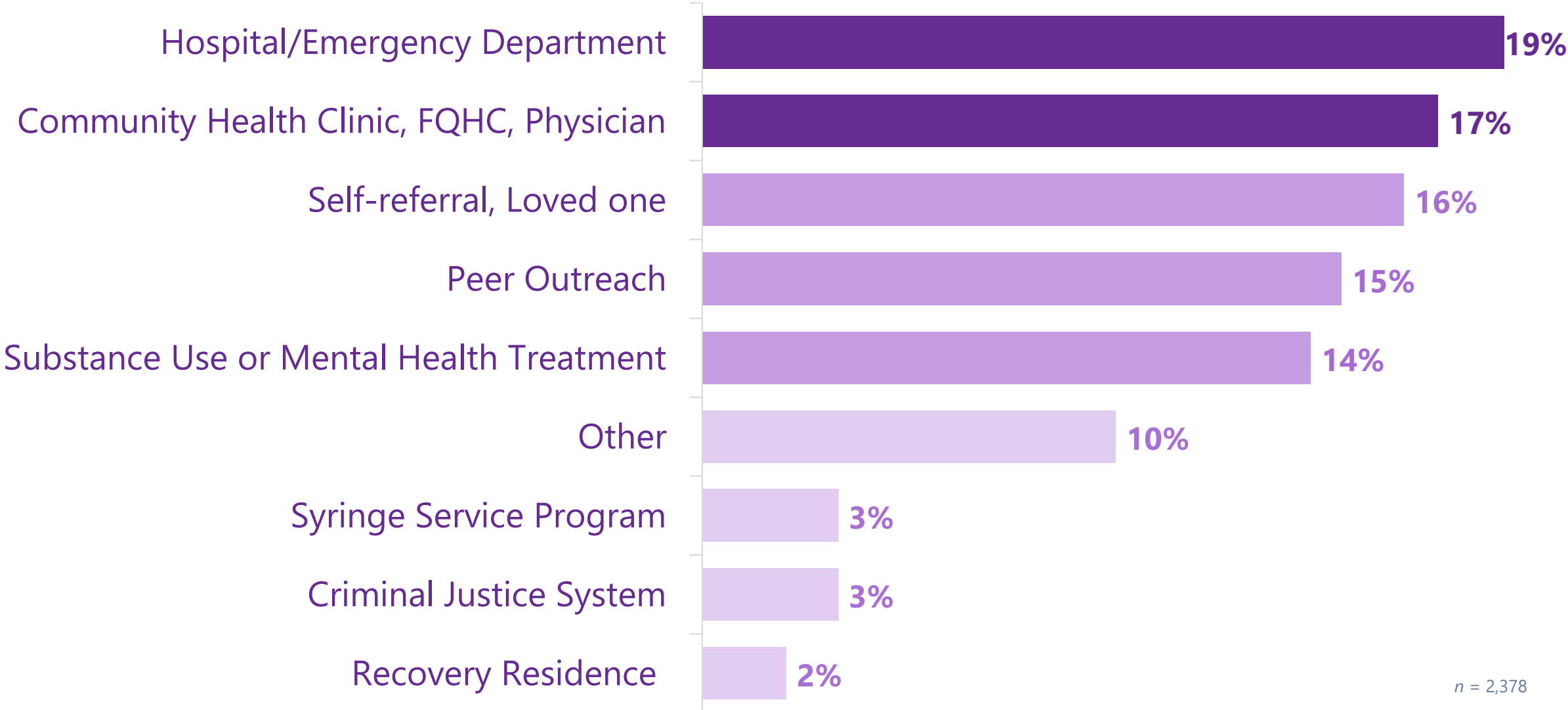


**50%** received three or more contacts from a peer



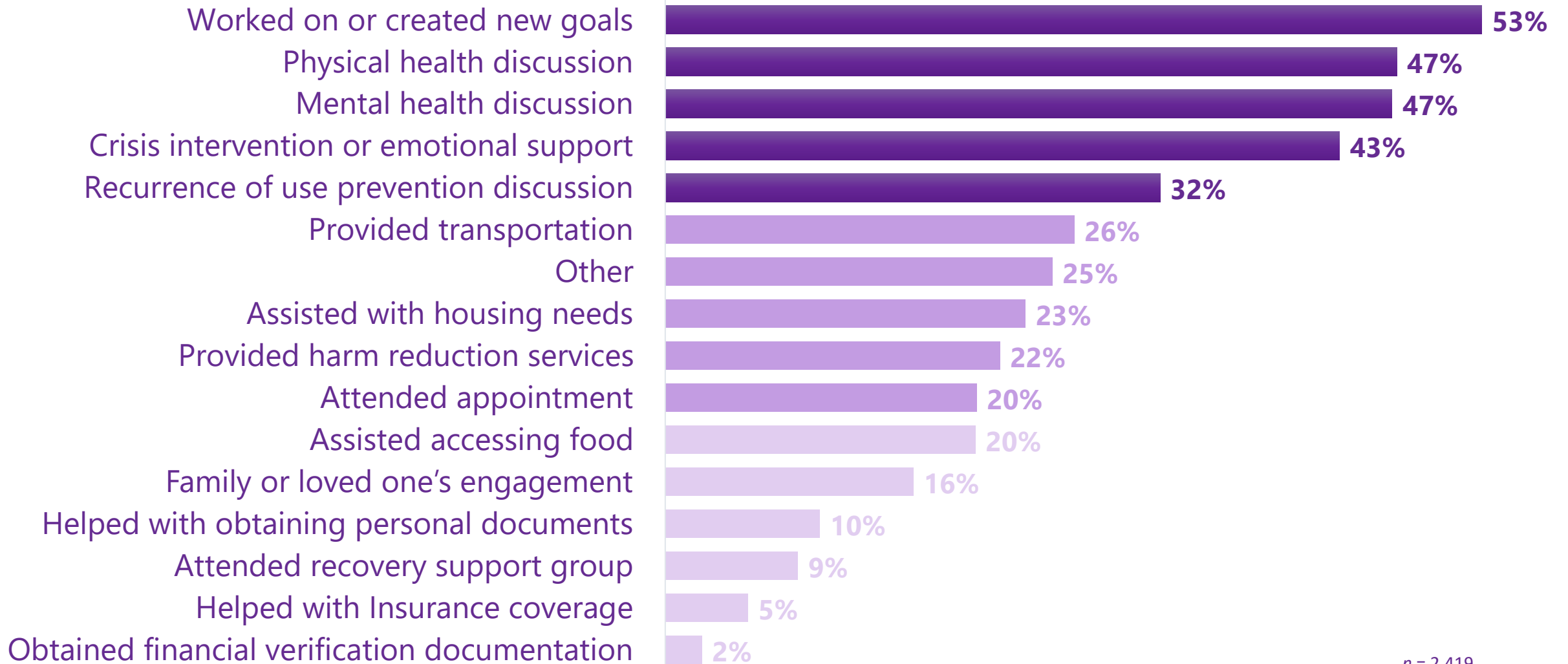
**12,267** total **participant contacts** with a peer

# Participant Referral Sources / Engagement Pathways



n = 2,378

# Peer Support Activities



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](#)

# HCV Testing & Treatment



- ▶ **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

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## **Currently employed**

37% at intake → 57% at 6 months

## **Ever had HIV test**

71% at intake → 87% at 6 months

# 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

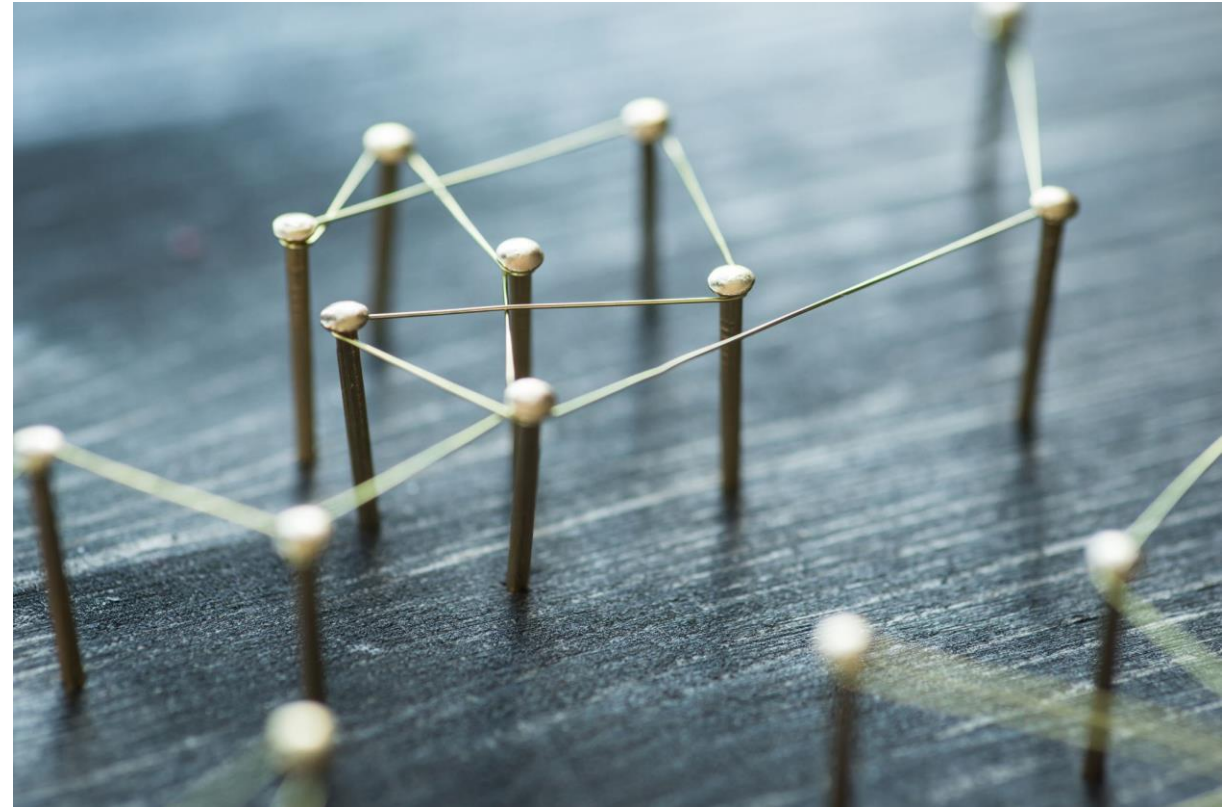
- ▶ Acute and Communicable Disease Program and HSD Behavioral Health have deepened collaboration
  - ▶ Using a syndemic approach; person-centered, not disease-centered
  - ▶ Joining together in overdose strategic planning, in planning next phase of HCV testing/treatment expansion
- ▶ Collaboration with Comagine Health
  - ▶ Supporting infrastructure, maintaining joint work with OHSU
- ▶ Collaboration with sites
  - ▶ Bidirectional info-sharing about needs on the ground and solutions



# U-COPE

## Umatilla County Outreach, Prevention, and Engagement

- ▶ 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

# U-COPE Sustainability

- ▶ Collaborative leadership approach
- ▶ Bi-directional information sharing and support
- ▶ Service delivery model + other resource development
- ▶ Build data management capacity

# Contacts

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