

Peer Support Model to Address Substance Use Disorders

Treatment Engagement in Rural Communities

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Background and Methods

- New Mexico (NM) leads the nation in alcohol-related and drug overdose deaths.¹
- In 2020, the NM drug overdose death rate was 39 per 100,000 compared to the US average of 28.3.²
- Telehealth substance use treatment has been shown to be as effective as in-person treatment in terms of retention, therapeutic alliance, and substance use reduction.³
- Client and provider adoption and acceptance of telehealth for healthcare visits has skyrocketed, particularly during the past twoyears with COVID-19.⁴

Study Purpose: To implement and test a model of telehealth-substance use disorder (TH-SUD) treatment to reach underserved rural, Hispanic, and Native American (NA) populations in Sandoval, San Juan, McKinley, Cibola, Valencia, and Santa Fe Counties.

Study Partners: Department of Psychiatry and Behavioral Sciences and Sandoval Regional Medical Center (SRMC), University of NM

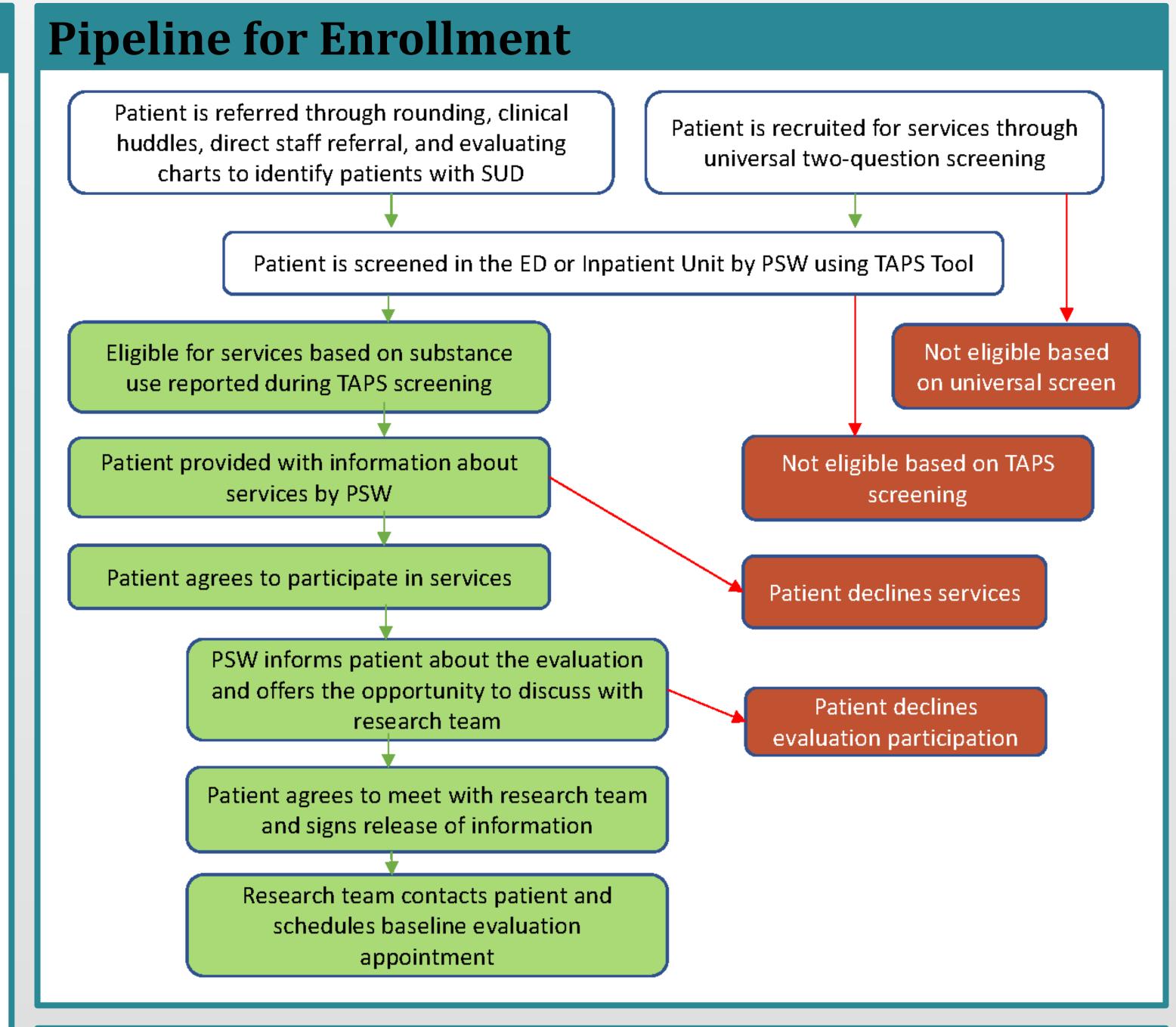
Population of Focus: Rural, Hispanic, and NA adult patients with an SUD presenting to the emergency department (ED) or inpatient units of SRMC, located in Sandoval County.

<u>Screening Tool:</u> Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool.

Services provided:

- Using motivational interviewing, Peer Support Workers (PSWs) are responsible for in-person patient screening and navigation from the ED or inpatient units to outpatient TH-SUD treatment.
- Medication Addiction Treatment and Medication for Opioid Use Disorder (MAT/MOUD) provided by Addiction Specialists.
- Seeking Safety (SS) and Psychosocial Supports provided by PSWs.

Evaluation: Data are being collected from participants prior to starting TH-SUD treatment and every 60 days thereafter. The preliminary costs associated with the intervention and potential cost-savings are also being determined.



Data Collection Protocol

Data Collection Tool	Outcome
Addiction Severity Index	Substance use
Barriers to Care	Barriers to Care
Craving Scale	Substance craving
Criminal Justice Involvement	Criminal Justice Involvement
Motivation for Change	Motivation for Change
PCL-C	PTSD Symptom Severity
Process of Recovery Questionnaire	Perception of Recovery
Self-Stigma Scale	Self-Stigma perception
Service Use	Hospital/Treatment utilization
SF-36	Quality of life
CSQ-8	Treatment Satisfaction

Discussion

 Data on participant outcomes are currently being collected and it remains to be determined whether implementing a TH-SUD treatment program in a hospital setting is an effective approach to (1) engaging individuals with SUD into treatment, (2) reducing substance use and hospitalization associated with substance use, and (3) improving mental health and overall well-being.

Implementation Challenges

Recruiting and Retaining PSWs:

- Difficulty hiring experienced PSWs.
- ED is a challenging environment for PSWs to work in.
- PSW buy-in of structured treatment program.

Hard-to-Engage Population:

- People accessing the ED and being admitted to an inpatient unit are experiencing an extreme health event, and as a result, engaging them into SUD treatment is even more challenging than usual with this population.⁵
- Lack of access to internet and phone services makes it difficult for our target population to engage in telehealth services.
- Many communities of color have experienced medical racism & cultural trauma that impacts their willingness to engage in services.^{6,7}

Grant Funding Period:

 One-year funding is not enough time to fully establish and evaluate a TH-SUD treatment.

Recommendations

- Collaborate with local PSW networks and training programs to recruit trained and experienced PSWs.
- Establish equitable pay rate for PSWs before program implementation.
- Purchase activated cell phones to distribute to clients as an incentive to participate in services.
- Conduct racial bias and cultural humility trainings for all staff.
- Increase understanding of the role and benefit of PSWs among hospital staff.
- Locate PSWs in the ED to fully integrated them into the ED team.
- Request funding for a three to five year timeline.

References & Acknowledgments

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1 New Mexico Department of Health. New Mexico Substance Use Epidemiology Profile, 2022; 2 Center for Disease Control and Prevention. (2020). Death Rate Maps & Graphs.; 3 Johnson C, Taff K, Lee B, Montalbano A. The rapid increase in telemedicine visits during COVID-19. Patient Experience Journal. 2020;7(2):72-79. doi:10.35680/2372-0247.1475; 4 Bassuk EL, Hanson J, Greene RN, Richard M, Laudet A. Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review. J Subst Abuse Treat. 2016;63:1-9. doi:10.1016/j.jsat.2016.01.003; 5 Daly, C. (2005, January 1). Managing the Dually Diagnosed Patient - Current Issues and Clinical Approaches, 2nd edn. By D. O'Connell and E. Beyer, The Haworth Press, New York. 33.00. 352 pgs. ISBN 07890 08777. ALCOHOL AND ALCOHOLISM -LONDON- PERGAMON PRESS THEN OXFORD UNIVERSITY PRESS-, 40(2), 157–158.; National Aboriginal Health Organization. What First Nations people think about their health and health care: National Aboriginal Health Organization's public opinion poll on aboriginal health care in Canada. 2003. Retrieved from:http://www.naho.ca/documents/fnc/english/FNC_SummaryofNAHOPoll.pdf.; Robert Wood Johnson Foundation. (2017). Discrimination in America: Experiences and views of Latinos. Princeton, NJ: Author. Retrieved from https://www.rwjf.org/content/dam/ farm/reports/surveys_and_polls/2017/rwjf441402