PRIME
any positive change

Peer Specialists Engaging People Using a Harm Reduction Approach

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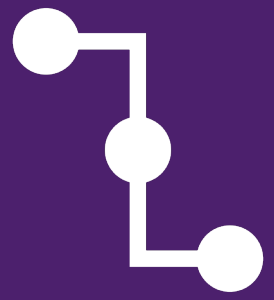


Overview

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 needs related to substance use

PRIME+ peer services are…

- offered independently of engagement in substance use treatment, providing non-Medicaid reimbursable services
- provided by people in long-term recovery, credentialed as peer specialists, trained in harm reduction and infectious disease prevention

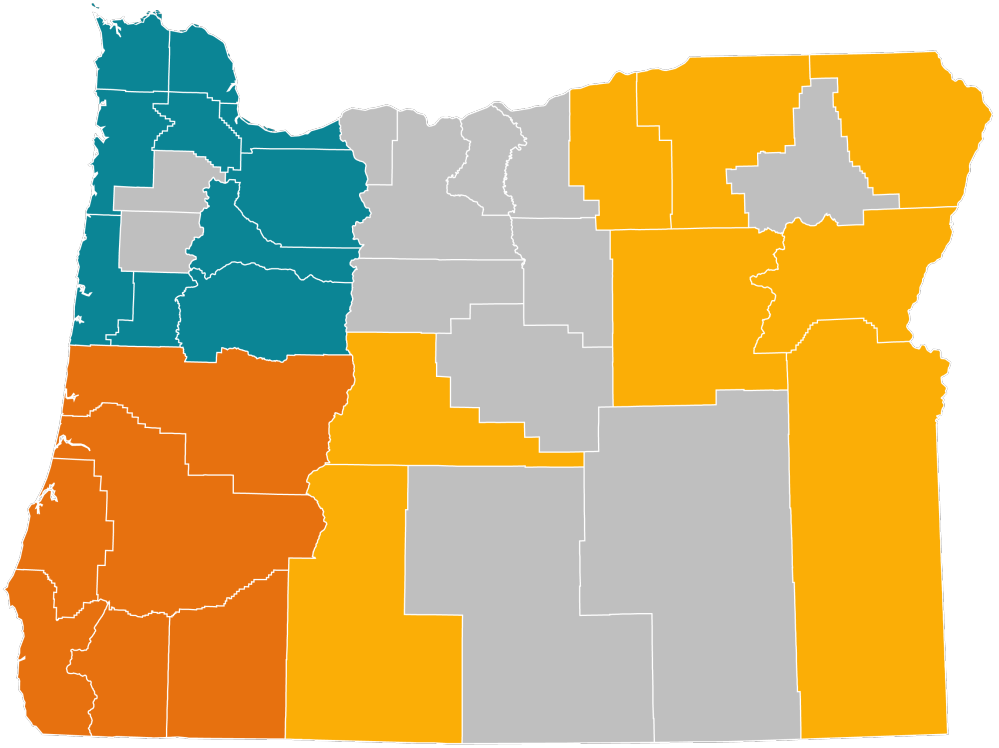
PRIME+ Locations

58 peers

24 counties

19 organizations

3 regions: North, South, East



Services developed in many rural and frontier counties that had no history of peer outreach or harm reduction services

PRIME+ Core Program Elements

- Peers support **any positive change** for people who use drugs
  - Support peoples' self-identified **goals** for health, well-being, and quality of life
  - Provide **harm reduction** support and tools
  - Connect people to **recovery supports** and substance use treatment
  - Link people to **healthcare**, including infectious disease care
- Program supports peer specialists to **maintain their own recovery** and well-being and **expand professional skills**

How People Connect to PRIME+ Peers

1. Community partners make **referrals**

2. Peers do **direct outreach** to engage individuals in the community

3. Individuals can **self-refer**

PRIME+ Peer Services

Support accessing resources	▸ OHP enrollment, resources for basic needs ▸ Harm reduction supplies like safer use kits, naloxone ▸ Supported employment, housing resources
Person-to-person support	▸ Emotional and crisis support ▸ Support people to reach self-identified goals
Linkage to treatment/care	▸ Substance use treatment and recovery supports ▸ Physical healthcare ▸ Infectious disease testing and treatment

Training & Cross-Site Support

Learning

- Orientation and training for new peers/supervisors
- Peer Learning Collaborative (monthly)- CEUs
- Supervisor Learning Collaborative (quarterly)- CEUs
- Drop-in TA for documentation (monthly)

Cross-site sharing and project communication

- Active Basecamp message board
- Peer huddles by region (weekly)
- Supervisor meetings by region (monthly)

Resources & Reporting

Resources

- Program implementation guides, topic handouts
- Training recordings
- Promotional templates

Documentation

Online database (RecoveryLink) tailored for PRIME+:

- Participant characteristics, peer services provided
- Outcomes: GPRA at intake and 6-month follow-up

Evaluation

- Monthly site progress reports for ongoing monitoring
- Quarterly briefs highlighting site success stories
- Annual summary report, biannual report to funder

Numbers Served

Peer Services Participants

3,417 PRIME+ peer services participants

51% received three or more contacts from a peer

20,256 total **participant contacts** with a peer

Data from January 1, 2021, through July 1, 2022

Klamath County

247 PRIME+ peer services participants

28 American Indian/ Alaska Native, 30 Hispanic/Latinx

PRIME+ Program Successes

- Peers making changes in their communities
  - Partnerships with other agencies
  - Advocacy to build community support for harm reduction
- Direct peer outreach occurring
  - Harm reduction supplies distribution
  - Engagement with new participants
  - Visibility
- Statewide peer network built
  - Peer workforce professional development & cross-site support

PRIME+ Peer Approach

I am a peer mentor with [agency].

I have lived experience of substance use.

The project I work with is called PRIME+ and we provide peer support services such as handing out Narcan or providing transportation to appointments.

If you're interested in participating, I will not ask you to stop or change your use if you don't want to.

Our focus is to understand what you need and want and work together to make those things happen.

What I don't know, we can figure out together.

I don't want you to lose hope when things feel hard.

Centering in Harm Reduction

- What centers any program in a harm reduction approach?
  - Go to the people– don't make people get there and walk thru door
  - Ask people what they and show up with it (supplies, incentives, etc.)
- What are key elements that help people make positive changes?
  - Feeling safe (including not being judged)
  - Being safe (protecting confidentiality)
  - Seeing a way to contribute

Believe in the Power of Peers

- Harm reduction and recovery communities have been doing this for decades-- only recently that it has been accepted in the professional community
- Peer approaches are evidence-based
- Peers “Go at the Speed of Trust”
- Peers enhance the efforts of others and reduce bias and stigma
- Peers fill gaps that other community partners can not meet

What Does a Harm Reduction-Centered Peer Program Need?

- Peer and supervisor site training and orientation
- Ongoing technical assistance and monitoring of the model
- Power sharing and a team approach
- **Peers as partners in the intervention and experts with lived experience**
  - The knowledge of people with lived experience helps make connections and gives hope
  - CHW's and Navigators with adjacent experience are not the same as recovery peers

Questions for this group to discuss

- What barriers do we face to using peer-based harm reduction interventions?
- What would it take to implement peer-based harm reduction programs with built-in
  - CEU trainings?
  - Peer recovery support?
- How would we seek funding for peer-based harm reduction strategies?
- How can we increase availability of harm reduction interventions such as
  - Housing First models?
  - Supportive employment models?

Questions?

Contacts

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