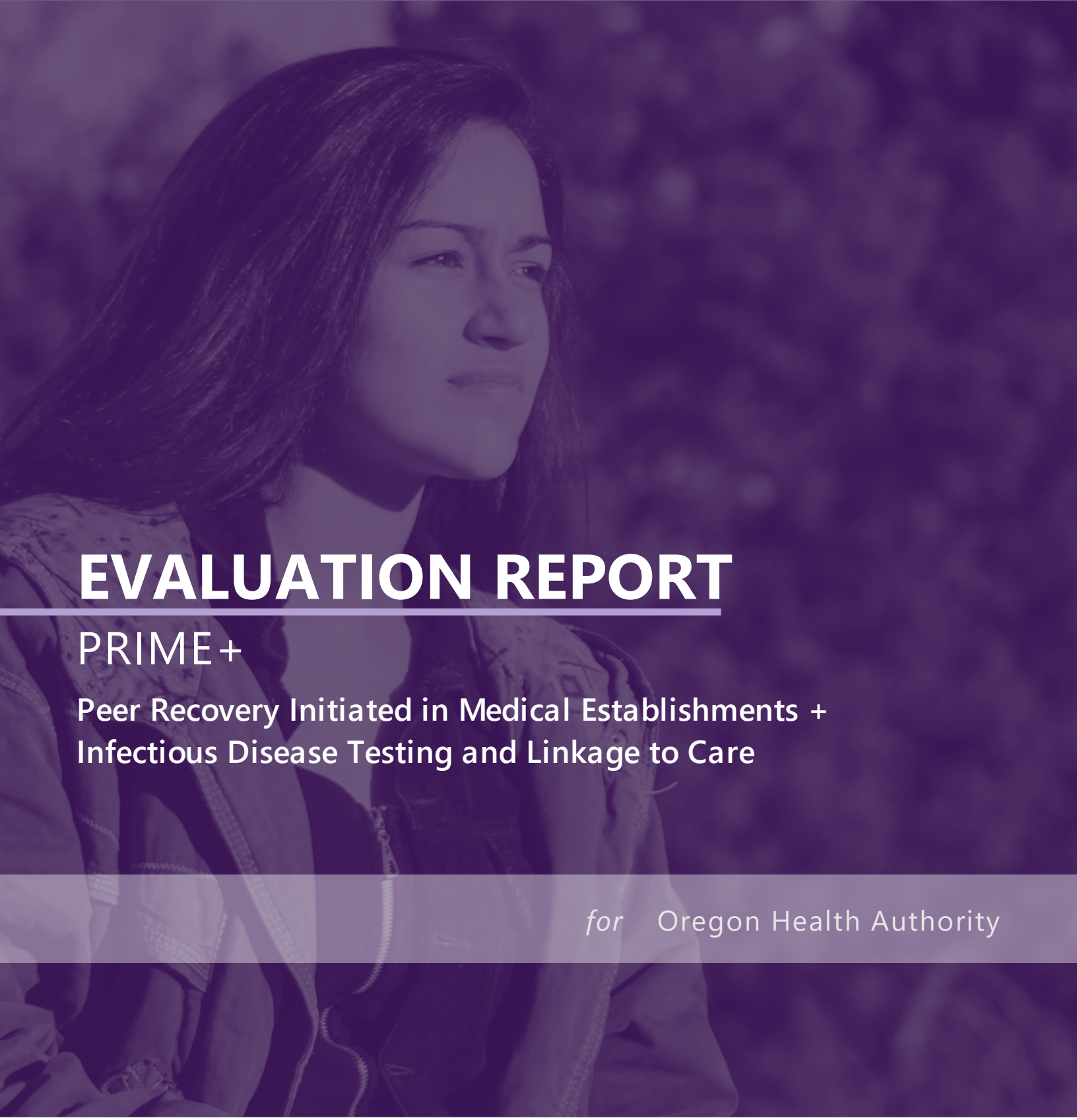

EVALUATION REPORT

PRIME+

Peer Recovery Initiated in Medical Establishments + Infectious Disease Testing and Linkage to Care

for Oregon Health Authority

PRIME
any positive change

November 2021

This evaluation report was prepared by Comagine Health (Gillian Leichtling, Sara Magnusson, Justine Pope) under contract number 167605 for the Oregon Health Authority (OHA). PRIME+ peers and supervisors generously shared their efforts and experiences in meetings and huddles, and by dedicating time to data collection and entry.

The PRIME+ leadership team consists of Samantha Byers, Judith Leahy, Kelsey Smith Payne, and Ann Thomas of OHA; and the authors and Christi Hildebran of Comagine Health.

Comagine Health

Oregon Health Authority

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EXECUTIVE SUMMARY

The PRIME+ Peer Program connects certified Peer Recovery Support Specialists and Certified Recovery Mentors, with people who are at risk of or receiving treatment for overdose, infection, or other health issues related to substance use. PRIME+ peers engage people who may be out of treatment and who are at varying stages of change using a harm reduction approach.

PRIME+ teams:

> *56 peers*
>
> *24 of Oregon's 36 counties*
>
> *19 organizations*

Program support infrastructure:

> *Shared learning, regular convenings, and an online document repository and message board*
>
> *19 Peer Learning Collaborative sessions and 5 Supervisor sessions, distributing 861 CEU hours*

Implementation successes:

> *Teams developed referral pathways to PRIME+ from hospitals/emergency departments, health clinics, syringe service programs, criminal justice system, recovery residences, and other sources.*
>
> *PRIME+ peers implemented community outreach to encampments, laundromats, convenience stores, bottle drops, parks, warming/cooling centers, etc.; mobile outreach and fixed-site outreach events; Peers held over 700 outreach events reaching 5 to 50 people per event.*
>
> *PRIME+ peers distributed harm reduction supplies through outreach and to peer services participants.*
>
> *Teams used a collaborative platform message board to communicate across site teams, e.g., to identify specialty treatment beds, connect participants to peers in other counties, share ideas about addressing service needs and more.*

Participant services:

> *1,601 PRIME+ participants*
>
> *8,066 participant contacts with a PRIME+ peer*
>
> *20% referred by health clinics, 18% by hospitals/emergency departments, and 17% engaged through peer outreach*
>
> *47% of participants worked on new goals with peers, 41% discussed physical health concerns, 40% discussed mental health concerns, 36% received crisis or emotional support, and 27% discussed preventing recurrence of use*

PROGRAM OVERVIEW

BACKGROUND

The PRIME+ Peer Program connects peer recovery support specialists in 24 of 36 Oregon counties with people who are at risk of or receiving treatment for overdose, infection, or other health issues related to substance use. PRIME+ peers engage people who may be out of substance use treatment or medical care. Participants are at varying stages of change related to substance use and peers use harm reduction centered strategies.

PRIME+ is collaboration between Oregon Health Authority's Health Systems Division (HSD) Behavioral Health unit and Acute and Communicable Disease Program (ACDP). The program grew out of two Oregon peer-based models:

- The **Oregon HOPE** study, led by Oregon Health & Sciences University in partnership with OHA ACDP and Comagine Health, funded by the National Institute of Drug Abuse (2017 - present). The study conducted community assessments and developed a peer-based intervention in rural Oregon; the intervention piloted in 2 counties and expanded to 6. Peers engage people who use drugs through community and syringe service program settings and provide hepatitis C/HIV testing, harm reduction tools, and linkage to substance use disorder (SUD) and hepatitis C treatment. OR-HOPE includes a randomized controlled trial of peer-facilitated telemedicine hepatitis C treatment.
- Oregon **House Bill 4143** initiated a pilot hospital peer recovery support program, which OHA HSD expanded to include community settings with funding from Substance Abuse and Mental Health Services Administration (SAMHSA; 2018 - 2020). The program piloted in 4 counties and expanded to 14. Peers engaged people in emergency departments and other settings to provide overdose prevention, linkage to SUD treatment, and other care.

PRIME+, piloted with funding to ACDP from Centers for Disease Control and Prevention (fall 2019 - 2020) in 3 rural counties; HSD and ADCP collaborated to expand and incorporate all HB 4143 sites with SAMHSA funding in September 2020, now reaching 24 counties.

PRIME+ peers receive referrals from healthcare, services, and other community sectors; respond to self-referrals; and connect with people through outreach in the community.

PRIME+ peers provide harm reduction tools; link to primary care, hepatitis C testing and treatment, and SUD treatment; assist in accessing resources for daily living; and support participants to reach self-identified goals.

PRIME+ peers…

- are people in long-term recovery, credentialed as peer recovery specialists, with harm reduction and infectious disease prevention training
- reach out to people who are at risk of or receiving treatment for overdose, infection or other health issues related to substance use
- engage people who are at varying stages of change, using a harm reduction approach
- support people in their recovery journey to reach self-identified goals for health, well-being, and quality of life

MISSION AND GOALS

The goals of PRIME+ are to:

- **Prevent acute life-threatening outcomes of substance use, including:**
  - **Overdose** morbidity and mortality by providing harm reduction centered overdose prevention education and facilitating access to naloxone
  - **Injection-related infections** by providing harm reduction centered infection prevention education and facilitating access to safer use supplies
- **Support linkage to screening, diagnosis, care and treatment of substance use related conditions and substance use related infections, including:**
  - All types of SUD treatment, including medication treatment
  - Primary care for physical and behavioral needs; infectious disease screening, care and treatment; and other participant identified needs such as reproductive health and PrEP for HIV
  - Hepatitis C and HIV testing and connection to treatment

CORE PROGRAM ELEMENTS

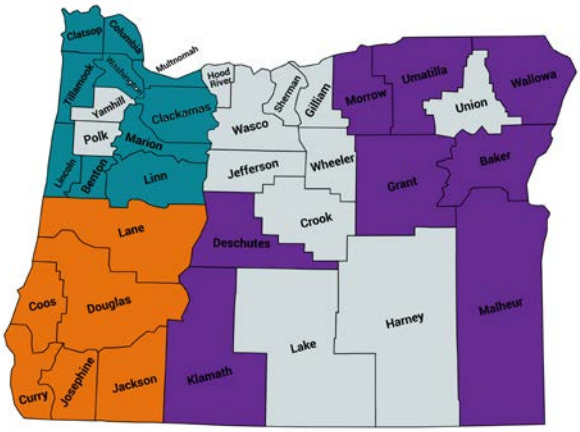
Core program elements are essential principles and functions that define a program and are necessary to produce desired outcomes. The Core Program Elements of Oregon's PRIME+ include:

- Use of Oregon's Substance Use Syndemic Model and Response Continuum (See Appendix 1)
- Commitment to racial health equity and inclusion in the context of peer support, substance use services, and all forms of recovery
- Prioritization of PRIME+ peer work within or alongside medical settings
- Local site-led work with traditional and nontraditional community partners along the SUD Continuum of Care to develop and implement bidirectional referral pathways
- Facilitation of *any positive chan*ge by respecting people's autonomy, whether toward safer use or recovery steps by:
  - Providing harm reduction support, including support for people to access harm reduction services, supplies and interventions
  - Supporting connections to Substance Use Disorder treatment and recovery supports when a person identifies this as one of their goals
- Facilitation of *any positive chang*e by linking and supporting an interested person to access hepatitis C, HIV and STI testing, primary care, and other health and dental care
- Linkage of persons living with hepatitis C and HIV to care and treatment
- Recognition that this work exposes peer recovery support specialists to personal and systemic stressors. PRIME+ provides structured support for peer recovery support specialists, including clinical supervision, peer-specialist-focused groups, and time for peers to access their own recovery supports

FUNDED COUNTIES

Of the 24 counties funded, 5 are frontier, 10 are rural, and 9 are mixed rural/urban. OHA has grouped sites into three regions (North, South, East) based on Oregon's Health Security Preparedness and Response Regions.

PRIME+ organizations are primarily behavioral health treatment agencies. A few sites are peer-led recovery organizations, and some are harm reduction, public health, healthcare, or community service providers. The number of PRIME+ peers shifted with turnover and staffing changes and numbered 56 peers as of September 30, 2021.



Region	County	Organization
East	Baker	New Directions Northwest
East	Deschutes	Best Care Treatment
East	Klamath	Transformations Wellness Center; Red is the Road to Wellness
East	Malheur	Malheur County Health Department
East	Morrow-Grant	Community Counseling Solutions
East	Umatilla	Oregon Washington Health Network
East	Wallowa	Wallowa Valley Center for Wellness
North	Clatsop	Clatsop Behavioral Health
North	Columbia	Columbia County Mental Health
North	Lincoln	Reconnections Counseling
North	Linn-Benton	CHANCE
North	Marion	Marion County Health and Human Services
North	Multnomah-Clackamas	4D Recovery
North	Multnomah-Washington	Mental Health & Addiction Association of Oregon
North	Tillamook	Tillamook Family Counseling Center
South	Coos-Curry	Bay Area First Step
South	Douglas	ADAPT
South	Jackson	HIV Alliance
South	Josephine	HIV Alliance
South	Lane	HIV Alliance

EVALUATION OVERVIEW

EVALUATION QUESTIONS

The PRIME+ evaluation addressed the following questions using data collected to date. See Appendix 2 Future Evaluation Questions for future program plans.

Services Questions

- How many people were reached through brief (one-time) contact?
- How many people received two or more contacts?
- What were the demographic characteristics of people served?
- What were the referral sources for people served?
- What types of peer services were provided?
- How many people received naloxone?
- How many people were tested for hepatitis C?
- Among those with chronic hepatitis C, how many received hepatitis C peer support and treatment?
- How many people received treatment for SUDs?
- How many people received medications for SUDs?
- How many people received recovery support?
- How many outreach events were provided, and what activities occurred in these events?

Participant Outcome Questions

- What were the effects of PRIME+ services on participant outcomes reported in the GPRA questionnaire (substance use, criminal activity, mental and physical health, family and living conditions, education/ employment status and social connectedness, overdose)?

Site- and State-level Infrastructure Questions

- What referral pathways into PRIME+ have been established by sites?
- What resource linkages from PRIME+ (especially to hepatitis C testing/treatment, medication for SUDs, and harm reduction supplies) have been established by sites?
- What cross-site procedures were established to ensure implementation progress?

DATA SOURCES

Program Database

OHA collaborated with Unity Recovery to adapt a web-based peer services database called RecoveryLink to collect PRIME+ services data. Peer specialists enter individual participant records. RecoveryLink data are analyzed monthly and provided to sites for continuous program improvement.

- Participant information includes demographic characteristics and referral source.
- Support services information includes encounter dates, service activity types, transportation and appointment support, and participation in hepatitis C treatment, substance use disorder treatment, and recovery support groups.

To report details about dates and frequency of outreach activities and events, site supervisors submitted information in an online survey.

GPRA

SAMHSA requires grantees to collect Government Performance and Results Act (GPRA) questionnaire data with participants at intake and 6-month follow-up. Questionnaire domains include drug use, living conditions, employment, criminal justice system involvement, physical and behavioral health care, and social connectedness. Peer specialists administer the GPRA and enter the data into RecoveryLink.

Meeting Notes: Monthly Supervisor Meetings, Weekly Peer Huddles

Evaluation staff collected information on site progress related to community partnerships and outreach, successes and challenges, and strategies to address challenges in monthly site supervisor meetings, following up with sites as needed to collect additional information.

Peers provided information about successes and challenges at weekly peer huddles, and the evaluation team followed up with individual sites and through Basecamp communication to all sites to collect "in your own words" stories. In the second year, the team will conduct interviews with stakeholders at PRIME+ sites.

PEER SERVICES PARTICIPANTS

PRIME+ peers began documenting in RecoveryLink in February 2021 for services provided from January 1, 2021 – September 30, 2021. Participants reached in fall 2020 are not reflected here.

PARTICIPANTS REACHED

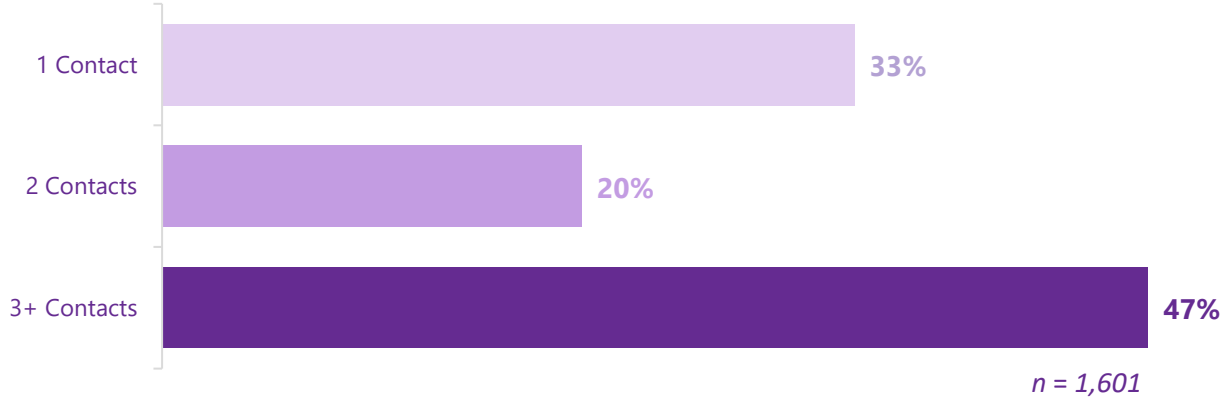
PRIME+ Peers documented engaging 1,601 participants. PRIME+ participants are individuals who agreed to receive individual level peer support and provided contact and other identifying information. Individuals who spoke with peers during outreach activities and events but opted out of individual level peer support services are not included in these results.

1,601 **PRIME+ participants**

47% **received three or more contacts from a PRIME+ peer**

8,066 **total participant contacts with a PRIME+ peer**

Exhibit 1: Percent of Participants with 1, 2, 3+ Peer Contacts
Almost half of all participants (47%) received three or more contacts from a peer.



PARTICIPANT DEMOGRAPHICS

Participant demographics were collected in RecoveryLink. Note that denominators vary in exhibits below, as missing data were excluded. Denominators also exclude participants who preferred not to answer: 225 declined race and 330 declined ethnicity items. The REALD form was programmed into RecoveryLink, but challenges in navigating RecoveryLink resulted in low REALD completion.

> Participants averaged 39 years old; 33% were aged 20-34 years
>
> 38% identified as female

Exhibit 2: Participant Age
Over one-third of participants were between the ages of 20-34 years at the time of enrollment, and a quarter being between the ages of 35-45 years.

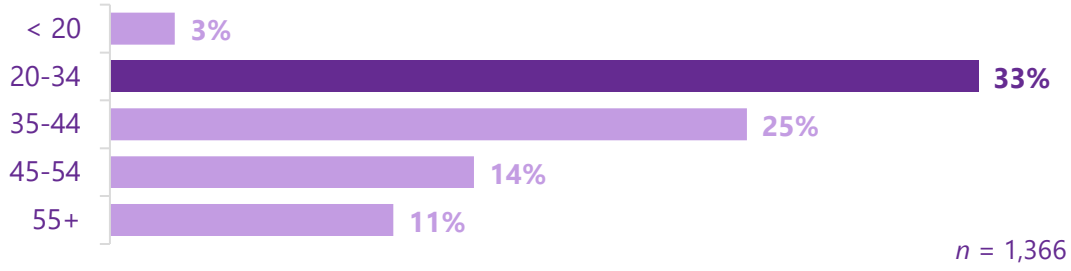
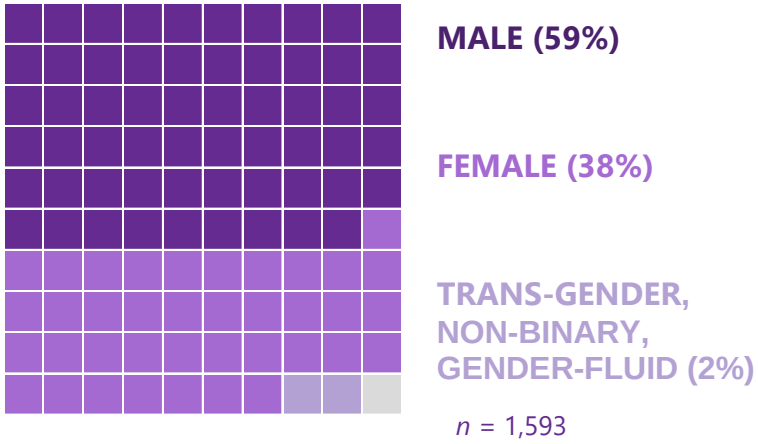


Exhibit 2: Participant Gender
A small majority of participants were male.



RecoveryLink allowed for selection of an "Other race not listed" race category, differing from the Census approach (https://www.census.gov/quickfacts/OR). Note that among participants who identified as two or more races, 39 (52%) identified as American Indian/Alaska Native and White.

Nationally, American Indian/Alaskan Native and people reporting two or more races have higher prevalence of illicit drug use disorder than other groups, though no groups have rates above 5% (https://www.samhsa.gov/data/sites/default/files/reports/rpt35326/2021NSDUHSUChartbook.pdf).

> 4% were Black/African American, compared to 2% of Oregonians
>
> 4% were American Indian/Alaska Native, compared to 2% of Oregonians
>
> 13% were Hispanic/Latinx, matching the Oregon population

Exhibit 3: Participant Race
Twenty percent of participants identified a race other than White alone.

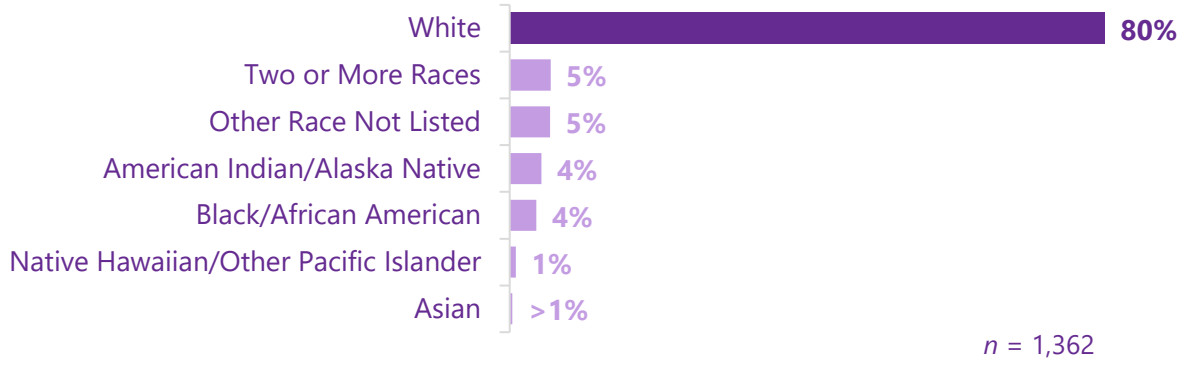
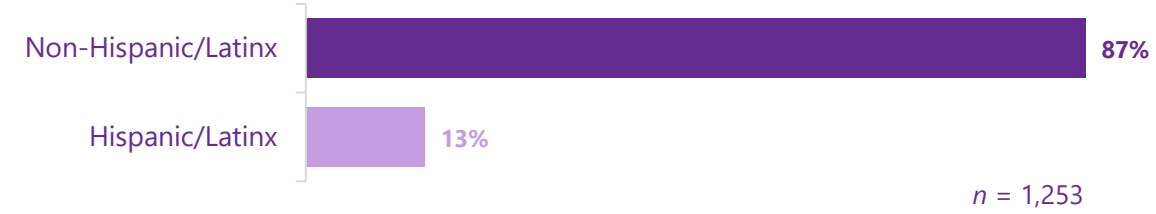


Exhibit 4: Participant Ethnicity
Thirteen percent of participants identified as Hispanic/Latinx.

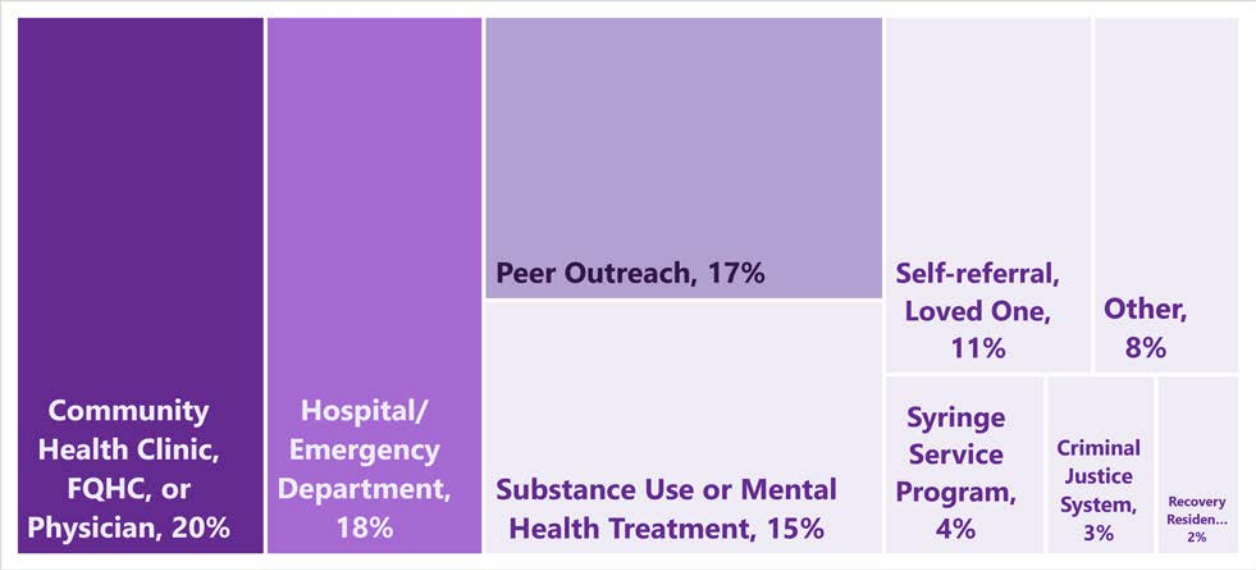


REFERRAL SOURCES AND ENGAGEMENT PATHWAYS

Local PRIME+ sites developed relationships with a wide variety of community partners in their service areas to create referral pathways into the program.

- In keeping with the intent of the program, **health care systems** (clinics, hospitals) were key referral sources.
- **Direct outreach** by peers to public locations frequented by people who use drugs was an important pathway to engagement with PRIME+.
- Eleven percent of participants learned of and engaged in PRIME+ through **word of mouth** among people who use drugs and their family and friends.

Exhibit 5: Participant Referral Sources and Engagement Pathways
The most common pathways into PRIME+ were referrals from health providers and hospitals, and direct outreach by peers.



n = 1,560

SERVICES PROVIDED

Peer Support

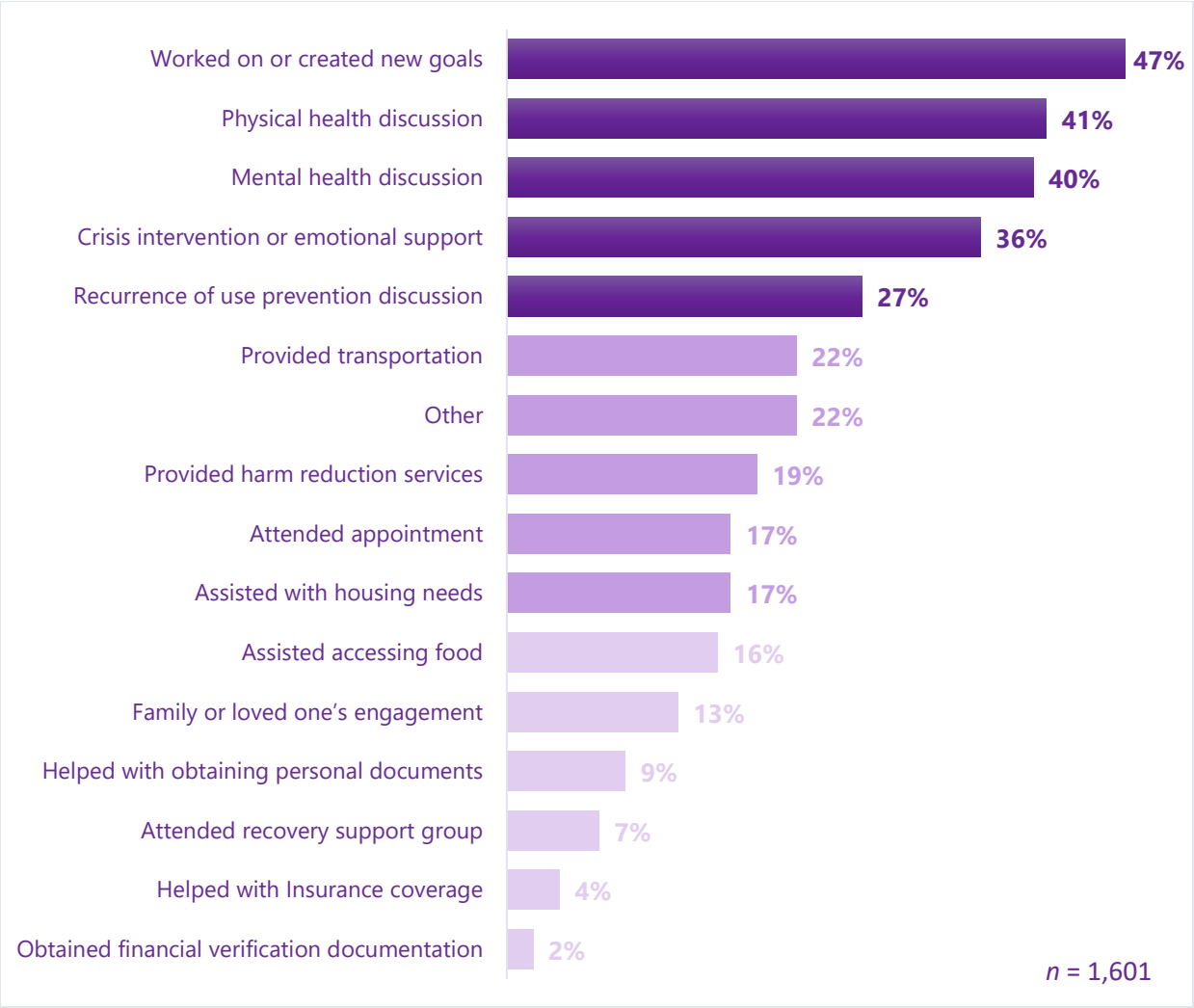
PRIME+ peers documented activities during each contact with participants.

- PRIME+ peers **worked on or created new goals** with nearly half of participants.
- Discussions around **physical or mental health** and **crisis or emotional support** were common.
- Peers provided **transportation** to 22% of participants.

The COVID-19 pandemic affected peer service delivery. Peer programs complied with mask requirements, physical distancing restrictions and organizational mandates that at times reduced peers' ability to transport and physically attend many different types of appointments with participants.

Exhibit 6: Peer Support Activities

Nearly half of participants worked on or created new goals with peers, and/or discussed physical or mental health. More than a third received crisis or emotional support and a quarter discussed recurrence of use prevention.



Naloxone Distribution to Participants

Peers documented providing naloxone to 123 participants. Sites have stated that the numbers are greatly underreported, as peers provide naloxone as a matter of course without thinking to document these instances in RecoveryLink. Note that this also does not capture people who received naloxone at outreach activities but declined peer services as PRIME+ participants.

Infectious Disease Testing & Treatment

Part of the role of PRIME+ peers is to support linkages to testing and treatment for infectious disease. Peers documented 232 participants tested for hepatitis C. Among those tested, 50 (22%) tested positive, and 11 reported receiving treatment.

232 participants were **tested for hepatitis C**

An early intent of the program was to train PRIME+ peers to conduct rapid hepatitis C testing to facilitate faster linkages to confirmatory testing and treatment. Due to COVID-19 physical distancing, community-based rapid hepatitis C testing was not possible for most sites.

Recovery Support Group Attendance

RecoveryLink provided fields for peers to report attending a support group meeting with a participant or participants' self-reported attendance at meetings alone.

142 participants attended a **recovery support group**

Treatment for Substance Use Disorders

Peers documented RecoveryLink whether participants had received SUD treatment for only 345 (22%) of participants. The form was challenging to locate and complete within RecoveryLink, and many peers were not able to update the form. Of the 345 participants with data, 172 (50%) received treatment for SUDs at any point during their engagement with PRIME+.

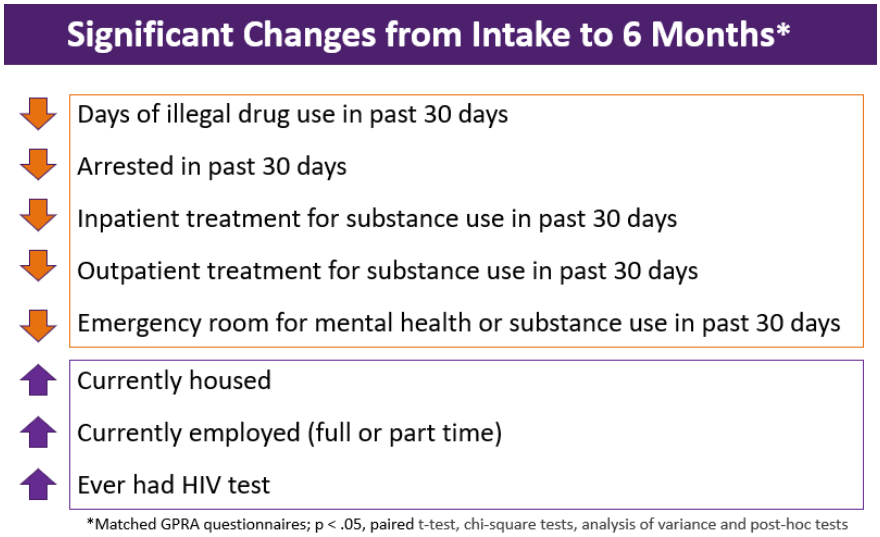
172 participants received **treatment for SUDs**

Of the 328 individuals with data entered about medications tor SUDs, 72 (22%) received medication for SUD at any point during their PRIME+ engagement.

PARTICIPANT OUTCOMES

PRIME+ sites were required to complete GPRA questionnaires with participants at intake and 6-month follow-up. RMC Research released a report on PRIME+ GPRA results in July 2021 summarizing results. Figure 1 provides a snapshot of significant changes from intake to 6-month follow-up. Note, the current GPRA questionnaire does not ask about hepatitis C screening. GPRA is currently being updated and the new proposed questionnaire includes hepatitis C and sexually transmitted infection screening.

Figure 1. Significant changes from GPRA intake to Follow-Up



SITE IMPLEMENTATION PROGRESS

DEVELOPING PATHWAYS INTO PRIME+

All local PRIME+ sites have developed relationships with community partners to cultivate pathways into the program and most have conducted street outreach to engage people directly.

Hospitals and Emergency Departments

PRIME+ sites have invested substantial time and effort in cultivating relationships to connect peers to patients with emergency department visits or hospital admissions for substance-related concerns. The efforts have been successful in some sites, but progress has stalled or faced challenges in many sites. Hospital/ED partnerships have included:

- Peers embedded in emergency departments (one county)
- Hospital staff contacting peers to meet patients on site
- Peers contacting or visiting hospitals daily to ask about patient needs
- Peer teams participating in standing multidisciplinary meetings with CCOs to review ED visits and triage for follow-up in the community

Deschutes County peers had a unique experience; their peers are physically located at the hospital. The peers were heavily burdened with triaging non-COVID patients during the fall COVID-19 surge, with the level of support needed outpacing the available peer workforce.

Most PRIME+ sites have struggled to develop strong relationships with hospitals and EDs, attributed to hospital staff being over-burdened with COVID-19 or hesitant about partnering. A Lane County team member described a slow but ultimately successful effort: "It was a really rough start for us. Hospitals have been hard, but I have found two social workers at Riverbend Hospital that now refer steadily with us." Umatilla and Multnomah County peers have transformed the hospital relationships effectively over time through persistent effort and are regularly called when individuals come into the emergency department. A peer described how offering peer support can pave the way to interest in treatment over time:

> **"The first thing that comes to my mind is a person I met from a hospital referral. She was contemplative with change at first. I helped her with rides and chatted here and there. I provided harm reduction supplies. When she was ready for change, we started working hard trying to find MAT that would work with her work schedule that was a 9 to 5 Monday through Friday."**

Health Clinics and Primary Care Providers

Community health clinics and federally qualified health centers have been an important referral source. Local PRIME+ sites leveraged existing relationships with clinics and providers, made multiple presentations to clinic staff and leadership, provided education around hepatitis C treatment with people who use drugs, and repeatedly contacted clinics until patient referrals began flowing. Wallowa County, for example, developed robust relationships with local health clinics, leading to a steady source of referrals. Some sites have placed peers on-site at clinics specific days of the week.

Direct Peer Outreach

Direct outreach was a key component of PRIME+ peer work in 13 counties. Peers visited encampments, laundromats, convenience stores, bottle drops, local parks, warming/cooling centers, free meal services, and other community locations. Peers conducted both **mobile outreach** activities (going out in pairs or teams to conduct street outreach) and recurring **fixed-site outreach events** (e.g., setting up tables or vans at specific locations and times).

PRIME+ sites conducted over 700 outreach events, reaching 5 to 50 people per event.

PRIME+ site outreach activities included:

- Street and encampment outreach
- Setting up information and harm reduction supply tables in public parks and convenience store parking lots
- Partnering with other organizations to host outreach events, distributing harm reduction and basic living supplies and offering peer support
- Partnering with COVID-19 testing and vaccine events to offer peer recovery support and support related to vaccine hesitancy
- Using vans as an extension of street/encampment outreach, to provide mobile services during inclement weather

Malheur County's PRIME+ program was featured in the Oregon Public Health Association's Addiction Prevention Spotlight in June 2021. OPHA commended the team's outreach work, which includes a partnership with a local convenience store owner to provide a weekly "Walk-

through Wednesdays" event in the parking lot to distribute naloxone and safer use supplies and provide harm reduction education. The team also installed a secure syringe disposal box.

The Deschutes team has partnered with the local syringe exchange and Mosaic Medical van (a mobile community clinic) to offer peer services at syringe exchange events, COVID Vaccine events, hepatitis C testing events, and more. Peers support participants with access to COVID testing and vaccines, discuss hepatitis C testing and treatment, distribute naloxone, and hand out food, clothing, hygiene, and "anything else [someone] may need."

Substance Use Treatment

PRIME+ has focused primarily on engaging people outside of SUD treatment since peer services within the context of SUD treatment are billable to Medicaid. Substance use and mental health treatment providers have, nevertheless, been steady referral sources for PRIME+ peers. Referral pathways have included:

- Conducting in-reach at methadone clinics and residential or outpatient treatment to provide hepatitis C testing and treatment linkage and offer peer support to people at discharge or prior to leaving treatment
- Partnering with sobering centers and mental health providers to offer peer support
- Connecting with office-based buprenorphine treatment providers to provide peer support to patients

Syringe Service Programs

Many PRIME+ sites have partnered with local syringe service programs to offer peer support services to syringe program clients, through the presence of peers during exchange hours, by receiving referrals from syringe service program staff providing interested clients with PRIME+ peer contact cards and brochures, or by PRIME+ peers serving people referred by syringe service program staff. Lastly, many PRIME+ teams provide one-to-one mobile syringe services to participants and encourage participants to engage with syringe service programs.

Breakthroughs in Klamath County with offering syringe exchange have changed community access dramatically, as described by a Klamath peer:

> **"We had so many people tell me that we could never get a syringe exchange here. We barely had people on board for harm reduction. I am so proud to have created the connections with other like-minded organizations across the state of Oregon… Due to the connections that were formed from across the state we have formed many organizational partners. By our resource connection we can get a syringe exchange/ mobile bus to come to our community bi-weekly. We will be able to join… other organizations along with PRIME+ to meet the needs of our people. It is not about us, but the people we serve."**

Criminal Justice System

PRIME+ sites have engaged local law enforcement and jails to develop referrals for people with drug-related offenses or community corrections involvement. Peers have leveraged existing personal relationships and experience in behavioral health courts, and participated in multi-disciplinary teams to promote referrals. Peers have engaged people in the criminal justice system in creative ways, including:

- Developing relationships with county jail personnel and community corrections officers to promote referrals
- Providing PRIME+ flyers for inclusion in jail release packets
- Reviewing local jail rosters each day to identify individuals incarcerated for drug-related offenses, and sending cards or calling the jail's "white line" to reach out to interested individuals and to communicate with detained peer participants
- Partnering with SUD staff that provide medications for opioid use disorder in the jail, to join provider visits
- Posting PRIME+ flyers in bathrooms at the courthouse

Peers in Clatsop County have gone to the county jail each week and have fostered relationships with parole and probation officers, creating a steady referral source. PRIME+ sites such as Wallowa County's that have strong relationships with the local jail can be present when individuals are released from custody. Columbia County's PRIME+ program partnered with a local coalition that provides jail release backpacks to add PRIME+ brochures and harm reduction supplies.

In Coos County, a PRIME+ peer was able to connect with a community member who had more than 300 police contacts in one year. Over time, the peers built trust and helped the participant engage with mental health court and residential SUD treatment. The team supervisor described the tremendous impact of peer support in the person's life as "one of those miracles."

A Tillamook County PRIME+ peer described supporting a participant released from jail:

"The most meaningful connections for me are when I can support people who are being released from custody. Picking someone up from our county jail feel like an honor to me. Being able to be with someone in that vulnerable important time is so meaningful. Coming up with safety plans, doing OHP reinstatements, providing housing resources, Narcan and recovery support at the gate can really help change the persons path in a positive direction.

One of my favorite success stories I picked up a woman from the jail, we went to coffee. She told me her fears of being released early and did not feel ready. We were able to find her a safe place with recovery people for the long holiday weekend. She was surrounded with support. The following Wednesday she was going to attend treatment. We kept her safely housed Monday and Tuesday night with a member of our community. Even though the peer [participant] ended up leaving treatment early we are still in contact and she knows I am here for support no matter what choices she makes. I have taken her to her mother's home to visit, helped her start the process of enrolling in the MAT program, attended medical appts with her and helped her find housing. I have modeled what peer support is to this peer by non-judgmentally standing by her side."

Other Referral and Engagement Pathways

Other pathways into PRIME+ have included:

- Going on-site in or cultivating referrals from recovery residences and low barrier housing.
- Receiving self-referrals through word of mouth among people who use drugs and their family and friends
- Partnering with local Emergency Medical Services and fire departments to engage first responders in making referrals or contacting peers
- Partnering with local DHS offices and Addiction Recovery Teams to create referral pathways for DHS-involved individuals
- Opening peer drop-in centers to provide an opportunity for on-demand support (one rural and one urban/suburban county)
- Placing a peer on site in a local LGBTQIA+ organization (one county)

Local PRIME+ teams have deepened relationships with a wide variety of community partners to leverage and develop locally relevant strategies and sustainable solutions. Some sites, for example, have approached fire departments requesting naloxone training be included in CPR trainings for firefighters and are working to get departments to put in place protocols to allow "leave-behind" naloxone when first responders are called to an overdose. Baker County directed 84 boxes of naloxone and 100 CPR shields to their county's EMS provider. A team member comically summarized, "It's like Oprah over here, NARCAN for everybody!"

A few of the (primarily rural) sites have sizeable Latinx populations and have hired bilingual staff and built connections with local organizations serving Latinx communities. Program flyers and a number of harm reduction educational materials have been translated into Spanish.

SAMPLE PEER ENGAGEMENT APPROACH

The approach and types of support peers offer at the first point of contact, and in what order, might depend on the context: the setting (e.g., medical environment or outreach), the situation (e.g., whether the person is post-overdose), the person's affect or state of mind, and other factors. A sample approach provided by a Klamath County peer:

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.

SECURING RESOURCES FOR PARTICIPANTS

OHA Harm Reduction Clearinghouse

In response to the supply needs voiced by recovery community organizations, syringe service programs, and harm reduction providers, OHA's Behavioral Health Division supported the implementation of the COVID-19 Harm Reduction Clearinghouse to meet the immediate needs of organizations across Oregon in accessing harm reduction supplies to prevent overdoses and infections during the COVID-19 pandemic. Programs that provided direct services to people at risk of overdose or infectious diseases related to substance use could apply for up to $50,000 of harm reduction supplies from a list co-developed with harm reduction and syringe service programs. Organizations could request naloxone, wound care supplies, safer smoking and safer injection supplies, personal- and program-sized sharps containers, and personal protective equipment (masks, hand sanitizer, cleaning supplies, and soap). All PRIME+ sites were eligible to apply. Fourteen of the 24 PRIME+ counties applied for and received harm reduction supplies through the Clearinghouse.

The Harm Reduction Clearinghouse will be funded for at least one additional round of ordering. Given the experiences of the PRIME+ sites that did apply, additional sites are interested in joining for the second round. A peer serving Morrow and Grant Counties described the positive impact of the Harm Reduction Clearinghouse in their community:

"I have been allowed to see first-hand what this can do for people. I had a young client in, they had relapsed. They have overdosed 16 times before, when they used in the past. They are hurting, embarrassed, ashamed, and completely alone now. Because of this organization, these supplies, these resources, and this team, my client left with their pockets full of supplies that will help them stay alive until they are ready for the next step on their journey. They had tears in their eyes when they told me 'I have never had anyone take care of me when I'm "dirty." Are you sure this is all free? Are there going to be cops outside when I leave? Can I tell my friends about you?'

I have extended my hours here in the office to allow for PRIME+ clients to come in late, when everyone else has gone home. They don't have to hide; they don't have to leave with their head down. For a little while they just get to be human with me and it is an absolute honor to be a part of this."

Distribution of Harm Reduction Supplies

PRIME+ sites distributed harm reduction supplies to participants and through outreach activities and events. All sites provide naloxone to participants, and many provide sterile injection supplies. Sites that do not provide injection supplies have partnered with local syringe service programs to ensure PRIME+ participants are able to access safe supplies.

A Klamath peer described connecting with Lake County to provide harm reduction supplies and education to this under-resourced frontier county:

"The Narcan outreach and the training we've gotten to do with [Lake County] Public Health and the people in Lakeview has been a highlight. Having the opportunity to reach out to a community that does not have a lot of resources to fight this opioid epidemic and be able to give them access to resources and being able to train the people on how to identify an overdose and what to do in case of an overdose. This has just been an amazing opportunity and I am just very proud to be a part of it."

One site experienced a fentanyl-related overdose cluster over a six-day period. The team took immediate action to get naloxone and overdose education into the community through street outreach and public events. At the state level, project leadership disseminated educational materials to all sites and convened a fentanyl Learning Collaborative session.

Telemedicine Buprenorphine

Many PRIME+ sites have connected participants to OHSU's Harm Reduction and BRidges to Care (HRBR) Clinic or to Boulder Care for telemedicine buprenorphine. Peers facilitate appointments with providers, assist in picking up medications (buprenorphine and co-prescribed naloxone), and support medication adherence. Peers in Coos and Curry Counties have found telemedicine buprenorphine an important offering in the continuum of care. A peer described a success after working with the local CCO to secure a tablet for participants to access telemedicine buprenorphine:

> **"I gave [the participant] the self-referral number to Boulder Care and within 45 minutes he was doing a video visit with the correct people to get him set up with Suboxone. With the help of community partners, we also got him set back up with OHP within the hour. About three hours after everything was all said and done our resident manager was able to go get his prescription for Suboxone and he was good to go."**

Hepatitis C Testing and Treatment

Some PRIME+ sites have forged relationships with local Public Health Departments to facilitate hepatitis C testing. Most sites have faced challenges identifying providers to treat hepatitis C and some sites have worked to educate providers around hepatitis C treatment for people who use drugs and support participants in resolving barriers to initiating and completing treatment.

Columbia County, for example, has reached out to multiple agencies in the community to identify options for testing and treatment for hepatitis C. The team is supporting PRIME+ participants to get tested at the OHSU Scappoose clinic and is working with the RN coordinator to assist in fast-tracking participants, as the wait time for testing can be over three weeks. The team is working with the local Public Health Department to brainstorm feasible options for rapid hepatitis C screening and confirmation.

Completing the blood draw needed to initiate hepatitis C treatment is a barrier for many people who use drugs due to difficult veins and previous stigmatizing or painful experiences with phlebotomists. Two PRIME+ peers in Lane County are now trained as phlebotomists. After bringing on a nurse practitioner to focus on hepatitis C treatment, the peers are looking forward to providing phlebotomy services for their participants. One of the peers reported:

"Recently, I was fortunate enough to start a phlebotomy training at work… I'm looking forward to being able to offer this to people that have had a bad experience. If I do draw blood from someone I will be in less of a hurry and more client-focused than the average phlebotomy lab… Even if I don't draw from anyone…. With this knowledge I am able to inform the people I work with so they can advocate for themselves or so I can help advocate for them in the future. This way they can avoid the trauma that can often be associated with being a substance user and getting blood drawn."

A Douglas County team member described a recent success that illustrates the role of peer specialists in facilitating hepatitis C treatment:

"I have been working with a young man who decided he wanted to start the HCV treatment and was referred to PRIME+ for Peer Mentor support… Over a 2-month period it was difficult to connect with this client as he had no phone and was homeless. He was very guarded, so each time we met I would spend time visiting with him and building rapport. I would let him know that he could always find me and he was welcome anytime to drop in and visit. I would continue to build rapport with this client through seeing him at Connecting Points each Monday when he was getting food. I would just visit with him and give him rides to do his laundry or dropping him off at places he needed to go.

…[The client] dropped in on a Friday afternoon looking for me. He was hungry and did not have a tent or sleeping bag to keep him out of the elements. [Peer] helped him with food and while I walked with him to go to the mental health department, she was able to find him a tent and sleeping bag from another community partner…. He shared with me that he has schizophrenia and he has not been on medication for a while now. I encourage him each time I see him to come in and I will help him with getting medication and mental health services. When I offer to take him there, he would just say, 'I'm not really up to that right now.' We finally completed all his requirements for his Hep C treatment and his medications are to be delivered to HIV Alliance today. He is excited to get started on his treatment and will be meeting me there tomorrow to pick up his first portion of his medication. It has been slow to build rapport with this client, but baby steps have been successful at getting him to reach out to me and build trust. I will continue to encourage him to follow through with the mental health piece and get on proper medication and work on getting him stable so that I can help get him into housing."

PEER SUPPORT CASE EXAMPLES

PRIME+ peer support is rooted in a harm reduction philosophy and approach, enabling participants to view PRIME+ peers as safe and nonjudgmental touch points over time. The

following quotes illustrate peer relationships that develop over time and move at the pace of the participant.

"I have a peer that I have been working with since September of 2019. We haven't been in contact for a few months but a couple weeks ago he reached out to me via email to check in. The fact that he's been out of contact for a while may not seem like a success to most but him knowing that I am still here and ready to support him is beautiful."

"I first began working with 'Sally' back in April. At that time, she was in serious active addiction. She was an IV meth user, selling drugs, living in a motel room, and using prostitution as a barter for drugs and other necessities. She was taking on average about 5 shots a day and drinking bottles of liquor to get completely black out drunk. She reported that she had been abusing drugs since she was 16 years old including fentanyl, acid, heroin, opioid pills, and meth.

The first couple months that we worked together she had zero intentions of getting clean. And now… In 8 short months she has made great strides and accomplished so many of her goals. My first encounter with Sally was in a psychiatric hospital where she was being held following her second suicide attempt. And now, she is now going on about 21 weeks clean from all drugs. She has moved out of a local motel and purchased herself a trailer that is parked in a local RV park. She has her license, she has applied and received food stamps, her skin is clear, she has gained a healthy amount of weight, she is currently looking for work, she is thinking about going back to school to complete her GED, and she is actively participating in both A&D treatment and mental health services. I have seen Sally do big things and come a long way in a short amount of time. I have high hopes for her recovery, and I am excited to see where she goes in the future."

STATE-LEVEL INFRASTRUCTURE

PRIME+ implementation includes a variety of supportive structures for peers and supervisors. The state-level infrastructure and support is one of the program's core elements.

MONTHLY SITE PROGRESS REPORTS

PRIME+ peers enter services into RecoveryLink. A monthly report developed by Comagine Health for each site summarizes the site-level and statewide services documented in RecoveryLink, to aid in tracking PRIME+ local and statewide progress. The Comagine monthly reports also contain data quality measures for site in motivating supervisors to guide their peer teams to improve the quality of their documentation.

CONVENINGS AND LEARNING COLLABORATIVE

Cross-site meetings include the following:

Meeting	Frequency	Attendees
Regional Peer Huddles	Weekly	Peers
Regional Supervisor Meetings	Monthly	Supervisors
Peer Learning Collaborative	1 – 2 times/month	Peers and Supervisors
Supervisor Learning Collaborative	Quarterly	Supervisors
Statewide Convergence	Quarterly	Peers and Supervisors
RecoveryLink and GPRA drop-in	Weekly	Peers and Supervisors

Convenings

PRIME+ implementation is centered in cross-site collaboration and shared learning. Weekly peer huddles and monthly supervisor meetings occur in regional site groupings (East, North, South) to enable small group discussion and foster regional collaborations.

- **Peer huddles.** Discussion topics typically include:
    - Successes and challenges in referral and engagement pathways
    - Successes and challenges in connecting participants to hepatitis C testing/treatment, SUDs treatment, or other services
    - Strategies for wellness, self-care, and maintaining recovery
    - Questions about documenting services
- **Supervisor meetings.** Discussion topics typically include:

- Community partnership updates, site progress, questions, and barriers
- Staffing updates
- share strategies on developing new referral and engagement pathways into PRIME+
- Issues or questions from monthly progress reports

- **Statewide Convergence.** PRIME+ sites come together to celebrate progress and discuss emergent issues. OHA also provides statewide updates on relevant issues, legislation or developments.
- **RecoveryLink and GPRA Technical Assistance Drop-ins.** Comagine Health and RMC partnered to offer PRIME+ peers and supervisors a space to ask questions.

Trainings and Learning Collaborative

New PRIME+ peers participated in (or watched a recording of) an orientation training that addresses PRIME+ program values and core elements, referral and engagement pathways, harm reduction, overdose prevention education, documenting services, and other topics. New peers also watch a recorded PRIME+ training on hepatitis C testing and treatment, and meet with Comagine Health for a live RecoveryLink demonstration and general Q&A.

PRIME+ peers and supervisors receive ongoing learning through PRIME+ Learning Collaborative sessions organized by OHA and Comagine Health, often in response to peer experiences and featuring state and national subject matter expert speakers. The PRIME+ leadership team provided 19 Learning Collaborative sessions from January 1, 2021 – September 30, 2021. Peer Learning Collaborative sessions take place one to two times per month and supervisor sessions occur quarterly. Most sessions are eligible for CEU credits. In total, 216 individuals have participated in learning sessions, including PRIME+ peers and supervisors, Oregon HOPE peers, and other invited peers within PRIME+ organizations.

19 Learning Collaborative Sessions

861 CEU Hours Distributed

216 individuals trained through PRIME+

Learning Collaborative topics have included:

- Amphetamines 101
- Child Welfare Involvement
- Community Presentations and Public Speaking
- Dental Care, Oral Health, and People Who Use Drugs

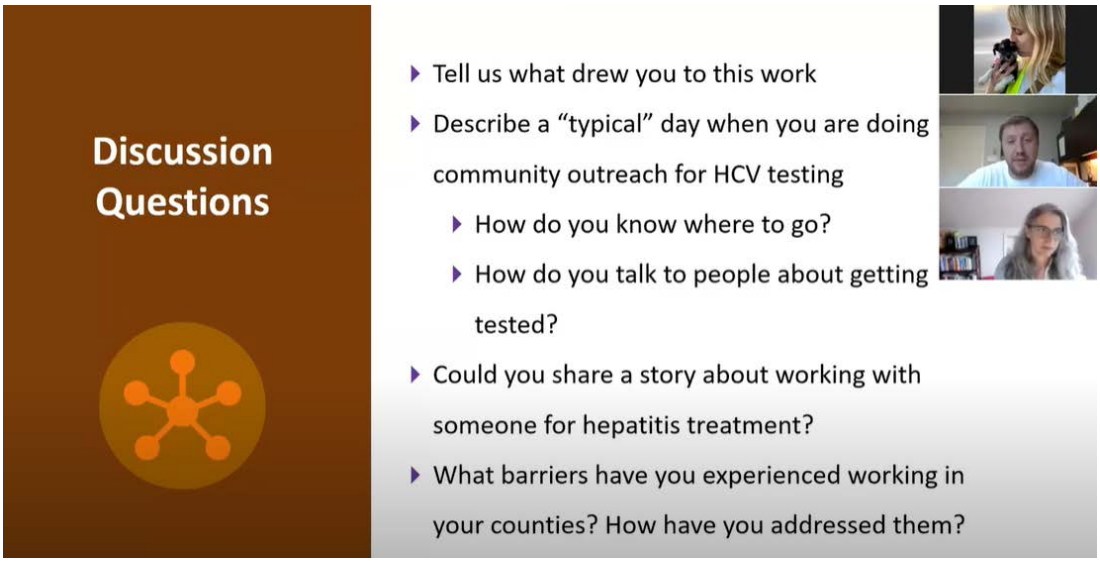
- Fentanyl 101
- Fentanyl Experiences in Oregon (Perspectives of PWUD)
- Getting to Testing, Getting to Healthcare, Getting to Yes
- Harm Reduction Across the Continuum
- Hepatitis Overview
- LGBTQI+ Inclusivity
- Legal Services and Records Expungement
- Mandatory Reporting
- Opioid Use Disorder and Medications for OUD
- Peer Outreach: Approaches in Different Settings
- Peer Safety in the Field
- Peer Support When Someone Returns to Use
- Peer Wellness and Self-care
- Trauma Stewardship
- Winter is Coming: COVID-19, Masks and Seasonal Changes
- Working within EDs and Hospitals

Supervisor Learning Collaborative sessions have included:

- Burnout Prevention and Staff Support
- Ethics and Boundaries
- Peer Supervision Competencies (two-session training)
- Providing Support to Peers in Recovery

PRESENTATIONS

PRIME+ leadership and peers have completed 7 state and national presentations. Presentations ranged from national and multi-state conferences to presentations to OHA's Community Engagement Community of Practice, Coordinated Care Organizations (CCOs), and academic medicine grand rounds. The PRIME+ leadership team provided support, encouragement, and practice sessions with peers to prepare for presentations.



RESOURCES

Documents

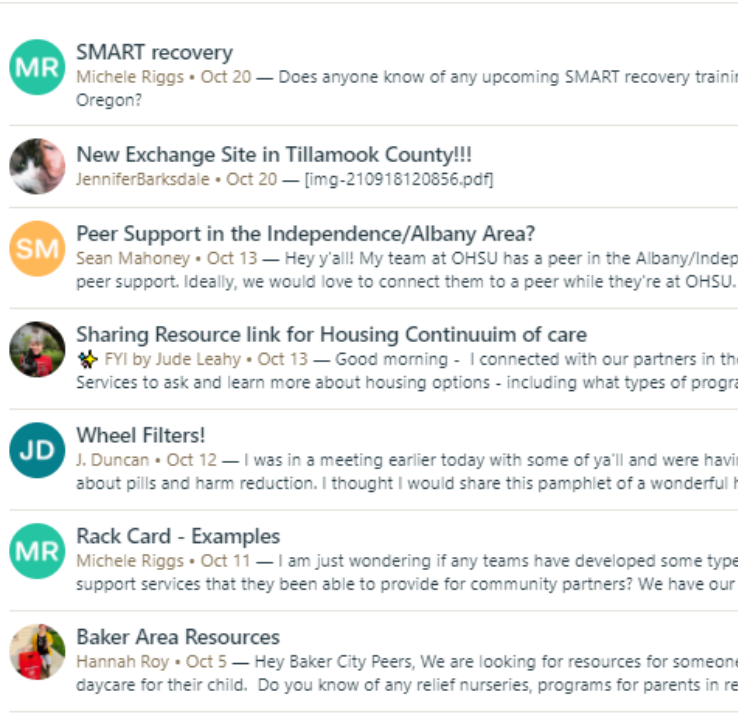
Comagine Health and OHA created a living library of resources for PRIME+ sites. The documents are continuously updated and include the following:

- Orientation documents: orientation checklist for new peers and supervisors, site readiness checklist, participant flow and referral pathways documents
- Promotional templates for PRIME+ sites: trifold brochure, business cards, and flyer for potential participants; and a promotional handout aimed at community partners
- Harm reduction resources: brochures, educational materials, and presentations on COVID-19, hepatitis C, HIV, wound botulism, safer injection, fentanyl, syringe access and disposal, and more.
- PRIME+ Program Manual, peer supervision resources, peer services informational tools
- RecoveryLink User Guides & FAQs
- Quarterly Briefs highlighting implementation status and successes, to share with community partners

Basecamp Repository and Message Board

PRIME+ teams use Basecamp, an online collaboration site used as a repository and communication tool. The repository on Basecamp includes the document library and training and Learning Collaborative recordings and slides.

Sites use the message board to communicate across teams, for example to identify available specialty treatment beds, locate providers or connect to peers when participants are relocating or being discharged to a different county, share resources and trainings, share successes, and ask for advice or ideas about addressing service needs. The message board has been a critical component in facilitating a statewide communication network.



CHALLENGES

COVID-19

The COVID-19 pandemic created multiple barriers for peer services. Hospital restrictions on peer visits affected many sites, and peer teams navigated shifting state, local, and organizational policies related to engaging with and transporting participants as COVID-19 conditions changed. Many PRIME+ sites had team members contract COVID-19 and peers faced challenges related to childcare, sick family members, and deaths of loved ones. These challenges took an emotional toll and affected availability of peer services.

Despite these challenges, some PRIME+ sites partnered with vaccine pop-up events to provide peer services, enhancing community partner relationships and opportunities.

HOSPITAL RELATIONSHIPS

Building strong relationships with hospitals and emergency departments has been a challenge for many PRIME+ sites. Generally attributed to the impacts of COVID-19, many hospitals were unwilling to allow peers physically on site or were unresponsive to PRIME+ teams' efforts to forge partnerships.

PRIME+ sites that were able to forge working arrangements with hospitals/emergency departments noted that hospital staff viewed PRIME+ peers as reducing staff burden in meeting the needs of people who use drugs.

FENTANYL OVERDOSES

Fentanyl and fentanyl-adulterated drugs are increasingly present in the drug supply on the West Coast, driving increases in overdose across Oregon. PRIME+ peers reported increasing numbers of overdoses in late summer/fall 2021 and providing support to community members in the face of this overdose surge has exacted a toll on some teams.

Peers have responded by redoubling naloxone distribution efforts, and the pace of replenishing naloxone supplies through Harm Reduction Clearinghouse resources has intensified. PRIME+ leadership has arranged for a peer convening facilitated by a grief counselor in December and will consider ways to enhance peer mutual support and supervision in 2022.

STAFF TURNOVER AND WORKFORCE SHORTAGES

As of September 30, 2021, PRIME+ staffing comprised 56 peer recovery specialists, 34 supervisors, and 22 organizational administrators. As is common with peer support programs, PRIME+ sites have experienced high degrees of staff turnover. Sites in rural/frontier areas in

particular struggled to hire new peers due to workforce shortages, notably in areas where the cost of housing has increased at a dramatic rate.

Due to workforce shortages of peer supervisors in rural/frontier areas, OHA is arranging to offer contracted peer supervision from experienced peer recovery organizations for sites in need of additional support. OHA will also offer additional peer supervision trainings in 2022.

HEPATITIS C TESTING AND TREATMENT

An early goal was to train PRIME+ peers to conduct rapid hepatitis C testing. Due to COVID-19 physical distancing requirements, rapid hepatitis C testing was not possible for most sites, though sites pivoted to locating community hepatitis C testing options. Sites also encountered low numbers of rural providers treating hepatitis C, provider misconceptions about coverage restrictions for people with active drug use, and lack of low-barrier accessible care.

OHA and OHSU have partnered to offer a Hepatitis C Treatment ECHO for providers and are connecting with CCOs to ensure they are educating providers on the removal of past coverage restrictions and the need for hepatitis C treatment for people who use drugs.

HOUSING

An ever-present gap reported by PRIME+ teams was a lack of low barrier housing in most counties. Abstinence requirements made temporary and transitional options unavailable to many unhoused participants or caused repeated instability when participants experienced a recurrence of use. Displacement increased challenges in maintaining contact with participants, often disrupting participant progress toward goals. Camp sweeps presented similar obstacles.

LIMITATIONS

RecoveryLink launched in February 2021, months after the statewide expansion of PRIME+. While awaiting the launch of RecoveryLink (September – December 2020), the database developed for the pilot phase was not used consistently across sites to document participants reached.

All PRIME+ sites documented services in both RecoveryLink and their organization's electronic health record, creating challenges for peers' workflow and time. Aspects of RecoveryLink proved cumbersome to navigate. To reduce burden and data missingness, the PRIME+ leadership team limited the number of required data points, removing outcomes fields other than GPRA, which is required by SAMHSA. Nevertheless, a number of key measures were underreported.

RECOMMENDATIONS

PRIME+ sites are building community capacity and shifting how communities understand and respond to substance use, overdose, and infectious disease. Sites share and learn from one another, build organizational capacity, and engage with a wide range of providers. To continue to support these efforts, OHA should consider the following recommendations:

- Tailor **RecoveryLink** to PRIME+ needs to simplify navigation and enhance completeness in reporting
- Expand **supportive infrastructure** for sites, such as external/remote supervision when needed, a supervisor buddy system, and peer team respite services
- Consider state-level interventions to ensure **hospitals** allow peers on site
- Once feasible within the context of COVID-19, support sites to implement **rapid hepatitis C screening**
- While continuing to support local hepatitis C treatment access for people who use drugs, support PRIME+ to implement peer-facilitated telemedicine **hepatitis C treatment** across all sites
- Expand tools to confront the growing **fentanyl surge**, including continued expansion of naloxone and overdose education, access to safer smoking supplies, and on-demand buprenorphine access; and foster site PRIME+ collaboration with local public health authorities to identify overdose clusters, conduct overdose cluster investigations and support local overdose cluster responses
- Engage **CCOs** in supporting changes in community systems (hospital connections, medications for opioid use disorder and low-barrier treatment, hepatitis C treatment provider expansion, naloxone distribution)
- Encourage creative ways to **engage and maintain contact with clients**, such as mobile service units, peer drop-in centers, and partnerships with low barrier housing
- Expand outreach to **engage people who are Black, indigenous, and people of color**, as individuals in these groups experience disparities in systemic consequences of drug use; continue learning collaborative sessions on health equity topics such as cultural competence/humility
- Support PRIME+ teams in playing a role in the evolution of **SUD treatment** in Oregon; for example, by linking peers to low barrier treatment, contingency management, and telemedicine medication treatment, and connecting peers involved in Behavioral Health Resource Networks to PRIME+ resources
- Continue to support state and local **presentations by peers** to reduce stigma and expand understanding of the work of peer specialists and the experiences and needs of people who use drugs

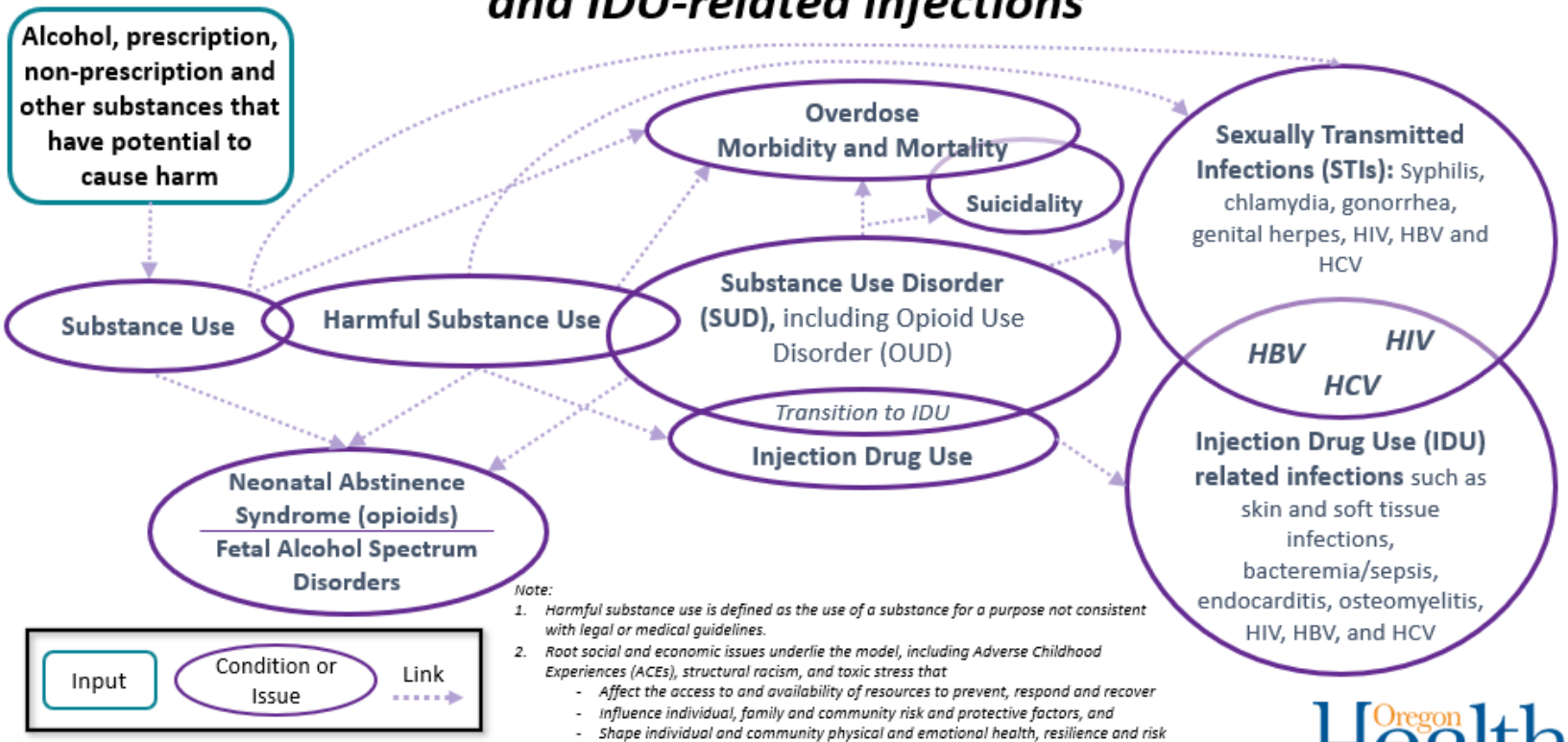
APPENDIX 1: OREGON SUBSTANCE USE SYNDEMIC MODEL AND RESPONSE CONTINUUM

Models can be used to understand and explain complex issues and to guide the identification, development, and implementation of interventions. OHA developed the **Oregon Substance Use Centered Syndemic Model** as part of the Oregon HOPE Study and has used the model to build PRIME+ and other programming. OHA's PRIME+ Program developed the **Collaborative Response to Substance Use Disorder Continuum** to illustrate and support the collaborative work of the Public Health and Health System Division partners.

Oregon's Substance Use Centered Syndemic Model illustrates the interrelationships between substance use, harmful use and use disorder, and negative outcomes that include overdose, suicide, HIV, hepatitis B and C, sexually transmitted infections and other blood-borne pathogens and bacterial infections. The term syndemic refers to two or more epidemics that share common causes, consequences, or responses. In a syndemic model, the individual epidemics interact, magnify, and exacerbate the burden of diseases or conditions at a community and population level. The Substance Use Centered Syndemic Model is underpinned and driven by social environments such as structural racism, poverty, Adverse Childhood Experiences (ACEs), intergenerational substance use, toxic stress and more. These and other drivers affect individual and community vulnerability, risk and protective factors, and the clustering of harmful substance use and associated negative outcomes. The Collaborative Response to Substance Use Disorder Continuum is a modification of the National Academy of Medicine's Categorizations of Prevention Framework and provides a framework to categorize Oregon's prevention, harm reduction, treatment and continuing care, and recovery support programs, practices, and policies.

Together the **Substance Use Centered Syndemic Model and Collaborative Response to Substance Use Disorder Continuum** guide planning, engagement and collaborative work with the diverse stakeholders needed to support community-informed prevention, harm reduction, treatment, recovery and resilience; break intergenerational substance use disorder cycles; eliminate substance use disorder related disparities; and decrease other substance use disorder related societal issues and costs with long reaching negative consequences, such as domestic violence, child neglect and incarceration.

Syndemic: *Substance Use, Overdose, STIs, associated conditions and IDU-related infections*



Note:

1. *Harmful substance use is defined as the use of a substance for a purpose not consistent with legal or medical guidelines.*
2. *Root social and economic issues underlie the model, including Adverse Childhood Experiences (ACEs), structural racism, and toxic stress that*
   - *Affect the access to and availability of resources to prevent, respond and recover*
   - *Influence individual, family and community risk and protective factors, and*
   - *Shape individual and community physical and emotional health, resilience and risk behaviors*

Supported by NIDA grant number UG3DA044831 (PI: P. Todd Korthuis, MD MPH) **Contact judith.m.leahy@state.or.us for model questions**

Oregon Health Authority

Collaborative Response to Substance Use Disorder

Public Health and Health Systems Division Expertise, Leadership & Funding

Public Health and Health Systems

Shared Expertise, Leadership & Funding

Collaborative strategies include surveillance, case identification, and community engagement that focus on evidence-informed and evidence-based substance use treatment, long term recovery support and comprehensive harm reduction interventions to reduce negative consequences of substance use, including overdose, SUD and injection drug use related infections, SUD related overdose and infectious disease clusters and outbreaks, and linkage of persons who use drugs to physical, behavioral and SUD care treatment.

Public Health Division

Expertise, Leadership & Funding

Strategies focus on monitoring population trends and using data for promoting interventions, policies and systems for safe and healthy behaviors, protective factors and environments for individuals, families and communities to prevent, delay and reduce the use and harms of alcohol, tobacco and other drugs

Substance Use Prevention

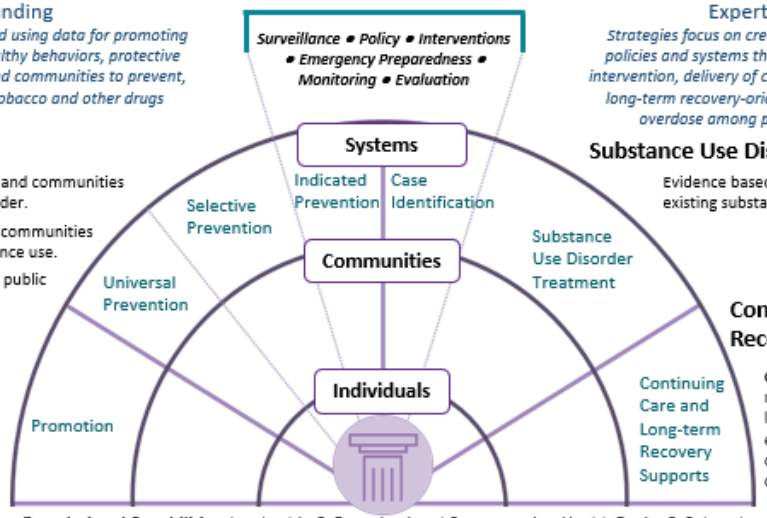
Indicated Prevention strategies address individuals and communities who have signs or symptoms of substance use disorder.

Selective Prevention strategies address individuals, communities and populations that have identified risks for substance use.

Universal Preventive strategies address the general public or a segment of the entire population.

Health Promotion

Health Promotion strategies focus on the development of protective factors, alternative activities and opportunities through creation of positive social environments.



Foundational Capabilities: *Leadership & Organizational Competencies, Health Equity & Cultural Competencies, Community Partner Development, Assessment & Epidemiology, and Policy & Planning*

Health Systems Division

Expertise, Leadership & Funding

Strategies focus on creating, maintaining and evaluating interventions, policies and systems that support equitable prevention, screening, early intervention, delivery of care for all SUD severity levels, linkage to short- and long-term recovery-oriented support services and systems and prevents overdose among persons living with and in recovery from SUD

Substance Use Disorder Treatment

Evidence based and emerging treatment interventions for existing substance use disorders, including treatment for families

Continuing Care and Long-term Recovery Supports

Continuing Care is treatment that extends and reinforces recovery. **Long-term Recovery Support** links people to positive, supportive activities, and environments and opportunities that increase community individual, family and community connections.

Supports community-informed prevention, harm reduction, treatment, recovery and resilience, breaks intergenerational SUD cycles, eliminates SUD-related disparities and decreases SUD-related societal costs.

Questions: Judith.m.leahy@dhsoha.state.or.us, KELSEY.SMITHPAYNE@dhsoha.state.or.us, Samantha.BYERS@dhsoha.state.or.us

APPENDIX 2: FUTURE EVALUATION QUESTIONS

Services

- What referrals to external services were provided?
- How many people were linked to a non-emergency health care provider?

More complete information on:

- How many people received naloxone?
- How many people were tested for hepatitis C?
- Among those with chronic hepatitis C, how many received hepatitis C peer support and treatment?
- How many people received treatment for SUDs?
- How many people received medications for SUDs?
- How many people received recovery support?

Participant Outcomes

RecoveryLink data:

- What were the effects of PRIME+ services on quality of life outcomes (self-rated health, quality of life, social engagement, and recovery capital)?
- What were the effects of PRIME+ services on overdose and behavioral health events (overdose events, emergency department visits related to substance use or mental health)?
- What factors were associated with variation in outcomes?

County-level surveillance data:

- What changes occurred in PRIME+ counties in overdose rates (EMS, hospitalizations, death data)?
- What changes occurred in PRIME+ counties in hepatitis C rates?

In Memory of Nathaniel Stringer

Nathaniel was one of Malheur County Health Department's first peer recovery specialists and a pilot PRIME+ peer. He was our colleague, coworker, and friend. Nathaniel brought his whole story and whole self to his peer and community work. He welcomed everyone and treated every person with respect and dignity. Nathaniel believed in the possible, the better, and that every person was worthy of loving kindness. Nathaniel taught us, by example, the value of turning our wounds into light and finding joy in gratitude and service.

While there are no words to describe the depth of our collective loss, through our actions we can honor Nathaniel's memory.

We honor his memory by carrying gratitude, love, and joy for life in our hearts. We honor Nathaniel's memory each time we connect to a person with loving kindness We honor his memory each time we celebrate any positive change in others and ourselves. We honor Nathaniel’s memory when we change systems to better serve people who use drugs. We honor Nathaniel's memory by cultivating our openness and willingness to learn, to be better and to do better.

Dedication from Judith Leahy and the PRIME+ team

Photo by Elijah M. Henderson on Unsplash

Oregon Health Authority

Kelsey.SmithPayne@dhsoha.state.or.us

Judith.M.Leahy@dhsoha.state.or.us

Comagine Health

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