Overview

What is PRIME+?

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

Progression of OHA Peer Services Programs

2017 – 2023: Pilot Peer Services Projects

- Oregon HOPE Study (with OHSU)
- HB 4143 Peers in Emergency Departments

2019 – 2024: Adapted/Expanded Program

- PRIME+ Pilot (Eastern Oregon)
- PRIME+ Expansion (across state)

2021 – beyond: New Programs

- U-COPE (Umatilla)
- PATHS (TeleHCV)
- Nurture Oregon

2023 – 2027: New Study

- PEER-CM Study (with OHSU)

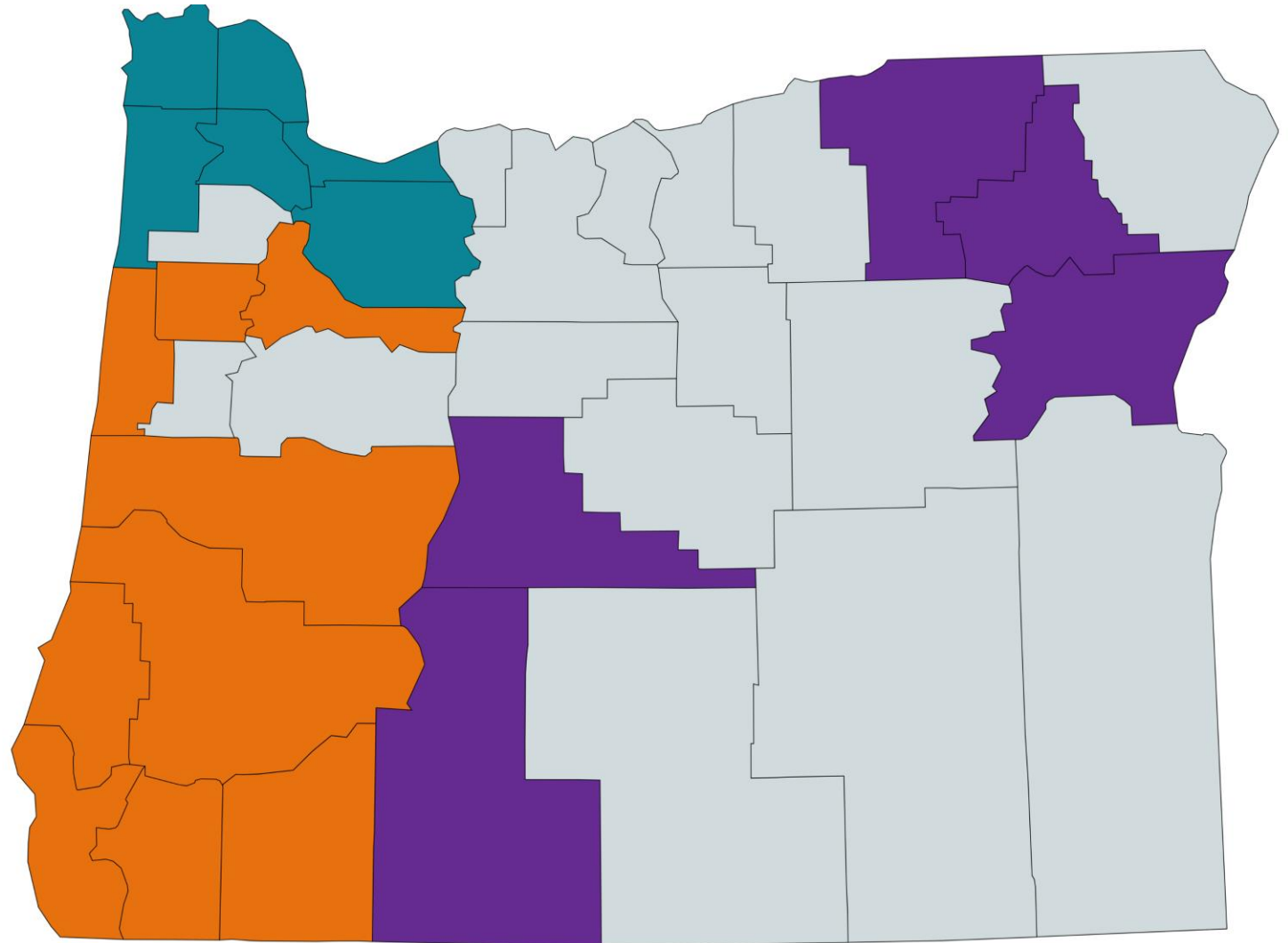2017   2018   2019   2020   2021   2022   2023

PRIME+ Locations

72 peers

20 of 36 counties

17 organizations

3 regions:
North, West, East

PRIME+ Organizations

9   substance use disorder/ behavioral health treatment agencies

7   peer-run organizations (including Recovery Community Organizations)

1   other (harm reduction services, public health dept, community services, health network)

- ▶ All established organizations; many had experience with peer support services, though some only within treatment context or without a harm reduction lens
- ▶ In fall 2022, added 4 peer-run organizations led by and serving African-American, Indigenous/Native American, Latinx/Spanish-speaking, and LGBTQIA+ communities

How People Connect to PRIME+ Peers

Community partners make **referrals**

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

Individuals can **self-refer**

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, like naloxone and drug test strips

  ▸ Connect people to **recovery supports** and substance use treatment

  ▸ Link people to **healthcare**, including infectious disease testing and treatment

▸ Program supports peer specialists with lived experience to **maintain their own recovery** and well-being and **expand professional skills**

▸ Organization **commits to the harm reduction model** and **engagement with the implementation team** at OHA/Comagine

PRIME+ Peer Services

Support accessing resources

▸ Health insurance (Medicaid) enrollment

▸ Community resources for basic needs

▸ Harm reduction supplies like safer use kits, naloxone

Person-to-person support

▸ Emotional and crisis support

▸ Support reaching self-identified goals

Linkage to treatment/care

▸ Substance use treatment; recovery & cultural supports

▸ Physical healthcare

▸ Infectious disease testing and treatment

Harm Reduction Strategies

▶ **Equip** people who use drugs with medication such as naloxone to prevent and reverse opioid overdoses

▶ **Provide** people with supplies like new syringes to protect themselves from diseases like Hepatitis C and HIV, and wound care kits to prevent and heal minor infections

▶ **Serve** the public by collecting used syringes and drug use equipment

▶ **Connect** people with harm reduction services alongside other medical and social services to promote health and well-being
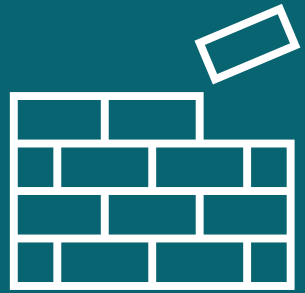
Infrastructure

PRIME+ Infrastructure Support

Delivery of peer services

Training & Cross-Site Support

Resources & Reporting

Enhanced Supervision

Training & Cross-Site Support

Learning

▶ Orientation and training for new peers/supervisors

▶ Peer Learning Collaborative (monthly)- CEUs

▶ Supervisor Learning Collaborative (ad hoc)- CEUs

▶ Drop-in TA for documentation (ad hoc)

▶ One-on-one support for TA

▶ Enhanced Supervision

Cross-site sharing and project communication

▶ Active Basecamp message board

▶ Peer huddles by region (weekly)

▶ Peer Support for Peers Support Specialists (weekly)

▶ Supervisor meetings by region (monthly)

▶ Supervisor Huddle (monthly)

▶ Annual in-person convergence

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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: Survey at intake and 6-mo follow-up

‣ Site-level outreach and harm reduction activities

Evaluation

‣ Process and outcomes Evaluation

‣ Monthly site progress reports for ongoing monitoring

‣ News briefs highlighting site success stories

‣ Annual evaluation report

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Process and Outcomes Data

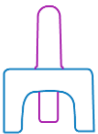# PRIME+ Peer Services

7,566 PRIME+ Participants*

54%
Received **3 or more contacts** from a peer

50,500
Total **participant contacts** with a peer

PRIME+ Peers Distributed**

37,628
naloxone doses

207,119
syringes

1,796
safer smoking supplies

13,311
fentanyl test strips

Data from January 2021 through September 2024
**Data from December 2022 through September 2024*

Participant Referral Sources / Engagement Pathways

Referral Source	Percentage
Hospital/Emergency Department	26%
Self-referral, Loved one	26%
Peer Outreach	19%
Substance Use or Mental Health Treatment	12%
Community Health Clinic, FQHC, Physician	7%
Other	4%
Criminal Justice System	3%
Recovery Residence	2%
Syringe Service Program	1%
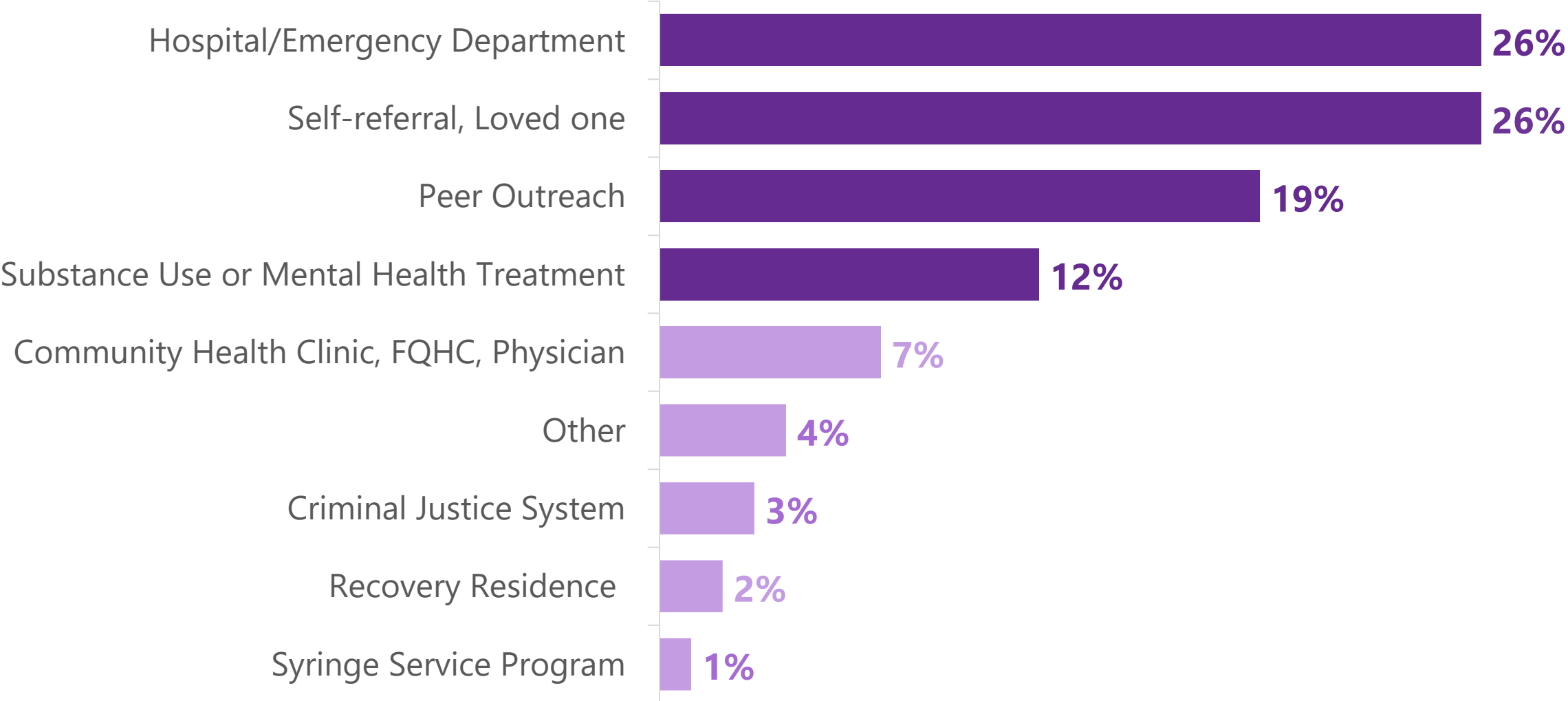
Data from December 2022 through September 2024

Significant Changes from Intake to 6 Months*

⬇ **Drug use in past 30 days**

Average days 22.8 at intake → 18.7 days at 6 months

⬆ **Currently employed**

15.3% at intake → 27.8% at 6 months

⬆ **Currently housed**

48.9% at intake → 62.4% at 6 months

⬆ **Ever tested for Hep C**

72.9% at intake → 83.6% at 6 months

*Significant at p< .05

N=283 matched GPRA questionnaires; December 2022 through September 2024

Successes and Challenges

Program Challenges

▸ Staff turnover and workforce shortages

▸ Community resource barriers

  ▸ Inconsistent access to EDs/hospitals

  ▸ Lack of low-barrier housing

  ▸ Need for increased substance use treatment capacity

  ▸ Few local HCV testing and treatment resources

  ▸ Community resistance to harm reduction approach

▸ Fentanyl overdoses strain supplies and take a toll

Program Successes

- Peers making changes in their communities
  - Visibility and service provision/outreach
  - Partnerships with other agencies and providers
  - Building community support for harm reduction
- Direct peer outreach occurring
  - Harm reduction supplies distribution
  - Engagement with new participants
- Statewide peer network built
  - Peer workforce professional development & cross-site support
- PATHS (Peer Assisted Telemedicine for HCV and Syphilis)
  - Connected participants to Hep C testing and treatment
  - Creates more contacts with peers
  - 78% of HCV+ participants linked to telemedicine, 73 cures so far!

Contacts

Gillian Leichtling, Comagine Health
gleichtling@comagine.org

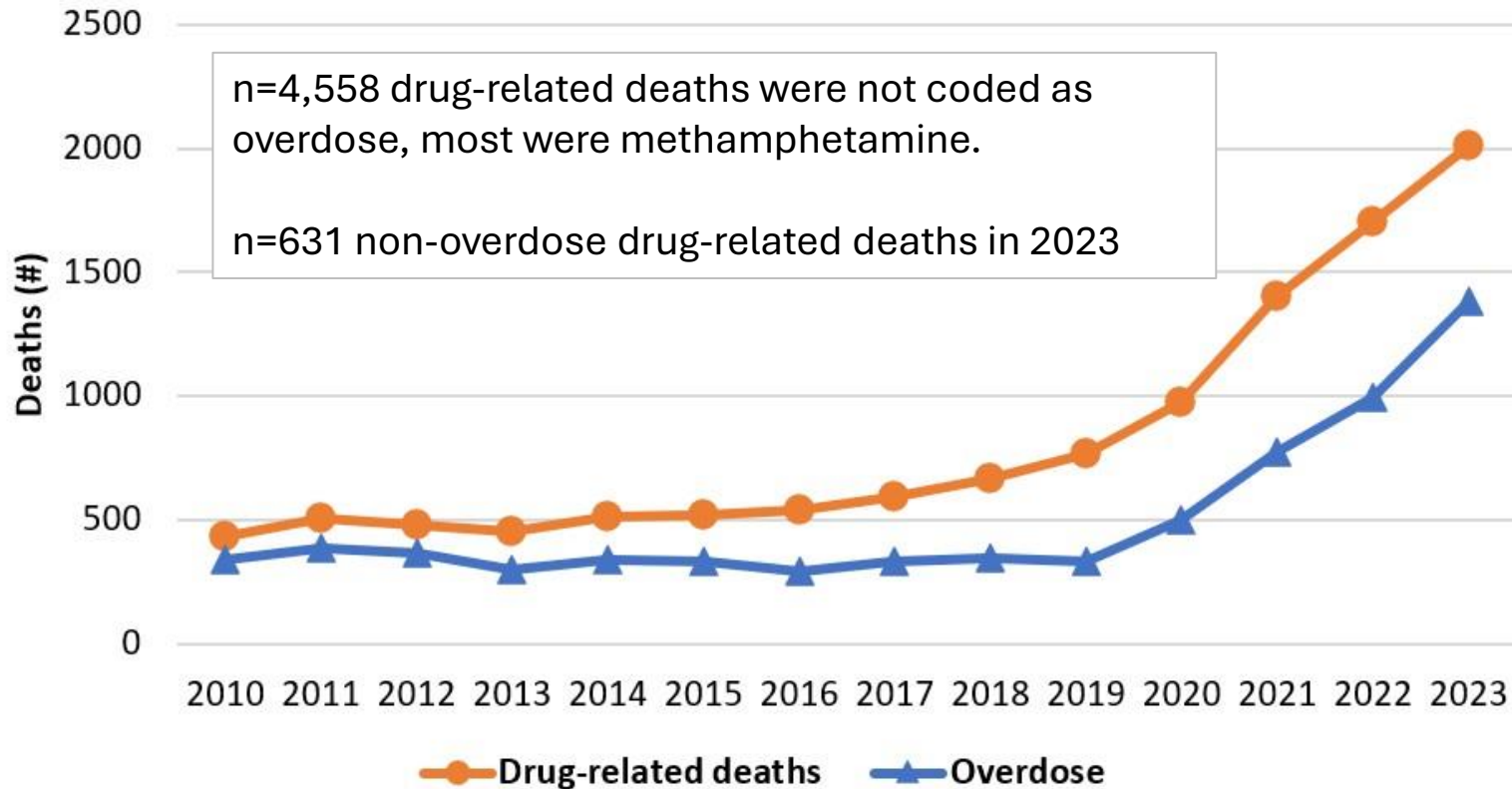**Megan Alcantar, Comagine Health**
malcantar@comagine.org

PRIME+ Website
PeerSupportOregon.org/prime

Overdose and drug-related death in Oregon

Overdose and drug-related deaths due to illicit drugs, Oregon residents 2010–2023 (8/7/2024, preliminary)

n=4,558 drug-related deaths were not coded as overdose, most were methamphetamine.

n=631 non-overdose drug-related deaths in 2023

Deaths (#)

2500
2000
1500
1000
500
0

2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

Drug-related deaths — Overdose

- An overdose death is defined by an underlying cause of death consistent with poisoning

- Overdose with any illicit drug: Opium, Heroin, Other Opioids, Methadone, Other synthetic narcotics, Cocaine, Barbiturates, Benzodiazepines, Psychostimulant_Meth

- Drug-related death in this graphic includes deaths with any illicit drug contributing as a cause of death on the death certificate: fentanyl, methamphetamine, cocaine, heroin, methadone, opium, barbiturates, benzodiazepine, and other opioids

Consensus recommendations for national and state poisoning surveillance:
https://cdn.ymaws.com/www.safestates.org/resource/resmgr/imported/ISW7%20Full%20Report_3.pdf

Drug-related deaths in Oregon overall by substance

Drug-related deaths among Oregon residents
(433 deaths in 2010 to 2,011 deaths in 2023)

Legend:
- Opioids/Heroin/Methadone/Coke
- Fentanyl/Not Meth
- Methamphetamine/Not Fentanyl
- Fentanyl and Methamphetamine
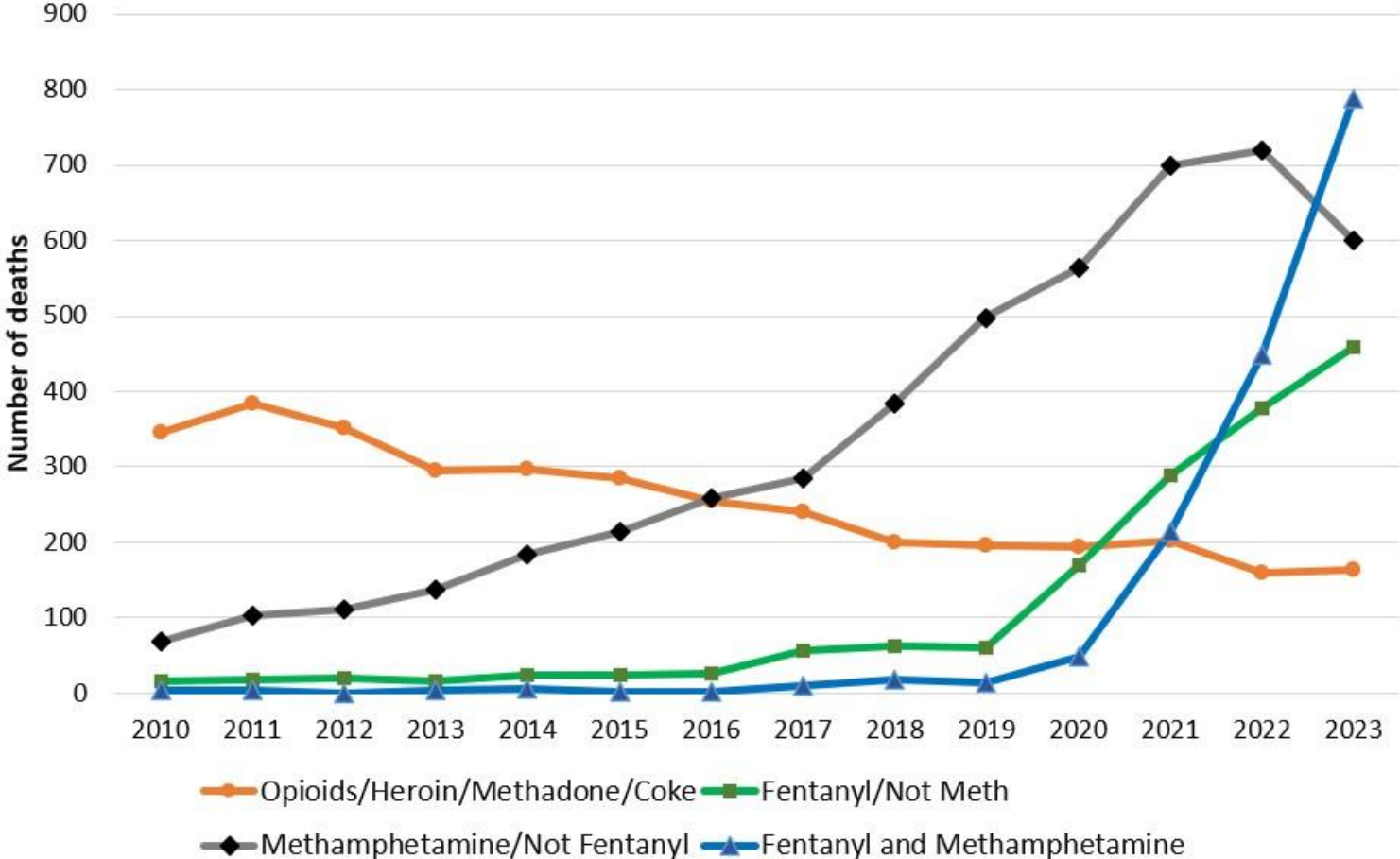
- Methamphetamine has been a growing problem since the early 1980s

- 1,390 methamphetamine-related deaths in 2023

- 1,247 fentanyl-related deaths in 2023

- Fentanyl <u>and</u> methamphetamine were both documented 789 times in 2023

Orange line: Cocaine deaths increased during this period, 29 in 2010 to 185 in 2023 (excluded were low counts of benzodiazepines, opium, xylazine, and inhalants).

Source: Oregon Vital Statistics preliminary 2023, 8/7/2024; 2023 data is incomplete, esp. Aug–Dec 2023