Measure 110 Facilitated Expansion and Diversification of Oregon’s Peer Recovery Workforce
Disclosures / Experience

• Hospital addiction medicine provider on OHSU and Hillsboro Med Center multidisciplinary consult teams

• Oregon Health Authority/State Opioid Response grant: Addiction Medicine ECHO Director – SUD-care workforce development for Oregon

• Eastern Oregon Coordinated Care Organization: regional jail technical assistance for MAT/MOUD programs

• Arnold Ventures partnering with RTI International: qualitative study of M110 Recovery Peers
Certified Recovery Peers
Mentor Peer Support Specialist
Peer Recovery
Certified Recovery Mentor Peer Wellness Specialist
Coach
Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.

-Mead, Hilton, & Curtis, 2001

The terms mentoring or coaching refer to a one-on-one relationship in which a peer leader with more recovery experience than the person served encourages, motivates, and supports a peer who is seeking to establish or strengthen his or her recovery.

-SAMHSA, 2009

Slide courtesy of Sean Mahoney CRM, PWS, MHAAO Program Manager and Peer Supervisor

2 SAMHSA (2009). What are peer recovery support services? https://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf
Oregon Peer Certifications

THW: Traditional Health Worker (certified through OHA*)
PSS: Peer Support Specialist and PWS: Peer Wellness Specialist (certified through OHA*)

CRM: Certified Recovery Mentor (certified through MHACBO**) 
CGRM: Certified Gambling Recovery Mentor (certified through MHACBO**) 
PRC: Peer Recovery Counselor (certified through MHACBO**) 

*Oregon Health Authority
**Mental Health and Addiction Certification Board of Oregon, also recognized by OHA

Slide courtesy of Sean Mahoney CRM, PWS, MHAAO Program Manager and Peer Supervisor
Evidence for Recovery Peers

• Community:
  – people who use drugs preferred interaction with recovery peers
  – preference applied to street outreach, harm reduction, Hep C treatment

• Hospitals & Emergency Departments:
  – agents of culture change: reduce stigma and mistrust
  – increased follow-up engagement after ED visits
  – in post-overdose care, peers increased likelihood of treatment with medication for opioid use disorder

Example: OHSU Hospital

• Recovery peers are integrated into our Addiction Medicine multidisciplinary care team, which includes providers, social workers, and administrators

• OHSU peers are employees of the Mental Health and Addictions Association of Oregon (MHAAO)

• To our patients, the peers are positive friends with boundaries, medical-translators, advocates, and more

• Peers follow after discharge
M110 and Recovery Peers
M110 Behavioral Health Resource Networks (BHRNs) and Recovery Peers

• 27 in-depth interviews with BHRN organizations
  • Executive Directors or Program Managers
  • Interviews 9/2022-1/2023
• Asked about BHRN implementation and services
BHRNS were hiring more peers; an initial point of contact. Hoped to reduce wait times.

This funding is going to allow for [peer] positions to be covered so that, at any time, if anybody walks in, they can see somebody. They don’t have to wait for two days or something to see a counselor or even a peer. They can see somebody right away.

They’ll do the behavioral health comprehensive needs assessment, and look at all the barriers. What do you need? Housing? You need food? And right away get a plan going for people.
The way that the law is written you could walk right through services. There would be peers, who are out in the community, who are doing outreach, that could connect to the people who are not able to get into the treatment because of waitlists or lack of immediate resources.

A peer would be able to connect with those people, get them into emergency housing, transitional housing, supportive housing. Be able to connect them with harm reduction services, to help them improve their lives and stay alive [...] Be able to connect them to outpatient treatment [...] That would benefit the providers by reducing the burden on them and creating more services, decreasing bottlenecks.
Recovery Peer Workforce Expansion
Recovery Peer Certifications

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Peer Workforce Growth By Region

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Gender

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Race/Ethnicity Background

Behavioral health providers of color are underrepresented

- 14.5% of behavioral health providers
- 25.0% of Oregon’s population
Race/Ethnicity

- **Black/African American**: 8% (2020) +1% (2023)
- **Hispanic/Latino**: 13% (2020) +5% (2023)
- **Multi Racial**: 14% (2020) +3% (2023)
- **American Indian/Native Alaskan**: 5% (2020) -3% (2023)
- **AAPI**: 1% (2020) +1% (2023)

2020 vs. 2023
Languages Spoken

- **802 English**
- **118 Spanish**
- **17 Other, Non-English**
Summary
Oregon’s Recovery Peer workforce is:

- an important component of the behavioral health workforce
- expanding dramatically, facilitated by M110 funding
- relied upon by M110-funded organizations to provide BHRN services
- increasing in diversity, enabling aims of culturally and linguistically specific care
Acknowledgements

• Van Burnham, B.Accy, CRM - MHACBO Director of Administration, Finance & Technology (Peer workforce data & visualizations)
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• Danielle Good, PhD, Senior Research Associate, Comagine Health (Data visualizations)
• Kyn Kappesser, MSW, Research Associate, Comagine Health (Data visualizations)
• Fletcher Group – BHRN setup qualitative evaluation

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Thank You

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