Peer Support
Approach

Peer Support Approach

Indigenous Centered Praxis

- Incorporate cultural practices unique to tribal beliefs and ways.

- Focus on the journey of healing instead of the addiction.

- Include the community in the awareness of OUD.

- Balance healing with treatments to reduce the stigma of OUD.

Relationships

- Work collaboratively with tribal departments and services providers.

- Include key programs as the communities' needs change.

- Inform tribal leadership on OUD and tends that are occurring in the community.

- Keep leadership updated on successes and challenges of OUD.

- Bring in key stakeholders for added support from governments, agencies and organizations.

Capacity Development

- Provide training opportunities to staff/providers for up-to date information on OUD.

- Allow staff to attend conferences/trainings to engage with others in their field.

- Train tribal members that are able to act as peer supports and advocate for others.

- Ensure a data infrastructure is in place that is able to interface with established data systems.

Peer Support Overview

Peer support is increasingly found in post-overdose programs to engage high risk individuals and improve the likelihood of starting medical treatment, accessing social services, and addiction recovery programs (Samuel et al., 2018; Waye et al., 2019). The standard response to mitigate opioid overdose is access to MAT and naloxone (overdose recovery drug) (Bagley et al., 2019; Scott, et al., 2020). There is a critical time in the emergency department, after a near fatal overdose, to engage patients in treatment and harm reduction, and reduce the risk of another potentially life-threatening overdose (Bagley et al., 2019; Eddie et al., 2019; Samuel et al. 2019; Waye et al., 2019). Peer support programs offer a crucial opportunity to enroll patients in post-overdose response programs whether initiated in the emergency room, facilities, home, or a combination. They vary in style and outreach, there are no standards of care, and gaps remain in understanding their effectiveness (Bagley et al., 2019).

▶ **Effectiveness.** Peer support and navigation have proven effectiveness in HIV outreach and chronic disease prevention and/or management (Bagley et al., 2019; Scott et al., 2020). There is growing evidence that peer support increases engagement and retention of high-risk individuals in care (Samuel et al., 2018; Waye et al., 2019). Shared lived experience of peers increases levels of trust, credibility, and comfort among individuals (Bagley et al., 2019; Powell, et al., 2019). One qualitative study with postpartum women identified accountability as an individual protective factor with peer support (Goodman, Saunders, & Wolff, 2020).

Peer support programs are moving toward standardization, and certification for training, which opens opportunities for reimbursement. A shared sense of collective responsibility represents one domain that allows for cross program comparison (Bardwell et al., 2018). This study focused on a peer witness injection program. Collective responsibility offers one area in which peer support programs may identify a unified approach and application to assess effectiveness and potentially support future reimbursement (Bardwell et al., 2018; Eddie et al., 2019).

▶ **Importance of peer support to overcome barriers to opioid prevention.** The shared experience between program staff and patients represents a central attribute of peer support. Shared experiences lay the foundation for trust, help to alleviate stigma, and offer the promise of future self-efficacy for patients. This relationship building, which may include cultural connections provided by peers, extends from the individual to their personal and larger social network, offering opportunities to establish a support network.

Additionally, peer support may support collaboration across first responders, fire departments, police, and medical services. Data sharing represents a critical barrier to overcome, as peer support has yet to be demonstrated to be effective. The type of information shared, and in what networks, may jeopardize the connection between peer support staff and patients. At the same time, loss of privacy could undermine the trust peers establish with high-risk individuals.

Using peer support in opioid overdose prevention holds promise especially for highest risk individuals, such as those who recently had a near fatal overdose. Peer based programs offer an opportunity for intervention in the emergency room setting when patients are provided links to other critical services, such as addiction treatment. By including peer support in the array of post-overdose services, tribes aim to ensure continuity of care within the health system.

Pascua Yaqui Tribe's Peer Support Model

The Pascua Yaqui Tribe is a federally recognized tribe located in Southern Arizona that established its own medication-assisted treatment (MAT) program within the Pascua Yaqui Health Services Division. This allowed tribal members to stay in their community while accessing services. With care coordination, health care, and behavioral health services work together to support their tribal members. The Pascua Yaqui Tribe also utilizes traditional healers, alternative medicine, and peer supports workers to assist those healing from their opioid use.

Why was it developed?

The Pascua Yaqui Tribe's New Beginning (NB) program is part of the Pascua Yaqui Health Services division (PYTHSD). Developed over 20 years ago, the aim was to establish a tribal harm reduction program that would provide treatment for substance misuse/abuse disorders and mitigate overdose. The PYTHSD NB program emerged as a response to concerns raised by community members and tribal council. Individuals with SUD were unable to obtain necessary treatment, and as a result, suffered relapses, and in some cases, died as a result of overdose. At this time all treatment was provided off tribal lands, disconnected to family and culture. Tribal leaders and community members were concerned about the impact opioids were having on individuals, families, and the overall community.

How was it developed?

The PYTHSD NB program was originally a stand-alone harm reduction program. Over the years it has evolved into a centralized care coordination program for OUD and prevention of opioid overdose. The program uses a peer support model and provides services, programs and treatment within the Tribe. Initially, this type of effort had not been attempted, and there was a necessary cycle of learning and improving The PYT found that steady, thoughtful changes, implemented over time, helped to build a sustainable, effective program. Keeping open lines of communication internally was an essential component to ensure coordination across providers and departments. Providing management personnel ensured implementation was successfully achieved. Development of data infrastructure supported tracking of outcomes. Connecting with tribes across the country provided opportunities to learn what worked from others. Ensuring sufficient time to obtain feedback from staff, providers, and community members ensured buy-in and tailoring. Hiring flexible teams able to navigate both the clinical and administrative sides of the program provided the knowledge and content expertise necessary for success. Engaging in data infrastructure development from the beginning offered the opportunity to measure changes over time, key indicators of quality and patient progress.

Pascua Yaqui Tribe's
Peer Support Model

Cultural Fit

Equine therapy and cultural leaders

Traditional Healing Program

The Alternative Medicine Program

Innovative Practice

Provide MAT with individual/group counseling with cultural healing with traditional healthers, and/or alternative medicine

Knowledge Sharing

Presentations at local and national conferences and training

Staff are on local and national advisory boards

Cross Sector Colaboration

Partner with behavioral health, language dept., social services and the police dept.

Working on agreements with the city

Meeting Community Needs

Care coordination

Community Investment

Tribal Council approved MAT as service on the reservation

Leadership

Community meetings which tribal council members attend

Tribal Council and Elder engagement

Professional & Cultural Development

Training focused on resilience, community-based training and other therapeutic approaches

Board certified providers for Addiction Medicine

Sustainability

Funding to start up the peer support program and to get Narcan from the state

Data Infrasturcture

Monthly chart reviews

Access to data by all involved in care

Data infrastructure development from Day 1

Data sharing and governance

The PYTHSD peer support model is strength based and draws on Indigenous-centered praxis, relationships, and capacity building to support a coordinated care approach with the New Beginnings program. A major challenge for the program's performance and success is tribal data capacity and infrastructure development.

> **We lose something when we don't have that data and tracking abilities.**
> *I feel there are a whole lot of ways that tribes could do more to support each other . . .wish we could talk to other tribes regarding standards and learn more from each other. I would love just to talk to other tribal sites and share what we do and what is working for them."*
>
> *- Dr. Christina Arredondo, Medical Director, Pascua Yaqui Tribe*

Elaborating on the Pascua Yaqui Peer Support Model: Mapping to the Domains of Tribal Care Coordination Promising Practices

Indigenous Centered Praxis

PYTHSD ensures programs include a high level of cultural fit. The peer support model is implemented primarily by tribal members who share cultural and lived experience with program clients. They facilitate clients' navigation of services and engagement in Yaqui healing practices to support overall health. Access to traditional healers, participation in cultural ceremonies, alternative medicine modalities, equine therapy, and engaging with cultural leaders in the community represent the hallmarks of the peer support program. Peer support staff support patient navigation to assist in integrating primary care and social services. For example, PYTHSD peer support connects with pregnant women, following their progress over the course of their care.

Relationships

The tribal council of the Pascua Yaqui Tribe approved use of MAT and peer support on tribal lands. They are invested in the program's aim to reduce the number of tribal and community members with OUD and ensure opioid overdose prevention. At the same time, some leaders and elders feel it is not necessary and would rather support abstinence as an approach to treatment for OUD. To address these concerns, the PYTHSD hosts community meetings, attended by tribal council members, as part of an ongoing process to build and maintain relationships for the benefit of the whole community.

Relationships play a central role for Indigenous centered praxis. Within the PYTHSD NB program, relationships are established and maintained through responsiveness to community needs, investment in collaboration, and tribal leadership. PYTHSD works closely with tribal programs like Child Protective Services, Behavioral Health, Tribal Policy Department, the Nursing program (community health nurses and representatives), and other healthcare and wellness services. Recently the NB program started working with the Pascua Yaqui Tribe's Language and Culture program to support clients' reconnection with the culture. This type of cross sector collaboration improves program fit, and is made possible through the relationships nurtured across programs.

PYTHSD has long standing relationships with the state and county public health departments and board membership within regional American Indian organizations. These relationships, in particular with tribal organizations and entities, have created a peer support network that offers opportunities to share and communicate with one another on an ongoing basis. Formal agreements with support services like Peoples' HealthCare Connection and the judicial system ensure patients receive the treatment and services they need to heal and maintain recovery. It is through ongoing communication and sharing of knowledge that PYTHSD NB is maintaining relationships within and outside the Tribe to respect the community and tribal leadership while best serving clients.

PYTHSD NB prioritizes capacity building among staff, which aligns with the value placed on knowledge sharing. All providers are board-certified in addiction medicine. This establishes a strong foundation for capacity within the program. Professional and cultural development opportunities are provided to staff. Staff may attend resiliency and therapeutic training. Staff share presentations after returning from conferences to continue capacity building within the program.

Sustainability of the PYTHSD NB program requires strong data capacity and infrastructure development. Improving tracking of provider performance, patients' reasons for use, overdose data, and establishing data sharing agreements with EMS to track indicators remain priorities. Qualitative follow up would provide additional insight into patient needs. For example, PYTHSD NB tracks how much Narcan is distributed and if it is used, but not why the client needs more. Tribal governance over data sharing and management of data is well established; the PYT will not participate in state level tracking until data use is clearly defined. This is necessary to prevent release of information without tribal consultation, as the release of tribally specific data can potentially harm and perpetuate stigma for patients and the Tribe as a whole. However, data sharing could help clarify overall OUD prevalence, as the tribal data may not capture all instances of emergency care and use of treatment services.

Overcoming barriers to care using peer-support-based programs

The PYTHSD NB program overcomes barriers to OUD and overdose prevention by maintaining a centralized, community-led, and peer-based program. The program provides medical care and other services, allowing it to focus on overall health and wellbeing. This approach increases access to care, and ensures patients' engagement in their treatment regime. Peer support builds and maintains trust with clients through shared culture and lived experiences. It is through these trust relationships and the creation of community that peer support programs work to help at-risk clients navigate the services needed for their health and wellbeing. The PYTHSD NB program also provides services to non-tribal members who are part of the community because of their close connections to the Tribe. Peer support will be increasingly important as the program incorporates additional providers with specialties not currently available onsite.

Summary

The peer support model is considered an effective way to support the PYTHSD NB clients. The program helps clients navigate health care services and supports attendance in other PYTHSD programs. The program offers treatment by Yoeme traditional healers, visits to the PYT Ranch, and equine therapy. The peer support staff offer understanding and compassion through shared experiences and cultural values, establishing trusting relationships and a sense of belonging in a community of recovery. The PYTHSD NB program uses Indigenous-centered praxis, relationships and capacity building as core elements of its care coordination. The peer support model is embedded in this coordination, supporting program effectiveness, efficiency and equity.