

From Bedside to Community: The Power of Peer Support

Appalachian Regional Healthcare, Inc.



Appalachian Regional Healthcare



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Learning Objectives



At the conclusion of this presentation, participants will be able to:

1.



Describe the role and scope of practice of peer recovery coaches within the Emergency Department (ED) care model.

2.



Identify evidence-based strategies for connecting patients to treatment services and community-based recovery resources.

3.



Explain how bedside engagement by peer recovery coaches improves treatment linkage and reduces barriers to follow-up care.

4.



Analyze the impact of ongoing peer recovery support on patient outcomes, including retention in treatment and reduced recidivism.

5.



Evaluate the cost-effectiveness and long-term benefits of embedding peer recovery coaches within the ED model of care.



WHY PEER RECOVERY BELONGS IN HEALTHCARE



Overdose remains a leading cause of death



Rural communities face unique barriers



Hospitals are often the only access point



Traditional models were not enough

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Coalfield and deeply rural regions

**Strong stigma
around substance
use and help-
seeking**

WHO WE SERVE

WHY CHANGE WAS NEEDED



Medical stabilization alone did not address substance use disorder



Patients left the hospital without connection or continuity



Readiness for help often occurred during a short window



Outcomes did not change without intervention



THE GAP



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Many individuals fall through the gap between medical stabilization and ongoing care—leaving them at higher risk.



Bridging the gap with timely support, connection, and compassion can change the trajectory of a life.



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Compassion



Community



Commitment



Hope

WHAT CHANGES WHEN PEER RECOVERY IS *INTEGRATED*



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Integrating peer recovery into care creates real change—
from the first conversation to long-term connection.



Immediate Engagement



- Peer meets patient at bedside
- Builds trust through lived experience
- Reduces fear and stigma



Navigation & Support



- Clear next steps
- MOUD appointment scheduling
- Inpatient coordination
- Transportation/logistics



Continuity Beyond Discharge



- Follow-up after discharge
- Continued engagement if plans change
- Community connection



Peer support bridges gaps, removes barriers,
and builds a path forward—together.



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Compassion



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Hope

REDUCING STIGMA IN REAL TIME

STIGMA SHOWS UP AS	Fear of judgment Distrust of healthcare Shame and silence
PEER INTERVENTION	Lived experience builds trust Nonjudgmental, patient-centered engagement Recovery-focused language
IMPACT	• Increased honesty • Greater engagement • Higher acceptance of care

Fear of judgment
Distrust of healthcare
Shame and silence

PEER INTERVENTION

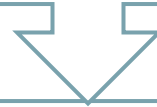
Lived experience builds trust
Nonjudgmental, patient-centered engagement
Recovery-focused language

IMPACT

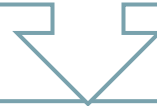
- **Increased honesty**
- **Greater engagement**
- **Higher acceptance of care**

HOW PATIENTS ARE IDENTIFIED:

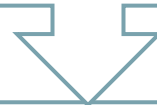
Universal screening normalizes conversations about substance use



Identifies risk early and consistently



Guides brief intervention and referral decisions



Creates a standardized entry point for peer engagement



SBIRT FRAMEWORK

HOW PEER REFERRALS OCCUR

PEER REFERRALS MAY BE INITIATED THROUGH:



REFERRALS MAY BE PLACED BY:



SBIRT in Practice: How the Program Began

Screening

Standardized questions that assess substance use risk and severity

Brief Intervention

A short, supportive conversation that increases awareness and motivation for change

Referral to Treatment

Connecting individuals who need additional support to treatment and recovery services

What We Learned in Practice

Many patients disclosed substance use during triage or medical assessments

Not all patients were identified through traditional tools

We recognized a larger population needing support beyond traditional SBIRT screenings

This led to expanding how peer recovery coaches identify and engage patients



SBIRT identify risk — peer recovery support helps guide patients toward recovery.

Expanding Our Reach: Social Determinants of Health

What Are Social Determinants of Health?

Conditions in a person's environment that influence health, recovery, and access to care.

-  Housing
-  Transportation
-  Food
-  Employment
-  Family support
-  Healthcare access

Why This Matters in Recovery

Many patients struggling with substance use also face barriers such as:

- Lack of transportation to treatment
- Housing instability
- Food insecurity
- Limited access to healthcare
- Unemployment or financial stress

These barriers often prevent individuals from accessing or maintaining treatment.

How ARH Peers Respond

Peer Recovery Coaches now respond to SDOH screenings and help patients navigate these needs.

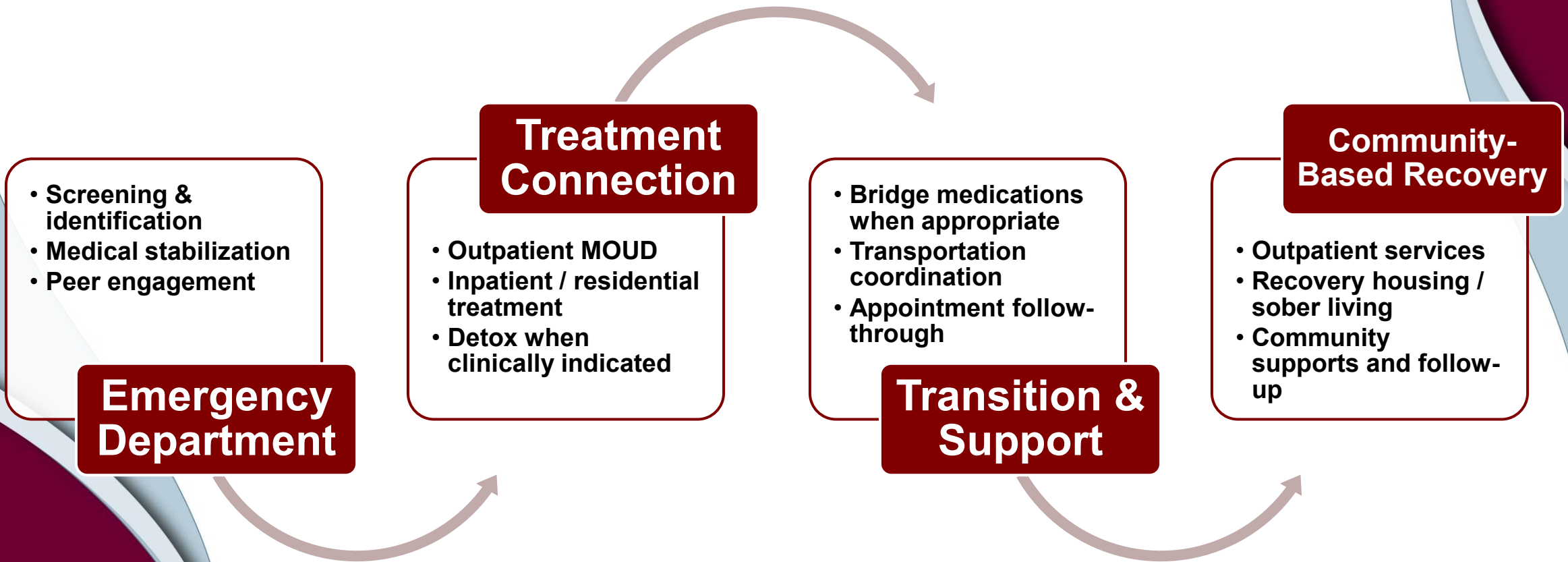
Peers assist by helping patients connect to:

- Housing resources
- Transportation to appointments
- Food assistance
- Employment resources
- Medical and behavioral health services

Addressing these needs helps support long-term recovery and stability.

**Recovery does not happen in isolation —
addressing basic needs helps make recovery possible.**

CONTINUUM OF CARE: FROM ED TO COMMUNITY



**Peer recovery ensures continuity
across every level of care.**

MOUD BRIDGE PRESCRIBING: CLOSING THE GAP



Emergency Department Initiation

Patient presents with opioid use disorder
Readiness for treatment identified
Buprenorphine initiated in the ED when clinically appropriate



Peer-Led Care Coordination

Peer engages at bedside
Outpatient MOUD appointment scheduled or
Inpatient treatment coordinated
Clear next step before discharge



Bridge to Ongoing Treatment

Short-term prescription provided when appropriate
Supports continuity until treatment admission
Reduces withdrawal-driven relapse and overdose risk

WHY BRIDGE PRESCRIBING SAVES LIVES



Reducing Risk During Critical Transitions

Addresses withdrawal and cravings immediately

Reduces overdose risk during wait periods for treatment

Increases trust and engagement with the healthcare system

Treats opioid use disorder as a medical condition

Supports successful linkage to ongoing care

MEETING PEOPLE WHERE THEY ARE

Connection and consistency keep people engaged until recovery is possible.

Recovery Is Individual

- Readiness looks different for every person
- Support may begin with harm reduction or treatment
- Progress happens at the patient's pace

What Peer Support May Look Like

- Ongoing motivational support
- Medical follow-up: primary care and treatment appointments
- Family and recovery community connection
- Recovery Support Needs: food, clothing, housing and health resources
- Assistance with Legal and employment
- Meeting people where they are at

Our Role as Peers

- We do not provide every service
- We help people navigate what they need
- We remain a consistent point of contact
- When someone is ready, they know where to go



OSOP:

OVERDOSE SURVIVOR OUTREACH PROGRAM

What OSOP Is

- A peer-led outreach program for individuals with overdose or risky substance use
- Begins with a brief intervention by a Peer Recovery Coach in the Emergency Department prior to discharge
- Designed to maintain connection even when treatment is declined

Who OSOP Serves

- Individuals presenting to the ED following an overdose
- Individuals identified with risky substance use who want continued support
- Individuals referred by Peer Recovery Coaches for ongoing outreach

How OSOP Supports Individuals

- Ongoing community-based and phone follow-up meeting patients where they are at
- Naloxone distribution
- Education on use
- Continued motivational support and engagement
- Connection to medical care, treatment, or recovery supports when ready

The Goal

- Reduce overdose risk
- Maintain connection after discharge
- Support readiness for care over time



OUTCOMES & IMPACT



**Connection,
consistency, and
follow-up change
outcomes.**

Impact on Individuals

- Increased engagement after Emergency Department discharge
- Reduced isolation during high-risk periods
- Greater follow-through when readiness for care changes

Impact on Safety

- Expanded access to naloxone and overdose prevention education
- Continued support beyond the hospital setting
- Earlier re-engagement with care when risk increases

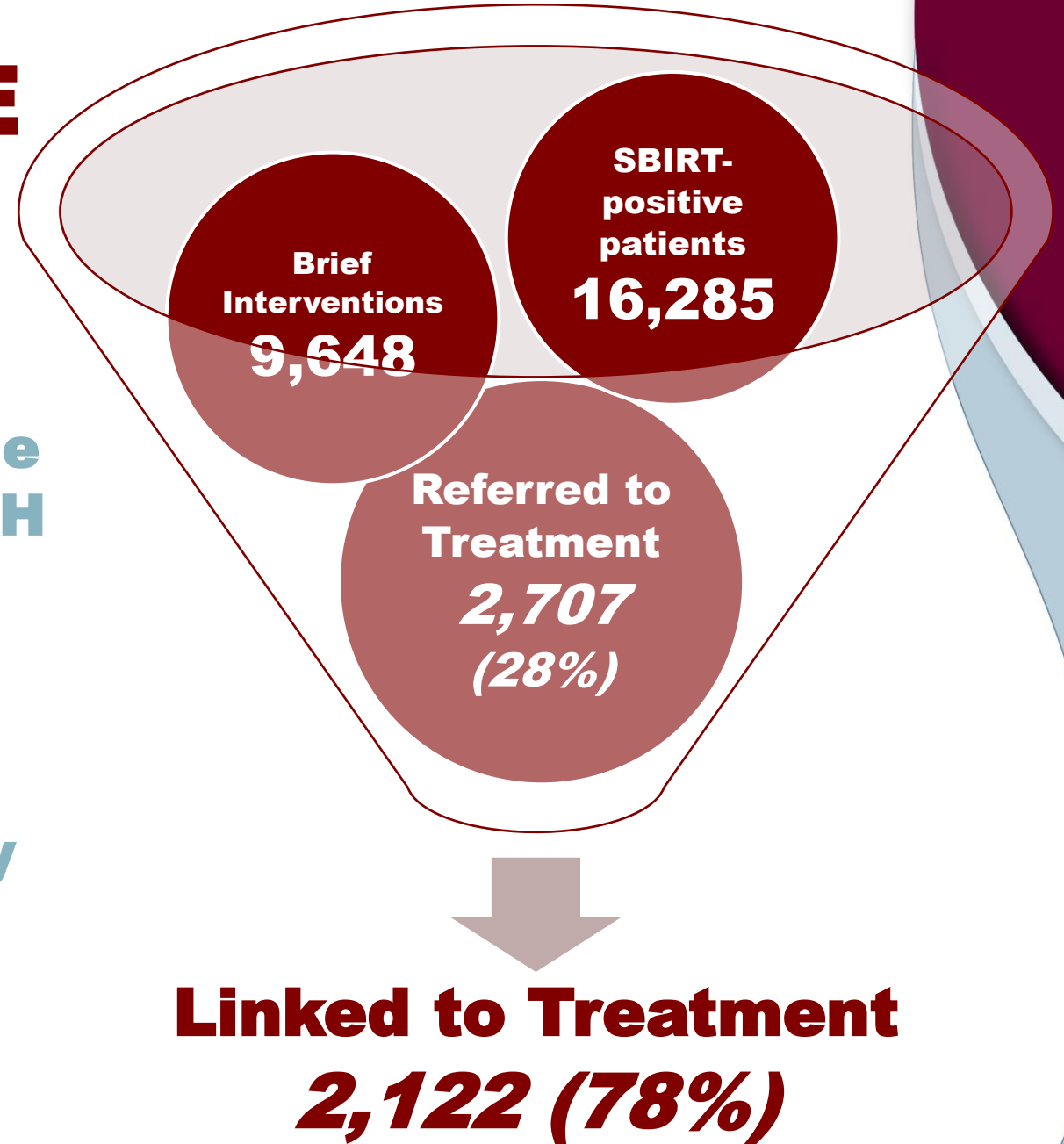
Impact on the Health System

- Stronger continuity between hospital and community care
- Improved collaboration across care teams
- More consistent pathways to treatment and recovery supports

2025 SYSTEM-WIDE SBIRT OUTCOMES

Data reflects system-wide
SBIRT activity across ARH
facilities in 2025.

Linkage defined as
confirmed treatment
engagement with 30-day
follow-up.



WHAT MAKES THESE OUTCOMES POSSIBLE

Early Identification

- SBIRT & SDOH screening
- ED, inpatient, and consult referrals
- Community referrals

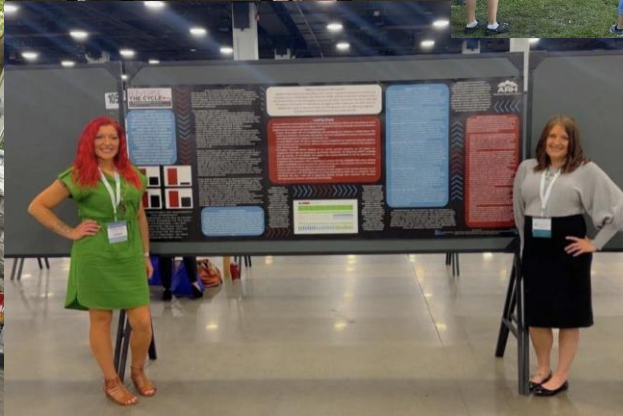
Peer-Led Intervention

- Immediate bedside engagement
- Brief intervention before discharge
- Support offered regardless of readiness

Active Follow-Through

- Appointment scheduling
- Transportation coordination
- Follow-ups & warm handoffs

Consistent peer engagement bridges medical care to sustained recovery.



Community Outreach Impact (2025)

**13,327 Narcan
Distributed**

Saving lives through
overdose prevention



◆ **2,295.25 Hours**
Dedicated to community outreach efforts

◆ **3,859 Youth Reached**
Prevention education and early intervention

◆ **21,979 Adults Reached**
Connection to resources, recovery support, and
overdose prevention



Supporting the Peer Workforce



Supervision & Support

- Regular supervision and team support
- Opportunities for debriefing and guidance
- Access to leadership and clinical teams

Professional Boundaries

- Clear role expectations and ethical guidelines
- Maintaining peer relationships without hierarchy
- Balancing lived experience with professional responsibility

Workforce Sustainability

- Ongoing training and development
- Focus on self-care and burnout prevention
- Creating a supportive and stable work environment



Supporting peers ensures they can continue supporting others.

Sustainability & System Integration

**Peer recovery is
not an add-on**

**— it is part of
the care model.**

Integrated into Healthcare

- Peer Recovery Coaches embedded in hospital settings
- Part of Emergency Department and inpatient workflows
- Collaboration with providers, nurses, and care teams

Supported Across the System

- Leadership support and program development
 - Ongoing training and supervision
- Strong community and healthcare partnerships

Data-Driven & Accountable

- SBIRT tracking and reporting
- Monitoring referrals and treatment linkage
- Using data to improve outcomes and sustain services

HOSPITAL BENEFITS & COST IMPACT

Peer
Recovery
Programs
help reduce:

Emergency department
recidivism

Readmissions

Length-of-stay complications

Uncompensated care
utilization

Connecting high-utilizers to recovery reduces
long-term costs.

Key Takeaways

Substance use disorder is a treatable medical condition

Hospitals are a critical access point for intervention

Peer recovery coaches bridge the gap between medical care and recovery

Early engagement and follow-up save lives

Recovery happens through connection, consistency, and support over time

**Readiness is a moment —
and moments don't wait.**

Questions?

Thank you for your time and attention.

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