From Bedside to Community: The Power of Peer Support

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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.

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Faculty Disclosure

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Educational Need/Practice Gap

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- Patients with substance use disorder often leave the Emergency Department without treatment linkage, transportation, follow-up support, or clear next steps.
- Rural communities face additional barriers including stigma, limited treatment access, transportation issues, poverty, and workforce shortages.
- Traditional medical stabilization alone does not address substance use disorder, readiness for care, or the social determinants that impact recovery.
- Peer Recovery Coaches help close this gap by providing bedside engagement, reducing stigma, coordinating treatment referrals, addressing barriers, and maintaining follow-up after discharge

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Objectives

- Upon completion of this activity, participants will be able to describe the role and scope of practice of Peer Recovery Coaches within the Emergency Department and hospital care model.
- Upon completion of this activity, participants will be able to identify barriers that prevent patients from accessing treatment, recovery support, and community resources after discharge.
- Upon completion of this activity, participants will be able to explain how peer recovery services improve treatment linkage, reduce stigma, and support continuity of care from bedside to community.
- Upon completion of this activity, participants will be able to analyze the impact of peer recovery support on patient outcomes, including treatment engagement, reduced overdose risk, and follow-up after discharge.
- Upon completion of this activity, participants will be able to evaluate the benefits of integrating Peer Recovery Coaches into healthcare settings, including reduced recidivism, stronger care coordination, and improved patient outcomes.

Expected Outcome

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- Increased use of Peer Recovery Coaches as part of Emergency Department and inpatient care teams
- Improved identification of patients with substance use disorder through SBIRT, SDOH, and provider referrals
- Increased treatment linkage and follow-up after hospital discharge
- Improved collaboration between Peer Recovery Coaches, nurses, physicians, case managers, and social workers
- Increased use of recovery-oriented, nonjudgmental approaches when working with patients with substance use disorder
- Reduced barriers to treatment through transportation coordination, appointment scheduling, and connection to community resources
- Improved patient outcomes, including increased engagement in treatment and reduced overdose risk

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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WHO WE SERVE

- Rural Appalachian communities in Kentucky & West Virginia
- Coalfield and deeply rural regions
- High poverty, transportation and workforce barriers
- Strong stigma around substance use and help-seeking

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WHY CHANGE WAS NEEDED

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Medical stabilization alone did not address substance use disorder

Patients left the hospital without connection or continuity of care

Readiness for help often occurred during a short window

Outcomes did not change without intervention

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WHAT CHANGES WHEN PEER RECOVERY IS INTEGRATED

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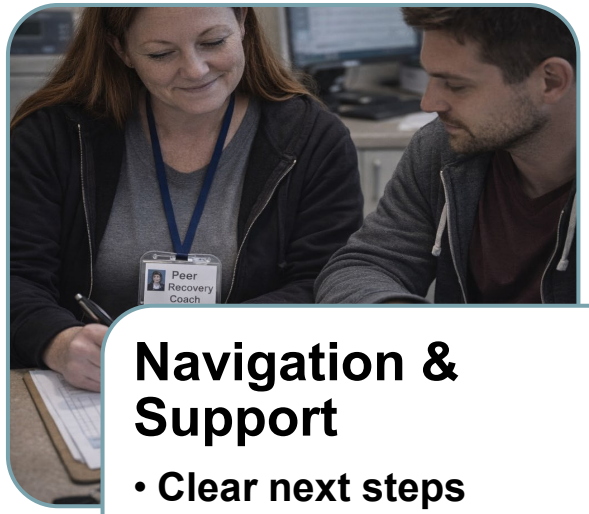
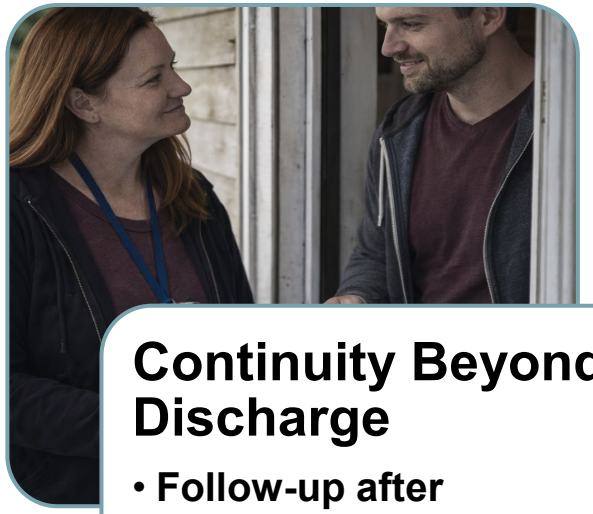
Immediate Engagement

- 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

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REDUCING STIGMA IN REAL TIME

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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**

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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

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PEER REFERRALS MAY BE INITIATED THROUGH:

- SBIRT screenings
- SDOH screenings
- Positive chief complaints
- Inpatient consults
- Community Referral's

REFERRALS MAY BE PLACED BY:

- Nurses
- Providers / physicians
- Case managers
- Social workers
- Discharge planners
- Community Partners

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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

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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

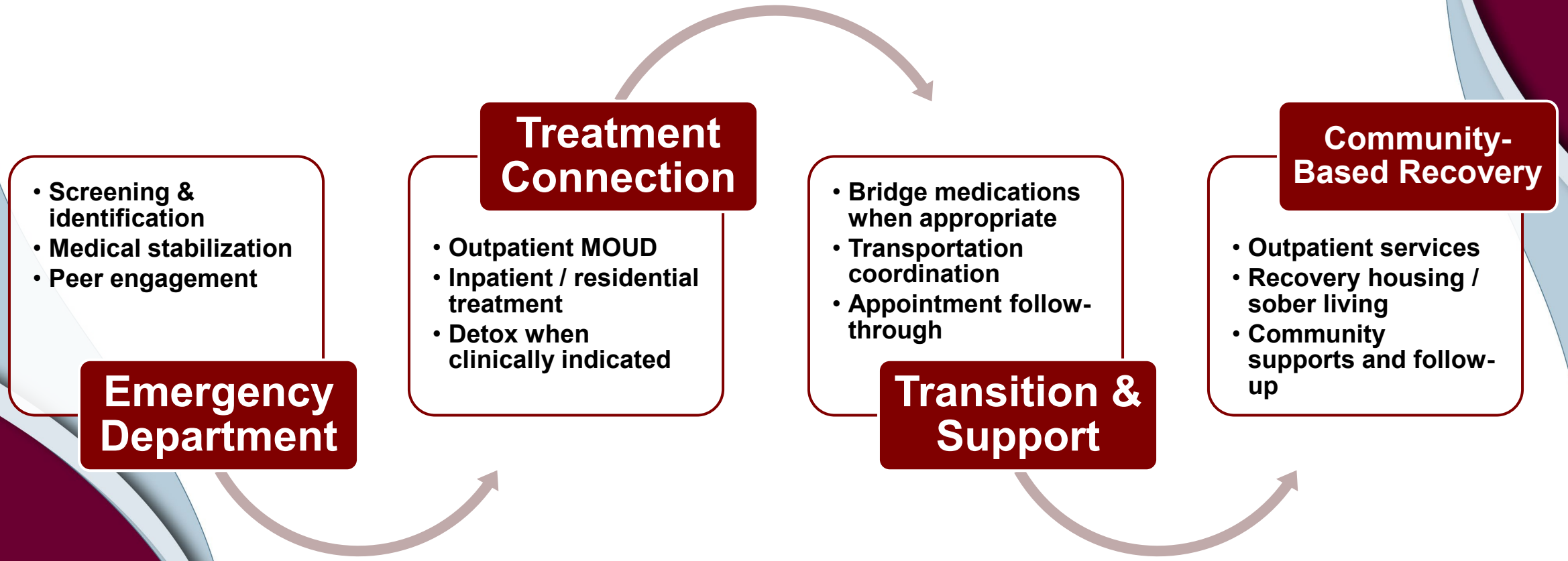
Peer Recovery Coaches now respond to SDOH screenings and help patients navigate these needs.
Peers assist by helping patients connect to:

- 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

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Emergency Department Initiation

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

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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

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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

- Harm reduction: naloxone, fentanyl & xylazine testing strips
- 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

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

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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
- Harm reduction: naloxone distribution and overdose education
- Fentanyl and xylazine testing strips with 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

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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 harm reduction 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

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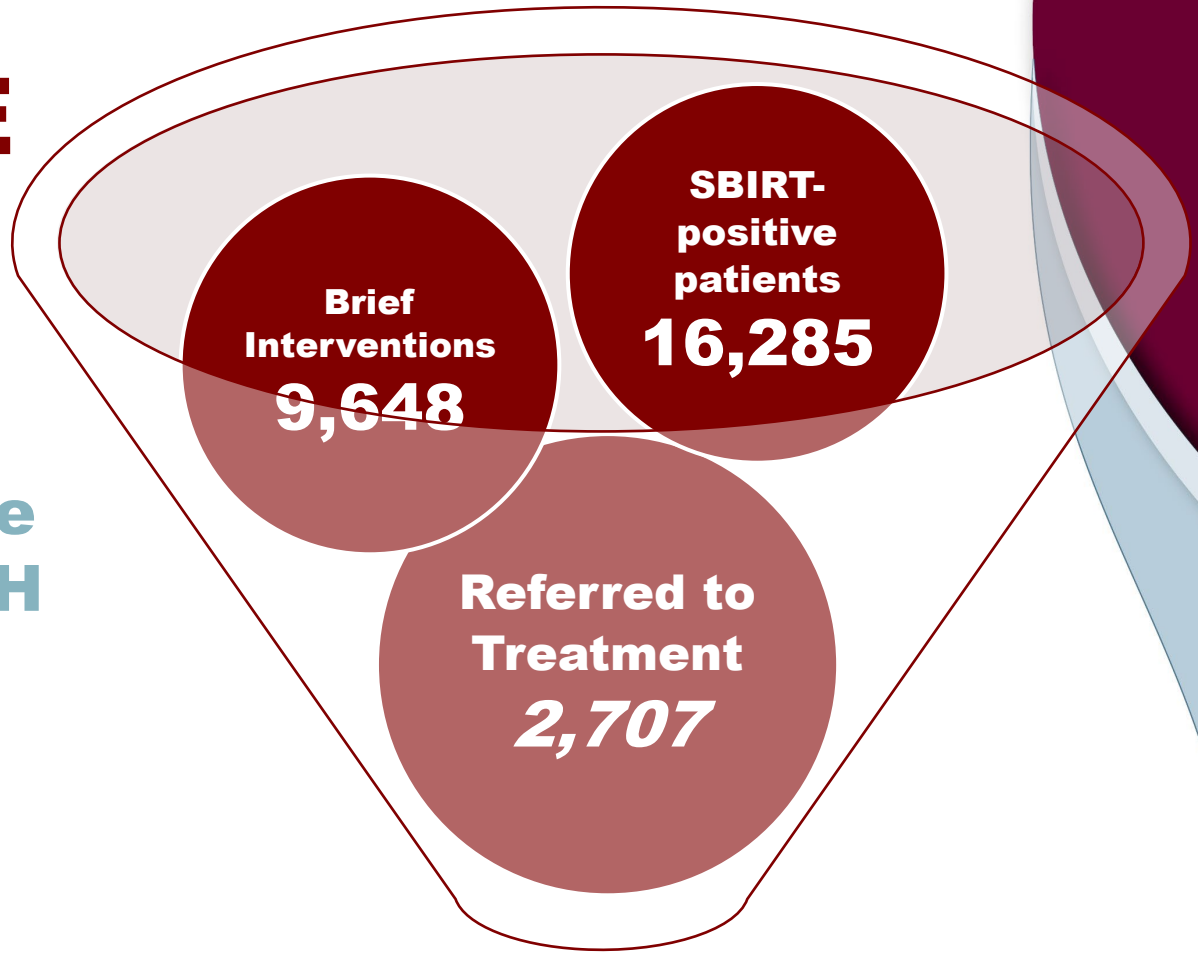
2025 SYSTEM-WIDE SBIRT OUTCOMES

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

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



Linked to Treatment

2,122

WHAT MAKES THESE OUTCOMES POSSIBLE

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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.

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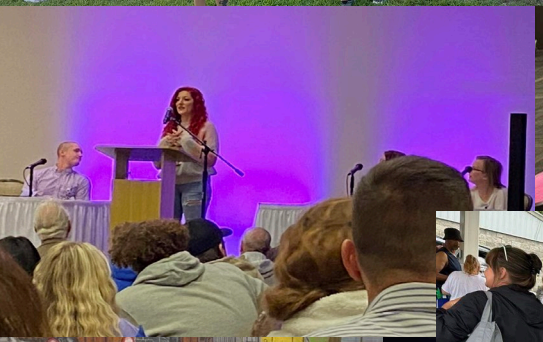
Community Outreach & Engagement







Community Outreach Impact (2025)

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- **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

- **13,327 Narcan Distributed**
  Saving lives through overdose prevention

- **5,470 Fentanyl Test Strips Distributed**
  Increasing awareness and safety

- **2,686 Xylazine Test Strips Distributed**
  Responding to emerging substance trends

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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

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Supporting peers ensures they can continue supporting others.

Sustainability & System Integration

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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

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HOSPITAL BENEFITS & COST IMPACT

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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.

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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.

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Questions?

Thank you for your time and attention.