

Recovery Coaches & Delivery of Peer Recovery Support Services: Critical Services & Workers in the Modern Health Care System

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What are peer recovery support services?

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- Services to help individuals and families initiate, stabilize early recovery, and/or sustain long-term recovery
- Non-professional and non-clinical
- Provide links to professional treatment and indigenous communities of support

They are not

- Professional addiction treatment services
- Mutual-aid support

When are peer recovery support services delivered?

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- **Across the full continuum of the recovery process:**
 - Prior to treatment
 - During treatment
 - Doctor's Office
 - Post treatment
 - In lieu of treatment

Where are they delivered today?

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- Recovery community centers
- Faith and community-based organizations
- Recovery homes and sober housing
- Emergency departments
- Addiction and mental health service agencies
- Jails and prisons
- Probation and parole programs
- Drug courts
- HIV/AIDs and other health and social service centers
- Children, youth, and family service agencies

Where else will they be delivered?

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- Emergency departments
- Primary care practices
- Patient-centered medical homes
- Federally Qualified Health Centers
- Accountable Care Organizations
- Community mental health centers
- Community-based alternatives to jails and prisons
- Schools & colleges

Why are peer recovery supports critical in the modern health care system?

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- Population changes
 - Increase in population diversity & younger cohorts of individuals from low-income families
 - ✦ Hispanic population increased 43% between 2000 and 2010
 - ✦ Increase in elderly population (87 million by 2050)
- Cultural understanding is essential
- Managing population health requires community education
- Provider shortages
- Health system is increasingly complex; peers provide navigation & advocacy to underserved & vulnerable populations
- Individuals with behavioral health conditions remain uninsured even with near universal access to insurance
 - In MA, average number of uninsured is 2%; average rate of uninsured with MH/SUDs is 16%

Who is delivering peer recovery support services?

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- Individuals with “lived experience” of addiction & recovery
- Peers are matched through shared experience as appropriate (i.e. gender, culture, veteran status etc.)
- A person who offers and receives help from the interaction to sustain recovery
- Paid staff
- Volunteers
- Some states reimburse for certified peer addiction recovery support professionals

One model: certified peer recovery support specialist

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- 2000: Established in Georgia as paraprofessional role in mental health workforce
- 2002: Arizona followed, adding individuals in addiction recovery as peer specialists
- As of May 2008:
 - 30 states developed criteria for peer specialists
 - 13 states have accessed Medicaid reimbursement for peer-delivered mental health and/or addiction services

Another model: Accreditation of Recovery Community Organizations

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- Reimbursement strategy centered on organizations, rather than individuals, delivering services
- Creates service stability in organization, even as peers come and go
- Serves to create organizational capacity to deliver services by building infrastructure
- Improves quality of services
- Allows those with non-violent MH/SUD criminal histories to work as recovery coaches or peer specialists
- Faces & Voices is moving forward in the direction of accreditation; test standards in 2012, finalize in 2013

Developing peer recovery support service guidelines

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Organizational and Practice Guidelines developed by SAMHSA's Recovery Community Services Program (RCSP) grantees and other community leaders:

- Five categories
 - Organizational capacity
 - Peer leader development
 - Ethical framework
 - Workforce management
 - Organizational governance
- Three domains: Standards, Practices, Indicators

Who is paying for peer recovery services?

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- Medicaid
- State, county & municipal service contracts
- Private pay
- Federal and state grants

Evaluation of peer recovery support services

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- Insufficient research on peer recovery support services
- Moving from promising to evidence-based practices
- RCSP: no cross-site evaluation, but 2011 GPRA data demonstrates positive outcomes at 6 month follow-up:
 - 75% abstinent (>16.8%)
 - 94.9% no arrests
 - 51% employed (<33.9%)
 - 51% housed (>31.8%)
 - <19-25% mental health symptoms

Community health workers & peer recovery coaches

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- Community health workers (CHWs) meet the needs of those with chronic conditions in underserved communities
- 67% paid; 33% volunteers
- Located in NFP and FP organizations such as clinics, hospitals, schools, physician offices, individual child/family agencies & community-wide educational promotional activities

Models of engaging community health workers

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- Member of care delivery team (subordinate to a lead provider)
- Navigator (more emphasis on CHWs' capabilities in assisting individuals & families in negotiating complex service systems)
- Screening & health education provider (common use of CHWs; administering basic screening instruments in neighborhoods or rural areas where other professionals reluctant to practice)
- Outreach/enrollment agent – persuading individuals/families to apply for help/benefits/providers

How are peer specialists or recovery coaches similar to community health workers?

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- Definition of community health worker excerpted from 2007 HRSA report entitled, “Community Health Workers: National Workforce Study” (March 2007)

“Community health workers are key members of communities who **work for pay or are volunteers** in association with the local health care system in both urban and rural environments and **usually share ethnicity, language, socioeconomic status and life experiences with the community members they serve... Community health workers assist people in receiving the care they need, give informal counseling and guidance on health behaviors, advocate for community and individual health needs and provide direct services** such as first aid and blood pressure screening.”

How are peer specialists similar to community health workers?

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- Excerpted from Faces and Voices of Recovery
Definition of Peer Recovery Coach
 - Personal guide and mentor for individuals/families seeking to initiate, achieve and sustain long-term recovery from addiction including medication assisted, faith based, 12 step and other pathways to recovery
 - **Connector and navigator in recovery supportive systems** and resources including housing, employment, and other **professional and non-professional services**
 - **Liaison to formal and informal community supports,** resources and recovery supporting activities

Source: Addiction Peer Recovery Service Rules: Recovery Management in Health Reform

Case Study: McShin Foundation -Richmond, VA

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- Offering peer recovery supports: recovery community centers, housing, employment & alternative to jail
- Founded in 2004 by 2 individuals in recovery in a state with a long waiting list for public treatment
- Modeled after SAMHSA's Recovery Community Support Program initiated by SAMHSA in 1998 – advocacy and peer recovery support services



Case Study: McShin Foundation -Richmond, VA Continued

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- Serving the distinct needs of Richmond Recovery Community – housing, recovery community center as hub of recovery programming & social activities, employment skills building and placement, community outreach de-stigmatizing addiction
- Using diverse funding streams to sustain operations – 85% from housing and individual and family donations from the recovery community; 15% from local and state grants



Education & training of McShin recovery coaches

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- McShin Recovery Coaching Manual developed through a SAMHSA grant
 - <http://mcshinfoundation.org/node/480>
- NAADAC-certified 2 day recovery coaching training; 16 CEUs provided for professionals
- Recovery coaching training provided monthly at McShin and on an “as requested basis” in communities
- Approximately 800 recovery coaches trained in and outside of VA in 2 years



McShin staffing & educational requirements

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- Founder
- Executive Director
- Senior Peer Leader
- Senior Peer Leader
- Senior Peer Leader
- Development Officer
- PT Technology Office
- Peer leaders have a minimum of 3 years and up to 27 years in long-term recovery
- A high school diploma or GED is required
- 2-Day McShin Peer Recovery Coaching required plus continuing education and on-site technical assistance

McShin's Partnerships with Medical & Criminal Justice Systems

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- McShin partnered with a local addiction physician to help establish 10 day Suboxone detox for individuals with opiate addiction and customized detox programs for individuals with alcohol and benzodiazepine dependencies
- Medical detox & active recovery housing & supports is more effective model for treatment-resistant opiate dependent patients

McShin's Partnerships with Medical & Criminal Justice Systems Continued

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- Caroline County VA Commonwealth Attorney asked McShin to help establish a recovery community center in rural VA county after community had a 112% increase in serious crime between '03 – '07; 85% of offenses committed by individuals with SUD
- Caroline Recovery Center now allows individuals convicted of non-violent SUD offenses to attend programming at the Caroline Recovery Center in lieu of jail
- All probation, parole & drug testing requirements occur on-site at Caroline Recovery Center. Individuals who remain out of trouble for 1 year have criminal record expunged. Drug testing or other violations require 1, 2 or 3 week stays in jail. After 3 times, remanded to jail.

Resources

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- **McShin Foundation**
 - www.mcshin.org
- **Faces and Voices of Recovery**
 - [www. Facesandvoicesofrecovery.org](http://www.Facesandvoicesofrecovery.org)