

Peer Recovery Support Services: Recovery Management in Healthcare Background paper

Over the last ten years a growing number of recovery community organizations have pioneered the development and delivery of peer recovery support services for people seeking to achieve or sustain long-term recovery from addiction to alcohol or other drugs. These services are improving opportunities for individuals and families by linking professional treatment and organized indigenous communities of support.

I. Differentiating peer recovery support services from other services

Peer-based recovery support is the process of giving and receiving nonprofessional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems. This support is provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery. (William White. 2009)

Peer recovery support services are adaptable across the continuum of care and are distinguished from professional treatment and mutual aid.

Professional addiction treatment services: These services are provided by individuals with formal education in a clinical/medical setting. The treatment services offered reflect the treatment philosophy of each service provider, including primary care physicians. While some addiction professionals in long-term recovery may volunteer to provide peer recovery support services, they would not be acting in their professional capacity if they took on this role. Professionally-directed treatment providers are accredited and licensed to provide those services. Their staff/counselors are credentialed.

Mutual aid support: Mutual aid is provided by individuals with experiential knowledge within a particular community of recovery. In a mutual aid setting, support is based on the beliefs and practices of a particular recovery fellowship. "Service work" in the context of mutual aid differs from peer recovery support services because it is based in a particular fellowship and part of a personal program of recovery. Some people who are peers and/or receiving peer recovery support services are also members of mutual aid groups.

There is a long history of people in recovery from addiction serving as case managers, counselors, crisis workers, job coaches, and residential managers, and participating in mutual aid groups. For people with mental illness, there is a more recent development of mutual aid support and involvement in the more formal systems of care.

II. Where are Peer Recovery Support Services in the Recovery Process?

Peer recovery support services can be delivered across the full continuum of recovery, regardless of whether or not a person uses clinical treatment services. They can be offered before an individual enters treatment or when they are waiting for a service opening. They can coincide with treatment services, providing a connection to community while a person is in treatment. Following treatment, peer recovery support services help people manage their own recovery by developing recovery skills, accessing resources to support ongoing recovery and giving them an opportunity to further enrich their recovery through volunteer work in recovery support settings.

For the millions of Americans who are not receiving clinical treatment for whatever reason, peer recovery support services provide an invaluable community network (including or in lieu of mutual aid groups) and infrastructure for recovery initiation.

Peer support programs are an important mechanism for increasing individuals' self-efficacy beliefs and decision making capabilities. Evidence shows that seeing or visualizing those similar to oneself successfully performing activities typically increases a person's belief in his or her own ability to perform those activities successfully.

III. Types of Peer Recovery Support Services

Peer Recovery Support Services can be organized by a) service role, b) social support domain, and c) modality.

Service Role	Social Support Domain	Modality
Peer/Recovery Coach	Emotional Informational Instrumental	Individual
Peer Resource Coordinator	Informational Instrumental	Individual
Support Group Facilitator	Emotional Informational	Group
Workshop Facilitator	Informational	Group
Substance-free Activities	Affiliational	Community
Recovery Community Centers	Affiliational	Community

Service Roles

Peer/Recovery Coach: trained to serve as a personal guide and mentor for people seeking or already in recovery, regardless of pathway to recovery. Coaches provide emotional support; assisting with setting recovery goals and developing recovery plans; restructuring life and daily schedule to accommodate recovery; developing new friendship networks; forming and improving life skills and gaining access to services and resources. The recovery coach does not perform mutual aid service work and links individuals to mutual aid support. *(The role of Peer/Recovery Coach often includes tasks of Peer Resource Coordinator: see below.)*

Peer Resource Coordinator: connects individuals (and sometimes families) to concrete resources to support their recovery including housing, employment, professional and nonprofessional services. Peers offer experience in navigating – and often walking the individual through – different systems, services, and cultures such as child welfare, criminal justice, mental health, primary health (including HIV services), and dental services.

Support Group Facilitator: organizes, convenes, and facilitates general and special topic recovery support groups. Groups are not based on the philosophies of a particular pathway to recovery, are often ongoing, can be gender- and culturally-specific, and cover issues such as living

with HIV and/or Hepatitis C, living without substances and criminal activity, family reunification, and developing new friendships and support circles.

Workshop Facilitator: develops and conducts workshops that disseminate information, develop knowledge, and build skills to support recovery. Workshops can be single or multiple events and cover a range of topics including job-readiness skills, reentry and record expungement, nutrition, and healthy relationships.

Coordinator of Substance-free Activities: provides opportunities for individuals and family members to access social inclusion, association and kinship with community, and leisure and socialization activities in substance-free settings.

Recovery Community Centers: provide a hub for peer recovery support services, other community supports, and public space for individuals and families to convene in an environment that supports and promotes recovery.

Social Support Domains

Peer recovery support services fall into 4 social support domains:

- **Emotional** (supports that foster hope, resiliency, confidence, and self-esteem);
- **Informational** (develops knowledge and skill-building);
- **Instrumental** (provides concrete assistance with housing, transportation, employment, etc.); and
- **Affiliational** (fosters community kinship and social inclusion).

IV. Where are Peer Recovery Support Services Delivered?

Depending on where a person is in his or her recovery process, they can receive services in a variety of settings. Peer recovery support services are being delivered in urban and rural communities to many different population groups defined by age (adolescents); race or ethnicity (Native American, Latino, African American); gender and sexual orientation; and/or co-existing conditions/status such as incarceration, homelessness, mental illness or HIV/AIDs.

Many recovery community organizations have established recovery community centers where educational, advocacy, and sober social activities as well as a place for mutual-aid meetings are offered in addition to peer recovery support services. These recovery community centers are helping to bridge the gap between treatment and incarceration and long-term recovery. Peer recovery support services are also offered in churches and other faith-based institutions; recovery homes/sober housing; jails and prisons; probation and parole programs; Drug Courts; HIV/AIDs and other health and social service centers; and addiction and mental health service agencies.

V. What Organizational Entities are Delivering Peer Recovery Support Services?

The vast majority of peer recovery support services are being delivered by nonprofit recovery community organizations governed by members of the recovery community. Other entities include

nonprofit organizations focusing on the service needs of specific populations such as people with HIV/AIDS; people with mental illness; and child welfare agencies.

VI. Who is Delivering Peer Recovery Support Services?

Services are delivered by people with the lived experience of recovery from addiction to alcohol and other drugs, either as a person in long-term recovery or a family member or significant other. There is a mutuality to peer recovery support, with the person giving and receiving support benefiting from the interaction. Whether paid or volunteer, there are various levels of training offered to members/peers who are providing services. Organizations that have an all volunteer peer base have paid staff whose primary job is to train and supervise volunteer peers. In a growing but limited number of states, there are certified peer addiction recovery support specialists.

VII. Credentialing for Certified Peer/Recovery Specialist

In 2000, Georgia became the first State to establish a certified peer recovery support specialist as a paraprofessional role in its mental health workforce. In 2002, Arizona quickly followed, adding individuals in recovery from substance use to mental health disorders. Since then a majority of States have established peer recovery support specialist roles, as well as systems for certification, primarily for people in mental health recovery. Exceptions include Illinois, North Carolina, and New Hampshire that have an addiction recovery component to their systems. Georgia and Texas are among the States where there is consideration for certification for addiction peer recovery support specialists.

As of May 2008, 30 states had developed criteria for the training and deployment of “peer specialists,” while at least 13 states have initiated a Medicaid waiver option that provides reimbursement for peer-delivered mental health services.

VIII. Peer Recovery Support Services Organizational and Practice Standards – State of Development

In 2007, project leaders from the Substance Abuse and Mental Health Services Administration’s Recovery Community Services (RCSP) program and invited guests came together to develop a set of draft standards pertaining to organizations providing peer recovery support services. RCSP grantees are community-based organizations providing peer recovery support services that help people initiate and/or sustain recovery from addiction to alcohol and other drugs. They provide linkages to and from other systems including professional treatment, criminal justice, child welfare and employment. The intention was to use the best thinking of leaders who were administering and providing services to generate a set of practice standards that would reflect the recovery orientation and peer-grounded and lived recovery experience of the communities in which services were initiated and delivered.

The resulting draft document is a guide for organizations providing peer recovery support services, those who administer and finance health and social support systems. It does not cover provider competencies, best practices, or the services themselves.

The draft standards, which have not been publicly released, are divided into 5 categories, each with focus areas. Each focus area is broken down into 3 domains:

- **Standards** (operating criteria)
- **Practices** (activities that build and support the standards)
- **Indicators** (performance measurements and/or demonstrated levels of quality)

Indicators are specified for two levels of performance:

- **Sufficient:** Adequate to meet the standard.
- **Proficient:** Advanced in meeting the standard.

Five Standards Categories	Focus Areas
1). Organizational Capacity	a). Community strengths and needs assessment b). Program design c). Program implementation d). Program management
2). Peer Leader Development	a). Recruitment b). Screening, selection and orientation c). Peer leader training and development d). Retention
3). Ethical Framework	a). Program values b). Empowerment and foundation in strengths c). Stewardship d). Roles e). Boundaries f). Honesty, mutual respect and integrity g). Self-care and wellness h). Inclusion and pathways to recovery i). Peer integrity j). Confidentiality k). Safety
4). Workforce Management	a). Workforce policies b). Supervision of peer leaders c). Staff development
5). Organizational Governance	a). Board of Directors and communities of recovery b). Board of Directors and larger community

IX. Who Pays for Peer Recovery Support Services?

A. Federal Grants and State Grants and Appropriations: Since 2002, the main source of funding has been the Substance Abuse and Mental Health Service Administration’s (SAMHSA) Recovery Community Services Program (RCSP) initiative. Grantees cycling off RCSP funding have

developed various means of sustaining their programs. For example, the Association of Persons Affected by Addiction (APAA) is funding its peer services to people with co-occurring disorders through a contract with Value Options, a managed care insurance company. Connecticut Community for Addiction Recovery (CCAR) receives State funding (criminal justice and health) to deliver specified peer services. Pennsylvania Recovery Organization – Achieving Community Together (PRO-ACT) receives funding from the City of Philadelphia for a recovery community center in addition to its current RCSP grant. As the RCSP-funded initiatives developed, other recovery community organizations were developing, many with a mission of developing and delivering peer recovery support services. The demand for RCSP grant awards has grown dramatically, with over 200 applicants for 7 awards that are to be announced in the most recent round of funding.

Another SAMHSA program, Access to Recovery (ATR), begun in 2004, has been instrumental in developing (mostly non-peer) recovery community services. As this program gains traction, there is a possibility that more ATR-granted States will have access to former RSCP grantees and other recovery community organizations and make available peer recovery support services as part of their comprehensive service menus. Because of the nature of a voucher program, providers in an ATR network cannot rely on dependable and consistent funding from this source.

In addition, the states of Vermont, Massachusetts and New York are funding recovery community centers where peer recovery support services are delivered. The first of Vermont's nine recovery centers, organized as The Vermont Recovery Network, has been funded by the state legislature since 2001.

Finally, as recovery support services – both peer and non-peer – are becoming a more familiar entity on the service landscape, recovery community organizations are obtaining service contracts from State, county, and municipal agencies.

B. Private pay: People are paying out-of-pocket for peer recovery support services delivered through for-profit businesses such as Sober Champion (www.soberchampion.com), one of a growing number of such businesses.

C. Medicaid Reimbursement (CMS Memo to State Medicaid Directors, SMDL #07-011, 8.15.07)

Primarily routed through the following authorities

- Section 1905 (a) (13), the rehabilitation services option
- 1915(b) Waiver Authority, managed care/freedom of choice waivers
- 1915 (i) Deficit Reduction Act Authority

Stipulations:

1. Supervision: by State-defined competent mental health professional
2. Care Coordination: including person-centered recovery service plan with individualized goals and measurable outcomes
3. Training and Credentialing of Peers (and continuing education requirements): as defined by State

X. Reimbursement Rates for Peer Recovery Support Services

Here are some examples of rates for peer recovery support services.

Service Type Description	Billing Code	Modifier	POS	Rate	Per
GRPS PEER SUPPORT	H0038	HQ	11	\$4.00	PER 15 MINUTES
INDS PER SUPPORT OFFICE	H0038		11	\$23.73	PER 15 MINUTES
PEER SUPPPORT IND PUT OFFICE	H0038	HQ	99	\$4.00	PER 15 MINUTES
PEER SPT IND OUT OFFICE	H0038		99	\$23.50	PER 15 MINUTES
FAMILY SUPPORT NOTE DETOX	H0038		11	\$23.73	PER 15 MINUTES
GRPS PEER SUPPORT	H0038	HQ	11	\$2.91	PER 15 MINUTES
INDS PER SUPPORT OFFICE	H0038		11	\$11.00	PER 15 MINUTES
PEER SUPPPORT IND PUT OFFICE	H0038	HQ	99	\$2.91	PER 15 MINUTES
PEER SPT IND OUT OFFICE	H0038		99	\$11.00	PER 15 MINUTES
FAMILY SUPPORT NOTE DETOX	H0038		11	\$11.00	PER 15 MINUTES

XI. Evaluation of Peer Recovery Support Services

There has been very little research on peer recovery support services. A study of peer support programs for people with co-occurring psychiatric and substance use disorders found that people who received the services of a “friend’s connector” (peer recovery coach) had dramatically fewer crises and hospitalizations, less alcohol and drug use, improved living circumstances, enhanced income, and enhanced health compared to those who did not receive recovery coaching. In another study, the use of recovery coaches to help integrate addiction treatment and child welfare services for parents in substance-involved families enhanced access to treatment and resulted in increased rates of family reunification

There’s a growing body of research on recovery checkups, confirming the utility of post treatment recovery checkups (monitoring, support, re-intervention, relinkage to treatment) on long-term recovery outcomes for adults and adolescents. The studies have not reported on the recovery status of those conducting the face-to-face or telephone recovery checkups, so the degree to which these effects would be sustained or even enhanced within a peer delivery model is unknown.

While there has been no cross-site evaluation of the RCSP program, there have been process evaluations that report data on service volume and the experience and lessons learned from RCSP grantees. RCSP grantees are required to collect Government Results and Performance Act (GPRA) data from individuals

accessing services at baseline and 6 month follow-up. Numbers from the program have shown consistent positive results. The most recent collected data is below:

- 75% of clients reporting no substance use, an increase of 16.8%
- 95.9% of clients reported no arrests at 6 Month Follow-up
- 51% of clients reporting being employed, an increase of 33.9%
- 51% of clients reporting being housed, an increase of 31.8%

Mental Health Outcomes

- Clients experiencing serious depression decreased 19.6%
- Clients experiencing serious anxiety decreased 21.7%
- Clients experiencing trouble understanding, concentrating, or remembering decreased 25.8%
- Clients attempting suicide decreased 23.1%
- 20% of clients were prescribed medication for psychological/emotional problem at 6 Month follow-up

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