

NASMHPD Division of Recovery Support Services (DRSS) 2021 Survey Overview

Key Takeaways

DRSS Members

- 44 States/Territories Received the Survey
- 19 States/Territories Responded

Types of RSS Focus of RSS

- 20 Distinct RSS Types Reported
- 12 Diverse Populations Targeted

RSS Partnerships RSS Funding

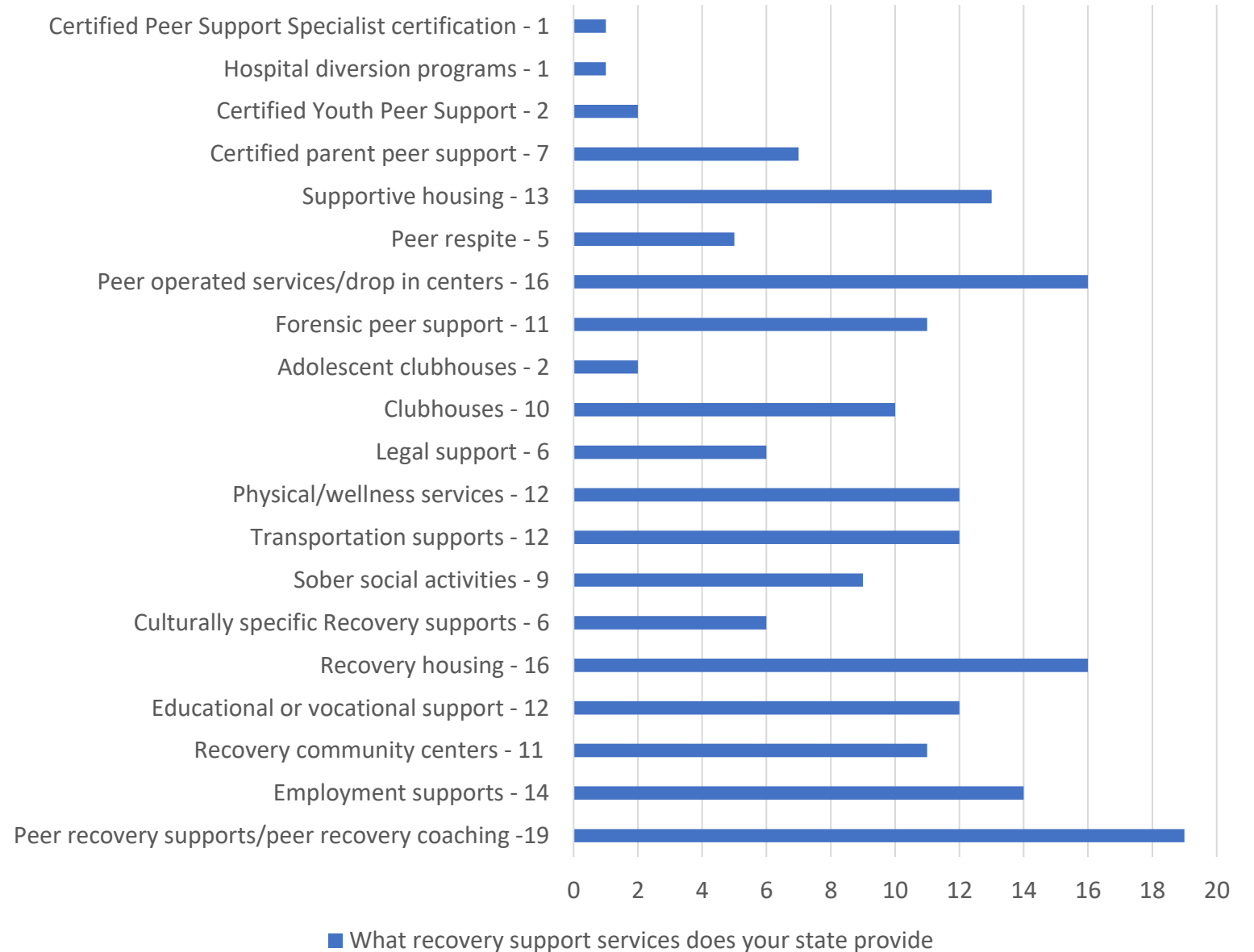
- 12 Diverse State Agencies/Systems Involved in RSS Implementation
- 8 Diverse Funding Streams Used to Implement RSS

DRSS 2021 Survey

Question 1:

Types of Recovery Support Services Offered

What recovery support services does your state provide

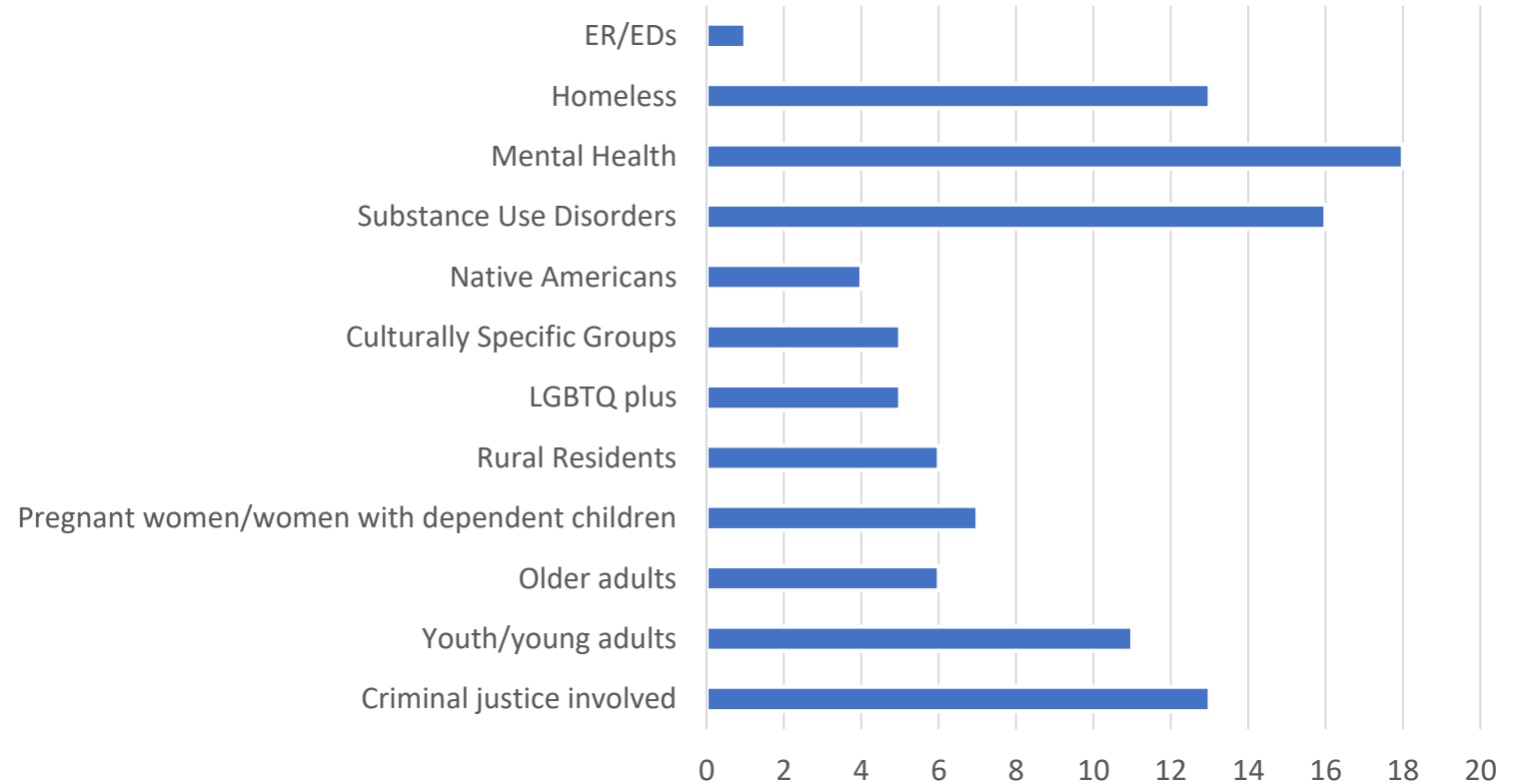


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Question 2:

Targeted Populations for RSS

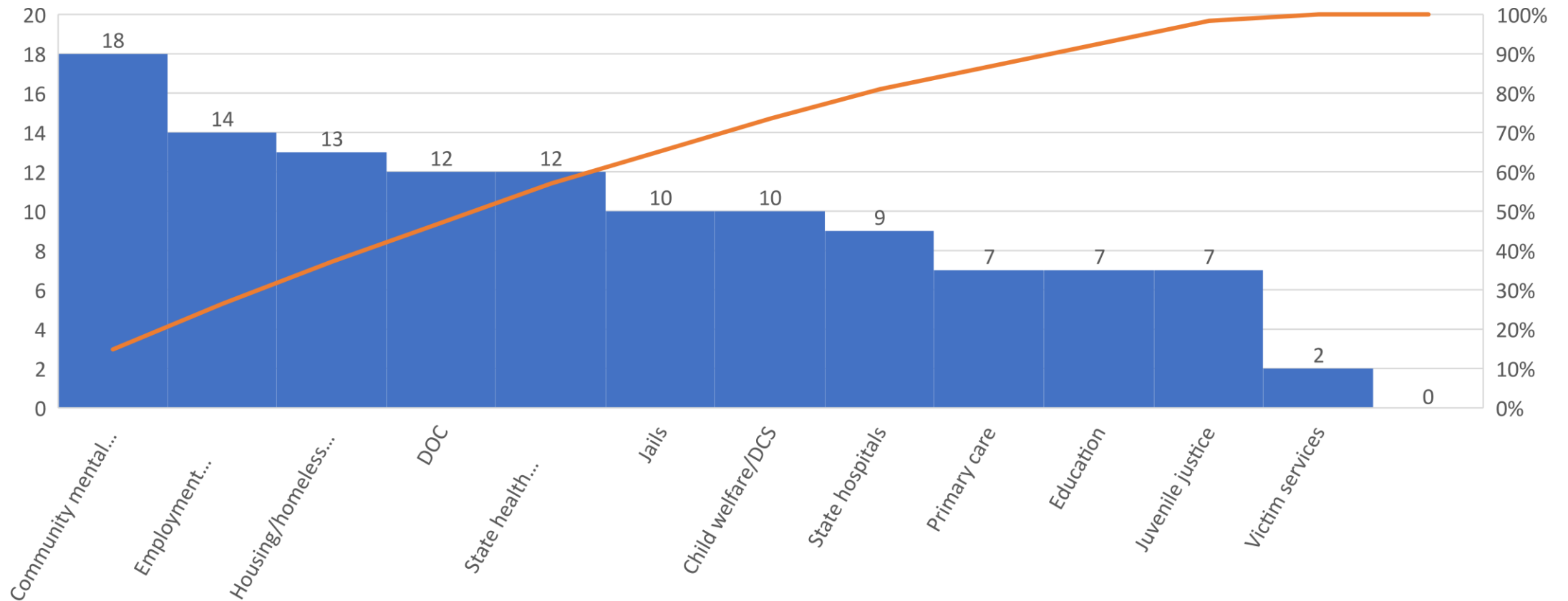
Are you providing targeted recovery support services for any of the following specific populations?
(Please select all that apply)



■ Are you providing targeted recovery support services for any of the following specific populations?
(Please select all that apply)

Are you working with any of the following systems/state agencies to provide Recovery support services?

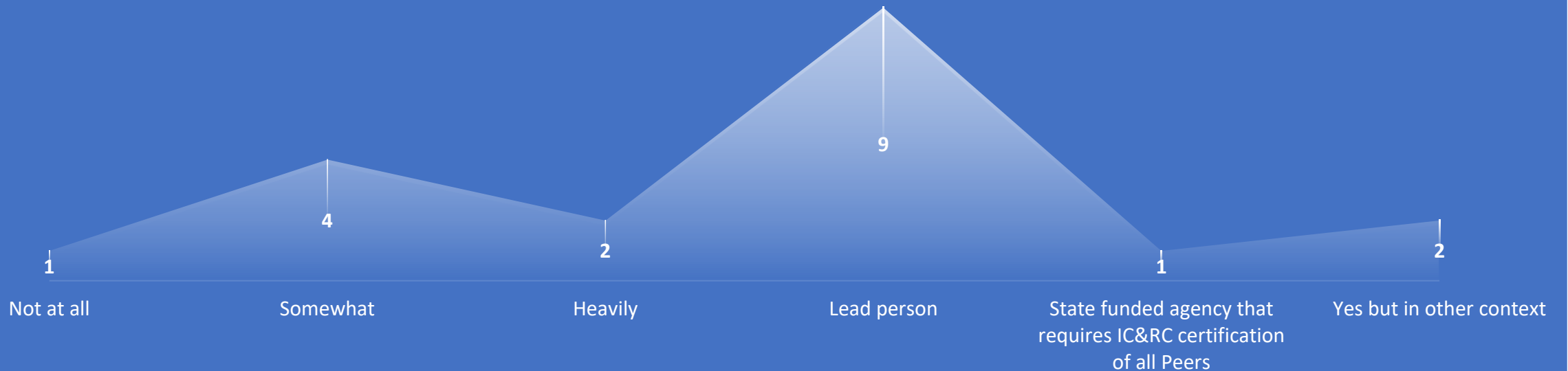
Question 3:



Level of Recovery Staff involvement in peer service delivery within States.

Question 4

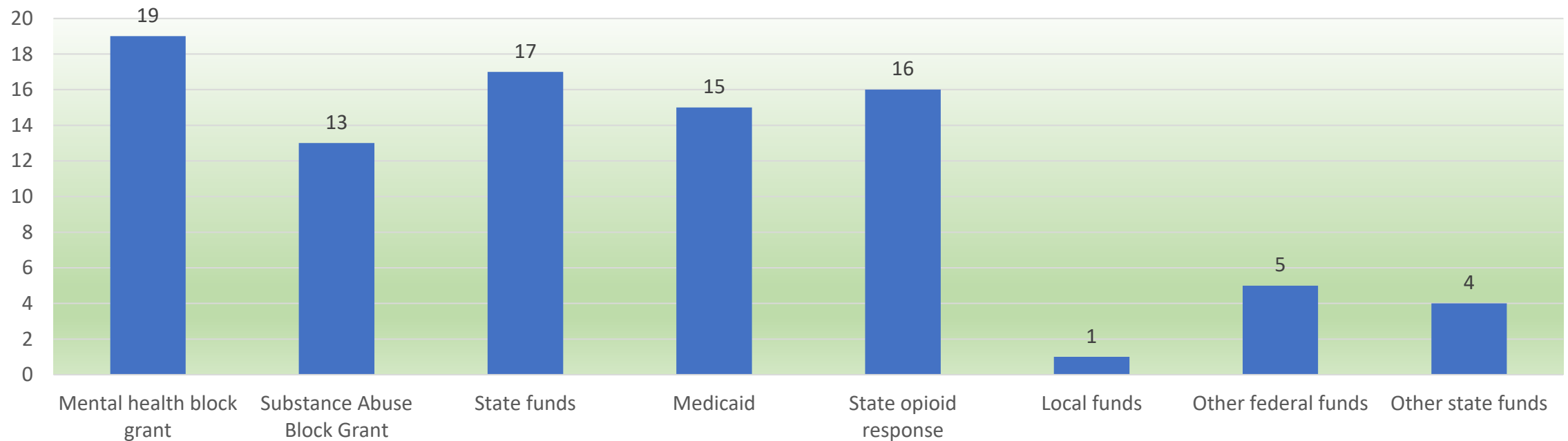
■ Are you directly involved in the oversight of certified peer services within your state agency (ie.. monitoring, Credentialing, training)?



Diverse RSS Funding Options

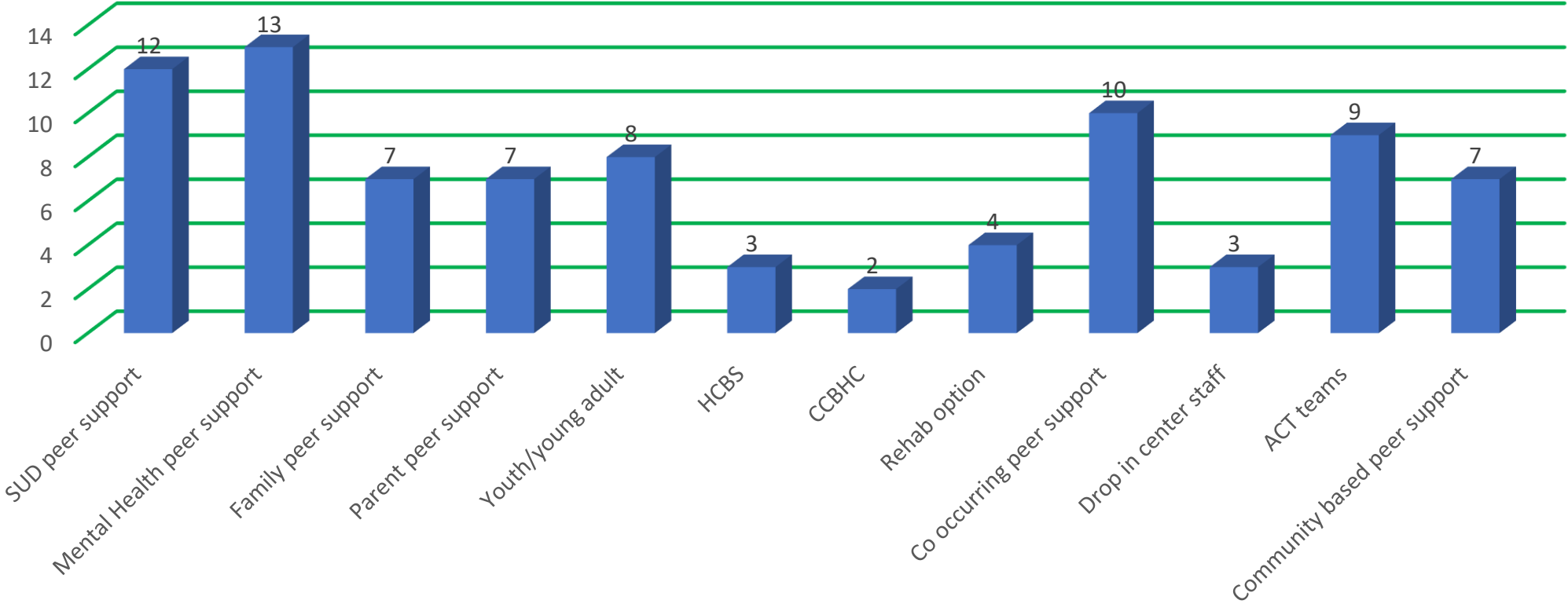
Question 5

What funding sources do you use to finance recovery support services? Please check all that apply.



■ What funding sources do you use to finance recovery support services? Please check all that apply.

If your state offers Medicaid reimbursement for peer services, please describe the types of peer delivered services covered (e.g.. family, youth, substance use disorder, mental Health, other). Select all that apply.



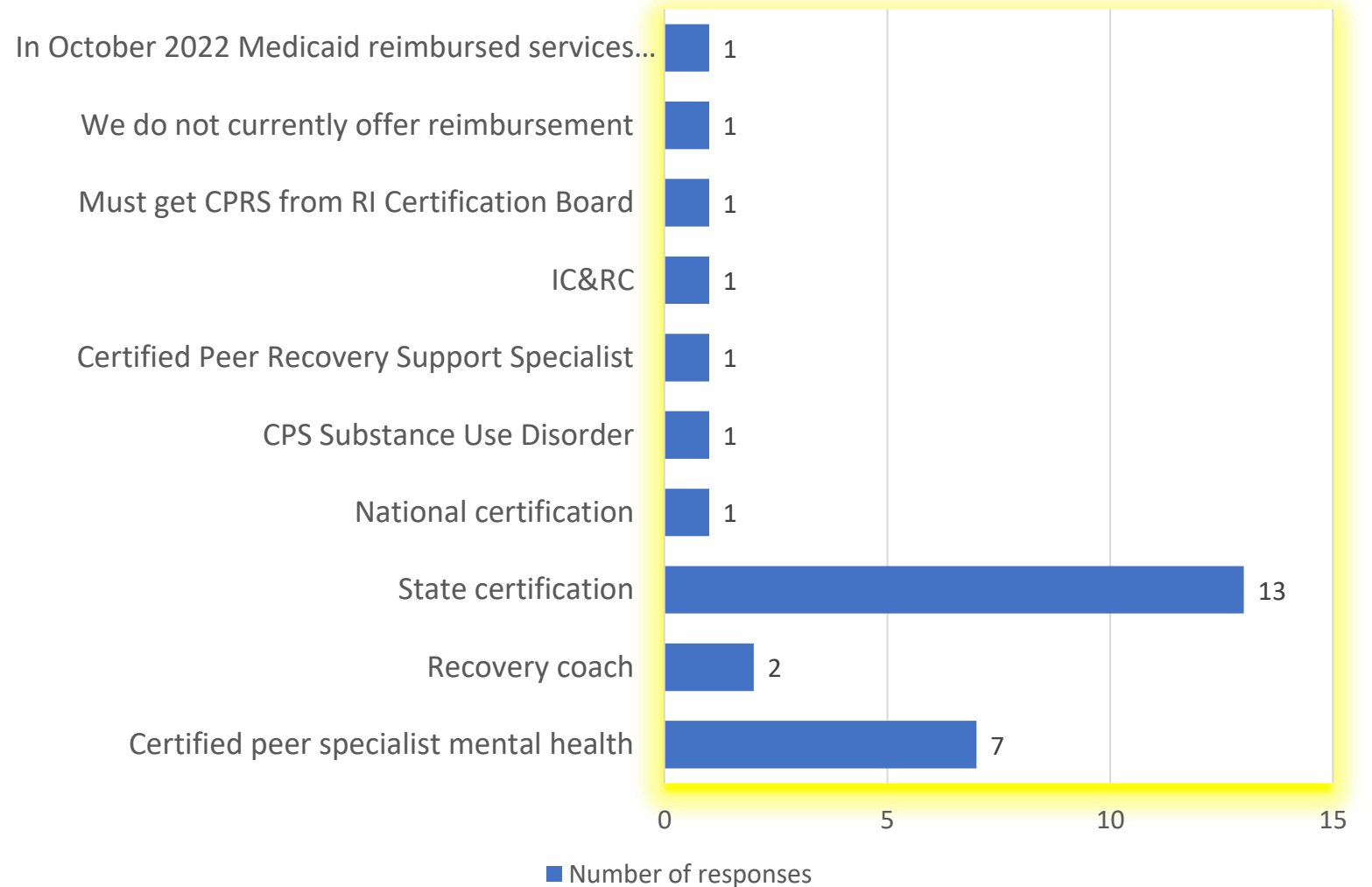
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Question 7:

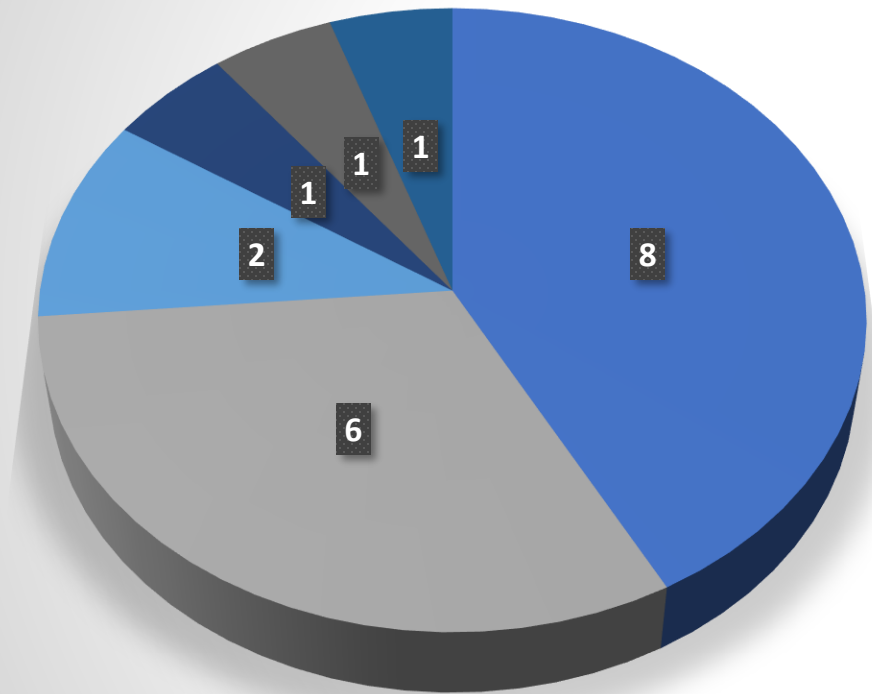
What credential is required of recovery coach/peer specialist to deliver and receive reimbursement for their services in your state? If different for Medicaid reimbursement then please explain.

(there is likely 2 'other' responses that can be included in State Certification)

Number of States Responses



Does your state license or have oversight for recovery housing?



■ YES 8

■ NO 6

■ SOME

■ We partner with Oklahoma Alliance of Recovery Residences and Oxford Homes.

■ Our agency has delegated this to the state NARR affiliate.

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Question 9:

What would you most like to learn from your colleagues in other states?

- We are still working in more fully implementing this service in Arkansas. Any lessons learned or general information is helpful. Provider engagement in this service has been unfortunately slow, so help with that would be wonderful.
- **Wages Career Path for peer specialist**
- Increased support of peer support by MH providers
- Everything they are doing that's working that we aren't doing yet.
- **I'm excited about learning what other states are doing. I'm new to this position and I'm exploring.**
- **Peer support in crisis services, peer supervision**
- Training and infrastructure development
- How to expand Medicaid funded peer and family support services.
- How they have successfully partnered with the community
- How to navigate services becoming reimbursable.
- How peer and family supporters are being trained for specialty populations, any intentional efforts to organize the workforce through professional associations, organizations.
- Expanding roles of CPSs in all aspects of recover from mental illness, SUD, etc.
- Recovery Housing and Medicaid
- How to continue to support services reimbursed by Medicaid with MH & SUD Block Grant funds for purposes of block grant monitoring and reporting
- **Best Practices and data collection tools.**
- New initiatives and data collection on outcomes. Employment repository for PRSS/monitoring tools

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Question 10:

Part 1:

What are two or more innovative recovery initiatives in your state that you would like to share with your colleagues?

- 1) Arkansas has a 3-tier model for Peer services, the core level, and advanced level, and a supervisory level. Each has its own training and requirements. We hope that it ensures a career ladder for our peers.
- 2) Alabama RESPECT Initiative Training Alabama Institute for Recovery
- 3) PRSS-Crisis Track PRSS-Latinx Track
- 4) Peer run Addiction & Recovery Support Centers, ARSCs Parent peers in the Emergency Department
- 5) CRSS Success Program - certification program being rolled out through colleges/universities (all expenses paid, paid internships, and supportive services for students)
- 6) Step-up/Step-down programs (SUSD)
- 7) We've done well with hiring people in recovery who have experienced homelessness in housing jobs, such as PATH Outreach workers, here. We also have a long history of using BG funds to fund peer supports.
- 8) Forensic Peer Support and Crisis Services

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Question 10:

Part 2:

What are two or more innovative recovery initiatives in your state that you would like to share with your colleagues?

- 1) Behind the Wall Peer Training - we trained incarcerated citizens behind the fence to become CPRS. Individuals with short term sentences will be credentialed upon release and those with long term sentences will be able to provide peer support services within the institution. Peer Certification Expansion Fund - this provides funding to cover the Peer Certification expenses for individuals obtaining their Certified Peer Recovery Specialist credential.
- 2) Medicaid collaboration, workforce development initiatives, We have an outstanding RCO that we fund - Roads to Recovery
- 3) We have 6 Overdose Response teams (Peer and Police team up) 5 Hospitals with peers working inside Emergency Room 6 Peer Recovery Jail programs Peers working inside the Department of Health Division of Youth Services (DYS) Behavioral Health Agencies and Substance Treatment Centers Department of Human Services 3 Recovery Community Organizations (RCO) Drug courts Prison system
- 4) Peer Workforce Training Hub-a one stop shop for the peer workforce and their employers to gather resources, get continuing education, and raise awareness of best practices in peer support.
2. An integrated network of peer centers and recovery community organizations that work together to provide collective advocacy in the community on both systemic and individual issues.
- 5) Lived experience feedback survey/annual report that drives the Division's decision making and innovative recovery data collection outcomes and strategies.

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Question 11:

Part 1:

If you could replicate one of the recovery programs/initiatives from your State what would it be and why?

- 1) Currently we only have one official and certified Recovery Community Organization and I would like to have more.
- 2) Peer run Addiction & Recovery Support Centers, ARSCs
- 3) SUSD
- 4) Expanding our peer support specialists into other settings because they can have such a powerful impact on people's lives but they are not Medicaid funded here yet.
- 5) The Behind the Wall Peer Training because it provides training to incarcerated citizens. This allows the individuals with short term sentences to be released with their CPRS credential opening up more opportunities for employment. It also allows individuals with long term sentences to become CPRS and provide peer support services to their fellow incarcerated citizens.

DRSS 2021 Survey

Question 11:

Part 2:

If you could replicate one of the recovery programs/initiatives from your State what would it be and why?

- 1) We have an outstanding RCO that we fund - Roads to Recovery
- 2) Our model of peer support and supervision
- 3) The Law Enforcement Assisted Diversion (LEAD) program which is a pre-arrest and pre booking diversion that offers referral to recovery supports and treatment instead of entering the justice system.
- 4) Lived experience feedback loop.
- 5) Crisis Services that include PRSS. Who is better to help someone through a crisis than individuals who have had that experience in their own recovery journey.

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Question 12:

Is there anything else you would like to share or that you wish that this survey had asked?

- 1) My office is not taken seriously by bureau management. I no longer report to the bureau chief, my one other position was taken away from me, and I am no longer allowed to go out in the community to meet with consumers. My office has essentially been made powerless. I would have liked to see some questions about bureau support recovery support services and how to re-emphasize the importance of recovery supports and the role in all issues facing those with lived experience.
- 2) Interested in learning more from my colleagues on Family Support for children and adults. Wished the survey asked more questions on how we are all gathering data/tracking and trending.

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Question 13:

Part 1:

What do you think the Division of Recovery Support Services should prioritize over the next two years?

- 1) Quality of services, appropriate training
- 2) Peer salary, Crisis Services, and Medicaid/Medicare/CMS guidance to state authorities on Peer services.
- 3) Housing and additional support to the Peer Workforce
- 4) Diversity, equity, and inclusion
- 5) Peer support in crisis services
- 6) Recovery housing issues are very hot here and we can always use help with peer supervision and ethics.
- 7) Standards of excellence for peer support and national outcome measures/best practices for peer support.
- 8) Elevating ROSC initiatives
- 9) Peer work/Peer Supervision Career Ladders Recovery Homes
Each state should build out an "Office of Recovery"

DRSS 2021 Survey

Question 13:

Part 2:

What do you think the Division of Recovery Support Services should prioritize over the next two years?

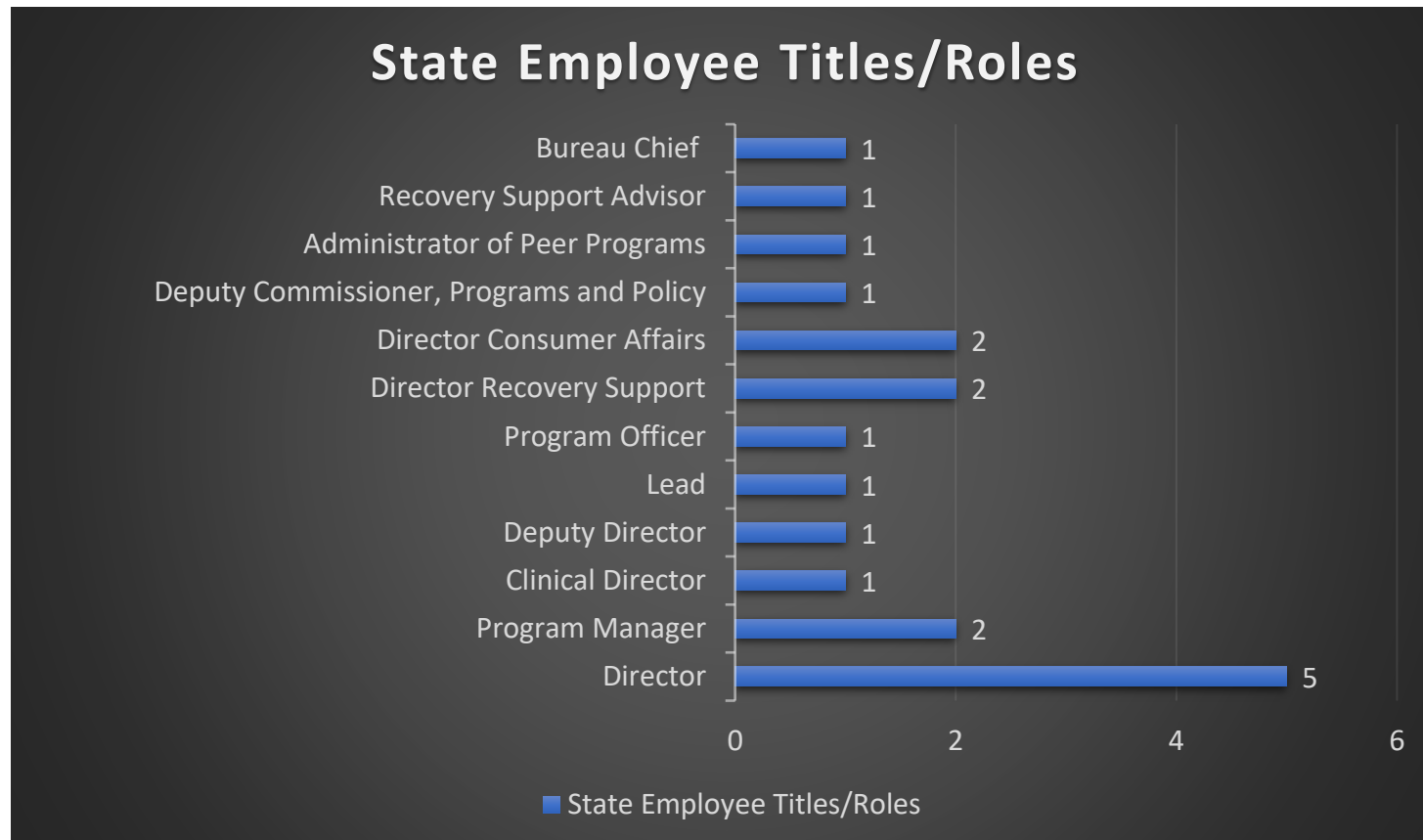
- 1) Medicaid reimbursement for mental health peer support in all states that currently support SUD peer support with Medicaid
- 2) Data collection and reviews for recovery support services
- 3) First, I think most clinical staff don't see the role or value of peers and would benefit from some education. There is not nearly as much partnership between clinical staff and peer staff as I would hope for, and I think more collaboration between these staff would result in better services for people. Second, in RI, peers say they want to be professionals and want to get health insurance reimbursement, and they want to continue to get state funding...but they don't want to have to do the paperwork, data collection, and collaboration work that comes with it. There's a sense of entitlement they have that is misplaced.
- 4) Outcome data collections on peer support and Family Support and value of our offices, research demonstrating efficacy of peer support and family support; create standardization basics for our office.

DRSS State Membership

Info as Reported by Survey Respondents

DRSS State Membership

What is your title/role?



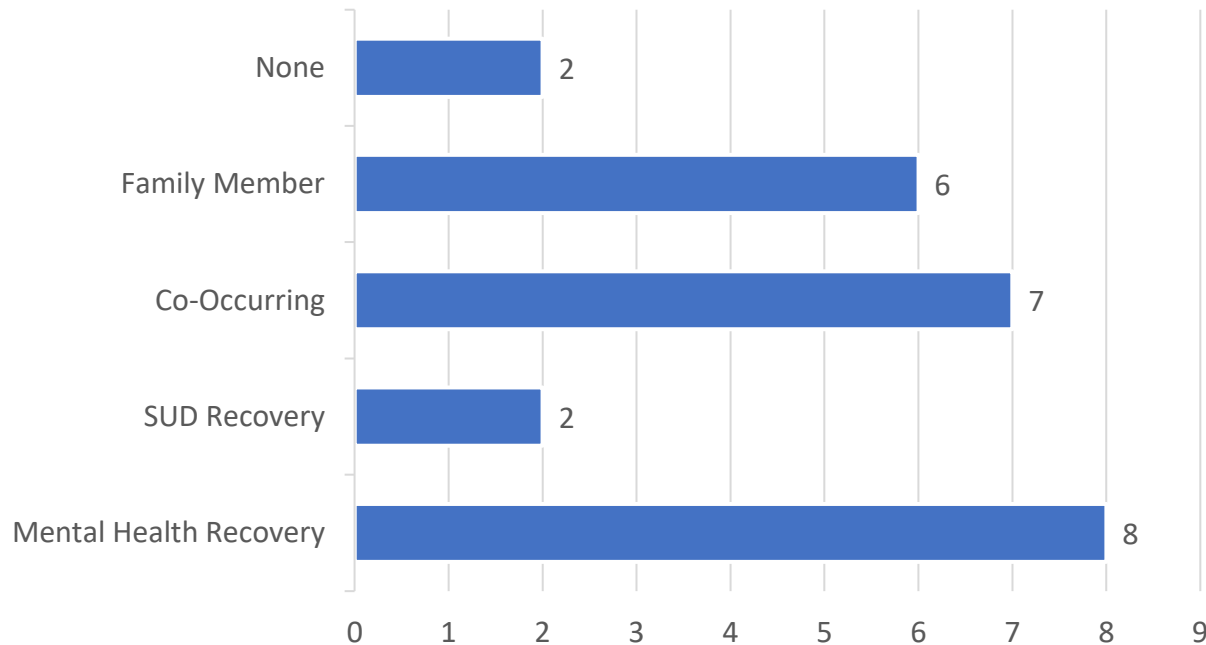
Are you a state government employee?



DRSS State Membership

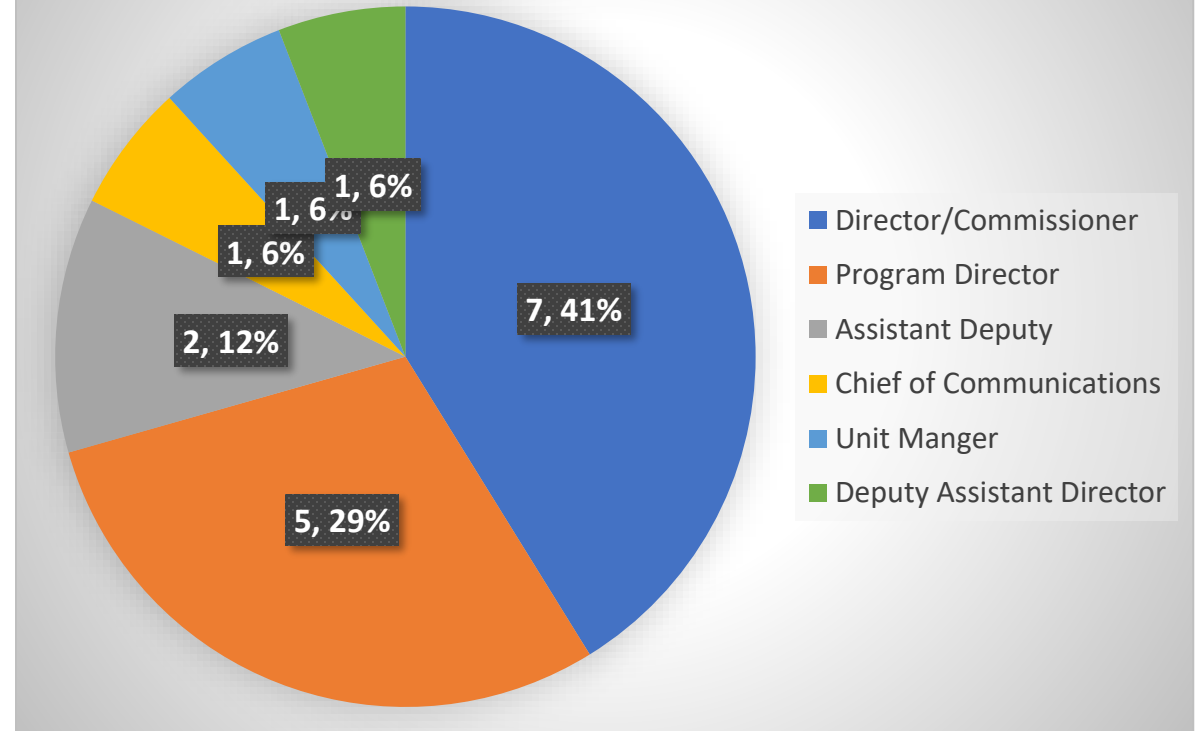
Are you a person with lived experience?

Lived Experience Breakdown



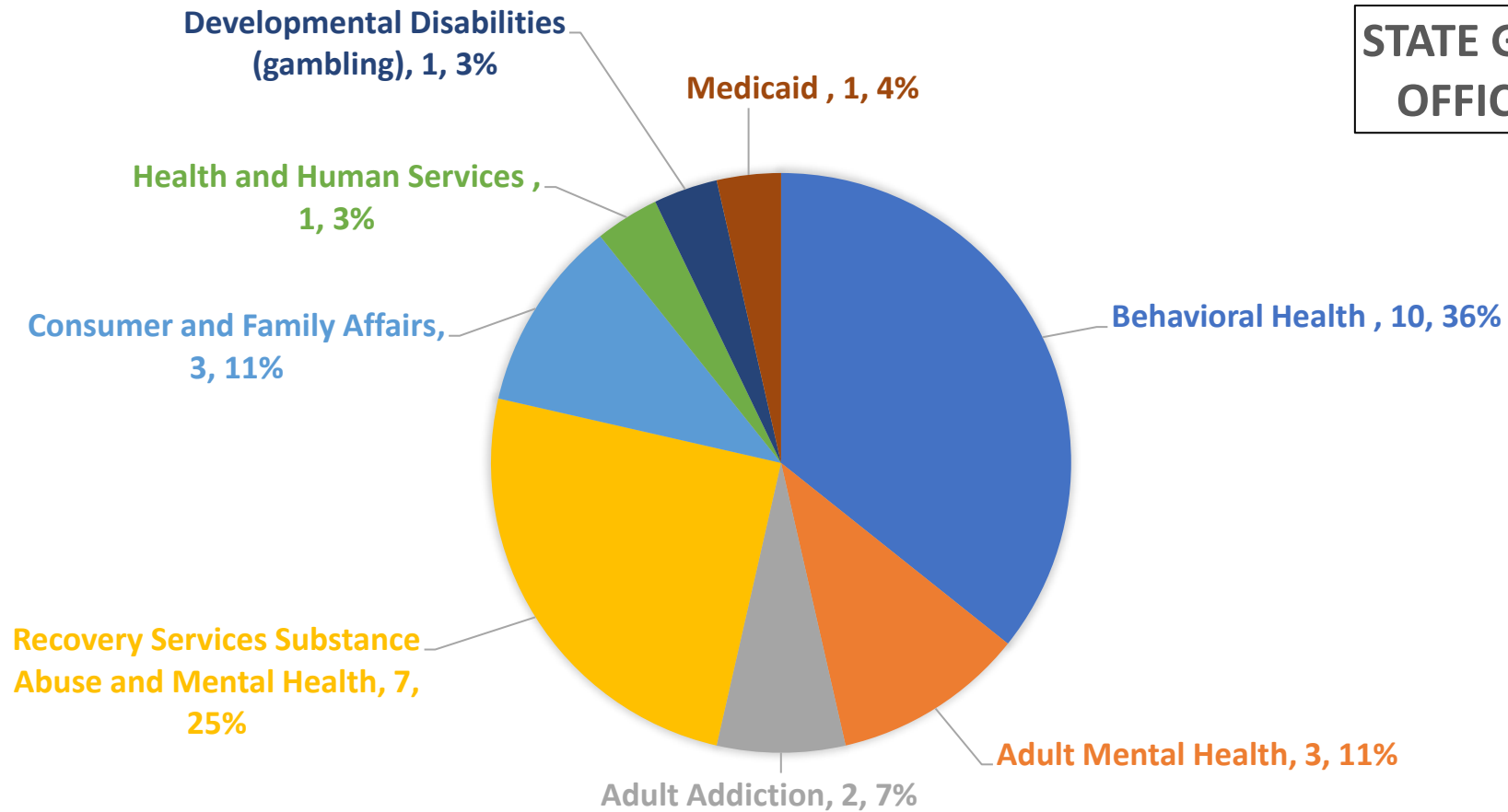
Who is your direct supervisor?

Direct Supervisor



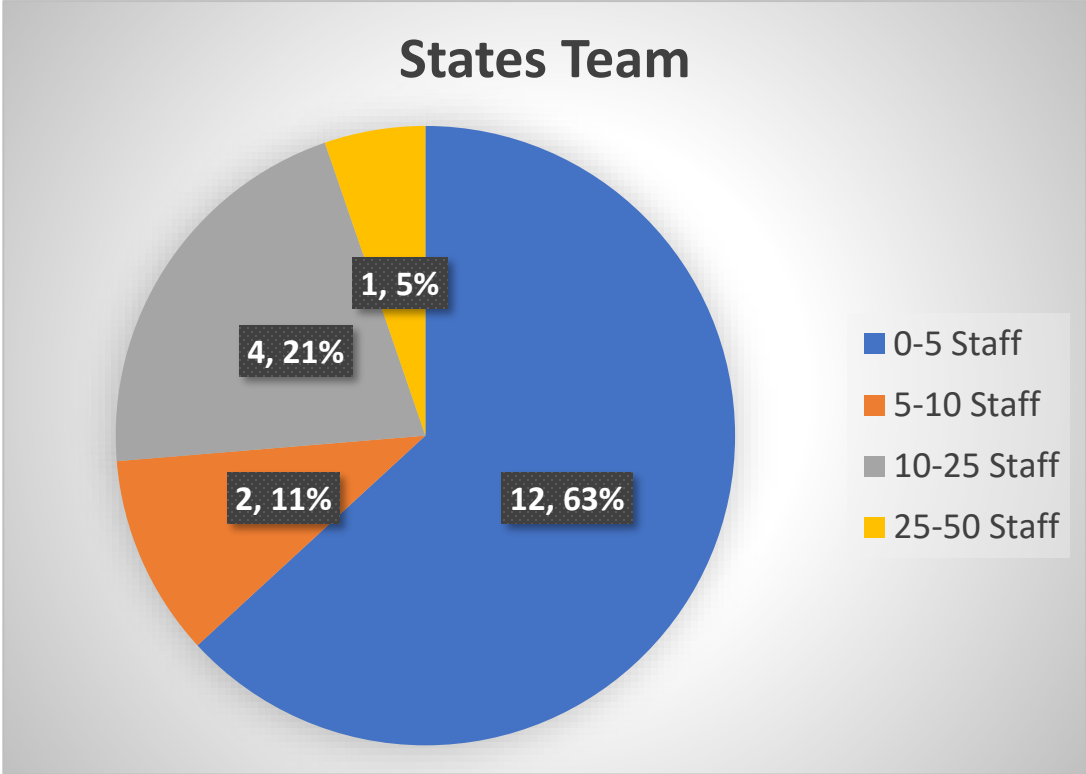
DRSS State Membership

**STATE GOVERNMENT
OFFICE LOCATION**

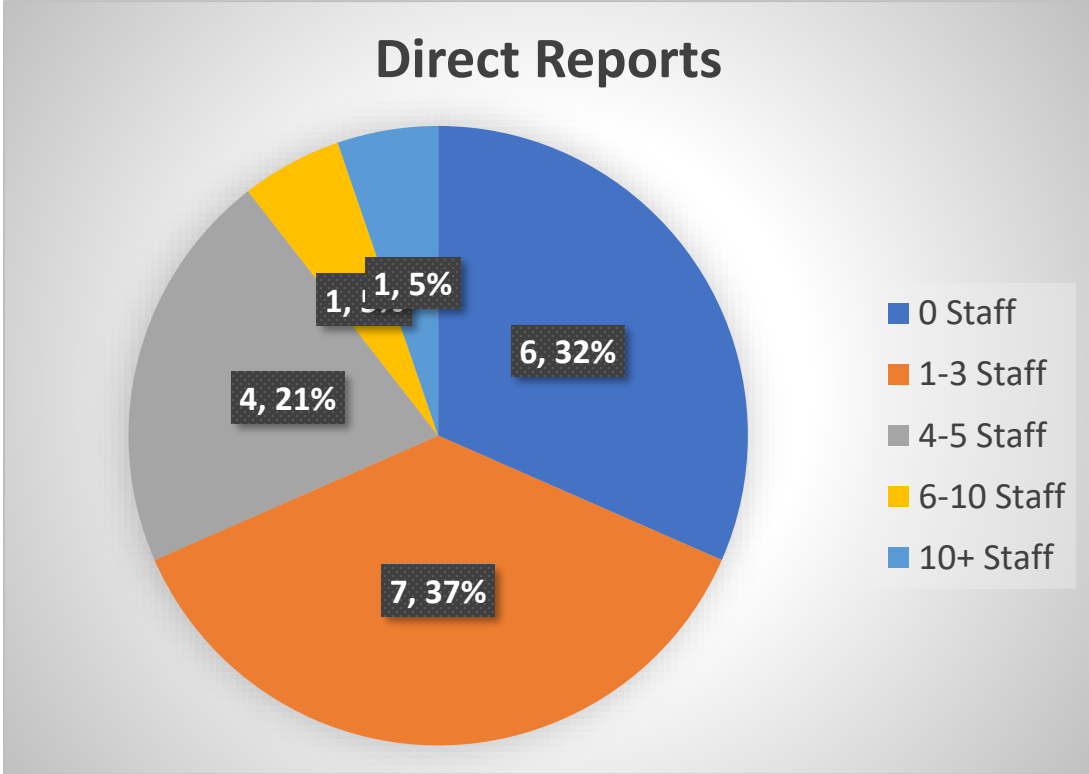


DRSS State Membership

How many staff are part of your specific team/division within your Department?

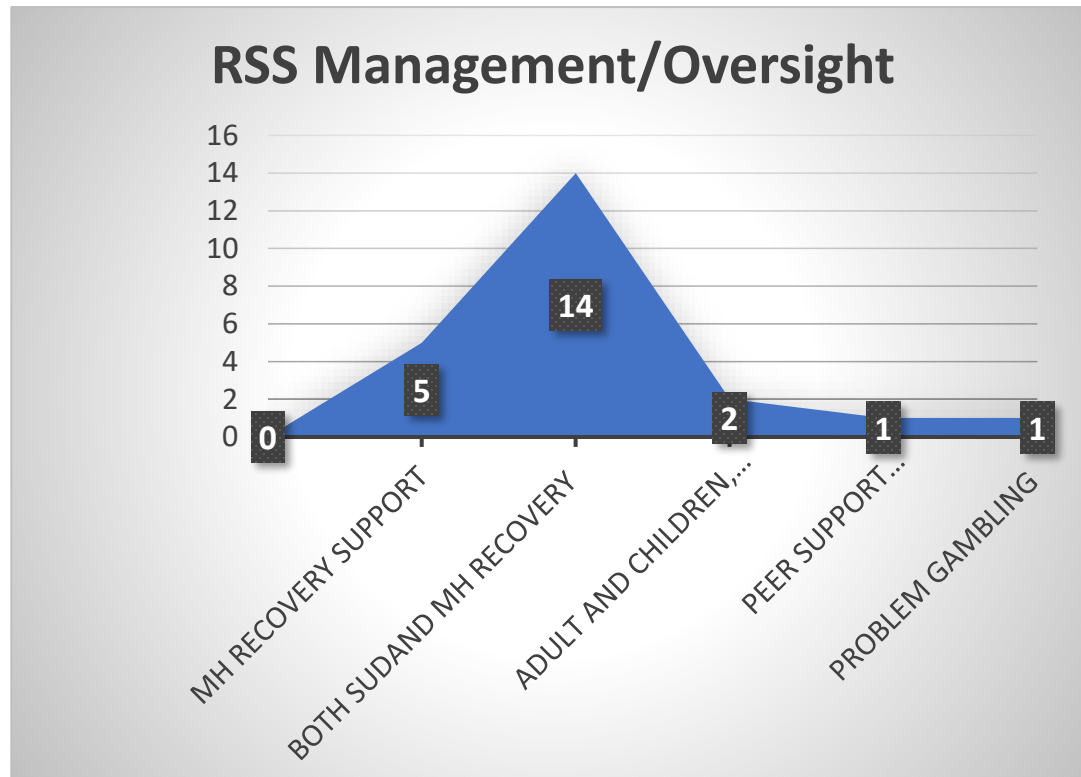


How many staff report directly to/or under you on the org chart?



DRSS State Membership

What RSS activities do you (and/or your team under you) manage or have oversight of?
(Select all that apply.)



My office oversees (blank) statewide:

Planning For RSS	Funding for RSS	All RSS	Credentialing for RSS	Peer Support RSS
15 States	15 States	13 States	10 States	14 States

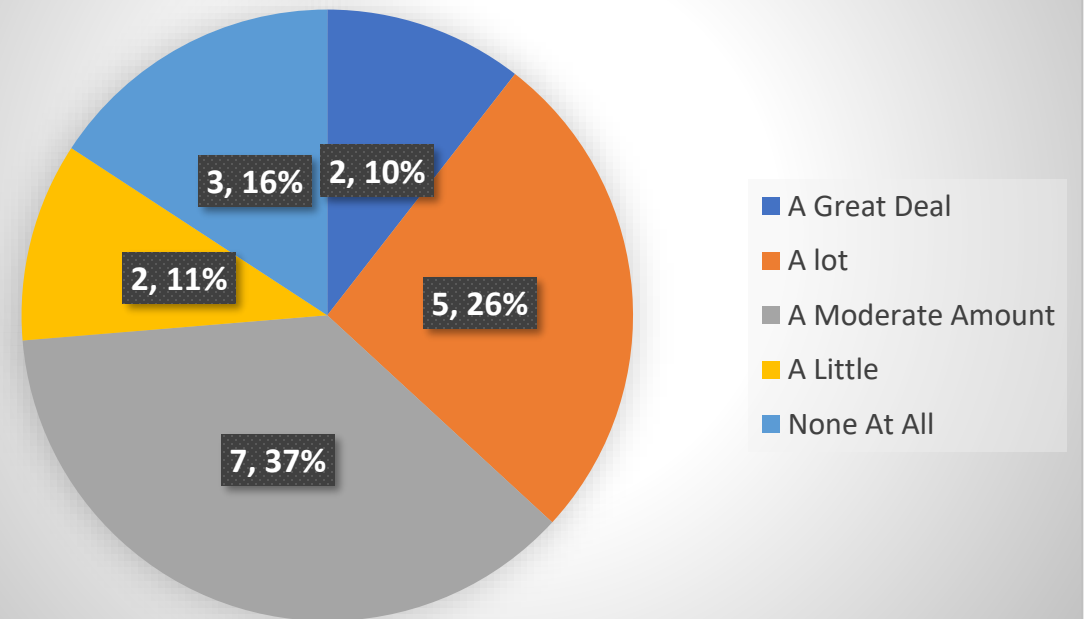
DRSS State Membership

What other areas within your Division/State are you involved in as it relates to recovery supports that have not been mentioned?

- Credentialing of Peers billing Medicaid
- Wellness Coaching, Tobacco Cessation, we also work with other divisions to integrate peer support, such as housing, prevention, systems of care, employee assistance, chronic health, etc.
- Quality assurance at peer support agencies
- All aspects of mental health peer recovery supports
- Coordination between peer-based recovery support services (PBRSS) providers
- N/A
- We are being asked to look at our ID/DD services to see if peer services are appropriate for this population
- We hear grievances
- Program development, advocacy work, social media support
- Policy Decision Making, Stakeholder Engagement, Network Adequacy, Contracts with MCO's including OIFA Departments at the health plans, Deliverable Reviews, Behavioral Health Planning Council

Do you have involvement in overall decision making/leadership regarding behavioral health as a whole (beyond recovery supports)?

States involvement in decision making for RSS





Division of Recovery Support Services (DRSS)

2021 Survey