INTEGRATING PEER RECOVERY SUPPORT SERVICES INTO SUBSTANCE USE-RELATED CRISIS CARE:

A Brief for States

NATIONAL COUNCIL *for* Mental Wellbeing

CENTER OF EXCELLENCE
for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

NASADAD National Association of State Alcohol and Drug Abuse Directors

BACKGROUND

Substance use-related crises can have devastating consequences for individuals, families and communities.[1, 2] Recognizing the impact these crises have on people's lives, several efforts have been made by federal and state agencies in the past five years to strengthen the crisis system of care for individuals with substance use problems and substance use disorders (SUD). New policy changes like the National Suicide Hotline Designation Act of 2020, which called for the new 988 dialing code for the national Lifeline, have further expanded the substance use crisis response efforts. Through federal grants, including the State Targeted Response (STR) and State Opioid Response (SOR), many Single State Agencies for alcohol and drugs have implemented substance use crisis services for those with an opioid use and stimulant use disorder. Other federal investments, such as the expansion of Certified Community Behavioral Health Clinics (CCBHC), have provided access to crisis services at the state and local levels. States can leverage the CCBHC model to streamline mobile crisis response and other mental health and substance use services, including 988.

It is not uncommon for individuals with substance use problems and SUDs to experience a substance use related crisis in their lifetime.[3] Substance use-related crises are emergencies or situations that arise as the result of drug or alcohol use. The following are some examples of potential crises:

- **Overdose risk:** When an individual consumes a toxic amount of alcohol or other drugs resulting in severe harm, including the risk of an overdose.
- **Withdrawal:** When an individual experiences physical and psychological symptoms after discontinuing substance use, including negative emotions such as stress, anxiety or depression, as well as physical effects such as nausea, vomiting, muscle aches, cramping, tremors and seizures.
- **Intoxication:** When an individual consumes drugs or alcohol and has impaired cognition and motor skills, putting themselves and others at risk.
- **Accidents:** When an individual under the influence of drugs or alcohol causes or becomes involved in an accident, such as a car crash, fall, or burns.
- **Violence:** When an individual under the influence of drugs or alcohol becomes aggressive or violent toward themselves or others.
- **Relapse:** When an individual abstaining from substance use experiences distress after using a substance.

An SUD peer recovery specialist is a trained professional who has knowledge and experience in the recovery process and helps others in similar situations.[i] Through shared understanding and respect, peer recovery specialists support people in their recovery process. They provide insight, services and resources to people seeking or in recovery. Peer recovery specialists demonstrate empathy in the services they provide to engage people in need, reduce negative attitudes and stigma about SUD and opioid use disorders, provide unique and individualized support, and empower people to set self-determined goals to pursue their own recovery path.

Peer recovery support services (PRSS) are nonclinical services delivered by peers encompassing activities aimed at engaging, educating and providing support to people as they begin, continue and sustain their recovery from SUD.[4] PRSS may be provided before, during and after treatment or as an independent service to support recovery. Research on PRSS has demonstrated reduced rates of recurrent use, increased treatment retention, improved relationships with treatment providers and social supports, and increased satisfaction with the overall treatment experience.[5] Table 1 lists common PRSS activities.[6]

Peer recovery support providers play a crucial role in supporting people's recovery journey by:

- Inspiring and empowering people
- Offering support in the development of their goals and choices

i States, providers and communities often refer to SUD peer support staff using various terms, including peer specialists, peer recovery specialists, recovery coaches and peer navigators, but these staff typically provide many of the same functions. The term peer recovery specialists is primarily used in this brief.

Table 1: Peer Recovery Specialist Activities

TYPE OF SUPPORT	ROLE	RECOVERY SUPPORT EXAMPLE
Peer mentoring and coaching	Encourages, motivates and supports an individual who is seeking to establish or strengthen their recovery	■ Assessing and developing recovery action plans ■ Providing one-on-one help to solve problems related to recovery
Peer recovery resource connecting or brokering	Connects individuals with services and resources available in the community that can help meet their needs on the road to recovery	■ Facilitating discharge planning and transportation ■ Linking to treatment and/or recovery services
Facilitating and leading recovery groups	Shares personal stories and assists with collective problem-solving	■ Sharing experiences related to the SUD (e.g., surviving an overdose, reentering the community after incarceration) ■ Discussing recurrence of use prevention planning
Building community	Assists individuals with creating community, building alternative social networks and acquiring a sense of belonging.	■ Organizing recovery-oriented activities (e.g., alcohol- and drug-free social activities in recovery community centers)

PRSS are instrumental in helping individuals in crisis and are increasingly being integrated throughout the crisis system of care because they can provide improved access and expedited care for people experiencing a substance use-related crisis. Peer recovery specialists are in a unique position to connect with individuals to understand and support their experiences, assets, physical withdrawal and concerns about seeking treatment by leveraging their own lived experience.

Lived experience enables peer recovery specialists to assist with deescalating and empathizing with people experiencing SUD crisis because they can understand the challenges and opportunities that arise during those critical moments. They can improve engagement and participation in treatment by providing information, clarification and emotional support during the transition from crisis to ongoing treatment or support. Peer recovery specialists can also play a significant role in developing crisis response protocols, treatment plans and policies to ensure that the unique needs of individuals with SUDs are considered and addressed effectively.[7]

Some initiatives that integrate PRSS include emergency department bridge programs, crisis centers, crisis hotlines and mobile response units. More specifically, crisis centers can engage peers in the screening and assessment process to offer practical guidance to the individual in crisis. Peers can also play a vital role in staffing crisis hotlines by listening nonjudgmentally and offering empathy and support to assist with overcoming immediate challenges. Peer recovery specialists not only build a sense of mutuality through shared experience but also help to create an enhanced bridge between crisis care services and individuals experiencing crisis.

PURPOSE

This brief was developed to assist state agencies and community providers in understanding the importance of integrating PRSS in substance-related crisis care and to provide examples of how other states have successfully taken this step. The brief highlights Kentucky's Quick Response Teams, Maryland's Crisis Stabilization Centers and New Jersey's Opioid Overdose Recovery Program as examples of state efforts to integrate PRSS in substance use crisis initiatives. The brief also includes sample resources and tools to support peer recovery support and crisis service integration, including service descriptions, policies and procedures, and staff requirements.

STATE HIGHLIGHTS

KENTUCKY: QUICK RESPONSE TEAMS

Since 2018, the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities has funded the launch or expansion of 10 Quick Response Teams (QRT) to provide access to treatment and recovery support services for individuals experiencing opioid-related overdoses or other substance use-related crises. The initiative was developed in response to rising opioid-related overdoses to bolster a system that was poised to support people and their families at the time of greatest need and to improve the opportunity for assertive engagement and connection to services. Key partners for this initiative vary by community, and many include peers, law enforcement, first responders, and substance use treatment and recovery providers. Using STR and SOR grant funds, as well as the state Substance Use Prevention, Treatment, and Recovery Services Block Grant funding, the QRT model has expanded into 38 of the state's counties most affected by overdose.

QRTs break down cultural and procedural barriers through multidisciplinary collaboration, empathy and buy-in across agencies and county leadership. They reduce stigma about opioid use disorders and overdoses and increase community knowledge about SUDs and deployment of resources.

A QRT is composed of emergency response personnel, medical personnel, law enforcement officers, substance use treatment providers, public health providers, harm reduction specialists and certified peer support specialists. Kentucky funds 10 community agencies to provide QRT services, which include six community mental health centers, two local governments, a hospital and a federally qualified health center. QRTs are mobilized to:

- Travel throughout the counties after receiving a report from EMS, 911 or other first responders about an overdose.
- Follow up with overdose survivors and/or their families within 24 to 72 hours to assess their recovery needs, identify treatment options and overcome barriers to accessing resources.

During this recovery window, peer support specialists and other QRT members contact individuals either face to face or by phone, email or text to encourage them to obtain SUD treatment. Peer support specialists are often skilled in de-escalation techniques, which are crucial in managing crisis situations, thereby increasing the likelihood of a positive outcome during crisis interventions. They also assist individuals in navigating the SUD treatment systems in their community. Their unique understanding of the recovery community is a significant advantage in providing information about available resources and helping individuals access appropriate services. Once the overdose survivor has given consent, on-site assessments, consultation and recovery resources are provided to the individual and/or family and friends. Additionally, if the overdose survivor shares a need for immediate attention, team members can provide quick transport and access to care. They can link individuals to local support groups, recovery communities or peer-led programs to continue their journey of healing and growth. This continuity of support enhances the likelihood of sustained engagement in treatment and recovery services.

Contact information is also shared to assist with care navigation and treatment engagement. Naloxone and other harm-reduction supplies (e.g., sterile syringes, wound care kits fentanyl test strips) are provided during follow-up home visits. The goal of a QRT is to reduce the incidence of overdoses and overdose fatalities by increasing the number of individuals who receive PRSS.

KENTUCKY'S SUCCESS

During Kentucky's SOR II grant (October 2020 to September 2022), QRTs engaged with over ***1,100 individuals***. In the first six months of SOR III (October 2022 to March 2023), QRTs engaged with over ***1,400 individuals***, approximately ***44%*** of whom were connected to treatment.

MARYLAND: CRISIS CENTERS

Crisis centers offer a safe place for people experiencing mental health and substance use crises to receive immediate help. People under the influence of drugs and/or alcohol and/or experiencing mental health crises receive an assessment, stabilization, treatment, links to peer and recovery support services, and case management.

The State of Maryland Behavioral Health Administration is developing an integrated, comprehensive and culturally responsive behavioral health crisis care system. As part of the system, the state has established policies that are responsive to individuals' cultural differences and trains personnel, including peers, on cultural competence. They ensure staff are aware of specific cultural issues that affect their ability to engage and support individuals and provide access to language translation services. The integrated system will provide state residents of all ages 24/7 access to a hotline, mobile crisis response teams, crisis stabilization centers and provide person- and family-focused behavioral health care. The framework for the crisis system is based on the Substance Abuse and Mental Health Services Administration crisis best practice guidelines and includes Someone to Call (hotline call center, or 988), Someone to Respond (mobile crisis response teams) and Somewhere to Go (walk-in/crisis stabilization centers and residential crisis beds). The crisis system aims to provide stronger links to community-based behavioral health care for individuals whom the behavioral health system has not engaged and to deflect people away from emergency departments, hospitalizations and the criminal justice system.

Walk-in crisis centers are designed to prevent or ameliorate a behavioral health crisis and/or reduce acute symptoms of substance use and mental illness by providing observation and supervision for persons who do not require inpatient services. There are 20 walk-in/urgent care crisis centers operating in Maryland: 16 crisis centers operate 18 to 24 hours a day and four crisis centers are available 24/7. Individuals can walk in or be referred to the centers through the state's crisis hotlines (211 and 988) as well as by first responders, law enforcement, mobile crisis response teams, community providers and families of those who are in crisis. Crisis centers are staffed by a team composed of a licensed substance use professional, licensed mental health professional, registered nurse and peer recovery specialist.

Peer recovery specialists are essential staff in crisis centers. They are health workers certified by the Maryland Addiction and Behavioral Health Professionals Certification Board. With training in advocacy, ethics, mentoring and education, and harm reduction, they provide recovery support in several ways to individuals accessing services in the crisis center. The peer recovery specialists assist in reducing stigma by building rapport during the early stages of admission and encouraging individuals to seek help and engage in recovery. Their cultural understanding of the communities and populations they serve helps engage individuals in crisis care and supports ongoing recovery connections. They also assist in developing the individual's goals, strategies and support systems for achieving and maintaining recovery, and they provide educational resources on addiction, recovery principles, relapse prevention techniques and skills for managing triggers and cravings.

MARYLAND'S SUCCESS

In fiscal year (FY) 2022, ***3,967 individuals*** were served through the State of Maryland's SOR crisis centers, and in FY 2022 and FY 2023, ***2,218 individuals*** used peer support services in Maryland's Wellness Recovery Centers, Recovery Community Centers and Peer-to-Peer programs as well as crisis response programs.

NEW JERSEY: OPIOID OVERDOSE RECOVERY PROGRAM

New Jersey established the Opioid Overdose Recovery Program (OORP) in October 2015 to provide recovery support services for individuals who have been reversed from opioid overdose. The program was a collaboration between the state's Division of Mental Health Services, the Governor's Council on Alcoholism and Drug Abuse and the Department of Children and Families, which granted funds to five agencies to implement OORP programs. Providers were selected through a request for proposals, and the first providers began services in January 2016. Participation in the program requires affiliation agreements with hospitals, opioid treatment programs, withdrawal management facilities, and other residential and ambulatory SUD treatment programs. New Jersey has expanded the program to all counties using STR/SOR grant and state funding.

The OORP was created to assist individuals who received hospital care as a result of an overdose. The main objective of the program is to link individuals to needed services, such as withdrawal management, SUD treatment, continued recovery support services and follow-up support for a minimum of eight weeks.

Peer recovery specialists and patient navigators deliver or assertively link individuals to appropriate and culturally specific recovery services by providing support and resources.

Each OORP team is composed of three mandatory staff positions: a patient navigator, a program/clinical supervisor and a minimum of four peer recovery specialists. Peer recovery specialists are responsible for providing on-call coverage at emergency departments. They engage and provide nonclinical assistance and recovery support for individuals reversed from an opioid overdose. The peer recovery specialists use lived experience to connect with and support individuals in seeking further treatment or recovery services. They also work with the OORP team to develop a consumer-centered case plan that includes strategies for recovery, legal services (if needed), vocational and employment services, health care referrals, and social and family supports. The specialists also provide vital peer support to patients as they navigate their road to recovery. Additionally, recovery specialists provide naloxone to program participants. Within this model, peer recovery specialists should have a minimum of two years' experience in the guiding principles of recovery that assist individuals in improving their health and wellness and living a self-directed life, and they must attend state training and be credentialed by the state or NAADAC, the Association for Addiction Professionals.

The patient navigator is responsible for referring and linking individuals with SUD treatment. The patient navigator should have at least three years' experience working with individuals with SUD and a bachelor's degree in health, counseling, social work or other behavioral health profession. The program supervisor is responsible for the programmatic and clinical supervision of all recovery specialists. In this model, the program supervisors have a minimum of a master's degree in a behavioral health profession. The program employs the strengths of each team member to engage individuals reversed from overdose, connect individuals to services and reduce risks for a potential future overdose.

The OORP has had a positive impact in the state. Previously, many patients received treatment in emergency rooms and were released immediately, often returning to the same cycle that led them to the hospital. OORP established mechanisms for follow-up, care coordination and recovery support to engage these individuals in appropriate SUD services.

NEW JERSEY'S SUCCESS

Since NJ's OORPs were implemented on January 1, 2016, they served ***25,781 individuals*** who were reversed from an opioid overdose through March 2023. Of these, ***11% of individuals*** served (2,836) were referred to withdrawal management services, and ***10% of individuals*** served (2,578) were referred to SUD treatment. An additional ***11,086 individuals*** (43%) sought recovery support services. Common recovery supports included referrals to self-help, transportation supports, mental health and medical services, and housing supports including sober living.

CONCLUSION

A longstanding tenet of the SUD system that dates as far back as the mid-1800s is the value of individuals in recovery with lived experience supporting other persons seeking or in recovery.[8] Over the years, PRSS has advanced in several ways with the development of new services, staff and training requirements, and the integration of recovery support in various service settings (e.g., jails, hospitals). Substance use-related crisis services have also been an integral part of the system. Now with a new emphasis and resources dedicated to crisis care at the federal and state levels, many states and providers are enhancing their crisis efforts by planning and developing formalized crisis systems of care. A common component of these systems is involving peers who provide empathy and connection during a crisis event, offer support and services during crisis care, and refer to treatment and recovery support service after crisis care. Peers have been instrumental in delivering services and support in crisis settings such as hospital emergency departments or as members of call center teams and mobile response units. Peer support services that are culturally responsive can also extend the reach of crisis and treatment services beyond the clinical setting into community environments where individuals can sustain recovery. This brief highlights three state initiatives that have integrated PRSS as part of their crisis response to help individuals experiencing substance use-related crises or overdoses. These examples illustrate how PRSS has been effectively integrated using a team-based approach to care and demonstrates that the personal experience and training of peers have shown positive results in referring and connecting individuals in crisis to needed care. These results can help prevent further crises and aid individuals on their path to wellness.

APPENDIX

CRISIS RESOURCES AND TOOLS THAT INCLUDE PEER RECOVERY SUPPORT

States have begun to develop resources on substance use crisis polices and services that include PRSS. The following tables contain information on resources, requirements, materials and trainings for a range of crisis services, including mobile crisis teams, stabilization programs and call centers. These resources can assist states in implementing substance use-related crisis services that incorporate PRSS.

Table 2: Crisis Policies

RESOURCE	DESCRIPTION
 **Indiana:** ■ House Enrolled Act No. 1222	Establishes state requirements regarding crisis response services and the composition of mobile crisis teams, which must include a certified peer support specialist.
 **Montana:** ■ Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health: Program for Assertive Community Treatment (PACT) Tiered System	Provides a definition, provider requirements and service requirements for Medicaid through the state's Program for Assertive Community Treatment (PACT), a recovery-oriented services delivery model that includes 24-hour crisis response and recovery support service options. The PACT team must include two full-time Certified Behavioral Health Peer Support Specialists.
 **Virginia:** ■ 37.2-311.1 Comprehensive Crisis System	Amends 37.2-311.1. Comprehensive crisis system; Marcus alert system; powers and duties of the Department of Behavioral Health and Developmental Services related to comprehensive (mental health, SUD and developmental disability) crisis services to add sections on state's crisis call center, community care teams and mobile crisis teams. The law defines community care and mobile crisis teams to allow peer recovery specialists.
 **Washington:** ■ HB1477 Implementing the national 988 system ■ https://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1477-S2.SL.pdf#page=1	Presents an act to implement the national 988 system and enhance and expand behavioral health crisis response and suicide prevention services statewide. Requires certified peer counselors, as well as peers in other roles providing support, to be incorporated within the crisis system and along the continuum of crisis care. Describes community support services to include recovery services. Call center staff shall coordinate with certified peer counselors to provide follow-up and outreach to callers in distress.

Table 3: Crisis Implementation Materials and Trainings

RESOURCE	DESCRIPTION
 **Kentucky:** • Mobile Crisis Intervention (MCI) Services Needs Assessment	Shares information about the MCI needs assessment, outlines an evaluation process for identifying existing assets, examines current provider network, and determines system and service delivery gaps and opportunities to enhance and expand mobile crisis intervention service delivery statewide. Part of the systems assets are peer support and peer specialists.
 **Michigan:** • Crisis Residential Best Practices Handbook: Practice Guidelines and Resources	Provides a handbook that assists providers and communities in delivering residential care to those experiencing mental health or co-occurring SUD crises. The handbook discusses the importance of peer specialists and how they can be used to help individuals navigate and manage a crisis.

 **Missouri:**
• Engaging Patients in Care Coordination (EPICC) Program and Evaluation
  ▢ EPICC Referral Line
  ▢ Care cascade for patients with opioid use disorder and serious injection related infections
	Shares information about the EPICC program, a comprehensive, integrated public health approach to delivering SUD recovery-focused supports to opioid overdose survivors at a point of crisis. EPICC links opioid overdose survivors at points of crisis to community-based care via peer outreach (certified peer specialists/recovery coaches) across institutional and community settings.

 **Nebraska:** • Peer Support Certification and Training Guidance Document	Outlines the certification process for Certified Peer Support Specialists, expectations and instructions for testing, and the minimum required peer support core curriculum domains, which include crisis management.
 **Ohio:** • Mobile Response Stabilization Service (MRSS) Tool Kit and Resource Guide V1.0	Shares information about the MRSS toolkit, which includes information about Ohio's MRSS, a rapid mobile response and stabilization service for young people in significant behavioral or emotional distress as well as their families. The toolkit highlights youth and parent peer support as integral components of the stabilization stage in facilitating access to recovery supports.

 **Virginia:**
• 23-Hour Crisis Stabilization and Residential Crisis Stabilization Unit Training and Provider Guidelines Manual
  ▢ Training slides
  ▢ Video
	Provides training and provider guidelines manual on Virginia's Project BRAVO, a multifaceted collaborative approach to enhancing the behavioral health care continuum, including recovery support for Medicaid beneficiaries. Discusses PRSS as a covered and critical services. Resources highlight service components, provider qualifications and staff requirements of 23-hour crisis stabilization services and residential crisis stabilization unit services.

ACKNOWLEDGMENTS

This brief was created for the Center of Excellence for Integrated Health Solutions. The authors wish to acknowledge the Single State Agency for alcohol and drugs staff that contributed to its contents. Specifically, we would like to acknowledge the following people for providing insight and expertise that assisted with the development of this brief: Adam Trosper, MSW, state opioid coordinator, Kentucky Opioid Response Effort (KORE), KY Department for Behavioral Health, Developmental, and Intellectual Disabilities; Katherine Marks, PhD, project director, Kentucky Opioid Response Effort Department for Behavioral Health, Developmental & Intellectual Disabilities Kentucky Cabinet for Health and Family Services; Seante' Hunt, MA, State Opioid Response grant project director, Office of Treatment Services, Clinical Services Division, Adults and Older Adults, Maryland Department of Health, Behavioral Health Administration; Kimberly Qualls, LCPC, director, Office of Treatment Services Clinical Services Division, Adults and Older Adults, Maryland Department of Health, Behavioral Health Administration; and Donald Hallcom, PhD, director of Prevention and Early Intervention, New Jersey Department of Human Services Division of Mental Health and Addiction Services. This document was prepared by Jose Silva, MPH, MSW, research analyst; Claire Gray, research analyst; and Melanie Whitter, deputy executive director, National Association of State Alcohol and Drug Abuse Directors.

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This report is supported by the National Council for Mental Wellbeing's Center of Excellence for Integrated Health Solutions, funded by a grant award from the Substance Abuse and Mental Health Services Administration and managed by the National Council for Mental Wellbeing. The views, opinions and content expressed in this presentation do not necessarily reflect the views, opinions or policies of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services.

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