Guidelines for Best Practices in Peer Recovery Services

Division of Mental Health & Addiction Services

wellnessrecoveryprevention

laying the foundation for healthy communities, together

State of New Jersey
DHS
Department of Human Services

TABLE OF CONTENTS

State of New Jersey
Department of Human Services
P.O. BOX 700
TRENTON NJ 08625-0700

PHILIP D. MURPHY
Governor

Sheila Y. Oliver
Lt. Governor

Sarah Adelman
Commissioner

June 21, 2023

Welcome!

It is with great pleasure that the Department of Human Services' Division of Mental Health and Addictions Services (DMHAS) releases the "Guidelines for Best Practices in Peer Recovery Services." This document supports the implementation of best practice guidelines and was developed as a collaborative effort by a subcommittee of the Professional Advisory Committee for Addictions. These guidelines have been worked on for the past several years during the expansion of this ever-evolving field. A special thank you to the many collaborators, mentors and peers who have dedicated their time, provided their wisdom, knowledge, and expertise to make this information a helpful guide for the peer recovery support field.

This is a comprehensive resource manual, grounded in theory, research and experience. It is designed to bring practical processes, strategies and tools to peers, their supervisors, administrators, and others committed to initiating and sustaining best practices in the peer recovery support services field and the supporting work environments.

The field of addictions and recovery support with its commitment and passion for serving the community and creating productive work environments, provided the knowledge and countless hours to develop and provide this document to you. Ensuring successful implementation, we now ask for this tool and the various best practice guidelines to be put into action. Supporting these guidelines requires a concerted effort by administrators, staff and others partnering together to create evidence-based practice cultures. We ask that you share this document with members of your team and organization to support the best practices guideline implementation and sustainability.

Together, we can ensure that these best practices guide the work of peers and all others working in this field and contribute to building strong and productive work environments. Let's make the peer recovery support services field and the people they serve the real winners of this important work.

Sincerely,

Sarah Adelman
Commissioner

Valerie L. Mielke, MSW
Assistant Commissioner, DMHAS

BACKGROUND

In recent years, there has been an emerging recognition of the importance of peer recovery support services (provided by people with lived experience) into the substance use disorder (SUD) continuum of care. As a result, peer recovery support services have expanded across the country and are provided to support individuals regardless of their recovery pathway.[i]

Peer recovery support services are services not only provided to those returning to their community following any type of substance use treatment; these services support individuals regardless of their recovery pathway. To help address the current opioid epidemic, Peer Recovery Specialists operate in treatment agencies, recovery organizations, hospitals and emergency departments, law enforcement agencies, prevention agencies, educational settings, behavioral health organizations, and in many more community sectors. The services provided are non-clinical and utilize unique skill sets which focus on initiating or maintaining sustained recovery and overall wellness. These services include but are not exclusive to the following:

- Coordinating resources and care
- Developing care/recovery/wellness plans
- Advocacy
- Assessing needs
- Making referrals
- Facilitating recovery groups
- Providing telephone support

With the support and supervision of qualified behavioral health professionals and organizations providing administrative oversight, Peer Recovery Specialists provide an invaluable service. However, unlike certified and licensed behavioral health professionals, Peer Recovery Specialists do not currently have regulatory standards that guide and define their scope of practice. In the absence of such regulations, this document attempts to provide certain best practices to guide those providing peer recovery support services. New Jersey is leading the way to establishing a recovery-oriented system of care integrating peer recovery support services throughout the service continuum.

In 2017, New Jersey participated in the Substance Abuse and Mental Health Services Administration's (SAMHSA) Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) Policy Academy with a group of key stakeholders. This team of stakeholders worked over several months to create a strategic plan. The overall goal of this plan was "to strengthen and formally establish integrated peer services across a recovery-oriented continuum of care in the state of New Jersey." One of three objectives of the plan was to create "a guiding framework that defines roles, responsibilities, qualifications, and expectations of Peer Workers and organizations within a recovery-oriented system of care."

Consistent with this objective, the Professional Advisory Committee (PAC) on Peer Recovery Support Services (PRSS Committee) was formed in 2018, and included various members involved with peer support services. Several members of the PRSS Committee were also part of the BRSS TACS Policy Academy.

The PRSS Committee members also included state government representatives from the Division of Mental Health and Addiction Services (DMHAS), Medicaid, and the Attorney General Office's NJ Coordinator of Addiction Recovery & Enforcement Strategies (NJ CARES). The PRSS Committee also has representatives from the National Association for Alcoholism and Drug Abuse Counselors (NADAAC) and the Addiction Professionals Certification Board of NJ (APCBNJ) which provides Peer Workers with certification. It also includes people in recovery, Peer Workers, Peer Supervisors, Peer Recovery Support Service providers and other key stakeholders. The PRSS Committee worked tirelessly over several years to develop guidance and recommendations for peer recovery support services, as these services were being integrated into the continuum of care.

The PAC Peer Recovery Support Services Committee established these *Guidelines for Best Practices: Peer Recovery Services* to help ensure that peer recovery support services are provided using best practices based in research and experiences in various settings.

The PRSS Committee acknowledges that this report is the beginning of the development of necessary standards for peer recovery support services in New Jersey.

Thank you to the PAC Peer Recovery Support Services Committee for developing the ***Guidelines for Best Practices: Peer Recovery Services*** as guidance for all providing peer recovery support services in New Jersey.

PAC Peer Recovery Support Services Committee		
PAC Members	**DMHAS & Other State Staff**	**Non-PAC Member Peer Recovery Support Experts**
Diane Litterer (Chair)	Suzanne Borys	Richard Bowe
David Clauser	Gwen Carrick	Becky Carlson
Connie Greene	Elizabeth Conte	Janine Fabrizio
Rose Maire	Alexis Goldberger	Michael Litterer
Heather Manello	Donald Hallcom	Eric McIntire
Laura Messina	Francis Sarno	
Michael Paolello	Samuel Shields	
Michael Santillo		
Susan Seidenfeld		
Morgan Thompson		
Kendria Williams		
Barrett Young		

Please Note

These recommendations are not specific to any one funding source but are best practice guidance for all peer recovery support services.

It is important when providing services that the requirements of that specific funder are followed.

Glossary of Terms:

Please see the **Appendix** for a full Glossary of Terms at the end of this document for quick reference on definitions, as well as acronyms you may not be familiar with during reading.

Peer recovery support service providers continue to expand on a daily basis. Following are examples of possible peer recovery support organizations (PRSOs):

- Recovery community centers
- Recovery residences
- Prevention agencies
- Community-based agencies
- Behavioral health providers
- Licensed treatment agencies
- DMHAS-approved agency/-funded initiatives e.g., Opioid Overdose Recovery Program (OORP); Support Team for Addiction Recovery Support (STAR); Maternal Wrap-Around Program (MWRAP))
- Healthcare systems
- Harm reduction programs
- Academic institutions (Colleges/Universities)
- State prisons
- Other correctional settings (e.g., county jails)
- Law enforcement agencies
- Other independent agencies who are accredited organizations through Faces and Voices of Recovery's Association of Recovery Community Organizations (ARCO) or accredited by the Council on Accreditation of Peer Recovery Support Services (CAPRSS).

PRSOs, regardless of the setting or type of services provided, should follow best practices for peer recovery support services[ii], including the standards outlined below that relate to the following:

- Services provided (Section 2)
- Care coordination, planning and data collection (Section 3)
- Competencies, training, and credentialing (Section 4)
- Continued professional development (Section 5)
- Supervision (Section 6)
- Reimbursement options (Section 7)

If these supports are not available within an organization, a partnership with a PRSO will allow for effective implementation of peer recovery support services and ensure quality services for the individuals served.

Peer recovery support services (PRSS) provide non-clinical assistance and support through all stages of the recovery process and are delivered by people who have lived experience with a substance use disorder(s).[iii] In a peer-helping-peer service alliance, a Peer Recovery Specialist provides services to an individual who is seeking assistance in establishing or maintaining recovery.

The Peer Recovery Specialist should adhere to the Substance Abuse and Mental Health Services Administration (SAMHSA) 10 Guiding Principles of Recovery as listed below:

Table 1: SAMHSA Guiding Principles of Recovery

The Substance Abuse and Mental Health Services Administration Ten (10) Guiding Principles Of Recovery	
Is person-driven	Occurs via many pathways
Is holistic	Supported by peers and allies
Supported by addressing trauma	Culturally based and influenced
Based on respect	Emerges from hope
Involves individual, family, community strengths and responsibility	Supported through relationships and social networks

The PRRS Committee has identified three (3) primary peer direct service methods:

- Individual Face-to-Face
- Group Face-to-Face
- Telephone and Virtual

These service methods can be delivered in a variety of settings. Examples of these settings include community-based recovery centers, prevention and community-based agencies, recovery residence, behavioral health settings, education institutions, and law enforcement agencies. The following is a breakdown of each primary method and settings in which they are provided.

Individual Face-to-Face

- **Engagement Services** are typically provided as an intervention in hospitals and emergency departments, recovery community centers, law enforcement and criminal justice settings, and other appropriate settings. These services are intended to assist in the initial engagement by encouraging and educating individuals about formal treatment and/or other informal recovery support services options. The overarching goals of engagement services are to empower individuals to make self-determined and self-directed choices regarding multiple recovery pathways and to facilitate participation in recovery support services within the recovery community. In this initial engagement or at any time, Peer Recovery Specialists do not conduct formal assessments. However, Peer Recovery Specialists can make appropriate referrals to others who would determine the appropriate level of care, when needed or desired.

- **Navigating and Connecting Resources Services** are provided in hospitals and emergency departments, recovery community centers, within law enforcement and criminal justice settings, residential and outpatient treatment programs, behavioral health centers, qualified health centers, prevention programs, housing programs, educational based programs, faith-based programs, the community, and other appropriate settings. These services connect individuals with formal and informal services and resources available in the community that will assist with recovery needs. These resources can include making connections to mutual aid groups, food pantries, utility assistance, affordable or safe housing, health insurance enrollment, employment referrals, education assistance, and many other community-wide assistance programs. Within this and other services delivered, peers do not conduct formal assessments but may advocate on behalf of the individual for individualized needs.

- **Recovery Action Planning Services** are provided in recovery community centers, residential and outpatient treatment programs, housing programs, educational-based programs, faith-based programs, behavioral healthcare settings, and other appropriate settings. This method helps guide individuals towards identifying achievable recovery and wellness goals, assessing strengths, and identifying and addressing barriers. All recovery plans will be monitored for progress by the peer service provider. A few examples of recovery wellness plan formats include the Recovery Management Plans, Wellness Recovery Action Plan (WRAP®) and/or SAMHSA's Creating A Healthier Life: A Step-by-Step Guide To Wellness. [iv]

- **Mentoring/Coaching Services** are provided in recovery community centers, residential and outpatient treatment programs, housing programs, educational based programs, faith-based programs, and other appropriate settings. These services assist peers in achieving the goals identified in their recovery plans and identifying and resolving challenges directly related to recovery, including recovery housing, increasing social support networks, re-establishing or creating family support, connecting with community support systems, increasing volunteer opportunities, relapse and crisis prevention, and improving work readiness skills. This may also include Peer Recovery Specialists providing assistance or resources related to expungement, disabilities, or co-occurring disorders.

Group Face-to-Face

- **Group Facilitation Services** are provided in recovery community centers, criminal justice settings, residential and outpatient treatment programs, housing programs, educational-based programs, faith-based programs, and other appropriate settings. These services consist of structured non-clinical and informal support groups that typically involve sharing personal stories that are formed around mutual experiences, including trauma, substance use, wellness and recovery, spirituality, ethnicity, gender identity, incarceration, parenting, living with HIV, and more.

Telephone and Virtual

Peers should be aware of Federal and State confidentiality laws and regulations including, but not limited to, Health Insurance Portability and /Accountability Act of 1996 (HIPAA) and 42 CFR (Code of Federal Regulations) Part 2.

For peers providing recovery support services via telecommunication, peer providers should consider how to ensure privacy and confidentiality of these contacts, including but not limited to the following: ensuring that both the service provider (peer) and service recipient (consumer) are located in a private setting so as to protect video/visual and audio content, obtaining verbal informed consent, and limiting services to individual recipients instead of a group.

- **Navigating and Connecting Resource Services** are the same as those mentioned above (Individual #2) except provided via the telephone and other electronic communication (e.g., texting, social media, Skype, Zoom, etc.).

- **Follow-Up and Re-Engagement Services** are provided as outreach to engage and/or re-engage individuals in recovery options, assimilate into the recovery community, progress with the recovery plan, identify risks for relapse, reengage those who have had a recurrence of use, and/or track individual progress. Additionally, follow-up calls are used to maintain engagement when individuals have been admitted into residential treatment facilities or incarcerated. This service supports the continuity of care and access to the appropriate recovery supports.

- Mentoring/Coaching Services are the same as those mentioned above (Individual #4) except provided via the telephone or on live virtual platforms.

Boundaries in Peer Recovery Services

There are many professionals that will be part of supporting someone's path to recovery. However, there are some key areas that distinguish peer recovery support services from other professional and clinical services. There are also unique challenges inherent to the peer role that can be prevented or reduced when peer recovery organizations structure services in accordance with best practices. The following recommendations are consistent with the BRSS TACS Expert Panel Report, *"Equipping Behavioral Health Systems & Authorities to Promote Peer Specialist/Peer Recovery Coaching Services".* [v]

Peer Worker Roles:

Peer workers may experience situations where boundaries may be unclear, and they need to be aware of situations in which boundary violations may occur. Boundary violations can occur when peers lose sight of their professional role and become personally involved with those they serve, or when they take advantage of their professional relationship to become personally involved with the person being served or otherwise use the relationship for their own purposes. Such behaviors or interactions are unethical and must be avoided, as they may harm the person being served, their service provider, and the integrity of the service relationship.

Dual Roles:

This PRSS Committee recognized the confusion that may arise if licensed behavioral health professionals provide peer services. Clinical professionals working as a Peer Recovery Specialist should not provide both clinical and peer services to the same recoveree/client.[vi] When functioning as a Peer Recovery Specialist, Peer Workers need to stay within their professional lane. Best practices indicate that the agency providing peer recovery support services is responsible for ensuring that the standards of peer services are maintained.

Power Differentials:

Peer Recovery Specialists should have a minimal power differential from the recoveree. Peers should not be in position to control the recoveree or force them to a particular pathway to recovery or to require them to start their pathway to recovery but should provide support and guidance.[vii]

Examples of positions that may be in conflict in creating a power differential could be a law enforcement officer on duty and simultaneously trying to provide peer support or a clinical professional in both a counselor and peer role. (Law enforcement officers who are in recovery themselves can be a peer for other law enforcement.)

Matching Lived Experience:

Where possible, matching Peer Recovery Specialists and recoverees should consider cultural factors and competencies that go beyond the peers' own experiences that may influence the support needed by the recoverees to promote equity in access to services and reach positive recovery outcomes for those served.[viii]

This PRSS Committee supports further education to other professionals such as treatment clinicians, law enforcement officers and other community members on the importance and effectiveness of PRSS and encouraging the use of Peer Recovery Specialists to support those with a substance use disorder.

Peer recovery support services vary in their level of structure and formality across service types and settings. Because of this, the nature of care coordination and documentation of services also varies. For example, at a community peer recovery center, little more than a sign in sheet may be sufficient to document attendance at a social event or mutual aid meeting, while a formal recovery management plan is needed to coordinate and document a recoveree's progress.

Recovery Management Plans (RMPs), also referred to as individual recovery plans or wellness plans, are built on the strengths and skills of the recoveree. RMPs identify strategies and resources, and incorporate specific, measurable, realistic, and timely goals. The planning process for care coordination is person-centered, empowering an individual to lead and direct the design of the care plan. Goals to be addressed could include spirituality, recovery community, emotional and physical health, housing, employment, education, budgeting, legal issues, leisure and recreation, relationships, and social connections.[ix] Another tool to guide a recovery plan is the Wellness Recovery Action Plan (WRAP®). WRAP is a wellness and recovery approach that helps people to: 1) decrease and prevent intrusive or troubling feelings and behaviors; 2) increase personal empowerment; 3) improve quality of life; and 4) achieve their own life goals and dreams.[x] To address the eight dimensions of wellness, you can use SAMHSA's Creating A Healthier Life: A Step-by-Step Guide To Wellness.[xi]

A care plan may also be appropriate in certain service settings. Distinct from a treatment plan which outlines clinical interventions, but similar in its structure and purpose, a care plan outlines the peer recovery support services to be provided to a recoveree, the reason those services are indicated, and clear and measurable benchmarks that demonstrate the recoveree's progress and, eventually, appropriateness for discharge from services. This type of care plan is typically appropriate for formal clinical settings such as residential and outpatient treatment programs that are offering peer support in coordination with clinical treatment services. In these cases, the care plan can be integrated into the formal treatment plan in which peer recovery services and the responsibilities of those providing the services are clearly indicated and specified or as part of an aftercare and discharge plan.

Data Collection*:* Regardless of the service setting, data tracking and outcomes are necessary to monitor recoverees' progress and ensure the efficacy of peer services. To best track data and outcomes, it is suggested that all organizations utilize a care management tool and a data collection system. An example of a data tracking platform that can be used is the Faces and Voices Recovery Data Platform. This type of platform allows an organization to easily track, manage, and analyze recovery data and build reports. The following are examples of the type of data that should be collected by peer recovery support providers, in addition to any funder-required documentation and reporting:

Documentation of Services: All services provided by peers should be documented, including the type, date, duration, and provider of services, along with a brief summary of the interaction with the recoveree and how it relates to their recovery management plan, if applicable.

Individual Recovery Progress: Recovery capital is defined as the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from severe alcohol and other drug (AOD) problems[xii]. A recovery capital assessment administered at different points in the recoveree's journey is one way to quantify individual recovery progress. Recoveree's achievement of self-defined recovery goals can also be a helpful data point to measure progress.

Demographic Information: Peer recovery support organizations should collect information about their recoveree's demographic information including, but not limited to, age, race/ethnicity, sexual orientation, gender identity, socio-economic status, primary language, and more. Organizations can use this data to analyze service provision from an equity lens, identifying groups that, for a variety of reasons, may not be accessing services, and develop plans to address barriers those groups may be facing.

All data collection platforms or care management tools used shall be HIPAA complaint and aspects of peer work shall follow 42 CFR Part 2 regulations.[xiii]

The twelve (12) categories of core competency for Peer Recovery Specialists described in the SAMHSA's BRSS TACS publication, "Core Competencies for Peer Workers in Behavioral Health Services"[xiv] guide the work of peer recovery support services.

Table 2: Core Competencies

Core Competencies for Peer Workers in Behavioral Health Services	
Provides support	Shares lived experiences
Personalized peer support	Supports recovery planning
Links to resources, services, and supports	Helps peers manage crises
Values communication	Supports collaboration and teamwork
Promotes leadership and advocacy	Promotes growth and development
Engages peers in collaborative and caring relationships	Provides information about skills related to health, wellness, and recovery

The twelve (12) SAMHSA BRSS TACS core competences can guide the delivery and maintain the integrity of peer recovery support services, promote best practices, be used to inform training programs, and assist in developing standards for credentialing.[xv] They reflect the foundational principles and values identified by members of the recovery community and ensure that Peer Recovery Specialists who are delivering services are recovery-oriented, person-centered, relationship-focused, and trauma-informed. The twelve (12) core competencies were utilized as guidance for the development of the initial training curriculum as well as ongoing training designed to support Peer Recovery Specialists as they enter the workforce and continue to gain experiential knowledge and develop skills.

Organizations that provide or plan to provide peer recovery support services should ensure that their staff receive core competency training, credentialing, and supervision. Peer recovery support services are to be provided within an organizational environment that provides supervision from a qualified professional (see Section 6: Supervision). Supervision will ensure Peer Workers receive support and guidance, complete education requirements for certification, engage in professional development activities, adhere to an ethical code of conduct, and provide services within their scope of practice.

Recovery support services should be provided through a tiered system based on the type and intensity of services provided, the work status of the individual and the training they have completed. When utilizing the tiered system as presented below, peer recovery support services are provided by an appropriately trained and prepared peer.

Table 3: Training Summary

Peer Type	Training	Settings/Services Provided
Level 1: Peer Volunteers	Approved ethics/orientation training	Low Intensity Services (e.g., recovery /mutual help support group facilitation, telephone recovery check-ups) (no assigned clients)
Level 2: Peer Worker	18 hours Ethics & CCAR	Moderate Intensity (e.g., family support, case management) All settings and peer service (certification recommended within 12 months or when transitioning to high intensity services)
Level 3: Certified Peer Recovery Specialist	Training noted in Level 2 plus required experience hours and other trainings dependent of certification sought (see below)	High Intensity Services (e.g., bedside intervention, treatment centers referrals, and high-risk populations) All settings

Peer Recovery Support Tiers

Level 1: Peer Volunteer

Peer recovery support is when a person uses their own personal experience to help another person. Individuals who have lived experience and good interpersonal skills are best suited to provide peer recovery support services. Some individuals wishing to provide recovery support services in recovery-based centers or programs may not be in a position to accept full-time employment, may have time constraints that prevent them from working structured hours, or may not wish to pursue or may lack the academic skills required to successfully complete the requirements to become a Level Two – Peer Worker. In these instances, individuals can function as a peer volunteer. The PRSO is expected to provide appropriate orientation, training and supervision to the peer volunteer as outlined in Section 6: Supervision. Peer Volunteers should not work independently. Because Peer Volunteers have limited training, they should not have assigned clients or carry a caseload.

Role: Engage with and support those seeking recovery support services by understanding recovery from a substance use disorder through personal life experiences. Following are low intensity service examples for peer volunteers.

Key Tasks:

- Provide day-to-day support by encouraging and motivating individuals in their recovery
- Facilitate a peer support group
- Provide support to daily meetings (e.g., self-help) and social events
- Coordinate recovery-oriented events and activities
- Respond to simple inquiries and maintaining databases
- Assist with the development of an online peer support directory
- Update websites
- Maintain records
- Answer telephones and provide administrative duties
- Collect data
- Welcome participants to a facility
- Suggest ideas in the overall development of service

Trainings Requirements:

The Peer Volunteer should participate in ethics training and orientation training provided by the organization or another approved provider. Ongoing training is recommended for the peer volunteer to develop core competencies and skills that promote all pathways of recovery.

Level 2: Peer Workers

Peer Workers could function in the role of a volunteer, or a part-time or full-time employee. Since some Peer Workers may prefer to remain volunteers or part-time employees or to work in low intensity settings such as a recovery center, they may not want to seek certification. However, Peer Workers who are working full-time and providing services in high intensity service settings such as OORP should become certified within a year of hire.

For Peer Workers who will be working full-time or working in "high-intensity" settings, the required training noted below should be completed as soon as possible with extensive supervision and oversight provided until all training is complete. All individuals providing peer recovery support services of any type or intensity are required to work within an organizational environment that provides supervision from a qualified professional (see Section 6: Supervision) and ensures compliance with all continuing education provided by the supervising agency/organization that are appropriate for the services provided (see Section 1 for organizational requirements).

Role: Engage with and support those seeking recovery support services by understanding recovery from a substance use disorder though personal life experiences. This support is provided through groups, online communities, and mentoring. Peers at this moderate level of intensity engage in direct and indirect work to support their work with recoverees.

Following are examples of key tasks of a peer worker.

Key Tasks:

- Provide case management services
- Facilitate recovery support meetings
- Advocate for recovery
- Collect data and information
- Provide documentation
- Assist law enforcement
- Network and build recovery capital
- Group planning
- Provide community resources

Training Requirements:

Peer Workers should at a minimum, prior to engaging in any type of peer service, complete a mandatory eighteen (18) hour approved ethics training. This training should cover SAMHSA's core competencies for Peer Workers and emphasize ethical standards and professional boundaries. DMHAS currently requires all Peer Workers, employed by an organization contracted through DMHAS and working in a peer recovery support services funded initiative, to complete eighteen (18) hours of an approved ethics training (as soon as possible but no more than 3 months after employment).

The DMHAS addiction training and workforce development provider, New Jersey Prevention Network (NJPN), currently provides this training free of charge to contracted and funded agencies. This course is also approved for credit toward both the National Certification Commission for Addiction Professionals (NAADAC/NCC AP) for the ***National Certified Peer Recovery Support Specialist (NCPRSS)*** certification and the International Certification and Reciprocity Consortium (IC&RC) for the ***Certified Peer Recovery Specialist (CPRS)*** certification. Individuals not employed by a DMHAS-funded agency or initiative would not be required to attend the DMHAS three (3)-day required ethics training exclusively provided by NJPN but would be required to attend an equivalent training approved by either NAADAC/NCC AP or IC&RC.

Below is a list of training objectives that are included in an approved ethics training curriculum:

- Define SAMHSA's Definition of Recovery and the Ten (10) Guiding Principles of Recovery
- Explain the power of language to combat stigma, discrimination, and access to care
- Define treatment modalities and peer/recovery support services and roles within the context of a recovery-oriented system of care
- Explain the peer worker credentialing process and options
- Introduce and explain the Peer Workers' ethical code of conduct (SAMHSA, NAADAC, IC&RC)
- Define and explain how to establish professional boundaries
- Assist in engaging and supporting peers via introduction to motivational interviewing
- Demonstrate the importance of an empowering, person-centered approach when engaging and supporting peers
- Define the stages of change
- Introduce concepts of cultural competency/humility
- Introduce concepts of trauma-informed care
- Define and evaluating the process of change through communication skills, including an introduction to motivational interviewing
- Identify community resources to build upon recovery capital
- Understand the role of supervision in supporting and monitoring peer activities
- Learn the importance of self-care activities that promote job and life satisfaction for both the peer worker and recoveree

The completion of the Connecticut Community Addiction Recovery Coach Academy (CCAR RCA) or approved equivalent training is strongly recommended for everyone, regardless of the intensity of peer recovery support services, but is required for those planning to work more than sixteen (16) hours per month (completed within six (6) months). **Individuals who complete the eighteen (18) hour approved ethics training and the CCAR RCA would meet this PRSS Committee's recommended qualifications to be considered a Peer Worker.**

Level 3: Certified Peer Recovery Specialist (Certified)

An individual can become a Certified Peer Recovery Specialist through the following steps: complete all required training to become a Level Two Peer Worker; complete the required experience and supervised hours; demonstrate proficiency by passing the certification exam (if required); and receive a certification. All educational coursework leading to certification is currently approved by either the National Certification Commission for Addiction Professionals (NAADAC/NCC AP)) for the *National Certified Peer Recovery Support Specialist (NCPRSS)* certification or the International Certification and Reciprocity Consortium (IC&RC) for the *Certified Peer Recovery Specialist (CPRS)* certification or the *International Certified Peer Recovery Specialist (ICPRS).*

Both of these credentialing organizations have approved educational providers that offer course work and other specific requirements are followed accordingly. The **Connecticut Community for Addiction Recovery (CCAR)** trainings (when approved directly by CCAR) are accepted by both certifying entities. See further details at https://www.njpn.org/peer-certifications.

Role: Peers engage in direct and indirect work that supports their recoverees. Peers workers at this level are able to provide a higher intensity level of care.

Following are examples of key tasks of a certified Peer Recovery Specialist.

Key Tasks:

- Emergency Department Bedside Interventions
- Case Management
- Establish and Maintain Peer Relationships
- Foster Community Relationships and Network
- Provide Referrals to Treatment
- Assist w/ Law Enforcement
- Facilitate Recovery Oriented Groups
- Provide Education and Awareness Building
- Provide Administrative Supervision
- Provide Documentation
- Develop Recovery Plans

The minimum requirements for certification include:

- High school diploma or GED, if applicable
- All required educational coursework (approved through NAADAC/NCC AP and/or IC&RC, including the initial approved ethics training)
  - Documentation
  - Community/Family Education
  - Case Management
  - Crisis Management
  - Recovery-Oriented Systems of Care
  - Screening and Intake
  - Identification of Indicators of Substance Use and/or Co-Occurring Disorders for Referral
  - Service Coordination
  - Services Planning
  - Cultural Awareness or Humility
  - Basic Pharmacology
- Range of two hundred (200) to five hundred (500) hours of direct practice experience in a pre-approved facility based on the certification the peer selects (NCPRSS or CPRS).
- Twenty-five (25) hours of direct supervision provided by a qualified professional.

All Certified Peer Recovery Specialists providing peer recovery support services of any type or intensity are required to work within an organizational environment that provides supervision from a qualified professional (see Section 6: Supervision) and ensures compliance with all continuing education provided by the supervising agency/organization that are appropriate for the services provided (see Section 1 for organizational requirements).

SECTION 5: CONTINUING EDUCATION

To maintain certification as a CPRS or NCPRSS, all Certified Peer Recovery Specialists are required to complete twenty (20) hours of continuing education within a two (2)-year period. At least six (6) hours of the renewal coursework need to address ethics and professional boundaries and the remaining fourteen (14) hours should address professional development within the core competencies discussed above.

In addition to the initial ethics training, certification, and continuing education requirements, agencies and organizations should develop or provide opportunities for continuing education and specialized trainings. Examples could include mental health first aid, HIV and blood borne pathogens, cultural humility, Recovery Oriented Systems of Care, Medication Assisted Treatment (MAT)/ Medications for Opioid Use Disorder (MOUD), self-care, motivational interviewing, and Screening Brief Intervention Referral to Treatment (SBIRT), etc.

According to the Addiction Professional Certification Board of NJ and NAADAC, individuals providing peer recovery support services of any type should not work independently outside an agency; rather they should work as a part of an agency or organization so they receive proper supervision and support. Individuals providing peer recovery support services should function as employees or volunteers at an organization experienced in providing peer recovery supports, rather than work independently or within an organization that does not provide PRSS. Organizations providing PRSS should complete training in best practices for the delivery of peer recovery support services and have the ability to provide proper supervision as outlined in this document. These organizations can include treatment and prevention programs, recovery community centers, housing programs, educational based programs, and faith-based programs, etc. This section outlines supervision expectations for peers gaining experience during and after the certification process.

Appropriate supervision is essential for Peer Workers to receive the support and guidance needed to ensure they provide the highest quality of recovery support services. It is also important that supervisors are equipped with clear guidelines detailing expected functions of the Peer Worker so they may provide quality, consistent, supportive supervision. The supervisor and supervisee should have a collaborative approach to assessing job performance, strengths, growth opportunities, and training needs. The Peer Recovery Support Organization is responsible for establishing clear organizational guidelines and expectations related to supervision, and supervisors are responsible for communicating and implementing these guidelines.

The amount, duration, and scope of supervision (both administrative supervision and supervision provided by a qualified licensed professional as described in Table 4 (*page 24)* within an organization may vary depending on the demonstrated competency and experience of the peer recovery support provider, as well as intensity of services. Therefore, supervision should be adjusted accordingly based on the services provided, the intensity of the services, the duration of the services, the settings in which the services are provided, and the number of hours the peer works.

Minimum levels of supervision required or recommended can be determined by a matrix including low and high intensity services as well as volunteer, part-time, and full-time status. (See Table 4, *page 24*). Supervision should include an appropriate number of weekly or bi-weekly individual and group sessions. In addition, after any potentially traumatic event, on demand supervision and/or, if the individual providing peer recovery support services needs additional professional assistance, an appropriate referral should be available.

1. **Administrative Supervisor**: The Administrative Supervisor is an individual who provides day-to-day administrative guidance related to job responsibilities, scheduling, ensuring training and orientation is completed, etc. The Administrative Supervisor should be an individual who is credentialed (CPRS or NCPRSS) and has completed the required supervision training based on SAMHSA's or other established core competencies for supervision and has at least two (2) years of experience in the field of peer recovery support services and at least one (1) year of supervisory experience.

   Administrative supervision should be available to the individuals providing peer recovery support services whenever peer support services are available to ensure that Peer Recovery Specialists have the ongoing support needed that is consistent, accessible, and helpful. The Administrative Supervisor supports the peer recovery support specialist to remain appropriate and ethical and to function effectively in their role. Supervision should be provided on an on-call or rotating basis.

   The overarching goals in this level of supervision are to provide:

   - Emotional support for the Peer Recovery Specialist to handle experiences that may have a negative impact on the personal recovery of individuals providing peer recovery support services
   - Coordination of education and trainings
   - Management of workflows
   - Training to new employees
   - Creating schedules
   - Evaluating performance and providing feedback
   - Encouraging professional development
   - Assisting to resolve issues and disputes
   - Development of time management and documentation skills
   - Strengthen self-awareness and interpersonal skills that enable Peer Recovery Specialists to effectively provide services while maintaining self-care

   The specific time requirement for supervision by an Administrative Supervisor is based on the organization, the Peer Recovery Specialist's role, the intensity of services provided, the number of hours worked and the individualized needs of the Peer Recovery Specialist. Additionally, the Administrative Supervisor will provide appropriate referrals for a higher level of supervision when necessary. Table 4 (*page 24)* provides a recommendation of supervision needed. The supervisor is responsible to make appropriate referrals for counseling or EAP services when the Peer Recovery Specialist's personal issues may impede their ability to provide recovery support services.

2. **Supervision performed by a clinical professional (SCP):** In addition to the direct and daily oversight provided by the Administrative Supervisor, supervision by a licensed clinical professional should also be made available based on the organization, the Peer Recovery Specialist's role, the intensity of services provided, the number of hours worked and the individualized specific needs of the Peer Recovery Specialist. It is important to distinguish between Administrative Supervision (AS#1) and supervision provided by a clinical professional (SCP#2) and to provide both levels of supervision to support the Peer Worker. Supervision by a clinical professional should be available regularly and as requested. Since Peer Workers do not provide clinical services, this is not "clinical supervision" nor is it counseling services for the peer worker but is peer supervision conducted by a clinical professional.

   This type of supervision is provided by a Licensed Clinical Alcohol and Drug Counselor (LCADC) with co-occurring mental health disorder experience and at least two (2) years of supervisory experience. SCP supervision could also be performed by a Licensed Clinical Social Worker (LCSW) or a Licensed Professional Counselor (LPC) or other professionals from closely related fields with co-occurring substance use disorder experience and at least two (2) years of supervisory experience. It is preferred that this individual also be a person with lived experience or extensive knowledge in substance use disorders and recovery; however, this is not a requirement.

   This individual should complete a peer recovery support services/specialist supervision training and appropriate peer supervisory credentialing when available. Although these professionals can be experienced in providing clinical supervision, training will provide an understanding of non-clinical roles and the specific roles and boundaries of Peer Workers.

   Supervision by a clinical professional (SCP #2) addresses more intense issues than administrative supervision (AS) and involves:

   - Ensuring that the Peer Worker provides competent and ethical services,
   - Monitoring recoverees' welfare and the Peer Worker's performance
   - Provides opportunities for the Peer Worker to reflect and process scenarios that may affect the peer's ability to perform their role.
   - Assists the Peer Worker in improving their ability to meet the needs of the people they support
   - Ensures self-care and wellness for the Peer Worker is being maintained
   - Facilitates the Peer Worker's professional growth
   - Improves clarity and objectivity in decision-making.
   - Enhances critical thinking and problem-solving skills.
   - Making appropriate referrals to counseling or EAP services when the Peer Worker's personal issues impede their ability to provide recovery support services

Recommended Time for Supervision

The table below outlines and provides guidance and recommendations for 4 hours of supervision per month. These hours are to be divided as appropriate between the Administrative Supervisor (AS) and the clinical professional (SCP). The supervision type and time requirements may be guided by the funder, the agency, the Peer Recovery Specialist role, the intensity of services provided, the number of hours worked and most importantly, the individualized specific needs of the Peer Recovery Specialist.

Table 4: Supervision Recommendations

SUPERVISION Combination of Administrative Supervisor (AS) & Supervision by a Clinical Professional (SCP)			
	Less than 16 Hours per Month	**Up to 25 Hours per Week**	**Full-Time**
High Intensity Services (e.g., bedside intervention, high-risk populations)	Individual Supervision 30 minutes once per month. Group supervision 60 minutes once per month.	Individual Supervision 1 hour per month. Group Supervision 60 minutes once per month.	Individual Supervision 2 hours per month. Group Supervision 2 hours per month.
Moderate Intensity (e.g., family support, peer recovery coaching)	Individual Supervision 15 minutes once per month. Group supervision 60 minutes once per month.	Individual Supervision 30 minutes once per month. Group supervision 60 minutes once per month.	Individual Supervision 2 hours per month. Group supervision 60 minutes once per month.
Low Intensity Services (e.g., recovery group facilitation, telephone recovery check-ups)	Individual supervision as needed or by request. Group supervision 60 minutes once per month.	Individual supervision as needed or by request. Group Supervision 60 minutes once per month.	Individual Supervision 1.5 hours per month. Group supervision 60 minutes once per month.

Note Supervision Requirements for Medicaid: NJ FamilyCare requirements may differ from these recommendations. Please see link below for more information.

Importance of Supervision

Appropriate supervision is important in all services along the continuum of care and peer recovery services are no exception. With the safety of the Peer Workers and the people they serve in mind, the committee felt it was important to provide guidance on what peers should do as well as behaviors they should avoid. Peer Workers, even if well-intentioned, could step outside their scope of work or take

unethical actions. Without appropriate supervision, Peer Workers are at risk for providing services beyond their scope of practice, personally charging for services, engaging in patient brokering (e.g., receiving personal kickbacks or personal financial gain from treatment agencies in exchange for referrals), making false promises to family members, and/or doing unintentional harm to themselves and/or other vulnerable individuals. Requiring supervision through a qualified organization will help limit and reduce the risk of such unethical behavior.

Provider should be aware that New Jersey now makes unethical practices related patient brokering illegal. (§1 - C.2C:40A-6 P.L. 2021, CHAPTER 31, approved March 1, 2021, Assembly, No. 2280)

SECTION 7: REIMBURSEMENT OPTIONS

Agencies that provide peer recovery support services receive funding from a variety of sources which may include NJ FamilyCare (Medicaid); DMHAS fee-for-service; county, state, and federal grants; foundation funding; corporate giving; fundraising activities; and volunteerism. Sustainability for peer recovery support services may require a braided funding approach utilizing a combination of these sources.

Each of these funding sources may have unique requirements that may vary from the recommendations in this document. It is the responsibility of the provider to be familiar and comply with the requirements of each funding source.

This Best Practice Framework provides guidance that follows national guidelines based on research and will help to provide a framework for funders and providers to follow to ensure the peer recovery support services being provided are offered in an ethical and effective manner.

Requirements for organizations to receive Medicaid reimbursement for peer recovery support services are established by NJ FamilyCare. The Medicaid newsletter regarding PRSS is available on the njmmis.com website. **Newsletter Volume 31, Number 18** dated September 2021.
https://www.njmmis.com/downloadDocuments/31-18.pdf

SECTION 8: SUMMARY

New Jersey's efforts to integrate peer recovery support services into the continuum of care have received acknowledgement from SAMHSA and through an award conferred by the National Association of State Alcohol and Drug Directors. This ***Guidelines for Best Practices: Peer Recovery Services*** highlights our progress and the research and focus in implementing best practices that has guided the development of peer services in the quality of care provided to those with a substance use disorder. The PAC PRSS Committee is focused on promoting the effectiveness of Peer Workers in the continuum of care and highlight their importance in supporting those with a substance use disorder and their families.

It establishes a minimum acceptable standard of education, examination, experience, ethics, and competent practice to encourage and promote quality peer recovery support services for those presenting with drug and/or alcohol addiction related disorders. These guidelines provide an overview of the national research and recognized best practices for current Peer Workers and the organizations providing peer recovery support services. It will also provide guidance for those interested in learning more about peer recovery support services or entering the field of peer services. This document outlines the New Jersey specific guidance and best practices that will ensure effective peer support services that will continue to enhance the continuum of care.

[i] https://pubmed.ncbi.nlm.nih.gov/31437462/ https://www.macpac.gov/wp-content/uploads/2019/07/Recovery-Support-Services-for-Medicaid-Beneficiaries-with-a-Substance-Use-Disorder.pdf

[ii] https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf

[iii] https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf

[iv] https://store.samhsa.gov/product/Creating-a-Healthier-Life-/SMA16-4958

[v] https://www.naadac.org/assets/2416/samsha_2012_expert_panel_meeting_report_-_equipping_behavioral_health.pdf

[vi] https://mackcenter.berkeley.edu/sites/default/files/csp-2016-05-06/CSP/TOC-CSP-6.pdf

[vii] https://www.naadac.org/assets/2416/samsha_2012_expert_panel_meeting_report_-_equipping_behavioral_health.pdf

[viii] https://mackcenter.berkeley.edu/sites/default/files/csp-2016-05-06/CSP/TOC-CSP-6.pdf

[ix] http://www.williamwhitepapers.com/pr/2006RecoveryManagementMonograph.pdf

[x] https://copelandcenter.com/wellness-recovery-action-plan-wrap#:~:text=WRAP%C2%AE%20is%20a%20wellness,own%20life%20goals%20and%20dreams

[xi] https://store.samhsa.gov/product/Creating-a-Healthier-Life-/SMA16-4958

[xii] Granfield & Cloud, 1999; Cloud & Granfield, 2004

[xiii] https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs

[xiv] https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

[xv] https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf

Glossary for "Guidelines for Best Practices: Peer Recovery Services"

This glossary of terms serves as guidance to the readers unfamiliar with SUD peer recovery support services. Even though terms are detailed within the document, this glossary can serve as a quick reference if further information is needed.

- **BRSS TACS:**

  SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) provides national guidance to assist states in the implementation of peer recovery services into the continuum of care.

- **CAPRSS:**

  The Council on Accreditation of Peer Recovery Support Services (CAPRSS) is the only accrediting body in the US specifically for recovery community organizations (RCOs) and other programs offering addiction peer recovery support services (PRSS). CAPRSS takes an "accreditation plus" philosophical approach, viewing accreditation as more than the evaluation and approval of organizations or programs based on a set of standards. Offering a process that promotes capacity-building and the achievement of excellence within organizations from beginning to end. https://caprss.org/

- **Certified Peer Recovery Specialist- (CPRS):**

  A Peer Worker providing peer recovery support services and has completed all required training and completed the required experience hours and supervised hours, demonstrates proficiency by passing the New Jersey certification exam (if required) and receives a certification. This certification is specific to New Jersey.

- **DCA:**

  Division of Consumer Affairs (DCA) which houses the current Board of Marriage and Family Therapy Examiners' Alcohol & Drug Counselor Committee.

- **HIPAA & 42 CFR Part 2:**

  Rules on confidentiality.
  https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs

- **International Certification and Reciprocity Consortium- (ICPRS):**

  This will be IC&RC Reciprocal and is designed to meet standards for possible Medicaid reimbursement. This is an add on to the CPRS and will only require the exam charge with no additional application fee.
  https://certbd.org/7597-2/

- **Lived Experience:**

  Experiential knowledge of Substance Use Disorder and process of recovery, either directly or indirectly as a family member or friend.

- **MAT/MOUD:**

  Medication-Assisted Treatment (MAT) Medication for Opioid Use Disorder (MOUD) is the use of medications, often in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders and recovery.

- **M-WRAP:**

  The Maternal Wraparound Program services for Opioid dependent pregnant women will be eligible for program services during pregnancy and up to one year after birth. This program combines intensive case management, wraparound services and recovery supports for opioid dependent pregnant/postpartum women.

- **Medicaid:**

  Medicaid, also referred to as NJ Family Care-(Section 7), has specific requirements for organizations to participate in Medicaid reimbursement for peer recovery support services. The Medicaid newsletter regarding PRSS is available on the njmmis.com website. Newsletter Volume 30, Number 26 dated November 2020. Please refer to this newsletter for specific requirements for reimbursement which might vary from what is noted in this document. If an organization is eligible and decides to seek Medicaid reimbursement or other funding sources, the organization must comply with all standards and requirements of Medicaid or other funding sources.
  https://nj.gov/humanservices/dmhas/information/provider/Provider_Meetings/2021/Volume%2030%20Number%2026%20Peer%20Recovery%20Specialist.pdf

- **Mutual Aid Groups:**

  Mutual aid groups and mutual support, include the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer Operated supports and services provide important resources to assist people along their journeys of recovery and wellness.
  https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf

- **Multiple Pathways of Recovery:**

  Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds—including trauma experience — that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches.
  https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf

- **NAADAC:**

  The organization evolved and became the National Association for Alcoholism and Drug Abuse Counselors (NAADAC) in 1982, uniting professionals who worked for positive outcomes in alcohol and drug services. NAADAC's new name - NAADAC, the Association for Addiction Professionals - was adopted in 2001. The Association for Addiction Professionals represents the professional interests of more than 100,000 addiction counselors, educators and other addiction-focused health care professionals in the United States, Canada and abroad. NAADAC provides the NCPRSS credential for Peer Workers. The purpose of the experiential-based *National Certified Peer Recovery Support Specialist Credential* is to standardize the knowledge and competency of peer support to individuals with substance use and co-occurring mental health disorders.

- **National Certified Peer Recovery Support Specialists (NCPRSS):**

  Peers are individuals who are in recovery from substance use or co-occurring mental health disorders. Their life experiences and recovery allow them to provide recovery support in such a way that others can benefit from their experiences. The purpose of the experiential-based National Certified Peer Recovery Support Specialist Credential is to standardize the knowledge and competency of peer support to individuals with substance use and co-occurring mental health disorders. This certification is recognized nationally.

- **NJ CARS:**

  The New Jersey Coalition for Addiction Recovery Support (NJ CARS) is a coalition of compassionate caregivers and providers who offer recovery support services to individuals with substance use disorders and their families. NJ CARS is supported through funding awarded to Prevention Links by the Substance Abuse and Mental Health Services Administration (SAMHSA) through the Comprehensive Addiction and Recovery Act (CARA). Building Communities of Recovery (BCOR) is a three-year initiative designed to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from substance use disorders. NJ CARS is governed by an Advisory Committee of 16 individuals, at least 50% of whom are individuals in personal or family addiction recovery. Members of the advisory committee are not selected as representatives of any provider agency they may be involved with. Members are chosen for their individual experience, knowledge, and ability to advance and inform the coalition's mission, goals, and objectives.
  https://nj-cars.org/

- **OORP:**

  Opiate Overdose Recovery Program is a grant funded program from DMHAS and provides Peer Recovery Specialists bedside to support those that experienced an overdose. Peers are deployed to emergency rooms to be available to support the patient and/or their family.

- **Patient Brokering:**

  This is the terminology used to describe the unethical practice of trading/recruiting of patients for monetary gain or other incentives. It is illegal for Peer Workers or others to engage in patient brokering (e.g., receiving personal kickbacks or personal financial gain from treatment agencies in exchange for referrals). This law was passed to make these unethical practices illegal. (§1 - C.2C:40A-6 P.L. 2021, CHAPTER 31, approved March 1, 2021 Assembly, No. 2280)

- **PAC:**

  The purpose of the Professional Advisory Committee (PAC) is to make recommendations pertinent to the prevention, early intervention, treatment, and recovery of substance use disorders, as well as co-occurring disorders and integrated behavioral health-primary health care. Through such recommendations, the PAC shall advocate for an integrated, holistic system of care to promote overall wellness to the Commissioner of the Department of Human Services (DHS) through the Division of Mental Health and Addiction Services (DMHAS)

- **PAC Peer Recovery Support Service Committee:**

  One of several committees of the Professional Advisory Committee (PAC). The Committee members selected for personal and professional knowledge, experience, passion for and commitment to Peer Recovery Support Services. The PAC PRSS Committee was formed to promote the effectiveness of Peer Workers in the continuum of care and highlight their importance in supporting those with a substance use disorder and their families.

  They worked to establish a minimum acceptable standard of education, examination, experience, ethics, and competent practice to encourage and promote quality peer recovery support services for those presenting with drug and/or alcohol addiction related disorders.

- **Guidelines for Best Practices:**

  Peer Recovery Services: presents key areas of guidance to the field of peer recovery support services that will ensure that services are provided using practices based in research and experiences in various settings. The Committee acknowledges that this report is just the beginning in the development of the needed standards to ensure quality effective peer support services in New Jersey. The framework is not meant to be complete in describing every aspect of this ever-growing field of services but to begin to frame out the key areas that are currently guiding the work of peer recovery support workers throughout the state of New Jersey.

- **Peer Recovery Support Services (PRSS):**

  Provide non-clinical assistance and support through all stages of the recovery process delivered by people who have lived experience with a substance use disorder(s). In a peer-helping-peer service alliance, a Peer Recovery Specialist provides services to an individual who is seeking assistance in establishing or maintaining recovery.

- **Peer Recovery Support Organizations (PRSO):**

  Are organizations who have expertise and support to provide peer recovery support services and supervise Peer Workers who are employed within a PRSO to provide peer services.

- **Peer Volunteer:**

  Individuals who have lived experience and interpersonal skills are best suited for providing peer recovery support services. The individuals may have time constraints, or lack the academic skills required to successfully complete the requirements to become a Level Two – Peer Worker, and therefore, could function as a peer volunteer. Training includes approved ethics/orientation training.

- **Peer Worker (PW):**

  An individual could function in the role of a volunteer, part-time, or full-time employee. Since some PWs may prefer to remain volunteers or part-time employees or to work in low intensity settings such as a recovery center, they may not want to seek certification. Training includes 18 hours Ethics Course.

- **RCO:**

  A recovery community organization (RCO) is an independent, non-profit organization led and governed by representatives of local communities of recovery. RCO's increase the visibility and influence of the recovery community and engage in policy and advocacy activities, recovery-focused community education and outreach programs, and peer recovery support services (PRSS).

- **Recovery Data Platform:**

  The Recovery Data Platform (RDP) is a cloud-based software solution developed in part by Faces & Voices of Recovery and Recovery Trek. https://facesandvoicesofrecovery.org/services/rdp/

  The platform aids RCO's and Peer Service Providers with the tools and assessments needed to effectively implement peer recovery coaching programs. Currently, Prevention Links, on behalf of the Coalition for Addiction Recovery Support, is the state lead on the New Jersey RDP. www.nj-cars.org

- **Recoveree:**

  An individual engaging in the process of recovery with a peer worker and receiving peer recovery supports services. The term was created by the CCAR Recovery Coach Academy which is a nationally recognized peer training and is an approved core training for both the New Jersey Certification Board and NAADAC certifications.

- **Recovery:**

  "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." - SAMHSA

- **Recovery Plan:**

  This plan will address overall wellness and self-care. Goals to be addressed could include spirituality, recovery community, emotional and physical health, housing, employment, education, budgeting, legal issues, leisure and recreation, relationships, and social connections. A common example is Wellness and Recovery Action Planning (WRAP) and SAMHSA's Creating a Healthier Life A Step-By-Step Guide to Wellness. https://store.samhsa.gov/product/Creating-a-Healthier-Life-/SMA16-4958

- **SAMHSA:**

  The Substance Abuse and Mental Health Services Administration is a branch of the U.S. Department of Health and Human Services that guides the field of prevention, treatment and recovery support to address people with a substance use disorder or a mental health disorder.

- **SBIRT: Screening, Brief Intervention, & Referral to Treatment**

  An approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.

  Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.

  Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

  Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

- **STAR:**

  Support Teams for Addiction Recovery (STAR) provides case management and recovery support services for individuals with opioid use disorders (OUD). STAR program team will consist of a program supervisor, case managers and recovery specialists who will work with individuals.

- **Administrative Supervisor:**

  The Administrative Supervisor (AS) is an individual who will provide day-to-day administrative guidance related to job responsibilities, scheduling, ensuring training and orientation is completed, etc. The AS, who provides the direct and daily oversight of individuals providing peer recovery support services, should be an individual who is credentialed (CPRS or NCPRSS) and has completed the required supervision training based on SAMHSA's and/or other established core competencies for supervision and has at least two (2) years of experience in the field and at least one (1) year of supervisory experience.

- **Supervision performed by a clinical professional (SCP):**

  In addition to the direct and daily oversight provided by the AS, supervision by a licensed clinical professional should be made available based on the organization, the Peer Recovery Specialist role, the intensity of services provided; the number of hours worked and individualized specific needs of the Peer Recovery Specialist.

  This is not clinical supervision nor is it counseling support for the peer but peer supervision by a clinical professional. This type of supervision is provided by a Licensed Clinical Alcohol and Drug Counselor (LCADC) with co-occurring mental health disorder experience and at least two (2) years of supervisory experience. It could also include a Licensed Clinical Social Worker (LCSW) or Licensed Professional Counselor (LPC) or other closely related fields with co-occurring substance use disorder experience and at least two (2) years of supervisory experience.

- **WRAP:**

  The Wellness Recovery Action Plan (WRAP®) is a personalized wellness and recovery system born out of and rooted in the principle of self-determination. WRAP® is a wellness and recovery approach that helps people to: 1) decrease and prevent intrusive or troubling feelings and behaviors; 2) increase personal empowerment; 3) improve quality of life; and 4) achieve their own life goals and dreams. Working with a WRAP® can help individuals to monitor uncomfortable and distressing feelings and behaviors and, through planned responses, reduce, modify, or eliminate those feelings. A WRAP® also includes plans for responses from others when an individual cannot make decisions, take care of themselves, and/or keep themselves safe.
  https://copelandcenter.com/wellness-recovery-action-plan-wrap

Guidelines for Best Practices in Peer Recovery Services published April 2023
by the Department of Human Services,
Division of Mental Health and Addiction Services

Division of Mental Health & Addiction Services
wellness*recovery*prevention
laying the foundation for healthy communities, together

For more information on DMHAS and available services, **visit**:
https://www.state.nj.us/humanservices/dmhas/home/