

**Commonwealth of Massachusetts
Bureau of Substance Addiction Services**



RECOVERY SUPPORT SERVICES

Danielle O'Brien, *B.Sc., LADC II, CARC*

Recovery Community Support Coordinator

MA Department of Public Health

Bureau of Substance Addiction Services

Agenda

AGENDA



Overview of Recovery Support Services



Focus: BSAS Peer Recovery Support Services

Peer Recovery Support Centers & Recovery
Coaching



MH & SUD Peer work & collaboration

Overview DPH-BSAS RSS



The Bureau of Substance Addiction Services (DPH-BSAS) has invested in Recovery Support Services throughout the state, including:

- **39 [Peer Recovery Support Centers \(PRSC\)](#)**
- **[Access to Recovery \(ATR\)](#) program (*basic needs, vocational training, coaching*)**
- **[MyPiR \(Massachusetts Young People in Recovery\)](#)**
- Development of a **quality addictions Peer Workforce**, including trained **[Recovery Coaches](#)** and **Recovery Coach Supervisors** through the **[Recovery Education Collaborative](#)**
- **[Massachusetts Organization of Addiction Recovery \(MOAR\)](#)**
- Educating and shifting systems to become **[Recovery-oriented Systems of Care \(ROSC\)](#)** through education and cross-system collaboration



Recovery Support Services (RSS)

Recovery Support Services (RSS) are non-clinical, strengths-based supports that help people navigate systems, remove barriers to recovery, and stay engaged in the recovery process.

Recovery Support Services



Support personal choice, multiple pathways, and a holistic process



Focus on individuals' strengths, talents, coping abilities, resources, and inherent values



Encourage community participation – to sustain recovery in natural environment



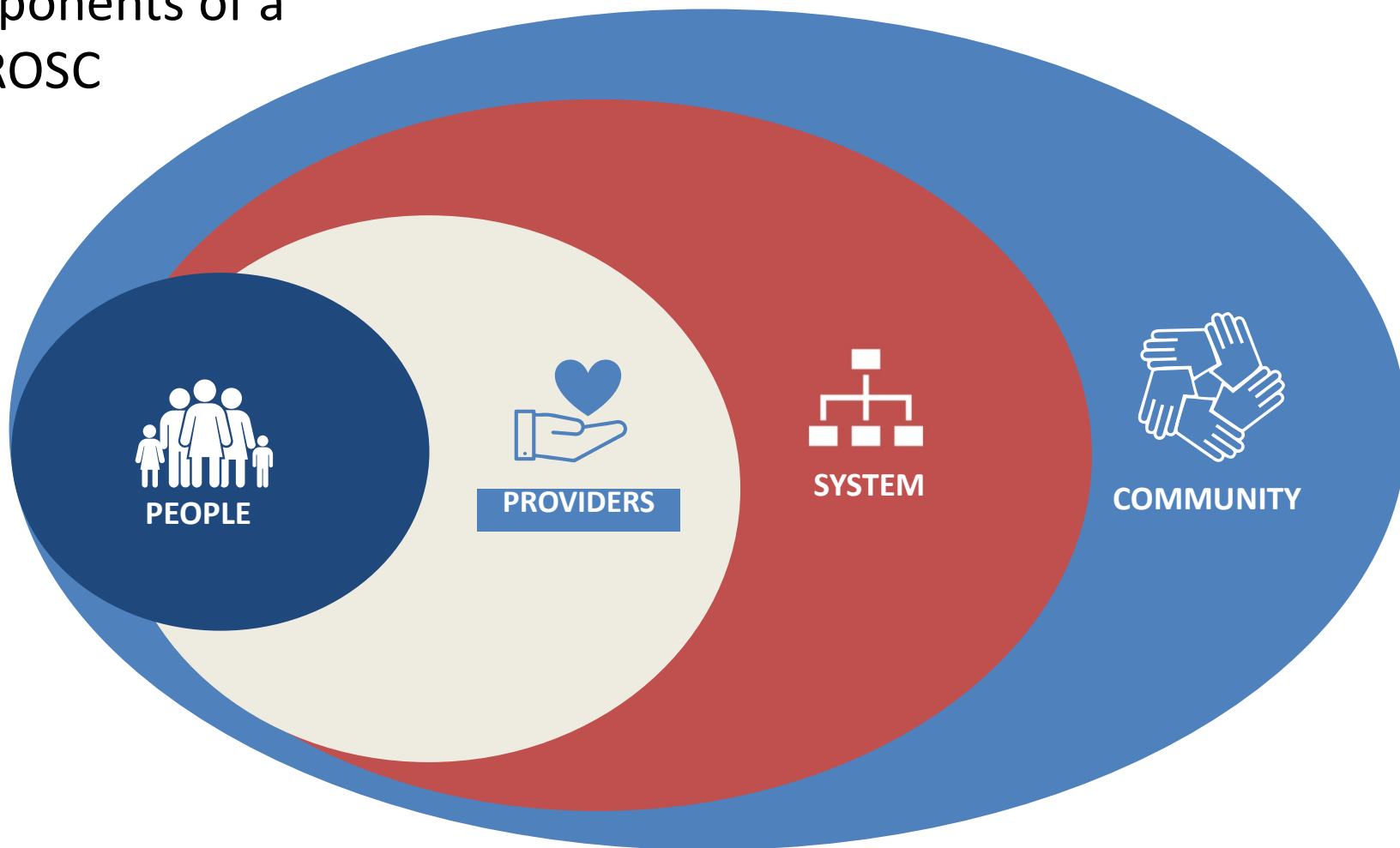
Build on resilience to improve outcomes, reduce stigma, and better manage setbacks in recovery

Recovery-Oriented Systems of Care (ROSC)

Coordinated networks of person-centered community-based services and supports (formal and informal) to build on the strengths and resiliencies of individuals, families, and communities throughout the Commonwealth.

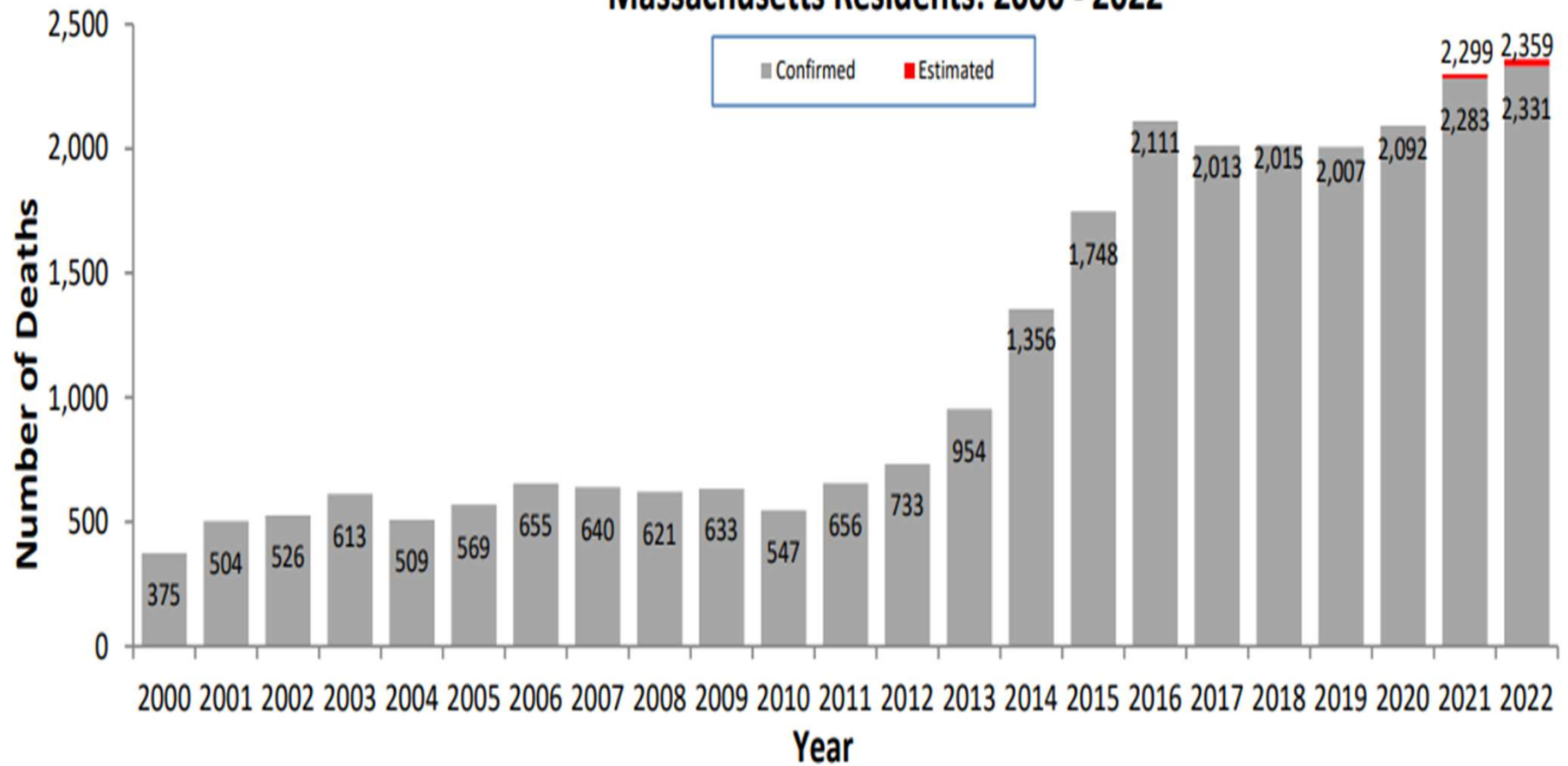
- Addiction services
- all systems/settings

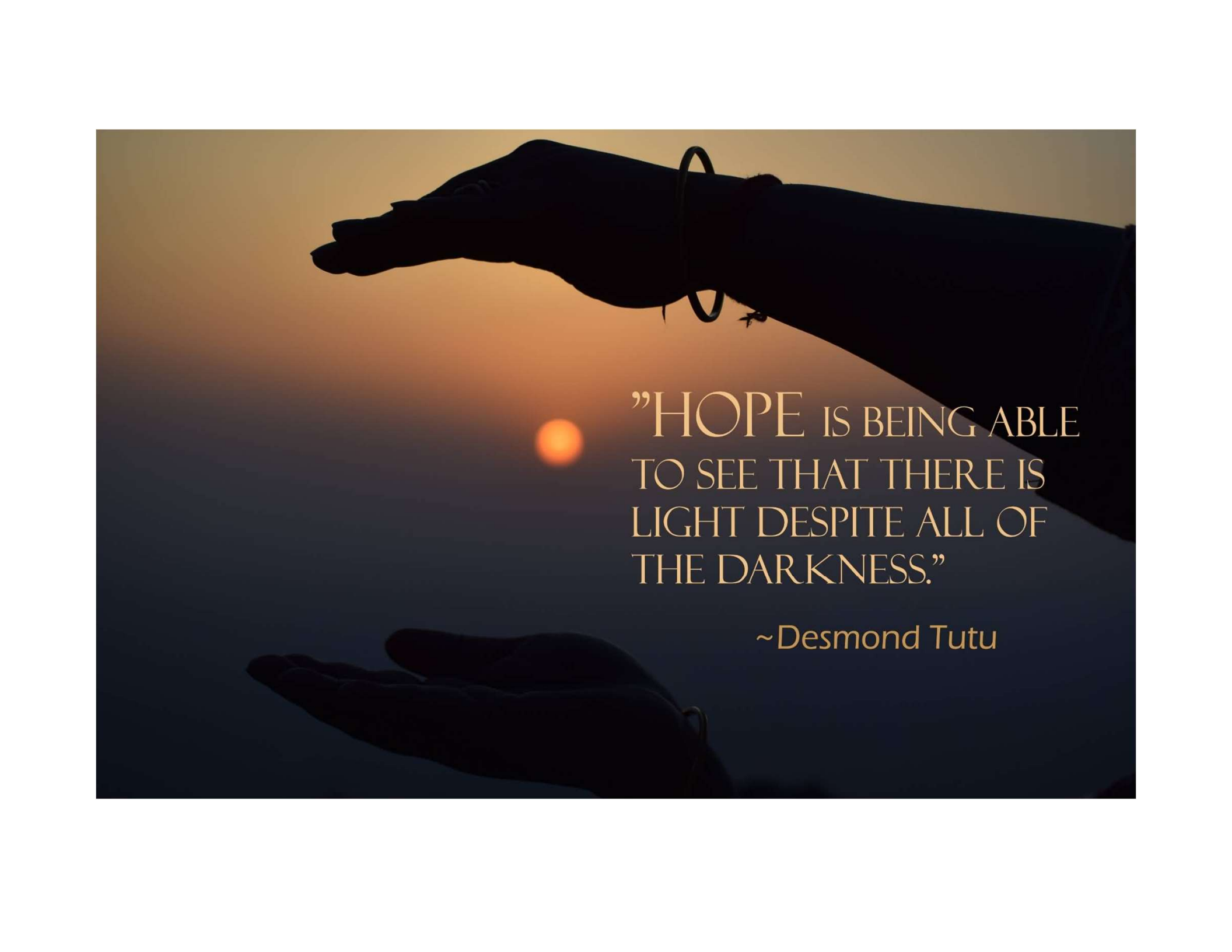
The Components of a ROSC



Overdose Deaths MA 2000-2022

Figure 2. Opioid-Related Overdose Deaths, All Intent
Massachusetts Residents: 2000 - 2022



The image features two hands in silhouette, one at the top and one at the bottom, reaching towards each other. The background is a gradient from dark blue at the bottom to light orange at the top, with a bright orange sun in the center. The text is overlaid on the right side of the image.

”HOPE IS BEING ABLE
TO SEE THAT THERE IS
LIGHT DESPITE ALL OF
THE DARKNESS.”

~Desmond Tutu



RECOVERY
RESEARCH
INSTITUTE

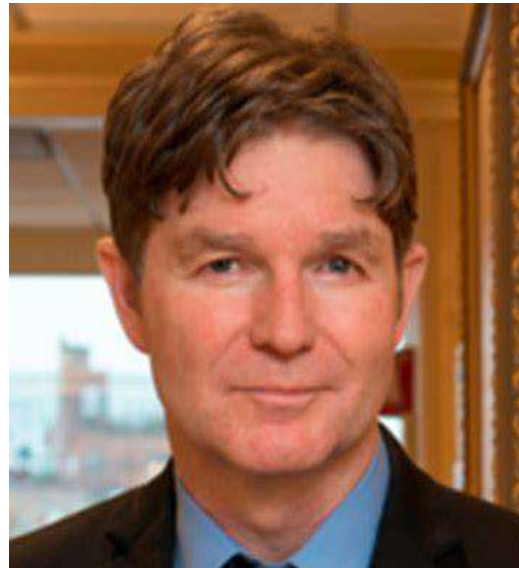


MASSACHUSETTS
GENERAL HOSPITAL



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

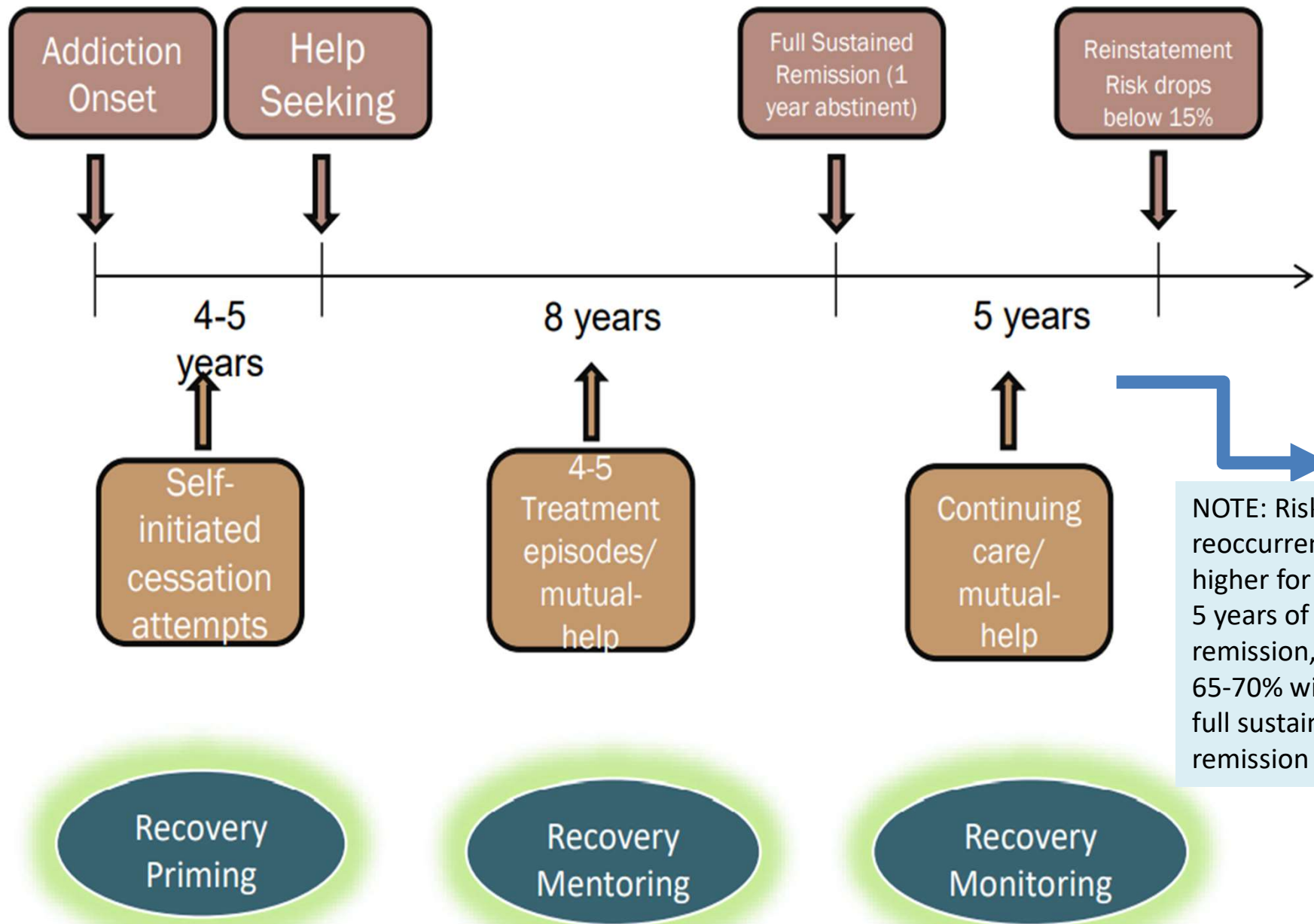
The Science of Recovery



John F. Kelly, PhD ABPP

Elizabeth R. Spallin Professor of
Psychiatry in Addiction Medicine
Harvard Medical School
Director Recovery Research Institute
Associate Director Center for Addiction
Medicine
Massachusetts General Hospital

[Dr. Kelly Slides - RSS Science and Practice John Kelly 2021.04.21.pdf](#)



NOTE: Risk for reoccurrence still higher for the initial 5 years of remission, 65-70% will achieve full sustained remission

Why are folks in early recovery (1-5 years) still at high risk?

Increased sensitivity to stress via...

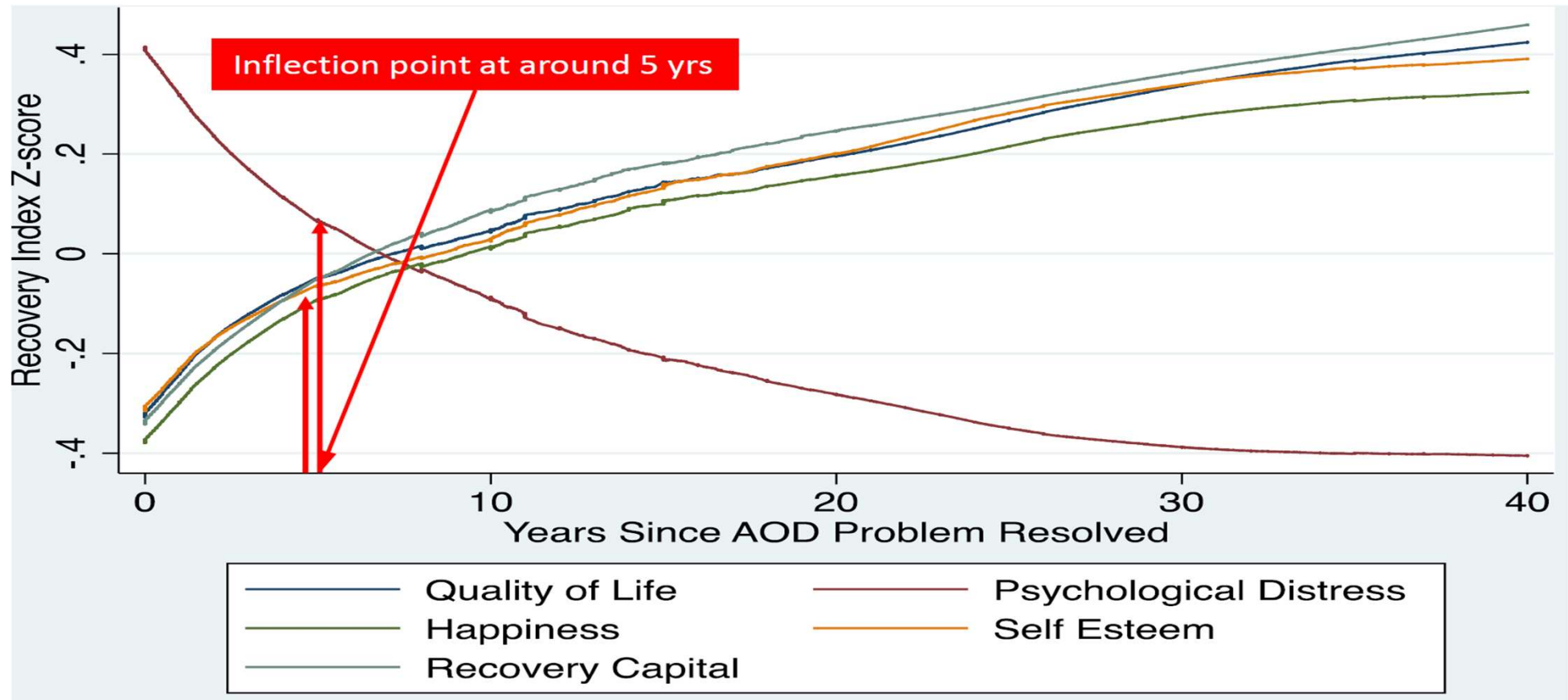
- Increased activity in hypothalamic-pituitary-adrenal axis (HPA-axis) and CRF/Cortisol release

Lowered ability to experience normal levels of reward via...

- Down-regulated dopamine D2 receptor volume increasing risk of protracted dysphoria/anhedonia and relapse risk

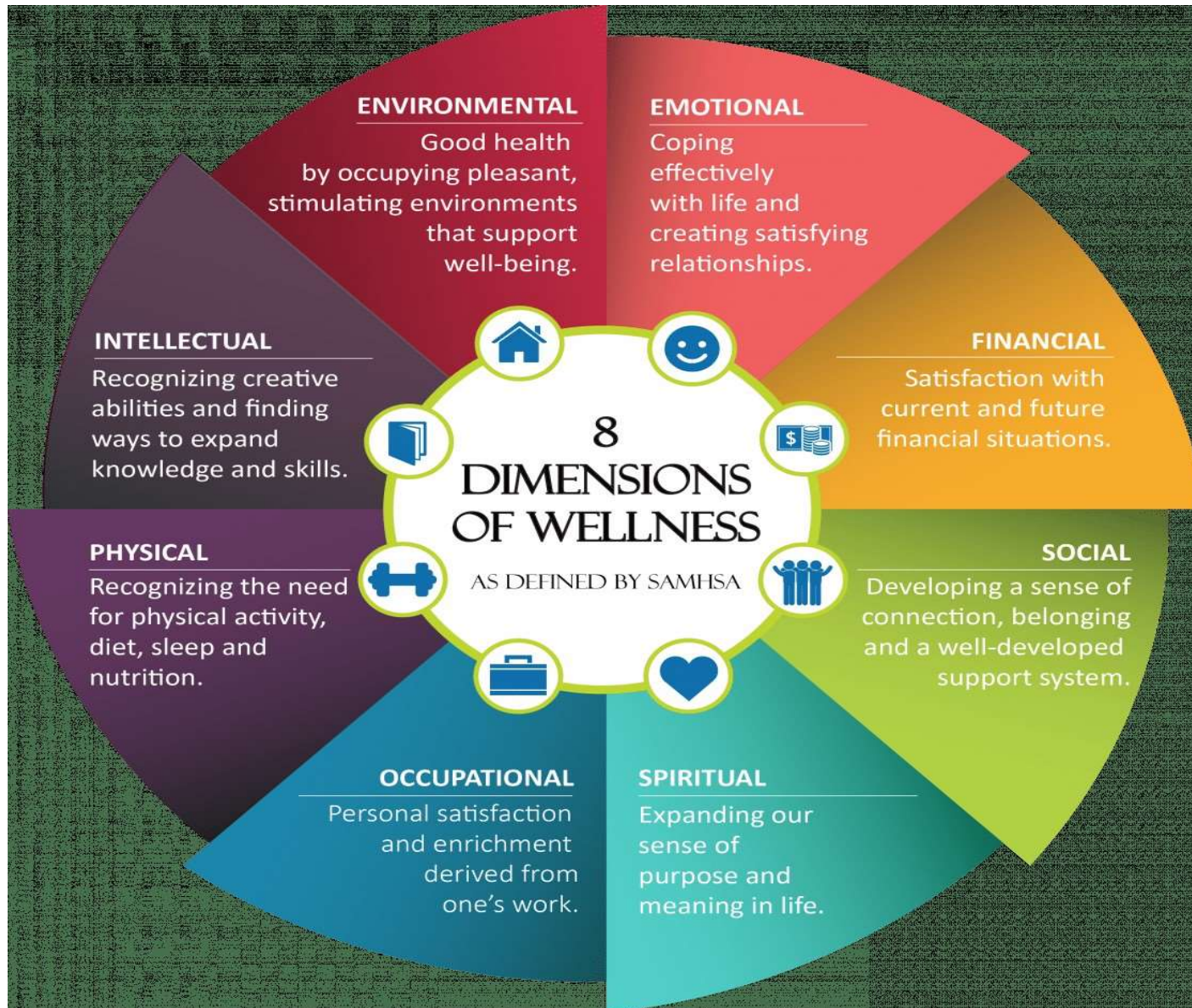


Recovery Vital Signs Graphs by Years Since Resolving a Problem





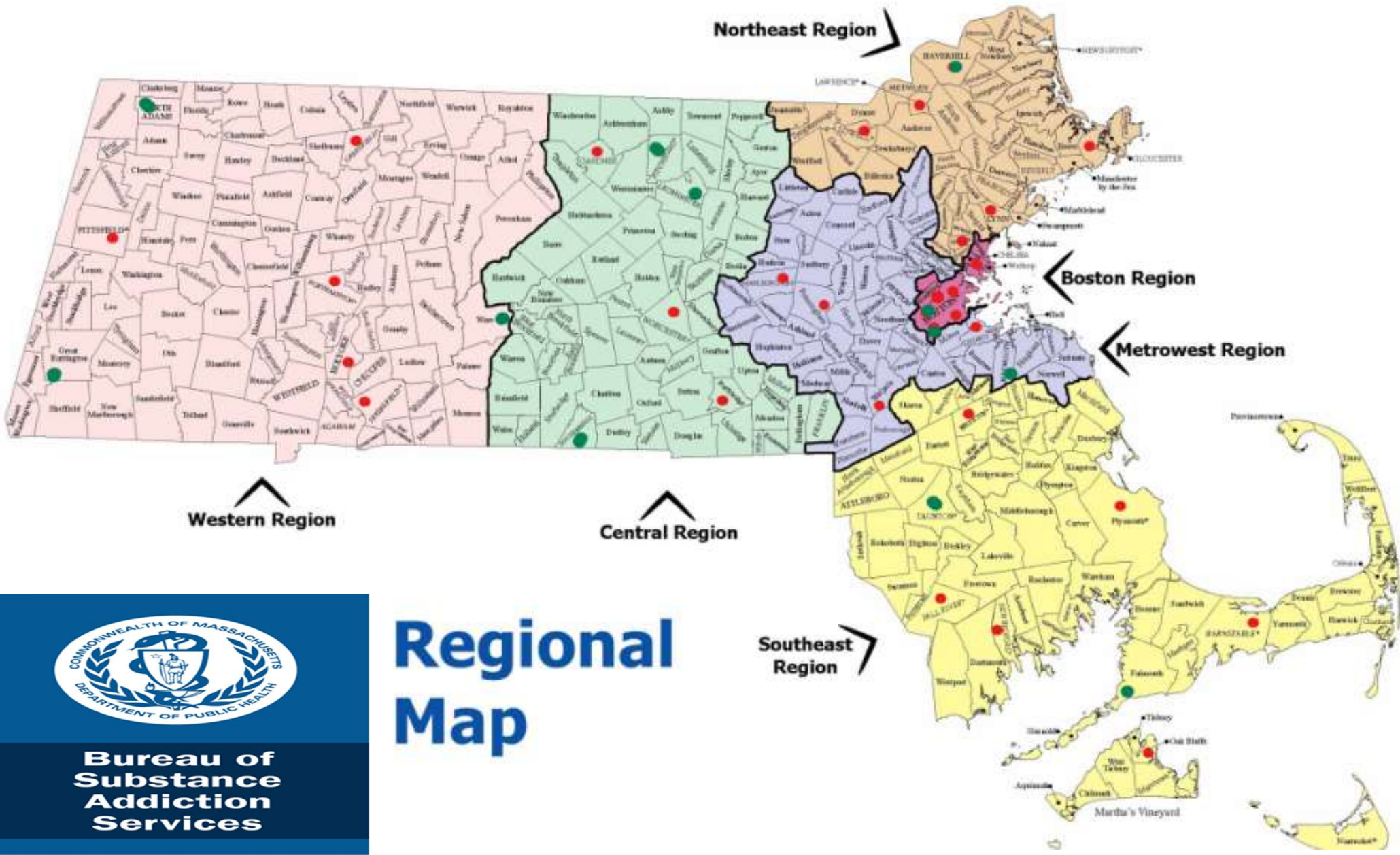
Peer Recovery Support Services







**Peer Recovery
Support Centers**



**Bureau of
Substance
Addiction
Services**

Regional Map

MA DPH-BSAS Peer Recovery Support Centers (PRSC)

Region I, Western MA

The RECOVER Project, Greenfield, MA
Hope for Holyoke, Holyoke, MA
Valor Recovery Center, Springfield, MA
Living in Recovery, Pittsfield, MA
Northampton Recovery Center, Northampton, MA
South County Recovery Center, Great Barrington, MA
Have Hope Peer Recovery Center, North Adams, MA
Recovery Center of Hope, Ware, MA

Region II, Central MA

Everyday Miracles, Worcester, MA
No One Walks Alone (NOWA), Whitinsville, MA
Alyssa's Place Peer Recovery Support Center, Gardner, MA
Leaders of Restoration Peer Recovery Center, Fitchburg, MA
Ripple Effect Peer Recovery Support Center, Leominster, MA
South Bridge Peer Recovery Support Center, Southbridge,

Region III, Northeast MA

CORE Peer Recovery & Resource Center, Gloucester, MA
New Beginnings Peer Recovery Center, Lawrence, MA
Recovery Café Lowell, Lowell, MA
The Bridge Recovery Center, Malden, MA
Recovery Exchange Peer Support Center, Lynn, MA
Ray of Light Recovery Café, Haverhill, MA

Region VI, Boston MA

Devine Recovery Center, South Boston, MA
STEPROX Recovery Support Center, Roxbury, MA
Room to Grow Recovery Center, Boston, MA
Recovery on the Harbor, East Boston, MA
Torchlight Peer Recovery Support Center, Dorchester, MA
Jamaica Plain Peer Recovery Support Center, Jamaica Plain, MA

Region V, Southeast MA

Stairway to Recovery, Brockton, MA
PIER Recovery Center of Cape Cod, Hyannis, MA
Peer2Peer Recovery Support Center, Fall River, MA
Plymouth Recovery Support Center, Plymouth, MA
R.I.S.E Recovery Support Center, New Bedford, MA
The Red House, Oak Bluffs, MA
Falmouth Peer Recovery Center, Falmouth, MA
Taunton Peer Recovery Support Center, Taunton, MA

Region IV, Metro West MA

Anchored in Recovery, Framingham, MA
Turning Point Recovery Center, Walpole MA
Weymouth Peer Recovery Center, Weymouth, MA
A New Way Recovery Center, Quincy, MA
The Recovery Connection, Marlborough, MA

<https://www.mass.gov/info-details/peer-recovery-support-centers>

Peer Recovery Support Centers

Free, Accessible, Recovery spaces in the heart of the community

Warm, welcoming Hubs of Hope that Celebrate multiple pathways

Offer human connection, **build community inclusion**, provide peer support and access to non-clinical resources

Education, social events, recreational activities, one on one coaching, support groups, advocacy, linkage, and referral.

Peer Recovery Support Centers

Safe, healing substance-free environments

Programming designed *for and by people in recovery*

Tailored to the Community – membership and needs

Encourage family participation and support loved ones affected

BSAS PRSC Capacity-building

Learning Communities & Workshops

Statewide Directors Meetings

Regional PRSC Gathering

Events & Conferences

BSAS Staff and TA support

Training & Workshops



CAPRSS

Council on Accreditation of
Peer Recovery Support Services

CAPRSS is the only accrediting body in the US specifically for recovery community organizations (RCOs) and peer recovery support services (PRSS).

CAPRSS offers a recovery-oriented accreditation program that:

- helps emerging and established RCOs and peer programs to build capacity;
- improves the performance of organizations and programs providing peer services by setting and measuring the achievement of standards; and
- increases accountability of peer services providers to funders, the public, and the field.

2023

Recovery Happens Here!



Massachusetts Bureau of Substance Addiction Services

Peer Recovery Support Center

★ **CELEBRATION** ★

Recovery-oriented Systems of Care



BSAS is currently working with **Dr. Ijeoma Achara and the Achara Consulting team.**

Dr. Achara is a ROSC consultant who has worked extensively in the behavioral health field, working with system administrators and leaders throughout the country to provide knowledge and resources to successfully lead system and organizational transformation, to promote enhanced outcomes and sustained wellness through the development of recovery-oriented systems of care (ROSC).

Dr. Achara has presented and currently provides consultation at the Bureau of Substance Addiction Services.



[Peer Support Toolkit \(dbhids.org\)](https://dbhids.org)

[Home - Achara Consulting](#)





Northampton Recovery Center

5h · 🌐



All are welcome here, together we recover ❤️
🍌🍌🍌🍌🍌 #northamptonrecoverycenter
#recoveryispossible #Pride



Centers are Reaching More Folks...



Gender

- Female 39.3%
- Male 58.0%
- Non-binary 1.8%

Sexual orientation (% non-heterosexual) 21.8%

Ethnicity:

- Identified as Hispanic 15.3%

RACE

- White 62.5%
- African American 15.1%
- Multi-racial 7.3%
- American Indian 1.5%
- Other 2.5%

"Recovery community centers: Characteristics of new attendees and longitudinal investigation of the predictors and effects of participation" Journal of Substance Abuse Treatment, 124 (2021) John F. Kelly, Nilofar Fallah-Sohy, Julie Cristello, Robert L. Stout, Leonard A. Jason, Bettina B. Hoepfner

Also Reaching more ESL, folks separate from TX system in community or in re-entry





Membership

According to the “New Kid on the Block” study, the majority of Recovery Support Center participants/members were estimated to be between 25 and 59 years of age (65%) and 12.3% identified as 60+ and 22% in the emerging adult age range (under age 25 years old)

Accessible in community

Personal choice, strengths based

Recovery Identity/Affinity

May not want or need SUD treatment, but need support



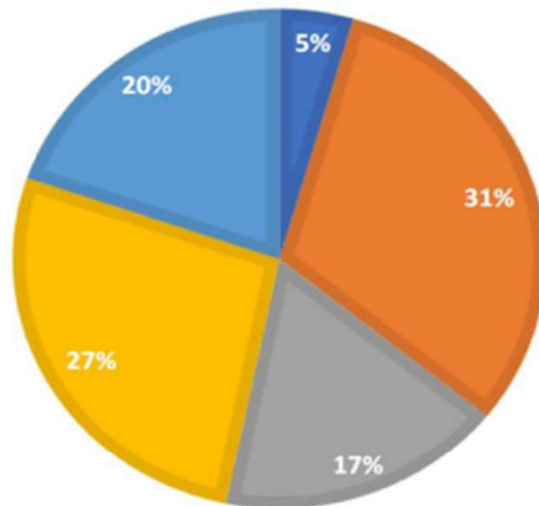


RESULTS

'New Kid On The Block'

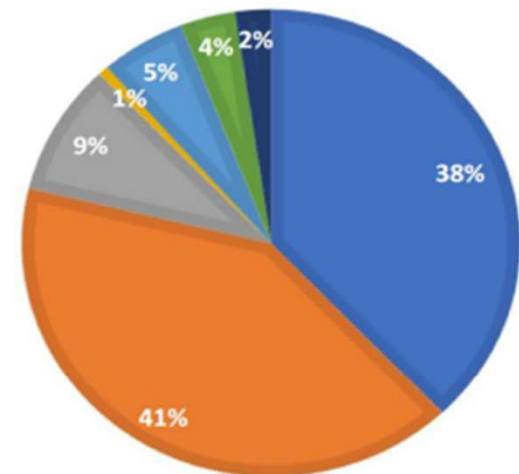
YEARS IN RECOVERY

■ Actively using ■ 0-6months ■ 6 months - 1yr ■ 1-5 yrs ■ 5+yrs



PRIMARY SUBSTANCE

■ Alcohol ■ Opioids ■ Cocaine/Crack
■ Amphetamines/Meth ■ cannabis ■ Other
■ No drug problem



Cross-Sectional Survey (N=366) - RCC Experiences

| | Total | |
|---|--------|--------|
| | Mean/% | (SD/n) |
| RCC experience | | |
| Referral source | | |
| Family and friends | 44.0 | (148) |
| SUD treatment (detox, inpatient, outpatient) | 14.6 | (49) |
| Housing and social services (e.g., sober living, shelter, including DSS) | 13.7 | (46) |
| RCC outreach (e.g., street outreach, Internet, pamphlets, community event, and ads) | 11.6 | (39) |
| Health care (PCP, ED) | 5.4 | (18) |
| Other (e.g., employer, 12-step, church, and academic) | 8.9 | (30) |
| Length of RCC attendance (in years) | 2.6 | (3.4) |
| Less than a year | 35.4 | (119) |
| 1 to 5 years | 49.1 | (165) |
| 5+ years | 14.0 | (47) |
| Percent days attended RCC in past 90 days (in mean, SD) | 45.5 | (32.1) |
| Length of typical RCC visit (in hours) | 3.1 | (2.7) |
| RCC appraisal | | |
| RCC's helpfulness to recovery | 6.2 | (1.2) |
| RCC's helpfulness to QOL | 6.1 | (1.2) |
| RCC's sense of community (in mean, SD) | | |
| Self (identity and importance to self) | 5.3 | (1.0) |
| Membership (social relationships) | 5.2 | (1.0) |
| Entity (a group's organization and purpose) | 5.3 | (1.0) |
| Recovery assets | | |
| Recovery capital (BARC; 10 items, 1- to 6-point scale) | 5.0 | (0.9) |
| Social support for recovery (CEST-SS; 9 items, 1- to 6-point scale) | 4.8 | (1.0) |
| Quality of life (QOL) (in mean, SD) | | |
| Quality of Life (EUROHIS-QOL; 8 items, 1- to 5-point scale) | 3.8 | (0.7) |
| Self-esteem (1 item, 1- to 10-point scale) | 6.5 | (2.3) |
| Psychological distress (Kessler-6, 6 items, 0- to 4-point scale) | 2.0 | (0.8) |

Of note, QOL in this sample was half a SD higher than in NRS study despite shorter time in recovery in this sample...

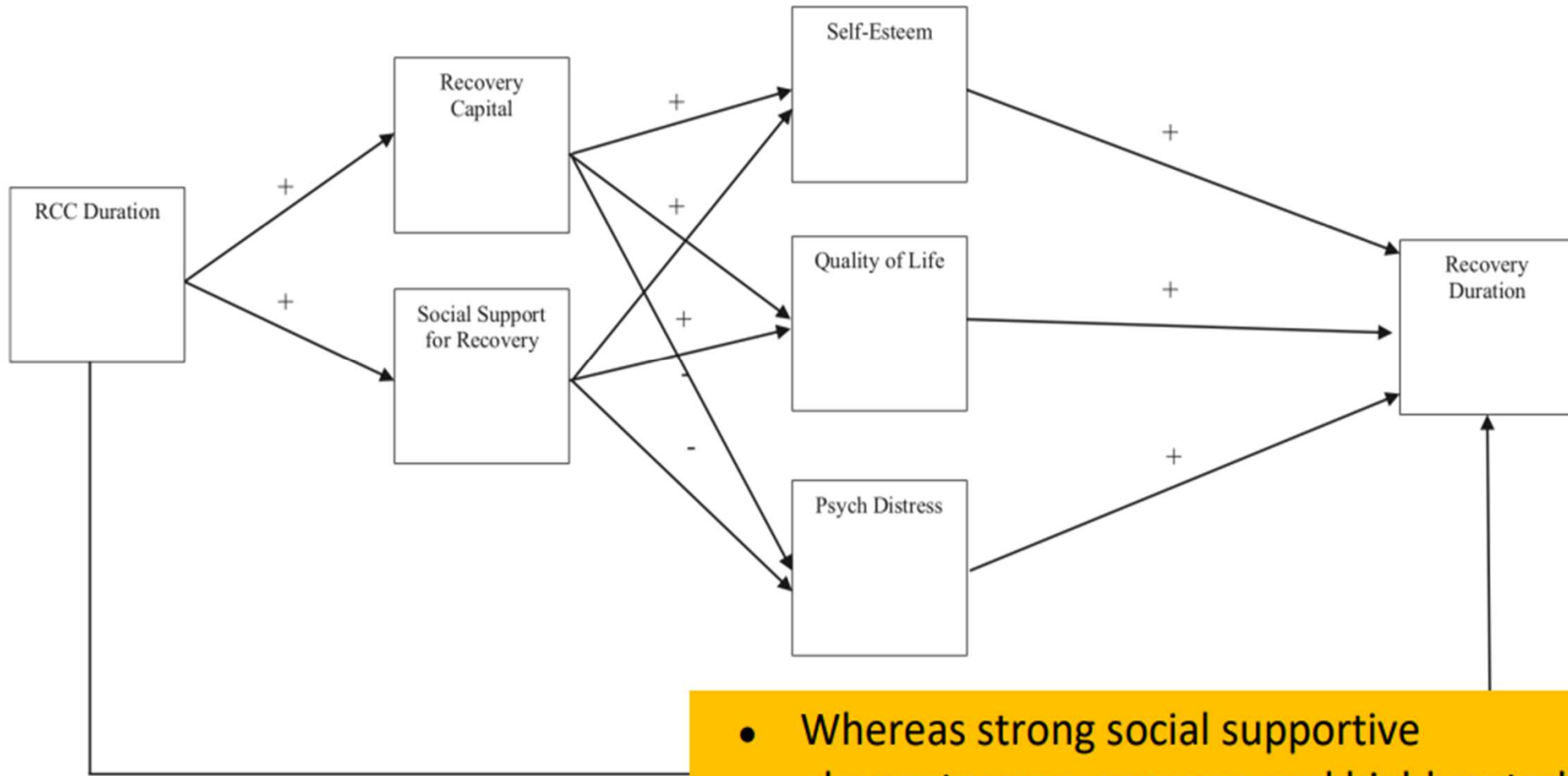


Fig. 1. Conceptual model of the theorized relationships among
 "+" = theorized positive association among linked variables; "-" =

- Whereas strong social supportive elements were common and highly rated, **RCCs appear to play a more unique role not provided either by formal treatment or by MHOs** in facilitating the acquisition of recovery capital and thereby enhancing functioning and quality of life.

Peer
Recovery
Support
Center
RRI/MGH
Study

Research Findings....

“Greater use of RCCs appears to be associated with longer duration of recovery and higher recovery capital, which in turn is associated with better quality of life, higher self-esteem and lower levels of psychological distress.”

Findings suggest that **RCCs serve as a promising third-tier component to recovery-oriented systems of care**, augmenting the other two more established tiers of professional alcohol/drug treatment and mutual-help organizations.

“One-Stop Shopping for Recovery: An Investigation of Participant Characteristics and Benefits Derived from U.S. Recovery Community Centers,” funded by National Institute of Alcohol Abuse and Alcoholism; Alcohol Clin Exp Res, Vol 44, No 3, 2020: pp 711–721) R21AA022693 to the Massachusetts General Hospital (PI: John F. Kelly, Ph.D.). 2017



Recovery Coaching





Recovery Coaching

Recovery Coaches are a **growing workforce of peers** who provide non-clinical recovery support to individuals in or seeking recovery.

RCs bring valuable lived experience with addiction and recovery, have **completed specialized training** and receive **supervision**.

Recovery Coaching is offered pre-treatment or recovery (early engagement), during treatment, post treatment/long-term and separately from the treatment system entirely.

[Peer Recovery Coach | Careers of Substance](#)



Mentor

Advocate

Change Agent



Recovery Coaching



*Recovery Coaches guide self-directed recovery planning 1 on 1 with **individuals to discover their own pathway, achieve self-directed goals, and provide support to navigate systems, establish community connections, and overcome barriers.***

Recovery or Wellness Planning (self-directed)

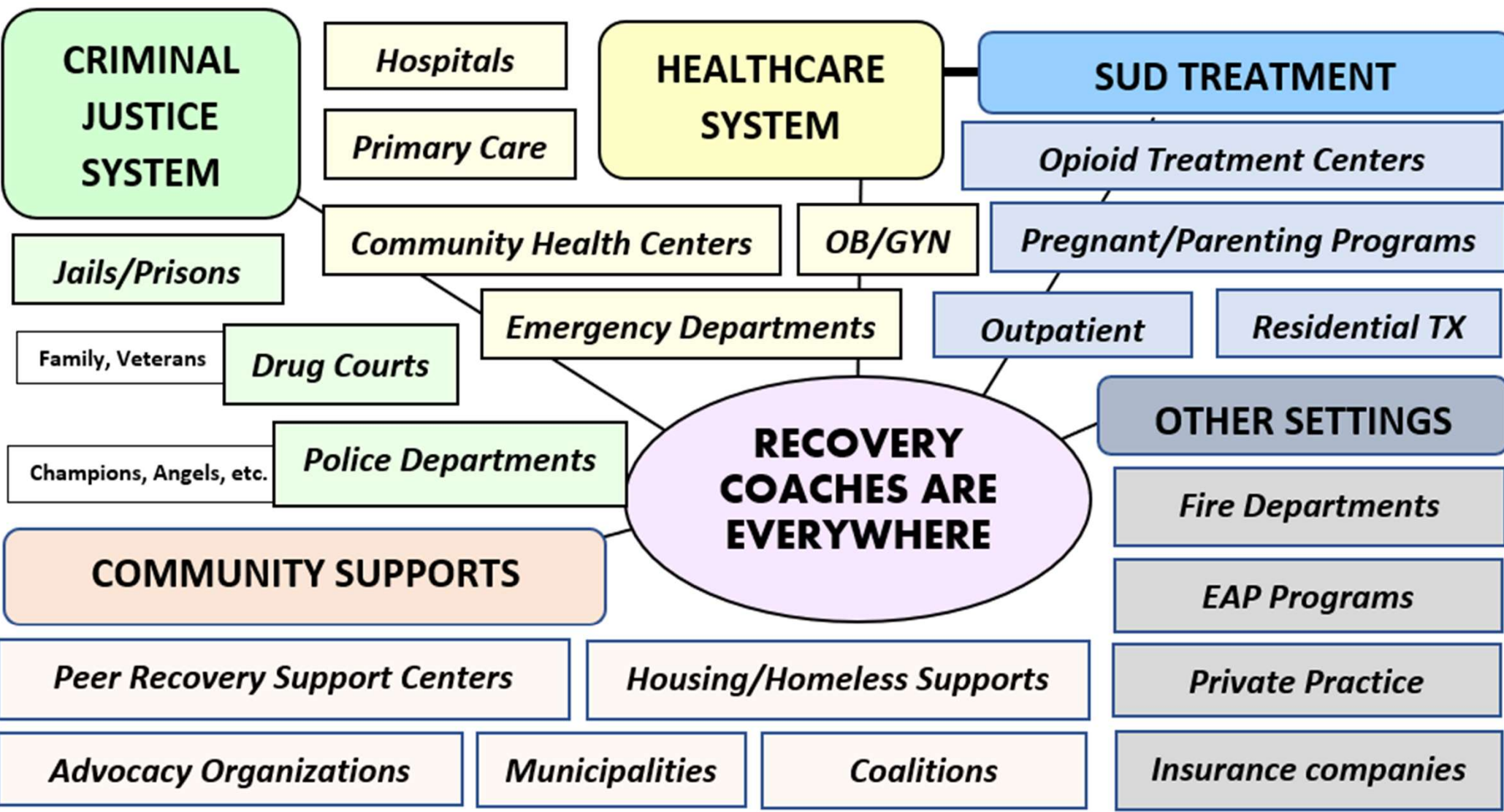
Mentor

Advocate

Change Agent

[Peer Recovery Coach | Careers of Substance](#)

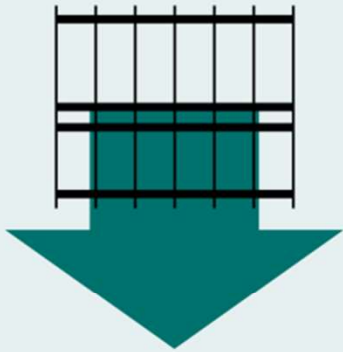




and making an impact in outcomes everywhere they go!

Is Peer Recovery Coaching Effective? cont.

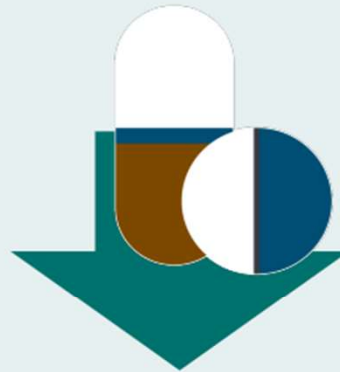
Emerging research indicates that peer recovery coaching holds promise for supporting recovery from substance use disorders. Taken as a whole, the current body of research suggests that people receiving peer recovery support may experience:



Decreased criminal justice involvement
(Rowe, et al., 2007; Mangrum, 2008)



Decreased emergency service utilization
(Kamon & Turner, 2013)



Reduced relapse rates
(Boisvert et al., 2008)



Reduced re-hospitalization rates
(Min et al., 2007)



Reduced substance use
(Bernstein, et al., 2005; Boyd et al., 2005; Kamon & Turner, 2013; Mangrum, 2008; O'Connell, ND; Rowe, et al., 2007; Armitage et al., 2010)



RECOVERY EDUCATION COLLABORATIVE

Recovery Education Collaborative (REC) brings together Bay State Community Services, C4 Innovations, MOAR and Torchlight Recovery, to support: **the further development, enhancement, expansion, delivery, and promotion of recovery support training and provider technical assistance (TA).**

This includes ensuring **quality training for Recovery Coaches, Supervisors, Peer Recovery Support Center staff and Peer Recovery Support Service providers.**

[Recovery Education Collaborative – Education Learning Platform \(massrec.org\)](http://massrec.org)

Recovery Support Trainings



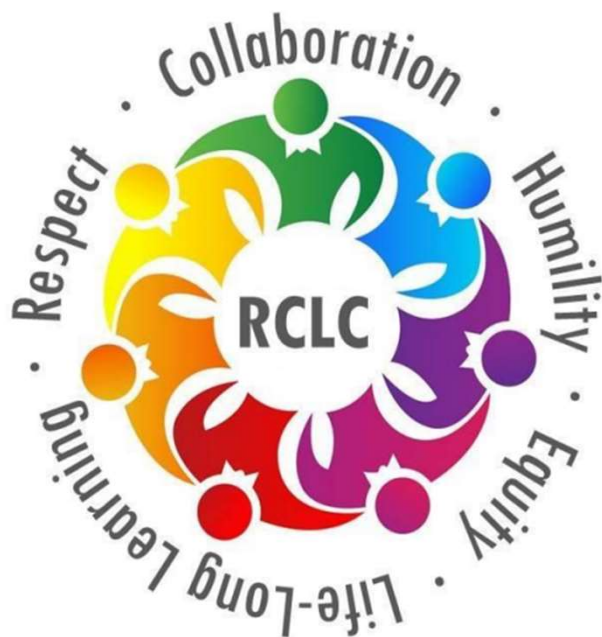
RECOVERY EDUCATION COLLABORATIVE

Empowering Recovery through
Education and Training

[Learn More](#)

[Recovery Education Collaborative – Education Learning Platform \(massrec.org\)](https://massrec.org)

Recovery Coach Learning Communities (RCLC)



WEST
Springfield

METRO-WEST
Quincy

CENTRAL
Worcester

BOSTON

NORTHEAST
Lowell

SOUTHEAST
Fall River

Professional Development



Process: Peer Worker → Recovery Coach → CARC

Certified Addiction Recovery Coach (CARC) is the professional credential provided by MBSACC, obtained by Recovery Coaches who have:

- ▶ completed **60 hours of training** including the
 - ▶ **5-day Recovery Coach Academy (RCA)**, Ethical Considerations, Mental Wellness, DEI, MI & Addictions 101
- ▶ Received **500 hours of documented work experienced signed by a qualified Supervisor** (*who provides certificate of completion from a **DPH approved Supervisor Training***)
- ▶ Submitted **application** and supporting documentation to MBSACC
- ▶ Passed an **exam**
- ▶ **Re-cert every 2 years** w 2 mandatory full day trainings and 18 hours of elective training



Recovery Coach - Profession



- 2019 MassHealth and other insurers cover Recovery Coach Services
- RSS services are expanding throughout provider system
- There are multiple peer/recovery coaching grants funded by SAMHSA and roles written into various state procurements
- All PRSC have Recovery Coach roles imbedded
- There is a Recovery Coach Licensure bill in legislature



Recovery Coach - Profession



Who is Coaching?

According to the RC Landscape Demographic findings of RC:

62% of respondents identified as Female,
75% identified as White,
13% identified as Black or African American,
10% identified as Hispanic/Latinx/Spanish Origin,
30% of respondents reported being LGBTQ+,
28% reported speaking Spanish,
26% reported having other physical challenges,
11% reported being hard of hearing, 5% reported being deaf,
9% reported serving or having served in the Armed Forces.





Recovery Coaching

In 2021, **DMA Health Strategies (DMA)** and the Bureau of Substance Addictions Services (BSAS) conducted four stakeholder surveys to develop a deeper understanding of the current **Recovery Coaching Landscape**, which revealed a rapid expansion of RC services, RC and RC Supervisors (compared to 2018 RC Scan) and that:

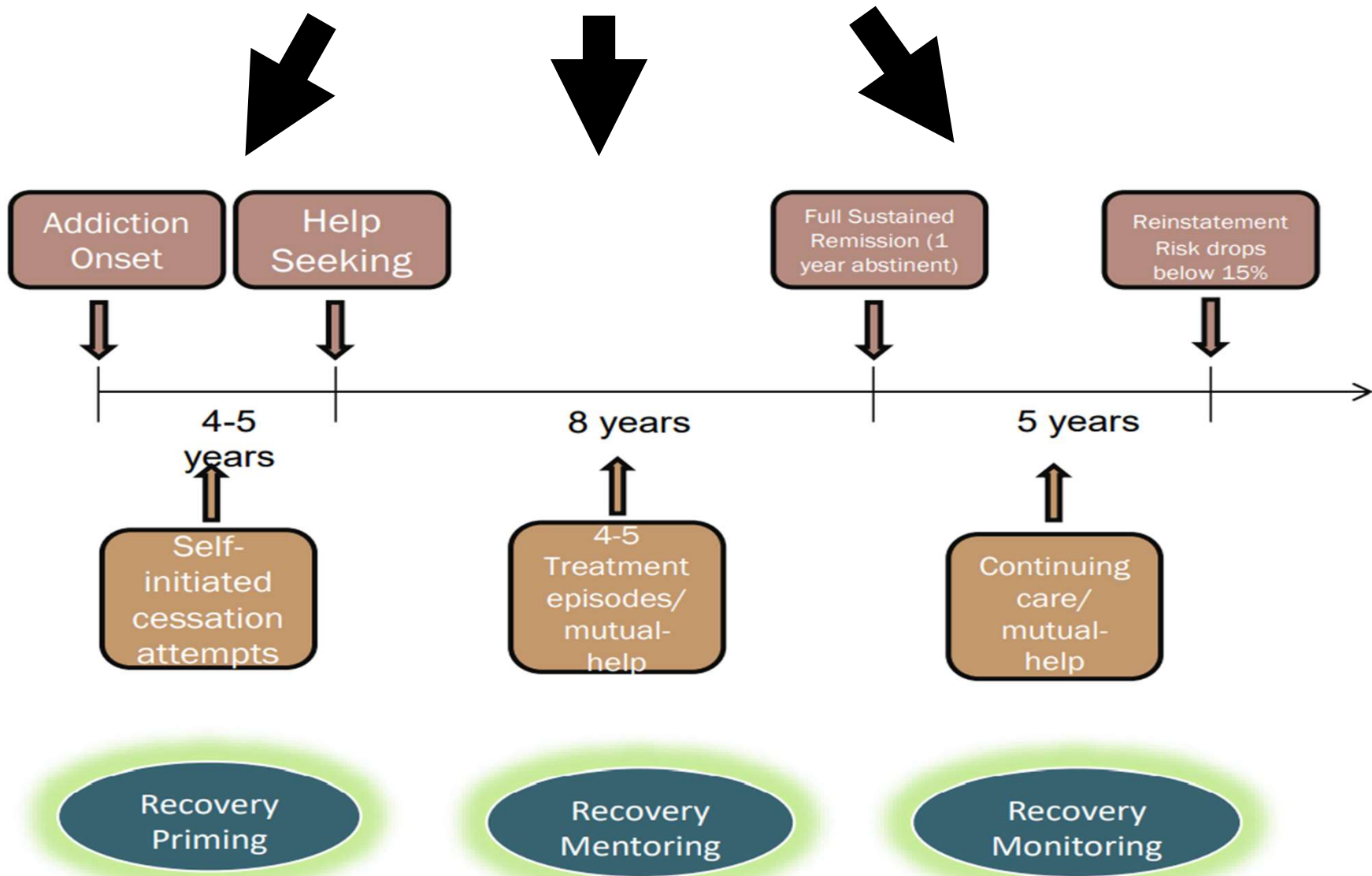
“Recovery coaching and peer support services are now a standard.”

“Data revealed 61 organizations offering 266 Recovery Coach service programs in 27 distinct service settings.”

“Recovery Coaches are now an integral part of the Commonwealth’s Behavioral Health Redesign”



Peer Recovery Support Services



Our Purpose: Community Inclusion

Living One's Best Life in One's Desired Community



1

Wellness

2

Connection
and Belonging

3

Safety

4

Purpose,
Fulfillment
and Meaning

5

Recreation
and Joy

6

Economic Security
(food, housing,
education,
employment etc.)

7

Individually
Determined

MH & SUD Peer Collaboration

Strengths:

- Connection in the past (*Peer Summits, Transcom*)
- Community/some settings (*peers are friends and colleagues, co-occurring program and community support overlap*) and larger movement (*MOAR, conferences, councils, etc.*)
- Both relate as peers in wider BH landscape, natural overlap
- Peers recognize, respect and value each other and the individual shared lived experience they bring, whether SUD, MH or both –the MAGIC in relating and respect lived “expertise”

SUD and MH Peer Services to meet people where they're at based on Individuals needs and choice

- Specialized peer programming, training, workforces and spaces, designed based on best-practices and practice-based evidence, to truly support people who use drugs, are in or seeking recovery or seeking support with mental health, recognizing similarities, but also different needs and often, different providers
- ability for individuals to connect with Harm Reduction Specialist, Certified Peer Specialist and/or Recovery Coach with shared lived experience, based on Individual choice and need at the time
- Natural overlap occurring in all spaces (Dual Recovery Mtgs,

NEEDS: More collaboration between all to ensure folks get what they need

MH & SUD Peer Collaboration

Challenges:

- COVID-19 – groups and activities that connected SUD and MH peers disbanded and exacerbated existing system challenges
- Natural silo from separate systems, funding streams, providers, etc.
- No meetings between systems connecting state MH and SUD peer folks
- Describing all peers as the same caused push back in different communities, around bills, etc. Folks expressed:
 - Value of shared lived experience felt negated, instead of embracing unity as peers w unique lived experiences to share,
 - Feeling like being combined “on the ground” while completely separated in the rest of system
 - lack of community engagement in decision making around peer roles
- Peer Addiction services, like Peer Recovery Centers, do not have a clinical component, as it is non-clinical model, run by peers in addiction recovery, so while they do effectively support peers seeking dual recovery supports and folks using drugs in some capacity, it is difficult to support MH crisis and navigate MH TX system or support drug consumption or SUD crisis in the way MH and Harm Re services can.

2022 Site Visit Assessment

The assessment w Dr. Achara revealed an influx of acute MH crisis, often with no SUD, into the PRSC, putting a strain on the staff and volunteers, who reported feeling:

- “out of their lane” as non-clinical peer staff
- Challenges to maintain environment and activities planned
- Difficulty navigating the MH system to get people help
- Doing their best to support... “burn out,” stress and role confusion

In response and in effort to support MH at PRSC, in 2023, BSAS RSS provided the PRSC:

- **Supporting Mental Wellness Workshop** w Dr. Achara Team – when supporting MH is in your lane – how to support co-occurring recovery
- **CBHC presentation to all PRSC Providers** – when it is out of your lane, who can help?
- 3 **“Calming the “I” of the Storm” De-escalation Trainings** via AdCare – how can we get better with de-escalation and crisis as a peer worker
- **Built connection to DMH Dual Recovery Collaborative and Clubhouses** for ongoing collaboration and meetings

Opportunities:

- **Build stronger collaboration** between systems and services to ensure folks get the support they are seeking
- Continue to Build RSS provider **relationship w CBHC** for referral and support
- Provide another round of **MH training to BSAS PRSC staff**
- Seek to **build partnerships with MH Peer Supports, such as RLCs and Club Houses**
- Explore seasoned **CPS** being connected to centers (*regionally, by area*)
- Assess if PRSC staff who self-identify as co-occurring interested in **attending CPS**
- Connect to **peer counterparts at DMH**