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SUPRSS Preliminary Report

Substance Use Recovery Support
Specialists (SUPRSS) Preliminary
Report to DDAP to develop SUD peer
standards

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SUPRSS Service Summary

Substance Use Recovery Support Services (SUPRSS) are a fundamental element of our substance use continuum of care in Pennsylvania. They are characterized by the provision of non-clinical lived experience support. The peer professionals who facilitate SUPRSS are certified as Certified Recovery Specialists (CRS) or Certified Family Recovery Specialists (CFRS), credentials that were conceived and developed by and for use with the recovery community of Pennsylvania. The services include activities that engage, educate and assist the individual as they make the necessary changes to recover from a substance use disorder.

Recovery for a person with a severe substance use disorder is a highly-individualized journey that requires abstinence from all mood and mind-altering substances. This journey is a voluntarily maintained lifestyle that includes the pursuit of spiritual, emotional, mental and physical well-being that is often supported by others. Abstinence based recovery is often supported with the use of FDA approved Medication Assisted Treatment (MAT) that are appropriately prescribed and taken.

SUPRSS services expand recovery support services across our continuum of care. They are a key element of a long-term focused recovery care continuum supporting community-oriented recovery for individuals and families impacted by substance use disorders.

SUPRSS professionals focus on the overarching goal of engaging and sustaining recovery of the individual, healing of the family and revitalizing of community as central objectives of their work. They closely coordinate and collaborate efforts with all other SUD service professionals across our care system.

SUPRSS professionals operating within their scope of practice expand recovery capital within in a variety of care roles and settings. Functions can include roles such as community outreach, peer resource coordination, support group facilitation, workshop facilitation and coordinator of recovery-oriented activities. These professionals can engage persons they are guiding within traditional treatment facilities, recovery community organizations, recovery high schools, recovery residences, through telephonic recovery support, alternative peer groups and collegiate recovery communities. They serve with individuals who are involved in criminal justice, including jail and prison-based recovery support programs, within human service organizations and medical care systems and support medication assisted and non-medication recovery support pathways. Generally, CRS or CFRS assist with tasks such as setting recovery goals, developing recovery action plans, and solving problems directly related to recovery, including finding recovery housing, assist in developing healthy recovery support network, finding new uses of spare time, and improving one's job skills.

SUPRSS Services hold promise as a vital link between systems that treat substance use disorders in a clinical setting and the larger communities in which people seeking to achieve and sustain recovery live. Using a nonmedical model in which social support services are provided by peer professionals who have experienced a substance use disorder and recovery, they extend the continuum of care by facilitating entry into treatment, providing support during treatment, and providing a posttreatment safety net to those who are seeking to sustain gains.

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Scope of Work to Provide Preliminary Recommendations to DDAP

Goal 1: Define SUPRSS and how the services that CRSs provide relate to our continuum of care.

Objective 1: Identify peer support roles for Certified Recovery Specialists (CRS) and Certified Family Recovery Specialist (CFRS) providing SUPRSS within a cohesive treatment and recovery support service system.

Objective 2: Identify how SUPRSS augments and extends substance use treatment and case management services by providing non-clinical support to aid and engage individuals and families to obtain and sustain long term recovery.

Objective 3: Identify the types of SUPRSS that may be provided by CRS and CFRS peer workers separate and distinct from treatment and case management services, funded across all the levels of care offered in Pennsylvania to improve engagement and support long term recovery across the continuum of care.

Goal 2: Define SUPRSS roles and functions within our service system.

Objective 1: Establish basic job description templates and training areas for CRSs and CFRSs providing SUPRSS, to include core minimum training needs for persons serving in roles across our continuum.

Objective 2: Identify ethical guidelines for CRSs and CFRSs operating across our continuum of care. To include best practices for the coordination of care for SUPRSS with treatment service providers, case management, medical, human services resources and recovery fellowships.

Objective 3: Explore how to measure efficacy and fund SUPRSS across our system of care. This process is to consider value-based care options feasible in urban, suburban and rural communities across the state.

Goal 3: Establish and monitor SUPRSS service development.

Objective 1: Complete draft practice guidelines for the use of SUPRSS in our public service system in settings and roles across our continuum of care.

Objective 2: Develop a summary paper to describe how SUPRSS relate to the rest of the continuum of care to support long term recovery across Pennsylvania.

Objective 3: Evaluate services implemented through this process moving forward and provide revisions as necessary to further improve the full continuum of care across Pennsylvania

Goal One Objective One - How Services Relate to our Continuum of Care.

Objective 1: *Identify peer support roles for Certified Recovery Specialists (CRS) and Certified Family Recovery Specialist (CFRS) providing SUPRSS within a cohesive treatment and recovery support service continuum.*

CRS and CFRS providing SUPRSS either in paid or volunteer positions within a cohesive treatment and recovery support service system work to expand recovery capital as part of the process of obtaining and sustaining long into term recovery. They function largely within four domains (White, 2010):

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

The CRS credential is intended for peers in substance use disorder recovery who have been trained to help others move into and through the recovery process. A person with lived experience must attest that he/she has personal, lived recovery experience in a continuous manner for a minimum of 18 months to be eligible for the CRS credential. As a CRS, an individual accepts and agrees that his/her experience as a person in recovery from a substance use condition will be known by their colleagues, persons served, and others with whom he/she may share that they have achieved this credential. Recovery is a highly-individualized journey that requires abstinence from all mood and mind-altering substances. This journey is a voluntarily maintained lifestyle that includes the pursuit of spiritual, emotional, mental and physical well-being that is often supported by others. Abstinence based recovery may be supported using FDA approved Medication Assisted Treatment (MAT) medications that are appropriately prescribed and taken. Additionally, a CRS will follow the Code of Ethical Conduct (The Pennsylvania Certification Board) and all other relevant policies and procedures.

CFRS are trained to help families move into and through the family recovery process. Family recovery is a highly-individualized journey that provides a unique perspective regarding the recovery process. A CFRS understands the stigma associated with substance use disorder and its impact on the family. This recovery journey is a voluntarily maintained lifestyle that includes the pursuit of spiritual, emotional, mental and physical well-being that is often supported by others, but is not contingent upon the recovery of our loved one(s). The CFRS credential is for adults who have been directly impacted by another person's substance use disorder. The CFRS shares their lived experience with other families to provide recovery support services. As a CFRS, an individual accepts and agrees that his/her experience will be known by their colleagues, persons served, and others with whom he/she may share that they have achieved this credential. Additionally, a CFRS will follow the Code of Ethical Conduct (Pennsylvania Certification Board & The Pennsylvania Recovery Organizations – Alliance 2017).

CRSs and CFRSs operating across these domains work to expand recovery capital through the elements delineated above. For many people this kind of support is fundamental to their

individualized recovery process as it relates to the development of recovery capital. Recovery capital is defined as the volume of internal and external assets that can be brought to bear to initiate and sustain recovery from substance use disorders (Laudet & White, 2008). Recovery capital can be developed within the individual, family and larger community. The development of recovery capital differs from individual to individual and within the same individual at multiple points in time. In contrast to case management services, which focus on linking persons with substance use issues with treatment and non-treatment needs, SUPRSS primarily involve recovery related community resources across the recovery care continuum in non-clinical ways across all community and clinical settings.

The scope of practice of a SUPRSS professional includes the provision of non-clinical, person-centered, strengths based, wellness focused, and recovery informed support. The SUPRSS professional helps to ensure the person's wellness-recovery plan reveals the needs and preferences of the person being served to complete their measurable and personalized goals. They use their lived experience and training to assist in the expansion of recovery capital with the person or families that they are providing care to prior to, during and following engagement with formal treatment services.

The relationship of the SUPRSS professional to the peer receiving help is highly supportive, rather than directive. CRS or CFRS are individuals in recovery who guide individuals or families with substance use disorders to achieve and maintain recovery using four domains of support identified above: emotional (empathy, caring, concern); informational (practical knowledge and vocational assistance); instrumental (concrete assistance to help individuals gain access to health and social services); and affiliational (introductions to healthy social contacts and recreational pursuits). CRS or CFRS should not be providing substance use disorder therapy. They do not diagnose or provide formal treatment. Rather, they focus on instilling hope and modeling recovery through the personal, lived experience of addiction and recovery. CRS or CFRS do not espouse any specific recovery pathway or orientation, but rather facilitate all pathways to recovery while adhering to the Pennsylvania Certification Board (PCB) ethical codes of conduct. CRS or CFRS are an important part of the care team in terms of providing both support and education about the recovery process (Polak, Smith & Williams).

All SUPRSS services paid for through federal or state funding shall be conducted by fully certified persons as a condition of funding. Certification shall be for the CRS or CFRS credential to be provided by the PCB or other fully credentialed certification as a peer support or family peer support by a statewide certification body which is a member of a national certification body or certification by another state government's substance abuse counseling certification board recognized in Pennsylvania. Programs providing SUPRSS services must provide ongoing training of these workers and to develop career pathways that encourage workers to advance in their careers as feasible.

SUPRSS professionals operating within their scope of practice expand recovery capital within communities in a variety of care roles and settings. They can include roles such as community outreach, peer resource coordination, support group facilitation, workshop facilitation and coordinator of recovery-oriented activities. SUPRSS professionals can engage persons they are

guiding within traditional treatment facilities, recovery community organizations, recovery high schools, recovery residences, through telephonic recovery support, alternative peer groups and collegiate recovery communities. They serve with individuals who are criminal justice involved, including jail and prison-based recovery support programs, within human service organizations and medical care systems and can and do include medication assisted and non-medication recovery support pathways. Generally, CRS or CFRS assist with tasks such as setting recovery goals, developing recovery action plans, and solving problems directly related to recovery, including finding recovery housing, assist in developing healthy recovery support network, finding new uses of spare time, and improving one's job skills.

All SUPRSS professionals functioning across our care system should focus on the overarching goal of engaging and sustaining recovery of the individual, healing of the family and revitalizing community as the central objectives of their collective efforts. SUPRSS professionals need to closely coordinate and collaborate efforts across our care system to meet this goal. As SUPRSS provided by CRSs and CFRSs are an important element of a cohesive substance use care system, the CRS and CFRS professionals and other disciplines who have other roles and functions in the care process should closely coordinate care with treatment providers and case managers.

Goal One Objective Two – Types of Services

Objective 2: *Identify the types of SUPRSS that may be provided by CRS and CFRS peer workers separate and distinct from treatment and case management services, funded across all the levels of care offered in Pennsylvania to improve engagement and support long term recovery across the continuum of care.*

Services related to SUPRSS can differ from traditional treatment care provided within a fee for service structure. As noted in previous sections SUPRSS are focused on developing elements of recovery capital at the individual, family and community level. Care provided for SUD recovery support services nationally have not been found to work well when conducted in traditional fee for service models as compensation tends to be low, not reflect all of the cost or reflect the use of strategies appropriate for larger recovery capital development efforts. Fee structures within traditional fee for service models often do not reflect supervision needs or indirect service management expenses.

States increasingly paying for recovery supports for beneficiaries with an SUD, predominately use state plan rehabilitative service options to pay for these services and Section 1115 SUD demonstrations. There have also been strategies to pay for recovery supports via bundled payments to health homes and certified community behavioral health clinics, one option being explored (MACPAC, May 2019).

The types of services provided are still in a relatively early phase of development. As innovation continues to occur in these models, care systems are encouraged to allow for new strategies. Types of services within SUPRSS tend to fall within four major types of recovery support services: (1) peer mentoring or coaching, (2) recovery resource connecting, (3) facilitating and leading educational and informational recovery classes or non-clinical groups, and (4) building

community (CSAT, 2009). SUPRSS services are strength based and individualized in consideration of the level of recovery support needs, the complexity of co-occurring conditions, severity of SUD and the amount of recovery capital of the person served.

The work of the SUPRSS professional is designed to be focused on direct support.

Documentation is to be limited to that which is necessary to conduct the work and not create additional burdens that would interfere with their role and function in the recovery process of the person served. Documentation of SUPRSS services provided should be concise and contain the information necessary for reimbursement of the care provided, including the name of the individual in care, date, time, duration of service, a brief description of what occurred and how it relates to the recovery wellness plan. For educational classes or non-clinical groups, documentation may include an outline of the agenda and/or how the peer in care responded to the information provided.

For Pennsylvania to develop an effective recovery care continuum, we need to establish a recovery oriented continuum of care that engages people in appropriate levels and durations of treatment services coupled with recovery support services through long term recovery management that supports recovery and reengages higher levels of care in the event of a reoccurrence of alcohol and other drug use.

According to White & Loveland Et Al in *What is Behavioral Health Recovery Management? A Brief Primer*, there are seven elements to a comprehensive program of recovery management:

- 1) **Client Empowerment** - enfranchising persons in recovery to participate in the planning, design, delivery and evaluation of behavioral health services and to advocate for pro-recovery policies and programs in the wider community.
- 2) **Needs Assessment** - identifying the needs and strengths of individuals/families experiencing severe behavioral health disorders with a particular emphasis on eliciting first-person voices of consumers and family members.
- 3) **Recovery Resource Development** - creating the physical, psychological and social space within a community in which recovery can occur; creating a full continuum of treatment and recovery support services; linking personal, professional and indigenous community resources into recovery management teams; and guiding the individual/family into relationship with a larger community of shared experience.
- 4) **Recovery Education and Training** - enhancing the recovery-based knowledge and skills of people/families in recovery, service providers, and the larger community.
- 5) **On-going Monitoring and Support** - continuity of contact and support over time.
- 6) **Evidenced-based Treatment and Support Services** - developing services that remove barriers to recovery and enhancing “recovery capital”; “trading out” less effective treatment and recovery support services for approaches that have a greater foundation of scientific support; pursuing a recovery research agenda to elucidate the structures/pathways, styles and stages of long-term recovery.

- 7) **Recovery Advocacy** - advocating for social and institutional policies that counter stigma and discrimination and promote recovery from severe behavioral health disorders.

Goal One Objective Three – Augmenting Support

Objective 3: *Identify how SUPRSS augments and extends substance use treatment and case management services by providing non-clinical support to aid and engage individuals and families to obtain and sustain long term recovery.*

The prevention, intervention, treatment and recovery of substance use disorders are our most pressing public health crisis. Development of a proper recovery care continuum that expands recovery support services into our communities has been stymied by negative public perception of substance use disorders, and the persons and families impacted by them. SUPRSS are a key element in the development of a long-term focused recovery care continuum model that supports community-oriented recovery while improving public perception of individuals and families impacted by substance use disorders.

Beyond the need for expanded treatment, a long-term model of recovery addresses the needs of our communities impacted by SUDs. Science is showing us that maximum effectiveness and personal benefit is achieved with a five-year sustained recovery model – that 85 percent of people with an SUD will remain in recovery for life if they achieve five years of sobriety (Dupont, 2015; White, & Schulstad, 2009). SUPRSS are designed around this reality. The addition of SUPRSS as an element of retooling services to orient towards a new standard of care. As Dr. Robert DuPont recently stated at the 6th World Forum Against Drugs in Gothenburg, Sweden said:

“Recovery is possible for every addicted person. Settling for less than drug-free recovery is inhumane and disrespectful. Recovery is fully compatible with the use of medication-assisted treatment, when the patient is taking the medicine as prescribed and when the recovering patient is not using any alcohol or other drugs. With this perspective, the misguided war between addiction treatments that use and do not use medications can be ended and all forms of treatment can be evaluated on their ability to produce lasting recovery. I have promoted a unifying goal for all treatments of five-year recovery.”

Achieving this standard of care across our service system requires expanding peer and community focused services and reorienting care to a long-term service model. It should link clients to peer professionals in order to establish hope and make continued abstinence more appealing. It will be important to extend beyond interventions focused on the individual or family to include the local community and national policy in order to incentivize longer-term recoveries more strongly (McKay, 2017). It should emphasize that recovery involves treatment assisted by medication, peer support services, family supports and case management to help people get back into care quickly in the event of resumption of use. People should be able to

obtain multiple services based on individual need, generally reducing in intensity over time as appropriate. In the event of reoccurrence of active use, people must be able to access more intense care in real time with no arbitrary limits, delays, or barriers.

When a person gets a diagnosis of an SUD, the SUD care system orients care to support multiple interventions, procedures, supports and checkups over the long term. If one approach does not work, other interventions are tried. Care is not refused or limited if one strategy does not work. It is a chronic care model that supports recovery. Such a system is flexible, properly resourced, and offers multiple pathways to health. The system coordinates care in a supportive manner through the recovery process much like care for other chronic medical conditions.

The integration of SUPRSS professionals into the care system and the development of services they provide are ongoing, some of these services are emergent or aspirational. These services extend care into the community with a focus on long term recovery and wellness. In work with persons with substance use disorders to obtain and sustain long term recovery, SUPRSS services generally include but are not limited to things like this list of services provided by SUPRSS peer professionals:

- **Advocacy** - SUPRSS peer professionals use knowledge of relevant rights and laws to eliminate prejudice and discrimination, ensuring that peers rights are respected while in care.
 - Advocating for the needs and desires of peers in treatment team meetings, community services, living situations, and with family.
 - Using knowledge of legal resources and advocacy organization to build an advocacy plan.
 - Participate in efforts to eliminate prejudice and discrimination in our service system.
 - Educating colleagues about the process of recovery and the use of recovery support services.
 - Actively participates in efforts to improve the organization and services in the community.

- **Assistance with establishing and maintaining safe and supportive housing.**
 - Assist peers in care to obtain and sustain safe and stable recovery housing.
 - Supporting recovery housing consistent with all applicable laws, codes of ethics and regulations relevant to the use of and referral to recovery housing.
 - Includes referral to local recovery houses, access to recovery housing databases, and assistance in locating housing regionally.

- **Coordinating engagement with and facilitating recovery support activities.**
 - SUPRSS professionals coordinate and assist in orienting peers in care served with support system engagement, such as 12-step groups, faith based groups, SMART Recovery®, Women for Sobriety, Celebrate Recovery, Medication-Assisted Recovery Anonymous (MARA), Recovery Dharma, etc; and education on substance use disorders and recovery and development of spiritual support.

- **Coordinating linkages with community-based recovery supports.**
 - Educating peers in care about health, wellness, recovery and recovery supports.
 - Participates with peers in care to discover or co-learn to enhance recovery experiences.
 - Educate peers in care about how to access treatment and services and navigate systems of care, and in desired skills and strategies (SAMHSA/BRSS TACS BH Peer Core Competencies).

- **Crisis support** – SUPRSS professionals recognize signs of distress and threats to safety among peers in care and in their environments and provides reassurance while assisting them to establish safety.
 - Under proper supervision, and consultation with other professionals where appropriate, strives to create safe spaces when meeting with persons in care.
 - Takes action to address distress or a crisis by using knowledge of local resources, treatment, services of the individuals or families they are serving.
 - Assist peers in developing crisis prevention tools.

- **Direct peer to peer services** – SUPRSS professionals use approaches that match the preferences and needs of peers in care, while relating recovery experiences to inspire hope, discuss ongoing personal efforts to enhance health, wellness, and recovery.
 - They recognize when to share experiences and when to listen.
 - They work in an individualized manner to identify personal recovery practices using strength-based concepts to help peers in care to discover recovery practices that work for them.

- **Employment engagement services** – SUPRSS professionals assist with activities that are directed toward obtaining, improving and maintaining employment.
 - Services include soft skills assessment and development.
 - Addressing criminal histories in the employment process.
 - Assistance with resume writing and general support with employment seeking activities.

- **Family education** - SUPRSS professionals provide general education to family members and other supportive individuals about the recovery process and recovery supports and how to connect with available supports and services within the community.

- **Life skill development** - SUPRSS professionals conduct life skills educational services that address activities of daily living.

- **Outreach and care linkages** - SUPRSS professionals maintain a robust, up-to-date information about community resources and services.
 - Assist peers in care to investigate, select, and use needed and desired resources and services.

- Use their training and lived recovery experience to engage peers in care with substance disorders in care to support recovery focused engagement with case managers and treatment professionals to facilitate appropriate, client centered care.
- **Peer education development** – SUPRSS professionals support educational services and assists peers in care to engage with educational services. SUPRSS professionals also provide support for clients pursuing adult basic education, i.e., general education development (GED) and college education.
- **Recovery management** – SUPRSS professionals use their training and lived recovery experience to:
 - Engage with persons with substance disorders to support recovery grounded engagement with case managers, assessment, evaluation and treatment professionals to facilitate appropriate, client centered care; and
 - Recovery management includes checkups either in person, telephonically or using privacy compliant video conferencing to assess where an individual is in the recovery cycle and what additional recovery support services may be necessary.
- **Recovery oriented classes or non-clinical groups** – SUPRSS peer professionals conduct lead classes or non-clinical group activities that are structured as support groups that typically involve the sharing of personal stories and some degree of collective problem-solving.
 - Recovery oriented classes or non-clinical groups are formed around the shared identity of recovery.
 - The class or non-clinical group educational activities tend to focus on a specific subject or skill set and may involve the participation of an expert as well as peer leaders (SAMHSA).
- **Recovery planning** - Assists and supports peers in care to set goals and to propose strategies:
 - To help a peer in care to accomplish identified tasks or goals;
 - Support peers in care to use decision-making strategies when choosing services and supports; and
 - Encourage and helps peers in care to function in recovery (SAMHSA/BRSS TACS BH Peer Core Competencies).
- **Virtual recovery support services** – SUPRSS peer professionals may, when appropriate and in compliance with all relevant patient privacy laws and regulations provide support services to persons with substance use disorders through:
 - Email, instant messaging (IM), real-time chat, internet phone, telephonically and through videoconferencing to support persons who are unable to engage in direct face to face services;
 - These services are emergent and may can be beneficial for persons with physical disabilities, persons in rural settings and those who may have difficulty accessing traditional care; and

- These services are intended to augment but not replace face to face care (Faces & Voices).
- **Whole health action management peer support services** - SUPRSS professionals encourage:
 - Increased resiliency, wellness, and self-management of health and behavioral health among people with mental illnesses and substance use disorders through whole health management activities; and
 - Practices designed to instill wholistic self-care practices into the recovery processes of those they work with.

The development of Pennsylvania’s CFRS credential in 2018 has led to a broader dialogue on the importance of informed, supportive family to the recovery process. Pennsylvania was one of the first states in the nation to develop such a credential. The family process of change and healing can run parallel to, yet also independent of the substance use recovery of the loved one with a substance use condition. The role and function of CFRS is to engage and support families impacted by a substance use condition through the provision of Peer Family Support Services (PFSS) within a peer to peer lived experience-based family focused model. Developing capacity and access to such services is critical to empowering families to navigate the complex dynamics of addiction and recovery from a family perspective. A systemic focus on family, central to the overall recovery continuum has historically been absent within our substance use system of care. The focus of peer family work is to instill hope, engage, support and educate families in order that they may be restored to wellness.

The type(s) of services, intensity of care and support and frequency of engagement will vary person to person, or family to family and may increase or decrease depending on level of need or circumstance as persons move through the recovery care continuum.

Goal Two - Rules of Recovery Support Engagement Framework

Rules of Recovery Support Engagement (RORSE) is the framework that describes the circumstances, conditions, degree, and manner in which the use of Substance Use Recovery Support Services (SUPRSS) should be utilized across the Pennsylvania substance use treatment and recovery support care system.

- This framework is intended to provide an overview of the components to be considered related to the training, experience, support, supervision and ethical conduct considerations that CRS and CFRS professionals should possess in order to properly function across the broad spectrum of care environments that they may encounter.
- The use of recovery support service professionals and the settings that they are deployed in is in its infancy, this framework should be considered an evolving document and needs to be regularly updated in collaboration with/between the workers, program managers, the recovery community and the systems that they work in.

Support for peer professionals – Service setting in which SUPRSS professionals operate may include those in which these peer professionals are likely to be exposed to risks to their physical safety as well as psychological or emotional trauma.

- The physical safety of the peer professional is to be evaluated as part of regular supervision.
- CRS and CFRS professionals operating out in the field in high risk settings should not be deployed alone in circumstances that is of high risk to their physical safety.
- In high risk settings, workers should be deployed in teams, which provides opportunity for support and mentoring.
- CRS and CFRS professionals should be regularly engaged in supervision, particularly as they operate in more intensive environments.
- CRS and CFRS professionals have the responsibility to temporarily disengage and to seek out additional support and assistance from other professionals in consideration of their own physical, psychological and emotional safety as well as to properly support the needs of the individuals and families that they are charged with serving.
- SUPRSS professionals operating in intensive settings shall have enhanced training in respect to trauma and self-care as well as more frequent supervision and organizational support.
- Reimbursement for work being conducted shall reflect the costs of training and supporting these workers, as well as experience in order to ensure a properly trained, retained and supported workforce.

Recovery support caseloads - There are multiple elements to consider in working with individuals receiving substance use peer recovery support services, these are further detailed in the section on levels of SUPRSS Support.

- Caseloads for CRS and CFRS Professionals who are providing these services may vary setting to setting as well as in consideration of intensity of need and level of recovery capital.
- Peers in care with low recovery capital and high problem severity will require more frequent services.
- Caseloads that have high numbers of persons with high intensity needs should be smaller.
- Care for persons in stable recovery who have obtained a high level of recovery capital and have reached the point where they are self-directing their own care may benefit from very low threshold recovery check-ins with the CRS/CFRS Professionals perhaps as a monthly, quarterly or biannual check in.
- Caseloads may vary but should be set on average at maximum of 30 persons served for a full-time worker.
 - Specialists serving low threshold check ins may end up exceeding this care ratio.

Recovery capital and problem severity matrix (White and Cloud, 2008)

High Recovery Capital	High Problem Severity
Low Problem Severity	Low Recovery Capital

CRS Professional Competencies

There are several competencies associated with CRS professionals conducting SUPRSS fundamental to providing services in a competent, professional and ethical manner. These domains include but are not limited to recovery management, education, advocacy, ethics and responsibilities. It is vital that CRS professionals possess these competencies to effectively provide recovery support services as an important element of our substance use care system.

CRS Professionals:

- Engage the individual in care and establish rapport to develop a therapeutic alliance.
- Recognize signs and symptoms of addiction in order to assist the individual they are helping.
- Must be able to assist the individual in order to identify and prioritize strengths and needs in order to obtain and sustain the recovery process.
- Need to be able to assist in the development and enhancement of the recovery plan while being able to identify emergency or crisis situations and facilitate access to appropriate resources in a timely manner.

In respect to the domain of education and advocacy, the CRS Professionals:

- Are expected to possess the skills and knowledge to educate the individual, family, and community about the disease of addiction and the recovery process.
- Must be able to educate individuals and families about recovery support services within the recovery process
- Must participate in advocacy to support recovery at the individual, family, community and systems level.

In respect to the competency of ethics and responsibilities, CRS Professionals:

- Must be able to conduct themselves in an ethical manner by adhering to the PCB code of ethics and standards of practice.
- Must be able to maintain confidentiality regarding information received during the facilitation of recovery support services in order to maintain trust and protect the person in care from discrimination.

- Have a professional responsibility to continue personal growth through active participation in the recovery process and engage in continuing professional development relative to recovery support services (PCB CRS Candidate Guide 2018).

CFRS Professionals Competencies

There are several competencies domains associated with CFRS professionals conducting substance use peer recovery support services that are important to the ability to conduct services in a competent, professional and ethical manner. These competencies include family recovery and wellness, advocacy and support, communication, crisis and safety planning, ethical responsibilities and professional skills development. It is vital that CFRS professionals possess these competencies in order to effectively provide recovery support services as part of our substance use care system.

In respect to family recovery and wellness, the CFRS Professional:

- Must understand addiction as a disease, family dynamics associated with addiction and wellness and the skills and knowledge to engage and sustain growth and wellness for those they serve.
- Must be able to work in a collaborative manner with other systems and professionals.
- Possess the ability and knowledgebase to assist families in navigating our care systems to support their wellness and growth.

In the domain of advocacy and support, CFRS professionals:

- Need to be able to assist the family in developing the skills and resources to advocate for their own needs.
- Have the ability to develop and support family problem solving and supports, supporting education and internal strength development.
- Be able to support the capacity for peers in care to recognize and overcome stigma and negative public perception about addiction while advocating for their needs.

In the area of communication, the CFRS professional:

- Needs to be able to understand, support and model the role of family within the context of a recovery-oriented system of care using a strength-based approach.
- Be able to accept the family where they are without judgement and demonstrate compassion, empathy, respect, flexibility and hope for the family.
- Must be able to engage in active listening and possess the ability to engage with families across all cultures and religions.
- Be able to foster cooperation between families, individuals and the systems that they engage with.

In respect to crisis and safety planning, the CFRS professional:

- Must understand and be able to engage families to sustain the safety and welfare of individual members. This includes the risk factors and signs associated with suicide, relapse and relapse prevention, high risk and emergency situations.
- Be able to engage in crisis planning with the people that they serve.

- Understand how and when to access professional and emergency services when needed for the persons that they are helping.

In order to adhere to their ethical responsibilities and need for professional skill development, the CFRS professional must:

- Conduct themselves in an ethical and professional manner and adhere to the PCB code of conduct.
- Maintain confidentiality standards for the persons that they are assisting.
- Practice good self-boundaries, engage in ongoing professional development, address and report concerns related to ethical conduct of their peers
- Be able to understand their own biases and limitations with regard to the work that they perform.

Training – Core training for CRS and CFRS professionals includes that required for basic certification and to carry out the fundamental elements of SUPRSS. Enhanced training, specific to the needs of the service setting should be evaluated at point of hire, through regular supervision in the circumstances that the needs of the position change and on an annual basis. These SUPRSS worker training plans should consider enhanced training needs and be developed collaboratively between the supervisor and the SUPRSS professional.

An example of an SUPRSS professionals operating in high intensity settings are workers in outreach and engagement duties. This may include but is not limited to conducting warm hand off, police diversion or overdose response functions. SUPRSS professionals operating in these functions should have enhanced training in co-existing medical and psychiatric conditions. On the job training needs to include how to conduct the work and things they may encounter as well as procedural elements. It includes operating in coordination with medical personnel, law enforcement, emergency response protocols and other considerations.

Care settings like those described above in which SUPRSS professional may be deployed are highly complex environments. There may be multiple professionals operating alongside them with different roles and functions. Efforts to stabilize and engage the person for help may include multiple steps and processes. Enhanced training needs will need to be considered in such care settings to reduce may potentially expose workers to traumatic events or emotionally intense circumstances and or complex care needs. Every effort needs to be taken to prepare and support these professionals within these varied work settings in order that care and support activities occur competently and effectively.

Experience – Beyond formal training and educational considerations, it is well recognized that as with any professional, on the job experience is paramount to developing mastery of the work and the provision of high-quality care. It can take several years to achieve mastery of all the knowledge and hard and soft skill sets required to conduct this work in an effective and high-quality manner.

- Deployment of SUPRSS workers should consider level of experience in providing SUPRSS services as a factor in determining the work that they are being asked to conduct.

- More intensive work settings should be reserved for more seasoned workers and reimbursement for care provided shall factor in these considerations.
- Lived experience beyond formal CRS or CFRS training should be considered, as examples workers with medical care or law enforcement backgrounds may be more suitable for deployment in these settings than workers who possess no experience working in or around these systems.
- More experienced workers should be paired with less experienced workers in order to support the transfer of knowledge and improve workforce retention efforts

Supervision - High quality, regular supervision conducted by trained and experienced personnel with deep understanding of recovery and the role and function of SUPRSS workers is critically important.

- Supervision of SUPRSS peer professionals must be conducted with a minimum of one individual and one group supervision session weekly is required.
- Peer supervision foundational competencies include:
 - **Understanding of Peer Professional Role** – The supervisor fully comprehends the peer professional role and duties through core peer training, lived recovery experience, and behavioral health occupational experience.
 - **Recovery Orientation** – The supervisor understands and supports the philosophy of recovery management and recovery oriented systems of care including, but not limited to hope, self-disclosure, mutuality, person first language, self-determination, empowerment, many pathways and styles of recovery, fostering independence, utilizes strength based approach, addressing stigma and oppression, providing stage of change appropriate support, client choice, and advocacy.
 - **Models Principles of Recovery** – The supervisor models recovery philosophy and incorporates those tenets in all peer professional occupational roles and duties, the supervisory experience, and the orientation of the greater organization.
 - **Supports Meaningful Roles** - The supervisor supports meaningful peer professional roles, including: outreach and engagement, empathetic support, instilling hope, enhancing motivation, client advocacy, and system navigation.
 - **Inequity & Health Care Disparity** – The supervisor understands trauma-informed care, social and health care equity, and incorporates that understanding into their supervision practices, peer programming, and administration. The supervisor acknowledges trauma experienced by historically oppressed and/or underserved populations (ethnic & cultural minorities, those with mental health challenges, those with substance mis-use, LGBTQIA, those in poverty, those experiencing homelessness, those who are disabled, including disabled veterans and other marginalized populations).
- Supervision should consider the peer professional working in varied cultures within their service program.
- Supervision shall be factored into reimbursement rates as an essential element as it is critical to develop and sustain the capacity of our entire care system to provide effective, high quality care.

- Less seasoned staff or staff being utilized in new roles or operating in particularly intense work settings should receive more frequent supervision and closer monitoring and support.

Goal Two - Levels of SUPRSS Support

Overview – These levels of SUPRSS Support are intended as a guide to assist in the management of care loads and supervision conducted with SUPRSS professionals conducting this work. These levels are modeled on the stages of change, and as those stages, a person may move between levels in a non-linear manner or fall within more than one stage at the same time.

Level One Outreach Peer Support Services - The SUPRSS Professional is generally working in the community with people who are in the precontemplation stage of recovery at this level of service. Level one services focus on developing rapport and educating people about reducing risks related to drug use with the goal of engaging with more formalized help. Harm Reduction efforts such as education on the use of Narcan and measures that people can do to avoid disease and seek additional help are focal points of SUPRSS professionals working in this level of service. Work done in this stage is typically program funded and not caseload oriented.

Level Two Engagement Peer Support Services - The SUPRSS Professional is generally working with people in the contemplation stage of recovery at this level of service. Care focuses on reducing ambivalence about change as part of efforts to deepen engagement. Sharing resources and establishing a therapeutic alliance is a focal point occurring at this level of service. Caseloads and intensity of supervision should factor in level of recovery capital. Persons with high problem severity and low recovery capital should be assigned to small caseloads of 20 or less with close supervision. SUPRESS professionals working with overdose cases in hospitals, with first responders and as part of police diversion programs are examples of work settings in which caseloads should be small and supervision should be close, with more than one formal peer supervision session scheduled weekly.

Level Three Preparation Stage – Within this level, the SUPRSS professional establishes an alliance with the peer to work on change, develop a recovery plan focused on mutually established strength-based goals and identify recovery capital. This level of support is generally conducted with a team of professionals including formal treatment and case management providers. Caseloads will generally consist of persons with varied levels of recovery capital. SUPRSS professionals conducting support at this stage with caseloads with a large number of persons with high problem severity and low recovery capital should be assigned to caseloads of fewer than 30 persons with supervision of a minimum of weekly formal sessions.

Level Four Action Stage – The SUPRSS professional is actively working with the peer in care to strengthen and expand recovery capital, generally as part of a larger care team. The SUPRSS professional supports the change process and may assist the person in care with recovery-oriented work as part of their recovery plans. Typically, peers in care at this stage are developing increased recovery capital and reducing their problem severity. SUPRSS professionals conducting support at this stage with caseloads of no more than 30 persons with supervision of a minimum of weekly formal sessions.

Level Five Maintenance Stage - The SUPRSS professional is working with peers in care who have developed some proficiency in navigating their own recovery processes. Generally, the intensity and frequency of support is decreasing as the person in service is less reliant on SUPRSS and using other recovery supports, resources and skills developed at an earlier stage of service. SUPRSS professionals conducting support at this stage are working with peers on a less than weekly frequency with caseloads of no more than 45 persons with supervision of a minimum of weekly formal sessions.

Level Six Termination Stage - The SUPRSS professional in this stage is working with peers in care who are in stable recovery and are using SUPRSS services for periodic checks-ins to support their change. They have developed a significant degree of skills in navigating their own recovery processes without formal support. Generally, the intensity and frequency of support is decreasing as the person in care is not reliant on support and using recovery supports, resources and skills established at an earlier stage of support. SUPRSS professionals conducting support at this stage are checking in with peers on a less than monthly frequency with caseloads of no more than 60 persons with supervision of a minimum of weekly formal supervision sessions.

Ethical Conduct Considerations – SUPRSS workers operate across a myriad of settings performing varied duties with diverse communities regionally throughout Pennsylvania in urban, suburban and rural settings. It is vital that services be performed in adherence to high ethical standards in accordance with the PCB code of ethical conduct.

- SUPRSS workers, their supervisors and the agencies employing them need to closely monitor conduct and assigned duties in order to ensure high standards of ethical care to the people and communities served.
- Areas of ethical conduct include but are not limited to operating within scope of competency, dual relationships, material gain, self-care and the adherence to high professional standards.

Best practice standards include supervision that explores real or potential ethical conflicts that may arise out in the field and to establish a channel of communication to avoid potential ethical violations.

- Routine supervision should include the review of SUPRSS job duties and agency policies should occur in order to ensure that the entire care team is focused on the provision of care in ways that ensure care provided within the highest ethical standards.
- Ethical conflicts and potential ethical dilemmas are to be explored in the course of individual and group supervision.
- Everyone in the care system has a responsibility to identify and report unethical care while at the same time taking steps to proactively reduce the likelihood of unethical care unfolding within the care system.

SUPRSS Practice Guidelines

SUPRSS Professionals provide high quality services to ALL persons in their care in an empathetic and supportive manner. As peer professionals, they focus on fostering hope, empowerment, and resiliency for all persons they serve within our substance use service system. All persons with substance use disorders deserve to receive care in ways that promote dignity and respect, and work to reduce the negative perceptions about substance use disorders and the persons who experience them. SUPRSS Services should be integrated across the substance use care system.

SUPRSS is a relatively new and evolving service, and these practice guidelines are a starting point in the development of the peer professional care system. The principles to guide practice of SUPRSS services across the continuum include:

- SUPRSS Professionals recognize and respect that SUPRSS services are to be individualized based on the unique needs, value, goals, beliefs and the chosen recovery pathway of the person in care.
- SUPRSS Professionals actively engage in reflective practice, with a well-developed understanding of self in the context of the use of self in the care of persons they serve.
- SUPRSS Professionals seek to establish strong, trusting relationships with persons in their care, other professionals, organizations and the community. They are aware of the complexity of professional relationships and the need to observe their respective boundaries.
- SUPRSS Professionals adhere to high standards of ethical conduct and follow all relevant Codes of Ethics and conduct in their service settings.
- SUPRSS Professionals value diversity, they respect and validate all cultures while recognizing any personal biases against people of different cultures and work to eliminate them.
- SUPRSS Professionals use recovery oriented, strength-based language that support the person in care's recovery journey to a more hopeful, healthy and full life. They avoid problem-oriented language that focuses on deficits, symptoms and diagnosis.
- SUPRSS Professionals respect and honor self-determination by exploring options collaboratively with the persons in care rather than simply providing direction, and empower the person in care to take steps forward on their own rather than "helping" by doing it for them.
- SUPRSS Professionals talk and interact with persons in care in ways that are open, flexible and focused on the needs of the persons in care and not the SUPRSS professional.
- SUPRSS Professionals, when sharing their own life experience, should use self-disclosure to support the needs of the persons in care in a manner that focuses on hope, strengths and resiliency.
- SUPRSS Professionals practice self-care, monitoring their own wellbeing and recovery needs while maintaining their own health, personal growth, and resiliency.
- SUPRSS Professionals use honest, non-judgmental language that validates the persons in care's feelings and perceptions in a manner that cultivates trust and openness.
- SUPRSS Professionals value professional development to keep up with current trends, new research for effective practice, and learn about new and successful techniques and

strategies. They have a responsibility to further expand their knowledge and experience through additional trainings and academic learning when appropriate.

- SUPRSS Professionals conduct services in a culturally competent manner with marginalized communities in ways that promote safe, supportive, respectful and caring relationships.
- SUPRSS Professionals work in a cooperative and collaborative manner with other professionals engaging with persons in care across the human service and medical care systems.
- SUPRSS Professionals are engaged in regular supervision and actively seek out additional support when encountering work situations that exceed their own skill sets as part of their responsibility to the persons in their care.

SUPRSS Person in Care Bill of Rights

SUPRSS Person in Care Bill of Rights: This is your Bill of Rights that describes what you can expect in the recovery support care you receive in Pennsylvania. All persons receiving Substance Use Peer Recovery Support Services (SUPRSS) deserve to be provided effective, high quality, individualized care conducted in a respectful and professional manner.

- **You have the right of informed consent:** You have the right to be informed about your disorders and the recommended procedures or services to be used in your care in order to determine whether or not to consent to care after being apprised of the potential risks and benefits.
- **You have the right to plan your own recovery pathway:** You have the right to be a fully engaged partner in your own recovery planning and to decide the pathway of your own recovery from substance use disorders after being informed of the general risks and benefits of different pathways.
- **You have the right to be treated in a culturally competent manner:** You have the right to be cared for in a way that honors your own values, beliefs, and feelings.
- **You have the right to a clean and safe service environment:** You have the right to expect that reasonable efforts are taken to ensure that the environment you are served in is safe and clean.
- **You have the right to get care on demand:** You have the right to access emergency services for a substance use disorder and to be informed of how to access care if you are in crisis.
- **You have the right to be treated with respect and not be discriminated against:** You must not be served in a different or disparate way because you have a substance use disorder. You have the right to be treated with respect and not discriminated against by your treatment and/or recovery service providers because of you race, sex, gender, religion, age, marital status, sexual orientation, disability, or other state or condition.
- **You have the right to expect that all applicable laws, rules and regulations are followed in respect to the confidentiality of your information.**
- **You have the right to submit grievances about your care:** You have the right to a fair and careful review of any grievances that you have submitted in writing in accordance with stated policies. Grievances may be against your current provider, your funder or other providers within your care system. You should be informed of these rights how you can submit grievances, where to submit them and how your written grievance will be reviewed and addressed.

Witness

Date

Person in care

Date

Template SUPRSS - Job Description

Tasks/duties: This is a non-clinical role. The SUPRSS professional works collaboratively with peers in care, co-workers and the community. They advocate on behalf of peers in care and help them navigate the substance use and social services systems. They are responsible to work closely with peers in care to address issues from a strength-based perspective, provide support, information, and connect persons in care to recovery resources and the community. They will meet peers in care in treatment centers, in hospitals and other settings in the community. They will initiate, establish and maintain relationships with peers in care while developing trust and rapport. The SUPRSS Professional will act as a coach and mentor, and help peers in care to set recovery goals and work toward developing skills in a collaborative, strength focused manner. They will share and discuss common experiences with peers in care. The SUPRSS professional works to build a collective sense of community for peers in care, and help them to create meaningful lives within the community. The SUPRSS professional is responsible for planning, organizing, developing, leading and facilitating individual sessions, non-clinical and educational groups, building efforts in a collaborative manner with the person in care. They are responsible to complete administrative duties necessary to support the care they provide. They will also complete any training required for the position, which may vary dependent on the setting, intensity and type of care provided. There is an expectation that the SUPRSS professional will communicate and work collaboratively with team members, attend team meetings, and meet with supervisors regularly for supervision and to discuss performance.

Qualifications: Candidates must have lived experience of a substance use disorder and engagement in a recovery process to the point of stable recovery. They should also have knowledge/familiarity of the drug and alcohol and social service systems, applicable laws and regulations relating to their job duties, and a strong commitment to ethical conduct and the rights of the peer in care. The incumbent should possess a holistic perspective of health and wellness. Candidates will demonstrate the ability to work effectively in a wide range of settings with people from diverse backgrounds, including peers in care and co-workers. Candidates should be comfortable working either one-on-one or in group settings, must possess excellent interpersonal skills and should be able to adapt to changing situations. Active involvement in the community, a recovery process and a willingness to collaborate with others is required. Candidates should possess excellent communication skills. They should be comfortable with public speaking and facilitation of group workshops or activities. They should also be comfortable coaching others, and possess negotiation skills. Candidates should be well-organized and have some experience planning and designing events and activities. Computer skills are an asset.

SUPRSS Glossary of Definitions

Close Supervision – A CRS/CFRS is expected to attend weekly supervision, which can include both individual and group supervision. During supervision, the supervisor will provide a detailed review of work, instruction, advice, and assistance with the caseload.

Peer support - Peer support operates from knowing that the individual has shared a similar experience and can be a model for others to learn and grow. Peers come together with the intention of changing unhelpful patterns, getting out of difficult places, and building relationships that are respectful. Peer support can be formal (SUPRSS professional) or informal (i.e. mutual support meetings, sponsor, recovery community).

Peer in Care - A person in a journey of recovery who is receiving services from the SUPRSS professional.

Recovery - Recovery is a highly-individualized journey that requires abstinence from all mood and mind-altering substances. This journey is a voluntarily maintained lifestyle that includes the pursuit of spiritual, emotional, mental and physical well-being that is often supported by others. Abstinence based recovery may be supported using FDA approved Medication Assisted Treatment (MAT) medications that are appropriately prescribed and taken.

Recovery Capital - Recovery capital is defined as the volume of internal and external assets are used to initiate and sustain recovery from substance use disorders.

Recovery Community – Persons having a history of substance use disorders and related conditions who are in or seeking recovery, including those currently in treatment; as well as family members, significant others, and other supporters and allies.

Recovery Community Organization - A recovery community organization (RCO) is an authentic, independent, non-profit organization led and governed by representatives of local communities of recovery. These organizations organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support services.

Recovery Plan – Individualized support plans that build on strengths, talents, needs, and existing recovery capital to achieve recovery goals to meet the needs of the person in care. The peer in care and SUPRSS professional develop the recovery plan in collaboration during a provided service.

Recovery Support Services (RSS) - Recovery support services are non-clinical services that assist individuals and families to recover from substance use disorders and related conditions. These services complement the focus of treatment, outreach, engagement, and other strategies and interventions to assist people in recovery with gaining the skills and resources needed to initiate, maintain, and sustain long-term recovery. RSS are provided by a CRS or CFRS.

Strength-based - Moving away from seeing a person as a set of problems, deficits, or challenges that need to be 'fixed,' to recognizing talents, skills and supports which is used by the peer in care— with or without professional assistance — to lead a full and satisfying life.

Substance Use Disorder - Substance use disorder is marked by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use alcohol, tobacco, and/or other drugs despite significant related problems.

SUPRSS Professional - The role of a CRS / CFRS who has been trained and certified to provide recovery support services in Pennsylvania. A SUPRSS professional works with peers in care during their recovery journey by linking them to the recovery community and its resources. The SUPRSS professional serves as a personal guide or mentor, helping the peer in care on their recovery journey.

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