



**Guideline.
Best Practice.
Peer Recovery
Services**



Division of Mental Health & Addiction Services
wellnessrecoveryprevention
laying the foundation for healthy communities, together

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Guidelines for Best Practices in Peer Recovery Services

Division of Mental Health & Addiction Services
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June 21, 2023

INTRODUCTION



State of New Jersey
Department of Human Services
P.O. BOX 700
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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

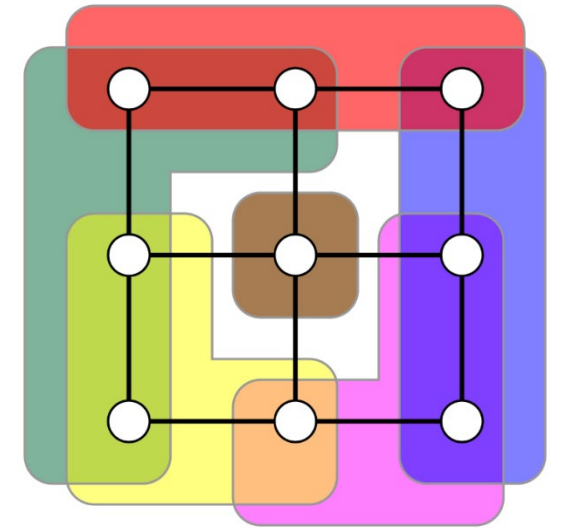
<https://www.nj.gov/humanservices/dmhas/publications/misc/PAC%20Guidelines%20for%20Best%20Practice%20-%20Peer%20Recovery%20Services%20-%20FINAL.pdf>

Introduction

- Recognition of the importance of including **peer recovery support services** provided by people with lived experience into the substance use disorder (SUD) continuum of care
- To ensure the **peer recovery support services** are using best practices and provided in an ethical manner
- Framework based on national guidelines and research and will help to provide a solid framework for funders and providers to follow
- **Peer recovery support services** need regulatory standards to guide and define their scope of practice

Section 1: Peer Recovery Support Organization

- Require Peer Recovery Support Organizations (PRSO) to follow guidelines and standards outlined in the document related to:
 - Services Provided (Section 2)
 - Care Coordination (Section 3)
 - Competencies, Training and Credentialing (Section 4)
 - Continued Professional Development (Section 5)
 - Supervision (Section 6)



Section 2: Description of Services

- Individual Face-to-Face
- Group Face-to-Face
- Telephone & Virtual



Section 2: Unique Elements of Peer Role

A Peer or a Peer Recovery Specialist is more than just someone with lived experience with a SUD, but they have a specific role within the continuum of care. Someone who can provide a peer-helping-peer service alliance to a person who is seeking assistance in establishing or maintaining recovery.



Section 2: Unique Elements of Peer Role

- Power Differentials
- Dual Roles
- Match Experience



Section 2: Power Differentials

- Minimal power differential from the recoveree.
- Peers should not be in position to control the recoveree or force them to a particular path or to require them to start their path.
- Example: Law Enforcement Officer serving as a peer recovery specialist at the same time. LE who is in recovery from a SUD themselves can serve as a peer to other LE.



Section 2: Dual Roles

- Stay within the professional lane of a peer recovery specialist.
- LCADC/CADC should not provide both clinical and peer services to the same recoveree/patient/client.
- PRSO providing peer recovery support services must be responsible that the standards of peer services are maintained

Section 2: Match Experience

- Matching Peer 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 reach positive recovery outcomes.



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Section 3: Care Coordination



- Required Care Plan-Recovery/Wellness Plan
- While in treatment, can be integrated into Treatment Plan
- Care Management Tool
 - HIPAA Compliant
 - 42 CFR Part 2 Regulations
 - Faces & Voices Recovery Data Platform

Section 4: Competencies, Training and Credentialing

- SAMHSA 12 Core Competencies
- Level One: Peer Volunteer
- Level Two: Peer Worker
- Level Three: Certified Peer Recovery Specialist
 - National Certified Peer Recovery Support Specialist (NCCAP-NAADAC)
 - Certified Peer Recovery Specialist (IC & RC)



Training, Experience & Services

- Clarified HS Diploma or GED/supervisor approval
- 200 – 500 Hours of Direct Experience
- 25 Hours of Direct Supervision by Qualified Professionals
- Some variations between NCPRSS & CPRS

Peer Type	Training	Settings/Services Provided
Level 1: Peer Volunteer	Approved ethics/orientation training	Low Intensity Services (e.g., recovery 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

Section 5: Continuing Education



- Complete twenty (20) hours of continuing education within a two (2)-year period to maintain their certification
- At least six (6) hours of the renewal coursework must address ethics and professional boundaries
- Remaining fourteen (14) hours should address professional development within the core competencies

Section 6: Supervision

- No individual providing peer recovery support services of any type should work independently of an agency
- Administrative supervision and supervision provided by a qualified licensed professional within an experienced organization
- The amount, duration, and scope of supervision, may vary depending on the demonstrated competency and experience of the Peer Worker, as well as intensity of services.

Section 7: Reimbursement Options

- Guidelines & Recommendations are not related to any one funding source
- Different funders may have different requirements and providers should reference those details directly with their funder
- Funding sources may include NJ FamilyCare (Medicaid); fee-for-service; county, state, and federal grants; foundation funding; corporate giving; fundraising activities; and volunteerism.



Questions OR Comments



Distinguishing the Addiction Counselor, Recovery Coach and Sponsor

-Bill White

	Counselor	Peer	Sponsor
Foundational Knowledge	Emphasis on formal education (theory and science); vetted by the profession	Emphasis on experiential knowledge and training; vetted by the community	Emphasis on experiential knowledge; vetted by reputation within a community of recovery
Organizational Context	Works within organizational hierarchy of treatment organization & with direct supervision	Organizational settings span treatment organizations, allied service organizations and recovery community organizations; varied degree of supervision	Minimal hierarchy and no formal supervision
Service/Support Framework	Works within a particular organizational treatment philosophy	Works across multiple frameworks of recovery via choices of those with whom they work	Works within beliefs and practices of a particular recovery fellowship
Service/Support Relationship	Significant power differential; extreme separation of helper/helpee roles; explicit ethical guidelines; high external accountability	Minimal power differential: ethical guidelines being developed; moderate external accountability	Minimal power differential: support is reciprocal; relationship governed by group conscience; no external accountability
Style of Helping	Formal, personally guarded, and strategic	Variable by organizational setting but generally personal and informal	Informal, open and spontaneous
Use of Self	Self-disclosure discouraged or prohibited	Strategic use of one's own story; role model expectation	Strategic use of one's own story; role model expectation
Temporal Orientation	Considerable focus on past experience	Focus on present: What can you do today to strengthen your recovery?	Variable by fellowship and stage of recovery of sponsee
Duration of Service/Support Relationship	Brief and ever briefer	Measured in months or years (via sustained recovery checkups)	Variable but can span years

Distinguishing the Addiction Counselor, Recovery Coach and Sponsor

	Counselor	Peer	Sponsor
Role of Community in Recovery	Intrapersonal & interpersonal focus; minimal focus on ecology of recovery; minimal advocacy	Focus on linking to community resources and building community recovery capital; significant advocacy work	Intrapersonal & interpersonal focus; minimal focus on ecology of recovery; minimal advocacy
Documentation	Extensive and burdensome	Minimal but growing	None
Money	Works as paid helper; client or third party pays for service	Works in paid or volunteer role; service may be paid for by person being coached or a third party	Provides support only as part of one's own service work; no fees paid to sponsor or recovery fellowship

White, W. (2006). *Sponsor, Recovery Coach, Addiction Counselor: The Importance of Role Clarity and Role Integrity*. (Monograph) Philadelphia, PA: Philadelphia Department of Behavioral Health.

White, W. (2009). *Peer-based Addiction Recovery Support: History, Theory, Practice, and Scientific Evaluation*. Chicago, IL: Great Lakes Addiction Technology Transfer Center and Philadelphia Department of Behavioral Health and Mental Retardation Services.

SAMHSA Standards

- Published March 1, 2022
- <https://store.samhsa.gov/sites/default/files/pep23-10-01-001.pdf>



National Model Standards

for Peer Support Certification