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A Case Study on the Best Practices of the Facilitating Organization for Peer Recovery Support Services in the State of New Hampshire

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Table of Contents

Acknowledgement

This case study was made possible through data provided by the Facilitating Organization (FO) for Peer Recovery Support Services (PRSS), Harbor Homes, and the twelve Recovery Community Organizations (RCO) being supported by the FO throughout the state of New Hampshire. Reports were compiled and furnished by Cheryle Pacapelli, Project Director and Elyssa Clairmont, Assistant Project Director. RCOs that are discussed in this study are The Greater Tilton Area Family Resource Center in Tilton, NH; Hope for New Hampshire Recovery in Manchester and Berlin, NH; Keene Serenity Center in Keene, NH; Mount Washington Valley Supports Recovery in North Conway, NH; Navigating Recovery of the Lakes Region in Laconia, NH; North Country Serenity Center in Littleton, NH; Revive Recovery Center in Nashua, NH; Safe Harbor Recovery Center in Portsmouth, NH; SOS Recovery Center in Dover and Rochester, NH; The Center for Recovery Resources in Claremont, NH; and White Horse Addiction Center in North Conway and Center Ossipee, NH.

Abstract

In working with the Facilitating Organization for Peer Recovery Support Services through Harbor Homes, I have found that the Recovery Community Organizations that receive support through the FO provide valuable services that help individuals that struggle with substance use disorder achieve and maintain long term sobriety and recovery. The RCOs throughout New Hampshire bridge gaps in services and treatments that are left untouched by traditional clinical methods and through regular check ins, participants at the RCOs have reported that the services provided resulted in positive outcomes in their lives. Throughout the course of this research, I found that the RCOs face challenges in ensuring that they continually

have reliable volunteers to assist with providing services to participants. I have suggested and am working with the FO on obtaining funding to continue the current AmeriCorps program that provides each RCO with at least one AmeriCorps member that provides recovery support services such as recovery coaching and telephone recovery supports. I have also suggested that the FO develop and provide training on the best practices of volunteer recruitment and retention.

Method

The use of peer recovery supports when treating people struggling with Substance Use Disorder (SUD) has been growing in recent years and there is growing evidence that the use of peer supports alone or in conjunction with clinical supports is beneficial towards achieving sustainable long-term recovery. While such groups such as Alcoholics Anonymous have existed for decades in a peer support setting, they are only one pathway towards achieving and maintaining recovery for those struggling with SUD and as such, are not a successful approach for all who struggle with SUD. "The primary model of addiction treatment delivery mimics he AC hospital with its functions of screening, admission, assessment, brief (and ever-briefer) treatment, discharge, and termination of the service relationship. Early critics of this AC model of addiction treatment characterized it as a mechanistic, expensive illusion, disconnected from the processes of long-term recovery. Later critiques focused on the weaknesses of the AC model related to attraction, access, retention, inadequate service dose, low utilization of evidence-based clinical practices, weak linkage to communities of recovery, the absence of posttreatment monitoring and support, and high rates of readdiction and readmission" (White, Kelly, and Roth 2012). Individuals that utilize peer recovery support systems are treated holistically and have

access to a larger community of support rather throughout the process of their recovery and beyond.

"Many RCOs are creating local recovery community centers (RCCs), and some states (e.g., Connecticut, Vermont, Rhode Island) have created regional networks of RCCs. RCCs host recovery support meetings; provide recovery coaching; provide linkage to a wide spectrum of resources including recovery housing and recovery-conducive education and employment; serve as a site for recovery-focused social networking; and serve as a central hub for advocacy, peer support, and community service activities. In a recent year, for example, Vermont's nine RCCs, with just 15 part-time staff and 150 volunteers (30,000 hours of volunteer support per year), were open 70 hours per week, hosted 127 recovery support meetings per week, and had a total of 143,903 visits – 25% of whom had less than a year of recovery and 33% of whom had never participated in addiction treatment" (White, Kelly, and Roth 2012). RCOs and Peer Recovery Support Services provide vital services not only to the participants that rely on them for assistance with recovering from SUD but also to the communities in which they are located. By presenting data compiled by the Facilitating Organization for Peer Recovery Support Services in New Hampshire and comparing it to similar organizations throughout the United States, I will underline the efficacy of the services provided by the FO and the RCOs that it supports as well as discuss any challenges that are faced by the RCOs and how the FO can best help them address those challenges.

Literature Review

For this research, I read five journals and one blog post that I will be discussing here. The first of the articles was from the Journal of Rural Mental Health and it is titled Utilization of

Peer-Based Substance Use Disorder and Recovery Interventions in Rural Emergency Departments: Patient Characteristics and Exploratory Analysis. In this research, the authors explore the efficacy of peer-based support services when implemented in emergency departments in rural areas throughout the state of Georgia. It was found that because "SUD patients historically have been stigmatized in medical settings, including in EDs… SUD patients processed by hospital staff and released without meaningful engagement, only… return in the near future" (Ashford, et. al. 2019). By placing trained and certified recovery coaches in the EDs in these rural areas, SUD patients were able to engage and have meaningful interactions that helped them in their recovery. "Strengths of the ED PRSS model include the ability to engage patients, regardless of insurance status or substances regularly used. As SUD-related systems of care slowly evolve alongside related medical systems, both face challenges in providing quality and cost-effective care. Elastic and durable models of peer-based support may prove crucial for inserting meaningful SUD intervention into EDs and other physical health-care settings" (Ashford, Brown, Curtis, and Meeks 2019).

The article found in the BMJ Open entitled "Randomised clinical trial of an emergency department-based peer recovery support intervention to increase treatment uptake and reduce recurrent overdose among individuals at high risk for opioid overdose: study protocol for the navigator trial" also investigates the efficacy of peer recovery supports in emergency departments. This article focuses primarily on opioid use disorder (OUD) and how the interactions that OUD patients have with the peer support workers in the ED reduces the risk for overdose recurrences. The study took place in Rhode Island which "in 2014 reported the third and fourth highest rate of opioid-related emergency department (ED) visits and inpatient hospital stays, respectively" (Goedel, et. al. 2019). The objectives of this study are "to test the

effectiveness of behavioral interventions delivered in the ED by certified peer recovery support specialists in improving outcomes for patients at high risk of opioid overdose relative to those delivered by licensed clinical social workers" and the authors hypothesized that "because certified peer recovery support specialists are able to draw from their own lived experiences with SUD and recovery" the patients "will be (1) more likely to engage in formal SUD treatment within 30 days following the initial visit and (2) less likely to experience a recurrent ED visit for an opioid overdose during the succeeding 18 months" (Goedel et. al. 2019). At the time of publication, this trial had not been completed, but the authors had high hopes for the success of the program and "despite a lack of evidence to demonstrate the effectiveness of this programme and improved long-term outcomes for patients, several other jurisdictions in the US have created or are initiating programmes based on the AnchorED model" (Goedel et. al. 2019).

In "'We have to help each other heal': The path to recovery and becoming a professional peer support," the authors state that "social supports are critical for individuals recovering from substance use disorders. Over the past decade, the peer support role in the treatment of substance use disorders has become increasingly formalized. Moreover, the intervention is building momentum as community-based treatment agencies draw on the experience and skills of individuals who are well into recovery to work with others who are currently engaged in treatment and seeking their own recovery" (Mendoza et. al. 2016). This particular study examined the attitudes that peer recovery support workers had towards their work and how the work that they are doing is directly tied in with their own recovery from substance use disorder. "Two overarching themes were overwhelmingly represented in the data: (1) evolving experiences leading to recovery and peer support roles and (2) self-storying as a mechanism of change" (Mendoza et. al. 2019). While this study focused on women in a peer support role, I

believe that the findings could also be transferred to any peer support worker in that the work that is done is deeply personal and extremely beneficial to the recovery of those that undertake the work.

One of the services that many Recovery Community Organizations provide is through harm reduction and syringe services. The Revive Recovery Center in Nashua, NH partners with the Syringe Service Alliance of the Nashua Area (SSANA) in order to provide a syringe exchange for people struggling with OUD. This method of harm reduction allows the participants to utilize sterile needles without judgement and also to have access to a peer recovery support worker that can guide them through the process to recovery once they are ready to take those steps. In the article "Peer-delivered harm reduction and recovery support services: initial evaluation from a hybrid recovery community drop-in center and syringe exchange program", the authors discuss how syringe services and harm reduction can serve as a highly beneficial pathway to recovery. "For example, RCOs have a primary interest in the initiation of recovery and this is an area where harm reduction strategies have seen success. Previous evaluation of SEPs (syringe exchange programs) has found that the successful referral of participants to SUD treatment is as high as 74%. Additionally, of those referred, over 80% remained engaged in treatment for at least 90 days. Though SEPs were designed to decrease the risk of disease transmission – which they are also successful with – the programs also engage participants in ancillary services at rates that cannot be understated. With a plausible peer workforce and a synergy in desired outcomes, it stands to reason then that a hybrid model of RCO and peer-based SEP may be an effective and innovative intervention" (Ashford, et. al. 2018).

Frontiers in Psychology published an article entitled "Lived Experience in New Models of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching" that investigates the gap in care for SUD patients since "existing health-care and treatment models… are not often structured in ways that facilitate treatment engagement, and linkages to services that can support long-term remission of SUD" (Eddie, et. al. 2019). The gap in services has been taken on in recent years by peer recovery support services and recovery coaches. "In the SUD field, PRSS are most often peer-driven mentoring, education, and support ministrations delivered by individuals who, as a result of their own experience with SUD and SUD recovery, are experientially qualified to support peers with SUD and commonly co-occurring mental disorders…. Probably the largest area of SUD peer-service growth over the past decade, however, has been the uptake of peer recovery coaches. Recovery coaches are peers trained to provide informational, emotional, social, and practical support services to people with alcohol or other drug problems through a wide variety of organizational sponsors, including recovery community centers, as well as hospital and outpatient clinical settings" (Eddie, et. al. 2019). The authors concluded that peer recovery support services would be beneficial for SUD patients in clinical care settings, but that those specific settings are still reluctant to take on these services.

The final article that I reviewed in my research is "Peer Recovery Coaching: Recent Evidence Reviews" which discusses peer recovery coaching and its efficacy in helping people struggling with SUD to get into and succeed in recovery. In this article the author laments that scientific studies of the effects of peer-based recovery support services on long-term recovery outcomes are difficult to come by because of "widely varying role definitions, diverse service settings and populations, small samples, short follow-up periods, lack of consensus on outcome

measures, and a lack of comparison or control groups" (White 2016). Despite this, White goes on to say that peer-based recovery support services and recovery coaching are generally effective and he lists several reviews which support his theory.

Overall, the research concludes that peer-based recovery support systems are efficacious in the treatment of SUD patients as well as in the journey to recovery of those that work within the field of peer-based recovery support services. This is because the PRSS is able to close a gap in services that is not traditionally provided by clinical treatment as well as providing social supports from those who have their own lived experience with SUD and the recovery process. Patients who utilize a combination of clinical treatment and peer-based recovery supports will have a greater chance of reducing recurrences of drug use and have a greater chance of sustaining long-term recovery.

Background Information

Substance Use Disorder (SUD) is a mental health disorder that has been classified in the DSM-5 and is measured on a continuum from mild to severe. "According to the National Survey on Drug Use and Health (NSDUH), 19.7 million American adults (aged 12 and older) battled a substance use disorder in 2017" (National Institute on Drug Abuse). The effects of SUD are keenly felt by many Americans and most people throughout the country can attest to having some experience with SUD themselves or having a personal relationship with someone else who has struggled with SUD. The State of New Hampshire has seen an uptick in SUD in its population as well as a large increase in drug overdose deaths in the past ten years. According to the New Hampshire Drug Monitoring Initiative – "a holistic strategy to provide awareness and combat drug distribution and misuse" – drug overdose deaths have increased from 13.45 per 100,000 people in 2010 to 35.08 per 100,000 in 2018. While the number of overdose deaths are

decreasing from year to year – there was a 3.5% decrease in these deaths between 2017 and 2018, certain counties in New Hampshire actually experienced increases (NH Department of Health and Human Services Drug Environment Report 2018).

Since SUD and overdose deaths are such a large issue in New Hampshire, I will be researching the roles Peer Recovery Support Services (PRSS) and Recovery Community Organizations (RCOs) play in combating these issues and decreasing the rates of SUD and overdose deaths in the state. I will be focusing on the eleven RCOs in the state that are supported by the FO which is a grant funded initiative run through Harbor Homes, Inc. that provides a variety of supports and reporting for the eleven RCOs that are currently operating throughout the state of New Hampshire. Recovery Community Organizations in New Hampshire provide a variety of supports to the people struggling with SUD in their areas and these supports include one-on-one peer recovery support services, holistic and spiritual groups, recovery-based events, support groups and meetings, public education about addiction and recovery, telephone recovery support services, assistance with navigation of the services in the area, peer and family support groups, health and wellness workshops, and employment services. The focus of Recovery Support Organizations is to provide a non-clinical support network to people who struggle with addiction and to those who are in recovery from SUD.

Through this research, I hope to answer the following questions:

- Do the Peer Recovery Support Services provided by the Recovery Community Organizations throughout New Hampshire lead to an overall decrease in Substance Use Disorder and overdose deaths for participants?
- How can the FO better support the Recovery Community Organizations in their mission to assist individuals in achieving and maintaining long term recovery?

I have obtained outcome reports from the PRSS Facilitating Organization that focus on specific outcomes for participants at each RCO throughout the state including criminal activity, reduced substance use, and increased positive outcomes such as opportunity for employment or education. The participants surveyed were asked a series of questions throughout their tenure as participants at each site – these were asked when the participants first engaged with the site, one month after beginning the use of the services at the site, and then six months after engagement at the site. The total number of participants surveyed for 2019 was 392 with 5% coming from the Greater Tilton Area Family Resource Center, 14% from the Keene Serenity Center, 1% from the Mount Washington Valley Supports Recovery center, 17% from the Navigating Recovery of the Lakes Region center, 5% from the North Country Serenity Center, 10% from Revive Recovery Center, 2% from Safe Harbor Recovery Center, 37% from SOS Recovery Center, 5% from The Center for Recovery Resources, and 4% from White Horse Addiction Center.

About the Organization: Harbor Homes as the Facilitating Organization for Peer Recovery Support Services

Harbor Homes Inc. was established in 1980 as a nonprofit that served low-income individuals throughout the state of New Hampshire, with a primary focus on the Southern New Hampshire region. Since that then, the organization has grown and joined the Partnership for Successful Living, which is a collaboration of four New Hampshire based non-profit agencies that create a network helping NH families and individuals solve challenging issues to ensure they can maintain successful independent living. Harbor Homes' mission is to create and provide quality residential, health care, and supportive services to individuals and families who are homeless and/or living with behavioral health disorders. Harbor Homes was chosen by the State of New Hampshire to become the Facilitating Organization for Peer Recovery Support Services,

which is a state funded grant that supports the Recovery Community Organizations throughout the state. Harbor Homes as the FO is "contracted to complete an environmental scan in the state of New Hampshire to identify the readiness of PRSS for accreditation by the Council on Accreditation of Peer Recovery Support Services (CAPRSS) in Recovery Community Organizations (RCO)" (Pacapelli and Clairmont 2020).

The RCOs that are supported by Harbor Homes as the Facilitating Organization are The Greater Tilton Area Family Resource Center in Tilton, NH; Hope for New Hampshire Recovery in Manchester and Berlin, NH; Keene Serenity Center in Keene, NH; Mount Washington Valley Supports Recovery in North Conway, NH; Navigating Recovery of the Lakes Region in Laconia, NH; North Country Serenity Center in Littleton, NH; Revive Recovery Center in Nashua, NH; Safe Harbor Recovery Center in Portsmouth, NH; SOS Recovery Center in Dover and Rochester, NH; The Center for Recovery Resources in Claremont, NH; and White Horse Addiction Center in North Conway and Center Ossipee, NH. All of the RCOs that are supported by Harbor Homes provide recovery coaching, telephone recovery supports, and a variety of meetings including AA, NA, and Al-Anon. Some centers also offer yoga classes, free lunches, art based therapy classes, and job coaching services. Most centers report challenges in steady growth of participation that causes issues with either the spaces that they have not being sufficient to serve the community or that they are struggling to retain vital volunteers to ensure that services are continued to be offered. Another challenge being reported by the centers is barriers to transportation for participants – either transportation to and from the centers or transportation to and from much needed treatment for participants.

The Challenge

The services that the RCOs in New Hampshire provide to their communities is invaluable and has helped many individuals to achieve and maintain recovery from substance use disorder. These services have also shown to help reduce family conflicts and increase job skills and education among their participants. Throughout 2019, volunteers at each RCO would survey participants at the start of their participation with the center, at one month, and at six months after the start of participation. Three-hundred, ninety-two participants were surveyed and the number of participants that reported being arrested in the past year dropped from 61.25% at the initial survey to 7.32% at the six-month mark. When asked if the participants had used any substances in the past 30 days, 24.67% reported having used none at the initial survey and 62.65% reported having used none at the six-month mark. And when asked about their employment status, at the initial survey, 39.30% reported they were unemployed and looking for work, which went down to 12.35% when surveyed after six months. (Pacapelli and Clairmont 2020). More information can be found in the tables below.

Arrests			
Ever been arrested in the last year?	Baseline	One-Month	Six-Month
Yes	61.25%	7.56%	7.32%
No	38.75%	92.44%	92.68%

Substance Use			
In the past 30 days, what substances have you used, if any?	Baseline	One-Month	Six-Month
None	24.67%	54.20%	62.65%
One or more	75.33%	45.38%	37.35%

Employment Status			
What is your current employment status?	Baseline	One-Month	Six-Month
Full/Part Time	33.14%	54.78%	56.79%
Unemployed, Looking	39.30%	15.65%	12.35%
Unemployed, Not Looking	9.09%	8.70%	9.88%
Disability	14.96%	17.39%	19.75%
Student	0%	0%	0%
Retired	0.59%	0.87%	1.23%
Don't Know	2.05%	0%	0%
Other	0.88%	1.74%	0%

The RCOs throughout New Hampshire rely heavily upon the support of volunteers in the center and many of the recovery coaches in the centers are actually unpaid volunteers. This means that the positive outcomes reported by participants are typically seen because of the work of the volunteers in the centers. Many of the centers report having challenges in recruiting and retaining volunteers. Volunteers that give time to the centers are typically in recovery themselves and are happy to give back to the centers that helped them with their own recovery, but this does sometimes present challenges in the form of boundary issues or the volunteers being triggered and suffering from a reoccurrence of substance use. There are also issues with long term volunteers moving on or having circumstances arise where they are unable to give as much time to the centers as they had been giving previously. Centers are also given a limited pool of volunteers to utilize due to the stigma that is still attached to substance use disorder and seeking treatment – meaning that many who are not in recovery themselves or who have not been personally affected by substance use disorder and who would typically volunteer their time with a non-profit are less likely to volunteer with an RCO due to the stigma involved with being seen at the center. "People with substance use disorders, in particular, are viewed by the public

as weak-willed although evidence shows that they are likely to adhere to treatment as people with other chronic medical conditions, such as hypertension or diabetes. Unfortunately, and in spite of efforts to educate the public, this misperception has increased over time according to the findings from national surveys in 1996 and 2006" (Committee on the Science of Changing Behavioral Health Social Norms 2016).

The RCOs in New Hampshire need assistance with recruiting and retaining long-term volunteers to ensure that they can continue to provide high quality services to the surrounding community and continue to make a positive impact on individuals who are struggling with substance use disorder and/or hoping to continue to maintain their recovery. While the Harbor Homes has taken some steps to assist with this – primarily by starting an AmeriCorps program in which the AmeriCorps members serve one-year terms at each RCO as Recovery Coaches – the problems with volunteer retention and recruitment are continuing to persist within the centers. Additionally, it was announced in October of last year that Harbor Homes would not be reapplying for a third year of AmeriCorps funding, which means that the AmeriCorps program providing volunteers to the centers would be ending effectively in December of 2020. The decision to discontinue the AmeriCorps program was not made lightly and was not due to lack of results on the part of the AmeriCorps members and staff but due to financial constraints with the grant in that Harbor Homes was required to provide a 45% financial match for the grant and based on projections, the board of directors at the organization did not feel that the grant was financially feasible in the long term. Harbor Homes has done a lot to assist the RCOs as they develop, such as providing guidance in achieving accreditation by the Council on Accreditation of Peer Recovery Support Services and providing back office functions such as HR, financial support, and billing, but it could do more when it comes to assisting in ensuring that the centers

are capable of recruiting and maintaining a strong volunteer base without having to rely on outside programs.

It can be argued that most nonprofits struggle with volunteer recruitment and retention and that this is a common challenge, but for the RCOs within New Hampshire, the challenge is even greater due to the issues that arise with working with a volunteer pool that frequently will run into barriers with continuing to serve as well as struggling to recruit volunteers from outside of the recovery community due to the stigma that is attached to associating openly with the centers. Without the support and time of the volunteers providing services to the RCOS – such as recovery coaching sessions, telephone recovery supports, and community outreach – the centers would not be able to provide services to the community at large and would not have the positive results that were discussed at the beginning of this section. The services provided by the RCOs and the volunteers have been shown to make a positive impact on the lives of the participants and in the community in general and without volunteers, this would not be possible.

The Solution

Ensuring that the AmeriCorps program supported by Harbor Homes is able to continue is one of the top priorities of the Project Director for the Facilitating Organization grant as she believes that it is invaluable not only to the RCOs when it comes to providing volunteers for much needed services, but it is also invaluable to the members who serve within it. In our discussions, it has been decided that I will research various funding sources and, if necessary, write the grants needed to obtain this funding so that the 45% funding match can be supplemented each year without causing financial burdens on Harbor Homes as an organization. While I will be responsible for assisting in locating and applying for the additional funding, the

current Program Coordinator will be communicating with the state commission for AmeriCorps programs in New Hampshire on the timeline required for reapplying for the grant from AmeriCorps. Together, we will be presenting our findings and arguments to Harbor Homes leadership to get the buy in to continue with the program itself. At this point, we have only had discussions and agreements on the roles each person will take when it comes to researching and presenting the data and we anticipate having the information we need to make the presentation to Harbor Homes by June of 2020 and will have applied for grant funding by October of 2020 with the end result being a new year of AmeriCorps programming starting in January of 2021.

In addition to applying for AmeriCorps programming funding, I will be suggesting that the Facilitating Organization provide resources and training in regard to volunteer recruitment, management, and retention. While little can be done about the stigma that continues to persist for those who are affected by substance use disorder, we can address the challenges faced by the centers when it comes to recruiting and retaining volunteers from within the pools of candidates that are available to them. The AmeriCorps program is able to retain its members through various forms of compensation like living stipends, training, reimbursement of the costs of obtaining certain licensing, and education awards at the completion of service, but typical volunteers don't often see tangible rewards such as this for the work that they do. According to Keri Schwab, author of Volunteers: Recruit, Place, & Retain the Best, it is important to ensure that volunteers are rewarded appropriately in order to retain them. Schwab suggests offering volunteers more work that they find interesting, providing them with challenges, providing volunteers with meaningful feedback and appreciation, and ensuring that paid staff are treating the volunteers fairly and with appreciation (Schwab 2011). Schwab's suggestions are fairly straightforward but could be difficult to put into practice, so it would be beneficial to provide

training and resources to RCO leadership to ensure that they understand the importance of putting the suggestions into practice as well as understanding the best practices surrounding implementation of these suggestions.

Conclusion

While it can be concluded from the research in this case study and from the outcomes report compiled and furnished by the team from the Facilitating Organization for Peer Recovery Support Services that the RCOs provide valuable services that bridge the gap between clinical supports and holistic and community supports and that most participants within the RCOs would find the services beneficial to their own recovery. The surveys completed by the participants at the RCOs that helped the FO develop the outcome report from which I took much of my information have limitations in that some participants that had been surveyed initially were unable or unwilling to be surveyed later on in the process, which means that some of the data is incomplete. In the future, it would be beneficial to ensure that all participants are surveyed at each step in the process, but I do not believe that it would change the data significantly.

The majority of the eleven RCOs being supported by the FO reported that recruiting and retaining volunteers in the long term is a challenge that negatively affects their ability to provide services like recovery coaching, telephone recovery supports, and community outreach to the communities in which they are located. While Harbor Homes has been able to assist with this problem in a temporary way with the AmeriCorps program that was launched in December 2018, the program in its current form will not continue past December 2020. As a solution, I will be researching various funding opportunities to help supplement the AmeriCorps grant so that it can continue past December 2020 while the current Program Coordinator contacts the state commission to express interest in reapplying for the grant. Together, the Program Coordinator

and I will present our findings to leadership at Harbor Homes in the hopes of getting approval to continue the grant in the long term. Additionally, I will be suggesting that the FO provide training to the RCOs on the best practices of recruiting and retaining volunteer staff.

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