



PEER SUPPORTS IN RECOVERY HOUSING AND COORDINATION ACROSS THE SUBSTANCE USE DISORDER CARE CONTINUUM

SUMMARY

The pilot Recovery Housing Program (RHP) was authorized by the 2018 SUPPORT for Patients and Communities Act (SUPPORT Act). The intent of RHP is to support individuals in recovery from substance use disorders (SUD) on a path to self-sufficiency by providing stable, temporary recovery housing. This Quick Guide provides an overview of peer supports and the role they play in recovery housing and the broader substance use disorder care continuum. Additionally, this guide:

- Discusses how peer supports address health and social problems associated with alcohol and drug misuse.
- Examines the evidence and research on the efficacy of peer support; and
- Describes peer support models and provides guidance on how to access peer support services in RHP grantee jurisdictions.

WHAT IS PEER SUPPORT?

Peer support describes the process by which two or more individuals currently in or seeking recovery from a SUD provide support to one another through shared understanding, respect, and mutual empowerment.¹ Recovery housing programs are built on the principle that this peer-driven, supportive environment provides the foundation for sustained recovery from a SUD and ultimately leads to better outcomes for residents. Evidence suggests that peer support provides additional benefits for achieving sustained recovery, including an increased sense of hope, empathy, engagement in self-care and wellness, and improved social support and functioning.¹

Peer supports can be offered through either or both of the following approaches:

- 1) Community-based mutual support groups**, defined as nonprofessional groups of members that share similar problems and voluntarily support one another in their recovery. These groups are often affiliated with organizations such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) or SMART Recovery.² This can also refer to the support that occurs between peers living in a recovery housing program.
- 2) Peer Recovery Coaches.** While peer supports in many recovery housing programs refer to the supportive environment that occurs between untrained and nonpaid peers in a program, peer support can additionally be offered by peer recovery coaches. Peer recovery coaches are people who have been successful in their own recovery process and are employed to assist others newly engaged in alcohol and drug treatment and other recovery support services.

Community-based mutual support groups and peer recovery coaches bring shared experience, respect, and mutual empowerment to the relationship with people entering treatment, or who are newly recovered and “effectively extend(s) the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process¹.”

PEER SUPPORT IN RECOVERY HOUSING

Recovery housing models (highlighted in the accompanying [RHP Models Quick Guide](#)) may rely on a combination of community-based mutual support groups and peer recovery coaches, depending on the population of people served. Individuals recently placed into recovery housing directly from detoxification units, residential treatment, emergency department (ED) post-overdose engagement programs, or outpatient treatment may work with peer recovery coaches, whereas those who have sustained recovery for a longer period may find that recovery housing supported using a community-based mutual support orientation is sufficient to meet their needs. A wide body of research finds that peer recovery coaches improve outcomes for those seeking recovery, including greater housing stability, reduced substance use, reduced re-hospitalization, decreased emergency department utilization, decreased criminal justice involvement, improved access to social supports, increased satisfaction with overall treatment experience, treatment retention, and improved relationships with treatment providers.³ SAMHSA identifies the following areas of support that this workforce addresses:

- **Emotional:** empathy and concern.
- **Informational:** connections to information and referrals to community resources that support health and wellness.
- **Instrumental:** concrete supports such as housing or employment.
- **Affiliation:** connections to recovery community supports, activities, and events.

Peer recovery coaches are typically certified through a state agency such as the state health authority, Single State Agency, or a third-party designated agency authorized by the state. Peer recovery coaches must first complete standardized training to receive certification. Examples of certification titles include Certified Recovery Support Specialists, Peer Support Specialists, and National Certified Peer Recovery Support Specialists. Some states support these positions through a combination of Medicaid authorities and/or SAMHSA funds and State General Funds. (For more information on State Medicaid authorities that can be used to cover peer recovery coaches, see [CMS State Medicaid Directors Letter](#).) Recovery supports are critical to helping individuals living in recovery housing navigate other systems they may seek services from, coordinating services with those systems, and advocating on behalf of residents to access the full array of services required to promote health, wellness, and family reunification. (For more information on the various partners with which recovery housing operators and peer recovery coaches may want to coordinate services, see the [Cross-Sector Partnerships Quick Guide](#).)

PEER SUPPORT AND MEDICAID COVERAGE BY STATE

Grantees may only use RHP funds for housing activities, so HUD recommends leveraging and pairing RHP funding with other sources to cover services such as peer recovery coaches. In some states, peer recovery coaches are eligible Medicaid expenses. The table below contains each RHP grantee, a link to view information on peer recovery credentials specific to their jurisdiction, as well as links to Medicaid Authorities that cover these services. States may review these links and reach out to these partners to understand the array of recovery supports that are offered in their jurisdiction and by which organizations so that they can explore potential partnerships.

Grantee	Credential and Credentialing Body	State Medicaid Plan Coverage
Arizona*	Peer Recovery Coach	AHCCCS
Connecticut*	Certified Peer Recovery Specialist	Not covered by Medicaid
Delaware*	Certified Peer Recovery Specialist	DHSS
District of Columbia*	Certified Peer Specialist	Not covered by Medicaid
Florida	Certified Recovery Peer Specialist	AHCA
Illinois*	Certified Peer Recovery Specialist	IDHS
Indiana*	Certified Addiction Peer Recovery Coach I/II	Indiana Medicaid
Kentucky*	Registered Alcohol & Drug Peer Support Specialist	CHFS
Louisiana*	Peer Recovery Support Specialist	Not covered by Medicaid
Maine*	Certified Addictions Recovery Coach	Not covered by Medicaid
Maryland*	Certified Peer Recovery Specialist	Not covered by Medicaid
Massachusetts*	Certified Addictions Recovery Coach	Not covered by Medicaid
Michigan*	Certified Peer Recovery Mentor	MDHHS
Missouri*	Certified Reciprocal Peer Recovery	DSS
Nevada*	Peer Recovery & Support Specialist	NDHHS
New Hampshire*	Certified Recovery Support Worker	DHHS
New Jersey*	Certified Peer Recovery Specialist	DHS
New Mexico*	Certified Peer Support Worker	HSD
North Carolina	Certified Peer Support Specialist	NCDHHS
Ohio*	Ohio Certified Peer Recovery Supporter	ODM
Oklahoma*	Certified Peer Recovery Support Specialist	OHCA
Pennsylvania*	Certified Recovery Specialist	DHS
Rhode Island*	Certified Peer Recovery Specialist	HSRI
South Carolina	Certified Peer Support Specialist	Not covered by Medicaid
Tennessee	Certified Peer Recovery Specialist	TennCare
Utah*	Certified Peer Support Specialist	UDH
Vermont*	Vermont Certified Recovery Coach	Not covered by Medicaid
West Virginia	Peer Recovery Support Specialist	WVBMS

*indicates Medicaid expansion state that qualifies populations earning at or below 138% of federal poverty level, in turn expanding eligible populations with SUD. A historical diagnosis of SUD alone is not a federally recognized disabling condition that would otherwise qualify individuals for Medicaid. After expansion, Kentucky saw a [700 percent increase](#) in beneficiaries using substance use treatment services. Nationally, expanding Medicaid reduced the unmet need for substance use treatment by as much as 18 percent.⁴

PEER SUPPORT AND THE SUD SERVICE CONTINUUM

Recovery housing and peer supports are a part of the SUDs service continuum. When an individual receives a **Substance Misuse** or **Substance Use Disorder** diagnosis, they may engage in early intervention, treatment services, and/or recovery support, depending on factors such as age and the severity of their misuse/disorder. Figure 1a/b denotes the relationship between Substance Use Status and the Substance Use Care Continuum, which includes peer supports and recovery housing.⁵

Figure 1a*

Substance Misuse	Substance Use Disorder
The use of any substance in a manner, situation, amount, or frequency that can cause harm to the user and/or to those around them.	Clinically and functionally significant impairment caused by substance use, including health problems, disability, and failure to meet major responsibilities at work, school, or home; substance use disorders are measured on a continuum from mild, moderate, to severe based on a person’s number of symptoms



Figure 1b*

Early Intervention	Treatment	Recovery Support
Screening and detecting substance use problems at an early stage and providing brief intervention, as needed.	Intervening through medication, counseling, and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual, and mental health, and maximum functional ability. Levels of care include the following services: <ul style="list-style-type: none"> • Outpatient • Intensive Outpatient/Partial Hospitalization • Residential/ Inpatient Services • Medically Managed Intensive Inpatient 	Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal, and other services that facilitate recovery, wellness, and improved quality of life.

*Adapted from ‘Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health’ (2016)⁵. Not seen in the Substance Use Status figure above is ‘Positive Physical, Social, and Mental Health,’ which describes a state that is free from substance misuse. Not seen in the Substance Use Care Continuum are ‘Primary Prevention’ and ‘Enhancing Health.’

Peer support and recovery housing are recovery support services.

Early intervention typically addresses individuals in the substance misuse stage or those who qualify as having a mild substance use disorder. Post-intervention services may involve outpatient counseling services or other lower levels of care that may halt the progression of their substance use. Individuals diagnosed with a moderate or severe substance use disorder may require a higher level of care, including follow-up recovery supports (e.g., peer support services) for individuals being released from inpatient or residential treatment. Treatment and recovery support may be provided separately or in conjunction with one another. For example, clinical staff may recommend intensive outpatient services in conjunction with recovery housing for one individual with a severe SUD while recommending residential treatment followed by outpatient and recovery housing for another. Additionally, some individuals with a moderate or severe SUD may also qualify for inpatient or residential treatment.

However, due to responsibilities such as employment or childcare, they may be unable to attend a treatment program—making recovery supports integral to their treatment plan.

PEER SUPPORT IN ACTION

Peer supports and recovery housing are important to the SUD service continuum because studies have indicated these two components are associated with sustained recovery and other positive outcomes, including decreased substance use, higher income, increased employment, lower rates of overdose, lower rates of incarceration, and reduced recurrence of use. Individuals who live in recovery housing programs are more likely to achieve long-term recovery than individuals who do not reside in recovery housing during or after treatment. In addition to being associated with positive outcomes, evidence suggests that there are economic benefits to recovery housing as well.⁶

One of the first peer-driven models of recovery housing was the Oxford House Model. Research has shown that those with a severe SUD who were randomly assigned to live in an Oxford House after completing treatment were twice as likely to remain abstinent at follow-ups two years later. Additionally, those who lived in an Oxford House had lower rates of incarceration and higher monthly incomes at their follow-up compared to those who received usual care. This study also indicated that there were \$29,000 fewer costs in criminal activity, incarceration, and alcohol and drug use, per person, calculated over a 2-year follow-up when compared to usual care.⁶

While the Oxford House Model is entirely based on a democratically, mutual-support peer-run sober living environment, other recovery housing programs may differ in their structure and level of support. For example, Central City Concern, a 501(c)(3) recovery housing operator and healthcare provider for individuals experiencing homelessness, uses peer recovery coaches to engage homeless individuals from the city detoxification unit, emergency rooms, or those being released from corrections settings into the recovery housing program or outpatient treatment. Under this model, peer recovery coaches transport individuals being discharged to their recovery housing unit, introduce them to their outpatient treatment and health care providers and assist them in connecting with community-based mutual support programs. Additionally, peer recovery coaches support those they are serving through navigating additional supports that may include coordination with probation and parole, securing benefits and entitlements, employment supports, and reunification with family members.

Peer recovery coaching policy and practice may differ between each state and community, and typically depend upon factors such as target population, local and state initiatives, and sources of funding. The listed resources in this Quick Guide are intended to support your region in its development of the most effective recovery housing to serve your target population(s).

REFERENCES

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RESOURCES

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