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**An Exploration of Peer Recovery Support Services across State Behavioral Health Systems**

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1. **State Demographics**

**(*Interviewer: Please complete the following PRIOR to interview)***

**(Demo1) State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Demo2) Public Health Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Demo3) Representative Interviewed (Last name, first name):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Demo4) Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Demo5) Length of employment at agency/organization: (*Interviewer: Please tell me how long you have worked at your current site.)*

(Demo6)Experience: (*Interviewer: Please tell me how long have you worked in this field.)*

(Demo7) Brief narrative description of job responsibilities: (*Interviewer: Please tell me about your job responsibilities.)*

(Demo8) Affiliation of Representative: *(Interviewer: Please check all applicable*

*fields)*

\_\_\_\_ State Mental Health Agency

\_\_\_\_ Substance Abuse Agency

\_\_\_\_ Combined Behavioral Health Agency

(Demo9) Peer-Run/Recovery Community Organization

\_\_\_\_ Mental Health Consumer or Peer Recovery Organization

\_\_\_\_ Substance Abuse Peer Recovery Organization

\_\_\_\_ Behavioral Health Peer Recovery Organization

**II. Implementation Characteristics of Peer Recovery Support Services**

* **Roles, Service Activities, & Settings:**

*Interviewer: Peer recovery support services continue to grow rapidly in the behavioral health field. As a result of this growth, there is much variety in the roles of peer, the service activities provided, and the settings in which peers function. The next three questions address this diversity.*

(Implemt.1) I am going to read you a *list of PEER ROLES*. Please let me know which ones are applicable to your agency (organization).

\_\_\_\_ Recovery coach

\_\_\_\_ Peer specialist

\_\_\_\_ Recovery support specialist

\_\_\_\_ Wellness coach

\_\_\_\_ Peer navigator

\_\_\_\_ Peer health care navigator

\_\_\_\_ Peer advocate

\_\_\_\_ Peer partner

\_\_\_\_ Recovery partner

\_\_\_\_ Peer educator

\_\_\_\_ Peer care attendant

\_\_\_\_ WRAP facilitator

\_\_\_\_ Warm-line support provider

\_\_\_\_ Peer crisis respite staff

\_\_\_\_OTHER *(Interviewer: Please probe further to determine if there are other peer roles use by agency/organization and note these down.)*

(Implemt.2) I am going to read you a *list of peer recovery support SERVICE ACTIVITIES.* Please let me know which ones are applicable to your agency (organization).

\_\_\_\_ Peer mentoring or coaching

\_\_\_\_ Peer recovery resource connecting

\_\_\_\_ Facilitating and leading recovery or self-help groups

\_\_\_\_ Responding to callers on a hot-line or warm-line

\_\_\_\_ Facilitating Wellness Recovery Action Planning

\_\_\_\_ Working in a peer respite center

\_\_\_\_ Working as a peer navigator

\_\_\_\_ Homeless outreach worker

\_\_\_\_ Staffing a peer-run recovery or wellness center

\_\_\_\_ Building community

\_\_\_\_ OTHER *(Interviewer: Please probe further to determine if there are other service activities provided by agency/organization and note these down.)*

(Implemt.3) I am going to read you a list of peer recovery support SERVICE SETTINGS. Please let me know if your agency/organization delivers peer recovery support services in any of these settings.

\_\_\_\_ Community recovery centers

\_\_\_\_ Consumer-operated service program

\_\_\_\_ Consumer network program

\_\_\_\_ Sober residences

\_\_\_\_ Recovery homes

\_\_\_\_ Court diversion programs

\_\_\_\_ Child welfare organizations

\_\_\_\_ Detoxification clinics

\_\_\_\_ Emergency rooms

\_\_\_\_ Rehabilitation programs

\_\_\_\_ Community-based addiction treatment centers

\_\_\_\_ Community-based mental health services centers

\_\_\_\_ Home Health

\_\_\_\_ Churches

\_\_\_\_ Residential facilities

\_\_\_\_ Employment support facilities

\_\_\_\_ OTHER *(Interviewer: Please probe further to determine if there are other service settings where agency/organization delivers peer recovery support services.*

(Implemt.4) *How are peer recovery support services differentiated from other types of services provided?*

* **Funding Mechanisms:**

*Interviewer: Recovery support services throughout the continuum of care of prevention, treatment, and recovery are funded with a variety of sources. I am going to read you a list of funding sources.* Please let me know which ones are utilized by your agency (organization) to fund peer recovery support services*.*

(Funding1) *Medicaid*

\_\_\_ Medicaid

\_\_\_\_ Medicaid rehab option

\_\_\_\_ Medicaid managed care/freedom of choice waivers

\_\_\_\_ Medicaid deficit reduction act

(Funding2) *SAMHSA Grants*

\_\_\_\_ Substance Abuse Prevention & Treatment Block Grant (SABG)

\_\_\_\_ Mental Health Services Block Grant (MHBG)

\_\_\_\_ Targeted Capacity Expansion/Peer to Peer Recovery Support Services

discretionary grant

\_\_\_\_ Statewide Consumer Network discretionary grant

\_\_\_\_ Mental Health Transformation discretionary grant

\_\_\_\_ Access to Recovery (ATR) discretionary grant

\_\_\_\_ Recovery Community Services Program (RCSP) discretionary grant

\_\_\_\_ Drug courts SAMHSA funding

\_\_\_\_ Other SAMHSA grant: Please specify:

(Funding3) *Other funding sources*

\_\_\_\_ State and local funds

\_\_\_ Temporary Assistance for Needy Families (TANF)

\_\_\_ Drug courts state and local funding

\_\_\_ Drug courts/Department of Justice (DOJ) funding

\_\_\_ Foundation grants: Please specify name of foundation.

\_\_\_\_ Fund-raising events: Please specify a description of event(s)

\_\_\_ Private *(Interviewer: If private funding is mentioned, please ask*

*representative the name of donor(s))*

\_\_\_ OTHER *(Interviewer: Please do a final probe to determine if there are other funding sources used by the agency (organization)*

* **Reimbursement**

***(Reinbsmnt1) (****Interviewer: In an effort to learn about the* ***relationship*** *of peer roles, the types of peer service activities provided, the settings in which peer services are delivered to funding, I would like you to tell me how are the peer roles, service activities, delivery settings you identified earlier are linked to the funding sources you noted for your agency/organization)*

***peer roles*** *(Interviewer: please remind interviewee of the roles they identified in Implementation question 1)*

***service activities*** *(Interviewer: please remind interviewee of the peer service activities they identified in Implementation question 2)*

**delivery settings** *( Interviewer: please remind interviewee*

*of the peer delivery settings they identified in implementation question 3)*

***funding sources (****Interviewer: please remind interviewee of the funding sources they identified earlier under funding questions1-3).*

* **Workforce & Quality Assurance**

*Interviewer: The next set of questions will address how peer support providers are integrated in the behavioral health workplace.*

(Workforce\_Qual1) Who is responsible for the supervision of peer recovery support personnel at your agency (organization)? (*Interviewer: Please read the following checklist to representative to assist them with providing the credentials of supervisors of peer recovery support personnel)*

\_\_\_\_\_ Master level clinician

\_\_\_\_\_ Doctoral level clinician

\_\_\_\_ Peer with Master-level credentials

\_\_\_\_ Peer with Doctoral-level credentials

\_\_\_\_\_ Other  *(Please specify)*

(Workforce\_Qual2) Is training provided to supervisors about how best to guide peer recovery support personnel in the workplace?

\_\_\_Yes \_\_\_No

*(Interviewer: If the response is “yes”, proceed to question Worforce\_Qual3 to learn more about the training guidance given to supervisors of peer recovery support personnel; If response is “no”, proceed to question Workforce\_Qual4 to 6)*

(Workforce\_Qual3) Please describe the training guidance/curriculum given to

supervisors of peer recovery support personnel.

(Workforce\_Qual4) What is the ratio of FULL TIME peer recovery support personnel to full time licensed personnel at your agency (organization)?

(Workforce\_Qual5) What is the ratio of PART TIME peer recovery support personnel to part time licensed personnel at your agency (organization)?

(Workforce\_Qual6) Is TRAINING of peer recovery support personnel mandated by the state?

\_\_\_\_Yes \_\_\_No

(*Interviewer: If the response is “yes”, proceed to question Workforce\_Qual7*)*; If the response is “no”, proceed to question Workforce\_Qual8)*

(Workforce\_Qual7) What are the training requirements for peer recovery support personnel specified by the state?

(Workforce\_Qual8) Is CERTIFICATION of peer recovery support personnel mandated by the state?

\_\_\_\_Yes \_\_\_No

(*Interviewer: If the response is “yes”, proceed to question Workforce\_Qual9; If the response is “no”, proceed to question Workforce\_Qual10)*

(Workforce\_Qual9) Is state certification of peer recovery support personnel a requirement for REINBURSEMENT of support services rendered? \_\_\_Yes \_\_\_No

(Workforce\_Qual10) Whether required by the state or provided without state requirement, is training provided to peer recovery support personnel? \_\_\_Yes \_\_\_No

*(Interviewer: If the response is “yes”, proceed with questions Workforce\_Qual11 to Workforce\_Qual13 to learn more about training for peer support personnel; If the response is “no”, proceed to section III, Evaluation of Peer Support Services)*

(Workforce\_Qual11) Peer recovery support training funds: *(Interviewer: Listed below are funding streams typically used for training of peer recovery support personnel. Please specify which one (if any) is utilized by your agency (organization).*

\_\_\_\_ Access to Recovery (ATR) grant

\_\_\_\_ Recovery Community Services Program (RCSP)

grant

\_\_\_\_ Targeted Capacity Expansion/Peer-to-Peer Recovery Support Services grant

\_\_\_\_ Statewide Consumer Network grant

\_\_\_\_ Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) subcontract award

\_\_\_\_ Mental Health Transformation Technology Initiative Technical Assistance

\_\_\_\_ GAINS Center technical assistance

\_\_\_\_ National Center for Trauma-Informed Care

\_\_\_\_ Other SAMHSA-sponsored technical assistance program. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Other *(Interviewer: Please probe further to determine if other funding sources are use for peer recovery support training.*

(Workforce\_Qual12) What is the estimated cost of training a peer recovery support

worker (or provider)?

(Workforce\_Qual13) *(Interviewer: The next set of questions will address the training*  *features provided by your agency (organization) to peer recovery support personnel.)*

* Admissions requirements for training: Please specify the basic requirements that peer recovery support personnel must meet to enroll in training.
* Length of training: Please specify the number of training hours peer recovery support personnel is required to complete.
* Content of training: Please describe the training curriculum that peer recovery support personnel receives. (*Interviewer: Provide additional clarification by asking representative to tell you more about the content of what peer recovery support personnel have learned, the number of modules covered, etc.)*
* Graduation requirements of training: What training graduation requirements (e.g., attendance, competency test, other exams, etc..) are expected of peer recovery support personnel?
* *Re-certification/CEU Requirement:*
* How long is a certificate or other training documentation valid?

(*Interviewer: If the certificate or training documentation carries an expiration date, ask the following:*

-What are the requirements for re-

certification?

**III. Evaluation & Sustainment of Peer Recovery Support Services**

*Interviewer: The next set of questions will address your agency (organization)’s efforts to monitor and/or evaluate the impact of peer recovery support services as well as procedures for sustaining peer support services.*

(Eval 1) What procedures for MONITORING (e.g., # of clients served; types of peer recovery services delivered; # of screening &/or referrals conducted by peer recovery support personnel, etc.) the impact of peer recovery support services is use by your agency (organization)?

(Eval2) Are there procedures for EVALUATING the impact of peer recovery support services? (*Interviewer: you can provide further clarification by explaining that evaluation refers to methods of determining effectiveness and quality of services provided)*

\_\_\_Yes \_\_\_\_No

(*Interviewer: If the answer is “yes”, proceed to question Eval3 & Eval4; if the answer is “no”, proceed to question Sustain1)*

(Eval3) What evaluative tools for peer recovery support services are you familiar with?

(Eval4) Describe the procedures utilized by your agency to evaluate the impact of peer recovery support services.

(Sustain1) Are there procedures for SUSTAINING peer recovery support services? (*Interviewer: you can provide further clarification by explaining that sustainment refers to long term plans for keeping a program)*

(*Interviewer: If the answer is “yes”, proceed to question Sustain2; if the answer is “no”, proceed to question HCReform1)*

(Sustain2) Describe your agency’s (organization’s) plan to sustain peer recovery support services.

**Health Care Reform & Peer Support Services**

*Interviewer: The Congressional Budget Office (2010) estimates that the Affordable Care Act will cover 32 million uninsured Americans, 6-10 million of whom have a substance abuse and/or mental health disorder. As the Recovery Oriented Systems of Care (ROSC) model for recovery support services gain more prominence, the transformation of the behavioral health field from an acute care model to one that strive to serve the chronic treatment needs of individuals along the continuum of care, will pose many challenges. The final set of questions will address your agency (organization)’s perceptions of the challenges ahead for the continued use of peer recovery support services given these reforms in health care.*

(HCReform1) In the future, where does your agency (organization) anticipate a surge (i.e. the greatest needs) for peer recovery support services?

(HCReform2) Is the workforce of peer recovery support personnel in your agency (organization) ready to meet this anticipated surge?

\_\_\_\_Yes \_\_\_\_No

(*Interviewer: If the response is “yes”, proceed to question Barriers1; If the answer is “no”, proceed to question HCReform3)*

(HCReform3) What gaps in the peer recovery support personnel workforce at your agency (organization) do you believe need to be addressed in order to meet the anticipated surge?

(Barriers1) What barriers (if any) exist in the delivery of peer recovery support

services?

(Challenges1) Are there challenges in effectively managing the use of peer recovery support services in the behavioral health field?

\_\_\_\_Yes \_\_\_\_\_No

(*Interviewer: If the response is “yes”, proceed to question Challenges2 & Challenges3;* ***If the answer is “no”, Thank the interviewee for participating in the study. Additionally, if need be, set up follow up appointment with interviewee if there were any questions in which he/she requested more time to gather information.***

(Challenges2) Please describe the management challenges that

you have identified.

(Challenges3) What is your wish list for resolving the

management challenges you have identified?