Preliminary SUD Peer Workforce Recommendations

In July of 2019, the Pennsylvania Recovery Organizations – Alliance (PRO-A) was tasked by the Pennsylvania Department of Drug and Alcohol Programs (DDAP) to develop a Strategic Plan that evaluates the current CRS peer professional workforce.

PRO-A has worked to examine these needs and to make recommendations for future enhancements of the peer workforce and related resources within the substance use peer recovery support service (SUPRSS) system serving Pennsylvania.

We are circulating these preliminary recommendations and the full preliminary report across our membership, recovery Community organizations, treatment providers, SCAs for comment and feedback. We will incorporate feedback we get into the final version of the strategic peer workforce plan to submit to DDAPs review and final approval in April 2020. We will be accepting comments until February 29th, 2019.

1. People in recovery from addiction have historically been the bedrock of the SUD systems workforce. By focusing on our recovering workforce, Pennsylvania can revitalize our substance use care system and prepare for future care needs.

Our entire SUD care system and its infrastructure are underfunded and overburdened, this has resulted in low pay, fragmented care, and systemic workforce development deficits across the entire workforce. These dynamics significantly impact peer recovery services, a critical element in an effective treatment and recovery support care system. As persons in recovery are the bedrock of our SUD System workforce, development focused on this level is the key to ensuring we have a workforce that can rise to meet the needs of the next generation.

A. Strengthening Our Care System through Supervision: Develop and implement peer recovery supervision and mentoring while incorporating it into the care model to strengthen practice, sustain ethical conduct and retain our workforce over the long term.

   a. Incorporating supervision into our peer service models is critical for the retention and the development of our peer workforce. This can be achieved through funding supervision, training and education of peer supervisors to support CRSs and CFRSs operating across Pennsylvania.

   b. Mentoring can support cohesive care as isolated workers have access to support while improving role delineation and skill development. Mentoring can be particularly important for peer providers operating in isolated settings without other peer workers to learn from and can be organized statewide to serve all peer providers as an available resource for CRSs and CFRSs.

   c. The establishment of a statewide peer mentoring and peer supervision resource network can support innovative practices, understand low compensation challenges and other barriers while emphasizing ethical care processes to expand skill development to augment Pennsylvania’s long-term workforce needs.

B. Skill building for peer professionals: Strengthen peer workforce through training / education / career ladders for peer engagement for CRS, CFRSs and peer supervisors to strengthen workforce cohesion and system wide capacity in respect to treatment and recovery care needs.

   a. Expand peer supervision training with a focus on inclusion of CRSs becoming supervisors in order to develop a reservoir of supervisors grounded in SUD peer professional work.
b. Ensure that all peer service funding mechanisms include supervision requirements in order to ensure we are engaging all SUD peer workers in effective workforce strategies.

c. Establish a statewide SUD peer service statewide conference to bring together SUD peer professionals and strengthen cohesion across the SUD peer service system while developing connections between SUD peer professionals operating in diverse communities across the state.

C. **Strengthen Networking Capacity for Peer Professionals:** Develop our recovery resource network to strengthen career pathway development, training and education pathways. This will ensure that our current CRS and CFRS workforce is ready to be the next generation of care system leaders on the community level in ways that support ethical care for persons seeking help with a substance use disorder.

   a. Support a statewide peer professional resource clearinghouse to assist in the establishment of Recovery Community Centers that address recovery support needs and increase the visibility and acceptance of people in recovery grounded in the community.

   b. Support the development of SUD peer professional training focused on recruitment and retention of the peer workforce and ultimately the larger SUD workforce as persons with direct, lived experience of a SUD have historically been the backbone of our entire SUD service system workforce.

   c. Engage the recovery community to develop a deeper understanding of career pathway opportunities to a career in SUD care and work with the recovery community and other stakeholders to decrease barriers such as low pay, historic criminal justice involvement and other barriers moving forward.

2. **Deep, collaborative inclusion of people in recovery in system design, development and service delivery would increase meaningful service system improvements. This will revitalize our workforce and establish the infrastructure needed to meet the needs of the next generation of Pennsylvanians seeking help with an addictive disorder to ensure partnered commitment to our workforce needs.**

   The recovery community is the cornerstone of our SUD system workforce, and effective solutions must include people in recovery in system development, facilitation, and evaluation across our care system in collaborative, cross-pollinating ways.

   A. **Expand Innovative Practices for Peer Professionals:** Engage the statewide recovery network to collaboratively augment local, regional and statewide recovery support efforts that strengthen innovative practices and incorporate them into a sustainable long-term care workforce model. Expand practice opportunities that serves rural, suburban and urban Pennsylvania communities while improving public perception about our workforce.

      a. Training should be developed specifically for persons already certified as CRSs in order to provide an opportunity to explore real world ethical conduct dynamics out in the field. This training would focus on facilitated discussions that would highlight the role and function of supervision, review relevant ethical codes and review our ethical responsibilities to our larger service system and ensuring that ethical conduct concerns are addressed and reported when such reports are indicated.

      b. Task the recovery network with developing a media campaign focused on SUD peer services in collaboration across the recovery community focused on the role and function of CRSs and CFRSSs within the workforce to normalize recovery and show that the work is a rewarding, lifelong career path.
c. Have the network engage with local and regional and statewide organizations from across the SCA, RCO and treatment systems in order to develop deeper insights into innovative practice and share those models in cross collaborative fashion across care systems through training, education and technical assistance.

B. **Strengthen Recovery Community Engagement in our Care Systems:** Incorporate the recovery community across SUD care system development, facilitation, and evaluation processes in order to deepen commitment, insight and feedback loops across our care system.

   a. Continue to engage the authentic peer community in peer service system development in order to retain the essence of SUD peer services in the future and ensure that there is strong collaborative connection with the recovery community served across Pennsylvania by the SUD care system.
   
   b. Recognize that we must prepare people for specialized care settings beyond the core CRS “basic training” as our care needs have evolved. Bring service systems together and support the development of training by the authentic recovery community to address our systems evolving needs in communities served across PA.
   
   c. Set up a feedback loop that engages with CRSSs and CFRSSs to identify evolving needs and barriers across Pennsylvania in order to improve workforce training and retention of our SUD peer workforce to ensure a continuous quality improvement feedback system.

C. **Expand Effective Recovery Oriented Care:** Establish social indicators of recovery in close partnership with the recovery community to measure recovery as part of a long-term care system and support a workforce prepared to meet our SUD recovery care needs.

   a. There is growing recognition that we must develop our care systems to support long term recovery. This is fundamental for strengthening effective care models, improve outcomes and save resources. Establishing social indicators of recovery across our care system like stable housing, employment and disengagement with our legal system can help focus both the care and the supporting workforce towards our ultimate goal, long term recovery.
   
   b. Recovery measures like the BARC-10 can help focus SUD peer professionals to provide effective services that supports long term recovery. CRSSs, CFRSSs and the programs that employ them should be trained in and encouraged to use validated recovery-oriented tools to measure and support the development of recovery capital.
   
   c. Resources should be focused on data collection from recovery community organizations and treatment organizations deploying peer professionals. Data on long term recovery can be collected with software programs such as the Recovery Data Platform developed by Faces & Voices of Recovery (Faces & Voices). The collection of uniform data supports effective care over the long term as there will be a deeper understanding of the efficacy of the care provided. The data can be used to focus workforce training, education and supervision initiatives in ways that closely support the objectives of our larger SUD care system.

3. **The opioid epidemic has led to recognition that addiction is commonplace. We have the opportunity to improve public perception about recovery and destigmatize our workforce. Addressing ethical conduct issues collaboratively with our community is critically important to improving public perception about us.**

Stigma against people with substance use disorders, people in recovery and the professionals who serve in our substance use treatment and recovery support systems underpins systemic barriers to entrance into and retention in our SUD treatment and recovery support workforce. We must eliminate it.
A. **Assure Ethical Referral and Care:** Collaborate with the recovery community to educate the public about patient brokering and other ethical conduct issues to eliminate them and protect our own vulnerable community members.

   a. CRSs and recovery community organizations could be utilized to expand public awareness about patient brokering and eliminate brokering that prey on our own vulnerable community members.
   
   b. Focusing our recovery communities on providing care to high ethical standards through statewide training and education is crucial for eliminating unethical conduct by CRSs and CFRSs operating out in the field.
   
   c. Collaboration at the recovery community level focused on ethical conduct concerns ensures deep engagement and the development of resources to support needs at the local level and develop insight into local needs and strengthen our overall workforce capacity.

B. **Expand Peer Training to Marginalized Communities:** Develop education and training that supports all of our communities, including those within historically marginalized groups. Use our developing peer workforce network to engage with our medical and human service systems to improve understanding, training and education about addiction and recovery to serve all communities in PA, including those historically underserved.

   a. Expansion of CRS training and SUPRSS services to non-English speaking communities is a critical component of a comprehensive SUD peer workforce strategic plan.
   
   b. The development of CRS training models incorporated within historically black colleges and universities (HBCU) and community colleges in marginalized communities is important for a comprehensive SUD peer workforce strategic plan.
   
   c. Conduct educational campaigns in collaboration with the recovery community focused on our human service and medical care systems emphasizing that treatment and recovery support services work and include people in long term recovery to help reduce negative perceptions about addiction and recovery.
   
   d. Collaborate with the recovery community to bring recovering professionals and overdose survivors in recovery into medical and human service systems in order to improve perceptions about recovery across these institutions.

C. **Educate Peer Professionals on Recovery Housing Standards:** Develop education on Recovery Housing for our peer workforce and the public to ensure ethical practices around recovery housing referral from our SUD peer and treatment workforce.

   a. There is a unique opportunity to train our peer workforce in our new recovery housing standards – this would be system wide training on what these standards do and how this housing fits into our larger SUD care model. It is critically important to ensuring that the new standards are effectively implemented.
   
   b. Ethical care within recovery housing is important. Training our peer workforce about ethical care within these houses will be critically important to ensuring that people are served properly in recovery housing operating across Pennsylvania.
   
   c. Recovery housing in other areas of the nation have been particularly vulnerable to patient brokering activities – training our peer workforce in ethical referral practices is one of the best measures we can take to protect persons being served within our recovery housing system.