

PUBLIC COMMENT FORM

♦NOT Required for Public Hearings or Citizens' Comments ♦

THE BOARD OF COUNTY COMMISSIONERS VALUES YOUR PARTICIPATION

Please fill out one form at the beginning of the meeting for each item (except Public Hearings or Citizens' Comments) you wish to address and submit to the County Administrator. When the Board comes to that item/portion of the agenda, the Chairman will call speakers to the podium from these forms in the order received.

Please PRINT all Information.	
Name: Tina Kinney	
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Indicate Agenda Item Number:	
Brief description of your comments:	

Limited agenda time and the need to conduct meetings in an orderly fashion require that you adhere to the following guidelines for Citizens' Comments:

- > A three-minute time limit per speaker will be adhered to.
- > Time may not be yielded to other speakers.
- Discussion cannot include issues acted upon at an earlier date.
- > The Chairman has the right to limit discussion if the subject is outside of the authority of the Board of County Commissioners or if the discussion regarding an issue is repetitive.
- > The Chairman has the authority to request Board approval for an extension of time if he/she deems it appropriate.

PEERS SUPPORTING RECOVERY FROM SUBSTANCE USE DISORDERS

"Peer support helped me see that I was not hopeless. It gave me my voice back and bolstered my self-worth."

—Michelle

"When I needed someone to walk beside me, peer support was there."

-Steve

BRINGING RECOVERY SUPPORTS TO SCALE Technical Assistance Center Strategy (BRSS TACS)

WHAT ARE PEER RECOVERY SUPPORT SERVICES?

Peer recovery support services,¹ delivered by peer recovery coaches, are one form of peer support. They involve the process of giving and receiving non-clinical assistance to support long-term recovery from substance use disorders. A peer recovery coach brings the lived experience of recovery, combined with training and supervision, to assist others in initiating and maintaining recovery, helping to enhance the quality of personal and family life in long-term recovery (White, 2009). Peer recovery support services can support or be an alternative to clinical treatment for substance use disorders.

Peer-based recovery supports are part of an emerging transformation of systems and services addressing substance use disorders. They are

essential ingredients in developing a recoveryoriented system in which clinical treatment plays an important, but singular, role. Acute care substance use treatment without other recovery supports has often not been sufficient in helping individuals to maintain long-term recovery. Substance use disorders are currently understood to be chronic conditions that require long-term management, like diabetes. Peer-based recovery support provides a range of person-centered and strength-based supports for long-term recovery management. These supports help people in recovery build recovery capital—the internal and external resources necessary to begin and maintain recovery (Best & Laudet, 2010; Cloud & Granfield, 2008).

WHAT DO PEER RECOVERY COACHES DO?

Peer recovery coaches walk side by side with individuals seeking recovery from substance use disorders. They help people to create their own recovery plans, and develop their own recovery pathways.

Recovery coaches provide many different types of support, including

- 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)
- **affiliational support** (connections to recovery community supports, activities, and events)

Recovery plans and other supports are customized, and build on each individual's strengths, needs, and recovery goals.

1. Peer recovery support services, peer-delivered recovery support, and peer-based recovery support are used interchangeably.

Peer recovery support focuses on long-term recovery and is rooted in a culture of hope, health, and wellness. The focus of long-term peer recovery support goes beyond the reduction or elimination of symptoms to encompass self-actualization, community and civic engagement, and overall wellness.

The unique relationship between the peer recovery coach and the individual in or seeking recovery is grounded in trust, and focused on providing the individual with tools, resources, and support to achieve long-term recovery.

Peer recovery coaches work in a range of settings, including recovery community centers, recovery residences, drug courts and other criminal justice settings, hospital emergency departments, child welfare agencies, homeless shelters, and behavioral health and primary care settings. In addition to providing the range of support encompassed in the peer recovery coach role, they take an active role in outreach and engagement within these settings.



IS PEER RECOVERY COACHING EFFECTIVE?

People who have worked with peer recovery coaches provide strong testimonies of the positive impacts of peer recovery support on their own recovery journeys. The research supports these experiences. While the body of research

is still growing, there is mounting evidence that people receiving peer recovery coaching show reductions in substance use, improvements on a range or recovery outcomes, or both. Two rigorous systematic reviews examined the body

of published research on the effectiveness of peerdelivered recovery supports published between 1995 and 2014. Both concluded that there is a positive impact on participants (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; Reif et al., 2014).

Two rigorous systematic reviews examined the body of published research on the effectiveness of peerdelivered recovery supports published between 1995 and 2014. Both concluded that there is a positive impact on participants (Bassuk, Hanson, Greene, Richard & Laudet, 2016; Reif et al, 2014) ...Taken as a whole, the current body of research suggests that people receiving peer recovery support may experience:



Improved relationship with treatment providers

(Sanders et al., 1998; Andreas et al., 2010)



Reduced re-hospitalization rates (Min et al., 2007)



overall treatment experience
(Armitage at al., 2010)

Increased treatment retention (Mangrum, 2008; Deering et al., 2011; Tracy et al., 2011)



Reduced substance use (Bernstein, et al., 2005; Boyd et al., 2005; Kamon & Turner, 2013; Mangrum, 2008; O'Connell, ND; Rowe, et al., 2007; Armitage at al., 2010)



Improved access to social supports (O'Connell, ND; Boisvert et al., 2008; Andreas et al., 2010)



Greater housing stability (Ja et al., 2009)

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